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).

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

DATA ELEMENT DEFINITION

ELEMENT NAME:	REASON FOR INTEREST PAYMENT (CONTINUED)	
DEFINITION (CONTINUED)	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 Chapter 2, 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 Managed Care Support Contractor responsible for the care provided.	
CODE/VALUE SPECIFICATIONS	~~b~~	Blank
	NC	North 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, 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. Denied and non-denied revenue codes cannot be summarized on the same occurrence. Like revenue codes must be summarized to one occurrence for reporting on the TED Record. Denied revenue codes with the same Adjustment/Denial Reason Code must be summarized to one occurrence for reporting on the TED record. Room and board revenue codes can be summarized if the code and rate are the same.
CODE/VALUE SPECIFICATIONS	Use UB-04/UB-92 revenue codes (see Chapter 2, Addendum I).
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
Should be right-justified and zero-filled.

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 Operation/Non-Surgical Procedure (OP/NSP) Codes - Codes identifying the procedures, other than the principal procedure, performed during the period covered by the TED Record. The secondary OP/NSP code(s) shall not match the primary OP/NSP code and the secondary OP/NSP codes shall not be repeated on the TED record.
CODE/VALUE SPECIFICATIONS	Refer to International Classification of Diseases - Clinical Modification, Edition 9, Volume 3, for valid ICD-9-CM Operation/Non-surgical codes. Must code the most detailed procedure. 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 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 match the primary treatment diagnosis code and the secondary treatment diagnosis codes shall not be repeated on the TED record.
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.
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.
DEFINITION	A sequential number assigned by the contractor to identify the individual TED Record. Once assigned, the sequence number cannot be re-used with the same Filing Date and Filing State/Country[1].
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 5 characters for the duration of HCSRs, the last 2 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	Marines
	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 admission referral source.

CODE/VALUE SPECIFICATIONS	SOURCE OF ADMISSION CODES	
	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 health maintenance organization physician.
	4 Transfer from a Hospital	The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.
	5 Transfer from a Skilled Nursing Facility	The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.
	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 skilled nursing facility.
	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.

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/VALUE SPECIFICATIONS (CONTINUED)	A Transfer from a Critical Access Hospital (CAH)	The patient was admitted to this facility as a transfer from a Critical Access Hospital where he or she was an inpatient.
	B Transfer from Another HHA	The patient was admitted to this home health agency as a transfer from another home health agency.
	C Readmission to the Same Home Health Agency	The patient was readmitted to this home health agency within the existing 60 day payment.
	D Transfer from Hospital Inpatient	Transfer from Hospital Inpatient in same facility resulting in a separate claim to the payer.
	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 line items 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

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 (2) characters. Left justify and blank fill.**

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

[3] **Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.**

[4] **Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) must be present.**

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	14	Bone marrow transplants - TMA approved
	16	Ambulatory Surgery Facility charge
	17	VA medical provider claim (care rendered by a VA provider)
	49	Hospital reimbursement reduced by manufacturer credit/ replacement of device during warranty period
	50	Hospital reimbursement reduced by manufacturer credit/recalled device
	A	Partnership Program (internal providers with signed agreements)
	E	Home Health Care/Case Management (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 (2) characters. Left justify and blank fill.**

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

[3] **Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.**

[4] **Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) 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 claims processor
	W	Non-financially underwritten payment by financially underwritten claims processor
	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	Supplemental Health Care Program (SHCP) - Non-MTF-Referral Care (Effective 10/01/1999 through 05/31/2004)
	AR	Supplemental Health Care Program (SHCP) - Referred Care (Effective 10/01/1999 through 05/31/2004)
	AU	Autism Demonstration (Effective 03/15/2008)[3]
	BD	Bosnia Deductible (Effective 12/08/1995)

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 (2) characters. Left justify and blank fill.**

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

[3] **Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.**

[4] **Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) must be present.**

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	CA	Civil Action Payment (Effective 07/01/1999)
	CE	Supplemental Health Care Program (SHCP) - Comprehensive Clinical Evaluation Program (CCEP) (Effective 10/01/1999)
	CL	Clinical Trials Demonstration (Enrollment Effective 03/17/2003 through 03/31/2008)
	CM	Individual Case Management Program (ICMP) claims (Effective 03/15/1999)
	CP	Cancer Clinical Trials (Enrollment Effective on or after 04/01/2008)
	CT	Custodial Care Transitional Policy (CCTP) (Effective 12/28/2001)
	DE	Temporary Disability Retirement List (TDRL) physical exams (Effective 12/12/2008)
	EF	TRICARE Reserve and National Guard Family Member Benefits (Reservists and National Guard members called to active duty for more than 30 days in support of a contingency operation) (Effective 11/01/2009)
	EU	Emergency services rendered by an unauthorized provider (Effective 06/01/1999)
	FF	TRICARE for Life (TFL) (First Payor - Not A Medicare Benefit) (Effective 10/01/2001)

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 (2) characters. Left justify and blank fill.**

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

[3] **Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.**

[4] **Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) must be present.**

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	FG	TRICARE for Life (TFL) (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)
	FS	TRICARE for Life (TFL) (Second Payor) (Effective 10/01/2001)
	GF	TRICARE Prime Remote (TPR) for eligible Active Duty Family Member (ADFM) residing with a TPR Eligible ADSM (Effective 10/30/2000 through 08/31/2002)
	GU	ADSM enrolled in TRICARE Prime Remote (TPR) (Effective 10/01/1999)
	KO	Allied Forces - Kosovo (Effective 06/01/1999)
	MH	Mental Health Active Duty Cost-Share
	MN	TRICARE Senior Prime (TSP) (Non-Network) (Effective 01/01/1998 through 12/31/2001)
	MS	TRICARE Senior Prime (TSP) (Network) (Effective 01/01/1998 through 12/31/2001)
	NE	Operation Noble Eagle/Operation Enduring Freedom Demonstration (Reservists called to active duty under Executive Order 13223) (Effective 09/14/2001 through 10/31/2009)

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 (2) characters. Left justify and blank fill.**

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

[3] **Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.**

[4] **Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) must be present.**

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	PD	Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001)
	PF	Extended Care Health Option (ECHO) (formerly PFPWD)
	PO	TRICARE Prime - Point of Service
	RB	Respite Benefit for Seriously Injured or Ill ADSMs[4]
	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	Supplemental Health Care Program (SHCP) - Non-TRICARE Eligible (Effective 10/01/1999)
	SE	Supplemental Health Care Program (SHCP) - TRICARE Eligible (Effective 10/01/1999)
	SM	Supplemental Health Care Program (SHCP) - Emergency (Effective 10/01/1999)
	SN	TRICARE Senior Supplement (TSS) (Non-Network) (Effective 04/01/2000 through 12/31/2002)
	SP	Special/Emergent Care (Effective 06/01/1999)
	SS	TRICARE Senior Supplement (TSS) (Network) (Effective 04/01/2000 through 12/31/2002)

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 (2) characters. Left justify and blank fill.**

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

[3] **Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.**

[4] **Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) must be present.**

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	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 (2) characters. Left justify and blank fill.**

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

[3] **Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.**

[4] **Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) must be present.**