

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL
 RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION			
ELEMENT NAME: END DATE OF CARE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-280	1	Yes
Non-Institutional	2-155	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD.			
DEFINITION Institutional: Latest date of care reported on this TED Record.			
Non-Institutional: The latest ending date of the provider's services 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: N/A			

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-110	1	Yes
Non-Institutional	2-300	Up to 99	Yes

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

DEFINITION Code indicating whether the patient is enrolled with the contractor (Prime) or not (non-Prime), or the care was received under the Standard TRICARE Program, or a special care program.

CODE/VALUE SPECIFICATIONS		
	T	TRICARE Standard Program
	U	TRICARE Prime, Civilian PCM
	V	TRICARE Extra
	W	TRICARE Prime Remote (TPR) Active Duty Service Member (ADSM) - USA
	X	Foreign Active Duty Service Member (ADSM)
	Y	Continued Health Care Benefit Program (CHCBP) - Standard
	Z	TRICARE Prime, MTF/PCM
	AA	Continued Health Care Benefit Program (CHCBP) - Extra
	BB	TRICARE Senior Prime (TSP) (Effective 10/01/1998 through 12/31/2001)
	FE	TRICARE for Life (TFL) - Extra (Effective 10/01/2001)
	FS	TRICARE for Life (TFL) - Standard (Effective 10/01/2001)
	PS	TRICARE Senior Pharmacy (TSRx) (Effective 04/01/2001) - Non-Institutional Only
	SN	Supplemental Health Care Program (SHCP) - Non-MTF-Referred Care (Effective 10/01/1999)

NOTES AND SPECIAL INSTRUCTIONS:

Left justify and blank fill.

Enrollment/Health Plan Code 'U' shall be used for CONUS and also for TRICARE Overseas Program Prime enrollees.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	SO	Supplemental Health Care Program (SHCP) - Non-TRICARE Eligible (Effective 10/01/1999 through 05/31/2004)
	SR	Supplemental Health Care Program (SHCP) - Referred Care (Effective 10/01/1999)
	ST	Supplemental Health Care Program (SHCP) - TRICARE Eligible (Effective 10/01/1999 through 05/31/2004)
	SU	Supplemental Health Care Program (SHCP) - Referral Designation Unknown (Effective 03/01/2002) - for Non-Institutional Pharmacy claims only
	TS	TRICARE Senior Supplement (TSS) Demonstration Program (Effective 04/01/2000 through 12/31/2002)
	WA	TRICARE Prime Remote (TPR) Foreign Active Duty Service Member (ADSM) (Effective 09/01/2003)
	WF	TRICARE Prime Remote (TPR) for enrolled Active Duty Family Member (ADFM) Residing with a TPR Eligible Active Duty Service Member (ADSM) (Effective 09/01/2002) Includes Transitional Survivors Who Do Not Relocate
	WO	TRICARE Prime Remote (TPR) Foreign Active Duty Family Member (ADFM) (Effective 09/01/2003)
	XF	Foreign Active Duty Family Member (ADFM) (Effective 09/01/2003)

ALGORITHM N/A

NOTES AND SPECIAL INSTRUCTIONS:

Left justify and blank fill.

Enrollment/Health Plan Code 'U' shall be used for CONUS and also for TRICARE Overseas Program Prime enrollees.

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DATA ELEMENT DEFINITION

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (CONTINUED)

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

Left justify and blank fill.

Enrollment/Health Plan Code 'U' shall be used for CONUS and also for TRICARE Overseas Program Prime enrollees.

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DATA ELEMENT DEFINITION

ELEMENT NAME: FILING DATE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-015	1	Yes
Non-Institutional	2-015	1	Yes
PRIMARY PICTURE (FORMAT) Seven (7) alphanumeric characters, YYYYDDD.			
DEFINITION	Date the request for payment of services rendered was received by the contractor for processing.		
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar year of receipt	
	DDD	3 digit Julian date of receipt	
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	INTERNAL CONTROL NUMBER		
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: FILING STATE/COUNTRY CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-020	1	Yes
Non-Institutional	2-020	1	Yes
PRIMARY PICTURE (FORMAT) Three (3) alphanumeric characters.			
DEFINITION Code that indicates the State or Country where the primary care was provided.			
CODE/VALUE SPECIFICATIONS Refer to Chapter 2, Addendum A ¹ and Addendum B ¹ .			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		INTERNAL CONTROL NUMBER	
NOTES AND SPECIAL INSTRUCTIONS:			
¹ State code will consist of 2 alphanumeric characters, which is left justify and blank fill. The foreign countries will consist of 3 alphanumeric characters.			

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: FREQUENCY CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-250	1	Yes ¹

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

DEFINITION Code that describes the frequency of billing from the institution. All TED Records for interim (interim or final) institutional bills must be submitted as an adjustment using the same ICN as the initial submission.

CODE/VALUE SPECIFICATIONS	0	Non-Payment/Zero Claim
	1	Admit thru Discharge TED Record
	2	Interim - Initial TED Record
	3	Interim - Interim TED Record
	4	Interim - Final TED Record
	7	Replacement of Prior Claim
	8	Void/Cancel of Prior Claim
	9	Final claim for Home Health Agency (HHA-PPS) Episode

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	TYPE OF BILL

NOTES AND SPECIAL INSTRUCTIONS:

¹ The Initial, Interim, and Final TED Records, when used, must be submitted to TMA in correct sequence. If the patient is transferred and the care is processed under DRG rules, then Code '1' must be used; all other Transfers must use Code '1' or '4' as appropriate.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) COPAYMENT FACTOR CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-136	1	Yes
Non-Institutional	2-201	Up to 99	Yes

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

DEFINITION The code used to identify for each insured in managed care the category of copayment and deductible they must pay based on external forces for a particular health care coverage period. Actual rates depend on Health Care Coverage, Health Care Delivery Program Plan Coverage Code. Download field from DEERS.

CODE/VALUE SPECIFICATIONS		
	A	Active duty E-4 and below rate
	B	Active duty E-5 and above rate
	C	Retiree rate
	W	Unknown copayment factor
	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 'Z' in this field.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-066	1	Yes
Non-Institutional	2-285	Up to 99	Yes

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

DEFINITION The member category code during the Health Care Coverage period. Download field from DEERS.

CODE/VALUE SPECIFICATIONS

1	Transitional Compensation Beneficiaries (formerly abused dependents)
A	Active duty
B	Presidential Appointee
C	DoD civil service employee, except Presidential employee
D	Disabled American veteran
E	DoD contract employee
F	Former member (Reserve service, discharged from the Ready Reserve or Standby Reserve following notification of retirement eligibility)
G	National Guard member (mobilized or on active duty for 31 days or more)
H	Medal of Honor recipient
I	Other Government Agency employee, except Presidential appointee
J	Academy student (does not include Officer Candidate School or Merchant Marine Academy)
K	Non-Appropriated Fund DoD employee
L	Lighthouse service
M	Non-government Agency Personnel

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.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (CONTINUED)

CODE/VALUE SPECIFICATIONS (CONTINUED)		
	N	National Guard member (not on active duty or on active duty for 30 days or less)
	O	Other Government contract employee
	P	Transitional Assistance Management Program (TAMP) member
	Q	Reserve retiree not yet eligible for retired pay ("gray-area retiree")
	R	Retired military member eligible for retired pay
	S	Reserve member (mobilized or on active duty for 31 days or more)
	T	Foreign military member
	U	Foreign national employee (DoD or non-DoD employee)
	V	Reserve member (not on active duty or on active duty for 30 days or less)
	W	Former Spouse (not to be used for Transitional Compensation Beneficiaries)
	Y	Service affiliates (including ROTC and Merchant Marines)
	Z	Unknown

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.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-070	1	Yes
Non-Institutional	2-295	Up to 99	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION The member relationship code for the Health Care Coverage period. Download field from DEERS.			
CODE/VALUE SPECIFICATIONS		A	Self (i.e., the person and the other person are the same person)
		B	Spouse
		C	Child or stepchild
		D	Pre-adoptive child
		E	Ward (court ordered)
		F	Dependent parent, dependent stepparent, dependent parent-in-law, or dependent stepparent-in-law
		G	Surviving spouse
		H	Former spouse (20/20/20)
		I	Former spouse (20/20/15)
		J	Former spouse (10/20/10)
		K	Former spouse (transitional assistance (composite))
		Z	Unknown
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.			

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-111	1	Yes
Non-Institutional	2-301	Up to 99	Yes

PRIMARY PICTURE (FORMAT) Three (3) alphanumeric characters.

DEFINITION The code that represents the plan coverage a family member or sponsor has within a health care delivery program type. Download field from DEERS.

CODE/VALUE SPECIFICATIONS For valid values refer to [Chapter 2, Addendum M](#).

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 '000' in this field.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-186	1	Yes ¹
Non-Institutional	2-306	Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.		
DEFINITION	The code used to identify for each person insured in managed care any special category that they may have been given for copayment and deductible. Download field from DEERS.		
CODE/VALUE SPECIFICATIONS	00	Not applicable	
	01	Bosnia Participation Special Entitlement (Sponsor Only)	
	02	Noble Eagle Participation Special Entitlement (Sponsor Only)	
	03	Enduring Freedom Participation Special Entitlement	
	04	TA 60 Benefits Period After Special Operation	
	05	TA 120 Benefits Period After Special Operation	
	06	Kosovo Participation Special Entitlement (Sponsor Only)	
	07	Iraqi Freedom Participation Special Entitlement (Sponsor Only)	
	30	TRICARE Senior Pharmacy Exception - Grandfathered Populations before 04/01/2001.	
	31	TRICARE Senior Pharmacy Exception - Direct Care over 65 members with Medicare A and B but no TFL.	

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 HCDP SPECIAL ENTITLEMENT CODE, report '00' in this field.

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

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: HIPPS CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-292	1	Yes ¹

PRIMARY PICTURE (FORMAT) Five (5) alphanumeric characters.

DEFINITION Health Insurance Prospective Payment System (HIPPS) rate codes represent specific patient characteristics (or case mix) on which TRICARE Skilled Nursing Facility (SNF) and Home Health Agency (HHA) payment determinations are made.

CODE/VALUE SPECIFICATIONS **SNF HIPPS codes:** Consists of a **three** character **Resource Utilization Group (RUG)** code plus a **two** character modifier which is an assessment indicator.

HHA HIPPS codes prior to January 1, 2008: First character is always 'H' for home health; the second, third, and fourth positions represent the care level of intensity; and the fifth character establishes the completeness of the OASIS data.

HHA HIPPS codes on or after January 1, 2008: The first position in the HIPPS code is a numeric value based on whether an episode is an early or later episode in a sequence of adjacent episodes; the second, third, and fourth positions of the code remain a one-to-one crosswalk to the three domains of the Home Health Resource Group (HHRG) coding system; and the fifth position indicates a severity group for Non-Routine Supplies (NRS).

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if available. If not applicable blank fill.

If multiple HIPPS Codes are reported on a claim, the initial HIPPS code (i.e., the HIPPS code initiating the 60 day episode of care) should be coded on the TED record.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: INTERNAL CONTROL NUMBER (ICN)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-010	1	Yes
Non-Institutional	2-010	1	Yes
PRIMARY PICTURE (FORMAT) Group			
DEFINITION N/A			
CODE/VALUE SPECIFICATIONS Refer to subordinate element definitions.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
FILING DATE		TED RECORD INDICATOR	
FILING STATE/COUNTRY CODE			
SEQUENCE NUMBER			
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

