



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 57
7950.1-M
MARCH 6, 2008

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to 7950.1-M, reissued August 2002.

CHANGE TITLE: NEW DISCHARGE STATUS CODE

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change adds a new patient discharge status
code of "70" and revises the description of patient discharge status code of "05".

EFFECTIVE DATE: April 1, 2008.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

Evie Lammle
Acting Chief, Purchased Care Systems
Integration Branch

ATTACHMENT(S): 8 PAGES
DISTRIBUTION: 7950.1-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

CHANGE 57
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CHAPTER 2

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Section 2.7, pages 1 through 4

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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.

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CHAPTER 2, SECTION 2.7

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

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 of institution) <i>(definition not valid for discharges on or after 04/01/2008)</i>	
	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	Died at Home	
	41	Died in a medical facility, such as a hospital, SNF, or free standing hospice	
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT STATUS (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	42	Place of death unknown
	43	Discharged/transferred to a federal hospital
	50	Discharged to hospice - home
	51	Discharged to hospice - medical facility
	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
	70	Discharged/transferred to another type of health care institution not defined elsewhere in the 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		

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CHAPTER 2, SECTION 2.7

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

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

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CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: ADMISSION DATE (1-265)	
VALIDITY EDITS	
1-265-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.
RELATIONAL EDITS	
1-265-01R	ADMISSION DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION
1-265-02R	ADMISSION DATE MUST BE ≤ END DATE OF CARE
1-265-03R	IF FREQUENCY CODE =
	1 ADMIN THRU DISCHARGE OR
	2 INTERIM-INITIAL
	THEN ADMISSION DATE MUST = BEGIN DATE OF CARE
1-265-04R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	B ADJUSTMENT OF NON-TED RECORD (HCSR) DATA OR
	C COMPLETE CANCELLATION OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN ADMISSION DATE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED
	UNLESS TED RECORD CORRECTION INDICATOR =
	1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD
	AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

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CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PATIENT STATUS (1-270)

VALIDITY EDITS

1-270-01V VALUE MUST BE A VALID PATIENT STATUS CODE.

RELATIONAL EDITS

1-270-01R	IF FREQUENCY CODE =	2	INTERIM-INITIAL OR
		3	INTERIM-INTERIM
	THEN PATIENT STATUS MUST =	30	STILL A PATIENT
1-270-02R	IF FREQUENCY CODE =	1	ADMIT THRU DISCHARGE
	THEN PATIENT STATUS MUST =	01	DISCHARGED OR
		02	TRANSFERRED OR
		03	DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF) OR
		04	DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF) OR
		05	DISCHARGED/TRANSFERRED TO A DESIGNATED CANCER CENTER OR CHILDREN'S HOSPITAL OR
		06	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION OR
		07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE OR
		08	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER OR
		20	EXPIRED OR
		40	DIED AT HOME OR
		41	DIED IN MEDICAL FACILITY, SUCH AS HOSPITAL, SNF, OR FREESTANDING HOSPICE OR
		42	PLACE OF DEATH UNKNOWN OR
		43	DISCHARGED/TRANSFERRED TO A FEDERAL HOSPITAL OR
		50	HOSPICE-HOME OR
		51	HOSPICE-MEDICAL FACILITY OR
		61	DISCHARGED/TRANSFERRED WITHIN THIS INSTITUTION TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED OR
		62	DISCHARGED/TRANSFERRED TO ANOTHER REHABILITATION FACILITY INCLUDING REHABILITATION DISTINCT PART UNITS OF A HOSPITAL OR
		63	DISCHARGED/TRANSFERRED TO A LONG TERM CARE HOSPITAL OR

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PATIENT STATUS (1-270) (CONTINUED)		
	64	DISCHARGED/TRANSFERRED TO A NURSING FACILITY CERTIFIED UNDER MEDICAID BUT NOT CERTIFIED UNDER MEDICARE OR
	65	DISCHARGED/TRANSFERRED TO A PSYCHIATRIC HOSPITAL OR PSYCHIATRIC DISTINCT PART OF A HOSPITAL OR
	66	DISCHARGED/TRANSFERRED TO A CRITICAL ACCESS HOSPITAL OR
	70	DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF HEALTH CARE NOT DEFINED ELSEWHERE IN THE CODE LIST
1-270-03R	IF PRICING RATE CODE =	H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	THEN PATIENT STATUS MUST ≠	30 STILL A PATIENT

ELEMENT NAME: BEGIN DATE OF CARE (1-275)		
VALIDITY EDITS		
1-275-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.	
1-275-02V	CANNOT BE MORE THAN 10 YEARS PRIOR TO TMA CURRENT SYSTEM DATE.	
1-275-03V	BEGIN DATE OF CARE MUST BE ≤ END DATE OF CARE.	
RELATIONAL EDITS		
1-275-02R	BEGIN DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION	
1-275-03R	BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT)	
1-275-04R	BEGIN DATE OF CARE MUST BE ≥ ADMISSION DATE	
1-275-05R	IF TYPE OF SUBMISSION =	A ADJUSTMENT OR
		B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		C COMPLETE CANCELLATION OR
		E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED	
	UNLESS TED RECORD CORRECTION INDICATOR =	1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD
	AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.	

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, TYPE OF INSTITUTION, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (1-200-02R).

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CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: BEGIN DATE OF CARE (1-275) (CONTINUED)	
1-275-06R	PROVIDER MUST BE "AUTHORIZED" ¹ ON PROVIDER FILE FOR THIS BEGIN DATE OF CARE
	UNLESS AMOUNT ALLOWED (TOTAL) ≤ ZERO
OR ADJUSTMENT/DENIAL REASON CODE =	
	38 SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS OR
	52 THE REFERRING/PRESCRIBING/ RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED OR
	B7 THIS PROVIDER WAS NOT CERTIFIED/ ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
	FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR
	FS TFL (SECOND PAYOR) OR
	RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001
	THEN DO NOT CHECK PROVIDER FILE

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, TYPE OF INSTITUTION, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (1-200-02R).