# 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 SNF |
| | 04 | Discharged/transferred to ICF |
| | 05 | Discharged/transferred to another type of institution (including distinct parts of institutions) (definition not valid for discharges on or after 04/01/2008) |
| | 05 | Discharged/transferred to a designated cancer center or children's hospital (definition effective for discharges on or after 04/01/2008) |
| | 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 10/01/2005) |
| | 20 | Expired (or did not recover - Christian Science Patient) |
| | 30 | Still patient (remaining) |
| | 40 | Expired at home |
| | 41 | Expired in a medical facility, such as a hospital, SNF, ICF, or freestanding hospice |
| | 42 | Expired place unknown |
| | 43 | Discharged/transferred to a federal health care facility |
| | 50 | Discharged to Hospice - Home |
| | 51 | Discharged to Hospice - Medical Facility |
| | 61 | Discharged/transferred to a hospital-based Medicare approved swing bed |
| | 62 | Discharged/transferred to an inpatient Rehabilitation Facility including Rehabilitation Distinct Part Units of a hospital |
| | 63 | Discharged/transferred to a LTC 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 unit of a hospital |
| | 66 | Discharged/transferred to a CAH |

**NOTES AND SPECIAL INSTRUCTIONS:**
N/A

## DATA ELEMENT DEFINITION

| **ELEMENT NAME: PATIENT STATUS (Continued)** | | |
|---|---|---|
| **CODE/VALUE SPECIFICATIONS (CONTINUED)** | 70 | Discharged/transferred to another type of health care institution not defined elsewhere in this code list (definition effective for discharges on or after 04/01/2008) |
| **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 five or nine digit zip code. If only 5 digits, left justify and blank fill. If foreign country, must be three character foreign country code, left justify and blank fill. Refer to 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 Addendum J. |
| **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 MCS regions. Download field from DEERS using PCM Enrolling Division DMIS ID. |
| **CODE/VALUE SPECIFICATIONS** | N/A |
| **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 SSN. 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 SSN. 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) alphanumeric character. | |
| **DEFINITION** | The code that represents a specific kind of person identifier. Download field from DEERS. | |
| **CODE/VALUE SPECIFICATIONS** | D | Special nine 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 nine digit code created for foreign military and nationals. |
| | I | TIN |
| | P | Special nine digit code created for U.S. military personnel from Service Numbers before the switch to SSNs. |
| | R | Special nine 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 | SSN |
| | 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 nine 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 nine digit code created for foreign military and nationals. |
| | I | TIN |
| | P | Special nine digit code created for U.S. military personnel from Service Numbers before the switch to SSNs. |
| | R | Special nine 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 | SSN |
| | 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<br>PERSON FIRST NAME<br>PERSON MIDDLE NAME<br>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 report the NPI or PROVIDER TAXPAYER NUMBER and PROVIDER SUB-IDENTIFIER as 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 where the health care was provided. | |
| **CODE/VALUE SPECIFICATIONS** | 03 | School |
| | 04 | Homeless Shelter |
| | 05 | Indian Health Service (IHS) Freestanding Facility |
| | 06 | Indian Health Service (IHS) 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 (ASC) |
| | 25 | Birthing Center |
| | 26 | Military Treatment Facility (MTF) |
| | 31 | Skilled Nursing Facility (SNF) |
| | 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 |
| | 51 | Inpatient Psychiatric Facility |
| | 52 | Psychiatric Facility Partial Hospitalization |
| | 53 | Community Mental Health Center (CMHC) |
| | 54 | Intermediate Care Facility/Mentally Retarded |
| | 55 | Residential Substance Abuse Treatment Facility |
| | 56 | Psychiatric Residential Treatment Center (RTC) |

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

## DATA ELEMENT DEFINITION

| **ELEMENT NAME: PLACE OF SERVICE (Continued)** | | |
|---|---|---|
| **CODE/VALUE SPECIFICATIONS (CONTINUED)** | 57 | Non-Residential Substance Abuse Treatment Facility |
| | 60 | Mass Immunization Center |
| | 61 | Comprehensive Inpatient Rehabilitation Facility |
| | 62 | Comprehensive Outpatient Rehabilitation Facility (CORF) |
| | 65 | End Stage Renal Disease (ESRD) Treatment Facility |
| | 71 | Public Health Clinic |
| | 72 | Rural Health Clinic (RHC) |
| | 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 (MOP).

## 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 |

**PRIMARY PICTURE (FORMAT)** Two (2) alphanumeric characters.

**DEFINITION** Code indicating the pricing methodology used in determining the amount allowed for the service(s)/supplies. Left justify and blank fill.

| CODE/VALUE SPECIFICATIONS | INSTITUTIONAL CODE | |
|---|---|---|
| | ~~b~~ | No special rate |
| | D | Discount rate agreement |
| | H | TRICARE 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 (SHCP) claim or active duty member TPR claim paid outside normal limits |
| | V | Medicare Reimbursement Rate |
| | CA | Critical Access Hospital (CAH) Reimbursement |
| | **NON-INSTITUTIONAL CODE** | |
| | 0 | Pricing not applicable (denied service/supplies and allowed drugs)[1] |
| | 1 | Priced Manually[2] |
| | 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 |

**NOTES AND SPECIAL INSTRUCTIONS:**

[1] Code '0' for all allowed drug charges.

[2] Use Pricing Rate Code '1' (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.

## DATA ELEMENT DEFINITION

| **ELEMENT NAME: PRICING RATE CODE (Continued)** | | |
|---|---|---|
| **CODE/VALUE SPECIFICATIONS (CONTINUED)** | **NON-INSTITUTIONAL CODE (CONTINUED)** | |
| | 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 |
| | 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) |
| | CA | Critical Access Hospital (CAH) Reimbursement |
| | 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 | OPPS |
| | P2 | OPPS with Cost Outlier |
| | P3 | OPPS 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.

[2] Use Pricing Rate Code '1' (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.

## 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 reported on the TED record as submitted on the UB-04/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 submitted 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 MOP 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** | The code that identifies the procedure performed or describes the care received as submitted on the claim form. |
| **CODE/VALUE SPECIFICATIONS** | Refer to Physician's Current Procedure Terminology, 4th Edition[1] (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) National Level II Medicare Codes or TMA approved codes (Addendum E, 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:**

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For MOP report procedure code [1]98800 for all drug prescriptions and procedure code[1] 99070 for all supplies. The first line item must report the information on the prescription and the second line item to report corresponding supplies that are issued such as alcohol pads, lancets, etc. The procedure code on the second occurrence/line item on MOP records must be procedure code 99070.

For Mail Order and Retail Pharmacy Prior Authorizations and Medical Necessity Reviews report 000PA or 000MN.

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.

## 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 (4) occurrences of two (2) alphanumeric characters per occurrence/line item. |
| **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, 4th Edition'[1] (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) National Level II Medicare Codes.) |
| **CODE/VALUE SPECIFICATIONS** | Must be 21-27, 32, 47, 50-59, 62, 63, 66, 73-82, 90-92, 99, 0A-0P, 0Z, 1A-1J, 1P, 1Z, 2A-2T, 2Z, 3A-3I, 3K, 3P, 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, EA-ED, EG-EJ, EM, EN, EP, ER-ET, EX, EY, F1-F9, FA-FC, FP, G1-G9, GA-GT, GV-GZ, H9, HA-HZ, ID, IE, IG, IH, IJ, IN, IR, IS, IX, J1-J3, JA, JB, JD, JE, JG-JI, JN, JR, JS, JW, JX, K0-K4, KA-KD, KF-KZ, LC, LD, LL, LR-LT, M2, MS, MR, ND, NE, NG-NJ, NN, NP, NR-NU, P1-P6, PL, PN, Q0-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:**

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**Note:** Can report from zero to four codes. Each occurrence consists of two characters left justified and blank filled. Do not duplicate.

## DATA ELEMENT DEFINITION

**ELEMENT NAME: PROCESSING INFORMATION**

**RECORDS/LOCATOR NUMBERS**

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|---|---|---|---|
| Institutional | 1-155 | 1 | Yes |

| | |
|---|---|
| **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 | N/A |
| TYPE OF SUBMISSION | |
| CA/NAS NUMBER | |
| CA/NAS REASON FOR ISSUANCE | |
| CA/NAS EXCEPTION REASON | |
| SPECIAL PROCESSING CODE | |
| PRICING RATE CODE | |
| HEALTHCARE DELIVERY PROGRAM SPECIAL ENTITLEMENT CODE | |

**NOTES AND SPECIAL INSTRUCTIONS:**
N/A

## DATA ELEMENT DEFINITION

**ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (TYPE 1)**

**RECORDS/LOCATOR NUMBERS**

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|---|---|---|---|
| Non-Institutional | 2-225 | Up to 99 | Yes[1] |

| | |
|---|---|
| **PRIMARY PICTURE (FORMAT)** | Ten (10) alphanumeric characters. |
| **DEFINITION** | Standard unique health identifier for individual providers, including but not limited to those (human beings) who provide care such as physicians, nurse practitioners, dentists, chiropractors, pharmacists, and physical therapists. |
| **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 "covered entities" that submit HIPAA-compliant standard electronic transactions in accordance with the TRICARE Operations Manual (TOM), Chapter 20, Section 4.

## 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 MOP.

## DATA ELEMENT DEFINITION

**ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2)**

**RECORDS/LOCATOR NUMBERS**

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|---|---|---|---|
| Institutional | 1-215 | '0 | Yes[1] |
| Non-Institutional | 2-230 | Up to 99 | Yes[1] |

| | |
|---|---|
| **PRIMARY PICTURE (FORMAT)** | Ten (10) alphanumeric characters. |
| **DEFINITION** | Standard unique health identifier for organizational providers, including but not limited to non-person providers such as hospitals, HHAs, clinics, laboratories, suppliers of DME, pharmacies, and groups. |
| **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 "covered entities" that submit HIPAA-compliant standard electronic transactions in accordance with the TOM, Chapter 20, Section 4.

## 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 MOP.

## DATA ELEMENT DEFINITION

**ELEMENT NAME: PROVIDER TAXONOMY (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 Addendum C, Figure 2.C-1 for Provider Specialty Codes. Refer to 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 MOP 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** | 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 TIN. |
| **CODE/VALUE SPECIFICATIONS** | Refer to Section 2.10, ELN 3-010. |
| **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 TIN assigned to the institution/provider supplying the care. |
| **CODE/VALUE SPECIFICATIONS** | For institutions must be nine digit EIN. For individual providers, should be the nine digit EIN or SSN, if available. If not available, report the contractor-assigned number. (Refer to Section 2.10 ELN 3-005). 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 five or nine digit zip code. If only five digits, left justify and blank fill. If a foreign country, must be three character foreign country code, left justify and blank fill. Refer to Addendum A. |
| **ALGORITHM** | N/A |

**SUBORDINATE AND/OR GROUP ELEMENTS**

| SUBORDINATE | GROUP |
|---|---|
| N/A | N/A |

**NOTES AND SPECIAL INSTRUCTIONS:**
N/A

- END -