

Data Requirements - Institutional/Non-Institutional Record Data Elements (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: END DATE OF CARE			
RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
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 date of care 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 ELEMENT DEFINITION

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
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		TPR ADSM - USA
X		Foreign ADSM
Y		CHCBP - Standard
Z		TRICARE Prime, MTF/PCM
AA		CHCBP - Extra
BB		TSP (Effective 10/01/1998 through 12/31/2001)
FE		TFL - Extra (Effective 10/01/2001)
FS		TFL - Standard (Effective 10/01/2001)
PS		TSRx (Effective 04/01/2001) - Non-Institutional Only
SN		SHCP - Non-MTF-Referred Care (Effective 10/01/1999)
SO		SHCP - Non-TRICARE Eligible (Effective 10/01/1999 through 05/31/2004)
SR		SHCP - Referred Care (Effective 10/01/1999)
ST		SHCP - TRICARE Eligible (Effective 10/01/1999 through 05/31/2004)
SU		SHCP - Referral Designation Unknown (Effective 03/01/2002) - for Non-Institutional Pharmacy claims only
TS		TSS Demonstration Program (Effective 04/01/2000 through 12/31/2002)
WA		TPR Foreign ADSM (Effective 09/01/2003)
WF		TPR for enrolled ADFM Residing with a TPR Eligible ADSM (Effective 09/01/2002)
WO		Includes Transitional Survivors Who Do Not Relocate TPR Foreign ADFM (Effective 09/01/2003)
XF		Foreign ADFM (Effective 09/01/2003)

ALGORITHM N/A

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

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
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	LOCATOR#	DESCRIPTION
	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 ELEMENT DEFINITION

ELEMENT NAME: FILING STATE/COUNTRY CODE

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
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 [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 two alphanumeric characters, which is left justify and blank fill. The foreign countries will consist of three alphanumeric characters.

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DATA ELEMENT DEFINITION

ELEMENT NAME: FREQUENCY CODE

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Institutional	1-250	1	Yes ¹

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

DEFINITION Code that describes the frequency of billing from the institution. **For filing dates before January 1, 2011 all TED records for interim-interim and interim-final institutional bills must be submitted as an adjustment using the same TRI as the initial submission. Effective with filing dates on or after 01/01/2011 all TED records for interim-interim and interim-final institutional bills with the exception of interim billings reimbursed under the DRG or HHA payment methodology must be submitted as a unique TRI. See Section 1.1, paragraph 7.0.**

CODE/VALUE SPECIFICATIONS	LOCATOR#	DESCRIPTION
	0	Non-Payment/Zero Claim
	1	Admit through 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 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 must be submitted to TMA in correct sequence. If the person 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.

Effective with filing dates on or after January 1, 2011, interim-interim and interim-final TED records (FREQUENCY CODES '3' and '4') must be submitted on batch/vouchers with HEADER TYPE INDICATOR '0' or '5'. DRG and HHA interim billings are excluded from this requirement.

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DATA ELEMENT DEFINITION

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

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
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 HCDP Plan Coverage Code. Download field from DEERS.

CODE/VALUE SPECIFICATIONS	LOCATOR#	OCCURRENCES
	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

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
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 not eligible for retirement
	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) Early ID Alert status
	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
	N	National Guard member (not on active duty or on active duty for 30 days or less)
	O	Other Government contract employee
	P	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) Early ID Alert status
	T	Foreign military member
	U	DoD OCONUS hires
	V	Reserve member (not on active duty or on active duty for 30 days or less)

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 ELEMENT DEFINITION

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (Continued)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	W	DoD beneficiary, a person who receives benefits from the DoD based on prior association, condition or authorization, an example is a former spouse
	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 ELEMENT DEFINITION

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

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
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 HCC period. Download field from DEERS.

CODE/VALUE SPECIFICATIONS	LOCATOR#	DESCRIPTION
	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))
	L	Foster child
	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 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 HCDP type. Download field from DEERS.

CODE/VALUE SPECIFICATIONS For valid values refer to [Addendum L](#).

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

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
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	LOCATOR#	DESCRIPTION
	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 ²	TA 60 Benefits Period After Special Operation
	05 ²	TA 120 Benefits Period After Special Operation
	06	Kosovo Participation Special Entitlement (Sponsor Only)
	07 ²	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 (DC) 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.

² Codes 04, 05, and 07 are no longer effective. Valid for adjustments or cancellations to previously submitted TED records with these values.

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

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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 HIPPS rate codes identify specific patient characteristics (or case mix) on which TRICARE SNF and HHA payment determinations are made.			
CODE/VALUE SPECIFICATIONS SNF HIPPS codes: Consists of a three character 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 HHRG coding system; and the fifth position indicates a severity group for 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 (EOC)) 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: ICD VERSION			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-293	1	Yes
Non-Institutional	2-114	1	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code to indicate the International Classification of Diseases (ICD) version.			
CODE/VALUE SPECIFICATIONS		0	ICD-10
		9	ICD-9
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 ELEMENT DEFINITION

ELEMENT NAME: INTERNAL CONTROL NUMBER (ICN)

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Institutional	1-010	1	Yes
Non-Institutional	2-010	Up to 99	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

- END -