

Chapter 2

Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

Revision: C-21, January 31, 2019

DATA ELEMENT DEFINITION

| ELEMENT NAME: TED RECORD CORRECTION INDICATOR | | | |
|--|----------|-------------|--|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-374 | 1 | Yes ¹ |
| Non-Institutional | 2-139 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) One (1) alphanumeric character. | | | |
| DEFINITION Code that identifies the type of adjustment. | | | |
| CODE/VALUE SPECIFICATIONS | | Blank | Does not apply - contract awarded July 1, 2007 or after. |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ This element applies only to TED records reported under contracts awarded prior to July 1, 2007. This element must be blank on all other TED records. | | | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

DATA ELEMENT DEFINITION

| ELEMENT NAME: TED RECORD INDICATOR | | | |
|---|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-005 | 1 | Yes |
| Non-Institutional | 2-005 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Group | | | |
| DEFINITION Field containing multiple elements that uniquely identify each TED record. | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| INTERNAL CONTROL NUMBER | | N/A | |
| TIME STAMP | | | |
| ADJUSTMENT KEY | | | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

DATA ELEMENT DEFINITION

| ELEMENT NAME: TIME STAMP | | | |
|--|----------|----------------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-030 | 1 | Yes ¹ |
| Non-Institutional | 2-030 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Six (6) alphanumeric characters. | | | |
| DEFINITION Unique system time assigned by the claims processor’s computer system. Used as part of the TED RECORD INDICATOR field for unique key definition. Once assigned, cannot be changed. | | | |
| CODE/VALUE SPECIFICATIONS Issued in MMSSHH (Minutes, Seconds, Hundredths) | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | TED RECORD INDICATOR | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ TED records with TYPE OF SUBMISSION A and C should be submitted using the same TIME STAMP value as the initial TED record. TED records with TYPE OF SUBMISSION B or E should be submitted with the same TIME STAMP value as the original non-TED record (HCSR). | | | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

DATA ELEMENT DEFINITION

| ELEMENT NAME: TOTAL CHARGE BY REVENUE CODE | | | |
|--|--|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-395 | Up to 450 | Yes |
| PRIMARY PICTURE (FORMAT) | Nine (9) signed numeric digits including two (2) decimal places. | | |
| DEFINITION | Amount billed for this revenue code. | | |
| CODE/VALUE SPECIFICATIONS | Must be equal to or less than 999,999.99 unless the occurrence/line item is for Revenue Code 0001 , which must be equal to or less than 9,999,999.99. | | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

DATA ELEMENT DEFINITION

| ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM COUNT | | | |
|--|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-375 | 1 | Yes |
| Non-Institutional | 2-140 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Three (3) signed numeric digits. | | | |
| DEFINITION The total number of occurrences/line items reported on the TED record. | | | |
| CODE/VALUE SPECIFICATIONS Institutional: Must be greater than 0 and not more than 450. | | | |
| Non-Institutional: Must be greater than 0 and not more than 99. | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

DATA ELEMENT DEFINITION

| ELEMENT NAME: TYPE OF ADMISSION | | | |
|--|----------|---------------|---|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-255 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) One (1) alphanumeric character. | | | |
| DEFINITION A code indicating the priority of this admission. | | | |
| CODE/VALUE SPECIFICATIONS | 1. | Emergency | The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. |
| | 2. | Urgent | The patient requires immediate attention for the care and treatment of a physical or mental disorder. |
| | 3. | Elective | The patient’s condition permits adequate time to schedule the services. |
| | 4. | Newborn | Use of this code necessitates the use of special POINT OF ORIGIN codes (1 through 4). |
| | 5. | Trauma Center | Visit to a trauma center/hospital as licensed or designated by the state or local Government authority authorized to do so, or as verified by the American College of Surgeons and involving trauma activation. |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | TYPE OF BILL | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

DATA ELEMENT DEFINITION

| ELEMENT NAME: TYPE OF BILL | | | |
|---|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-245 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Group | | | |
| DEFINITION Field that contains elements that define details of a patient’s stay in the institution. | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| FREQUENCY CODE | | N/A | |
| TYPE OF ADMISSION | | | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

DATA ELEMENT DEFINITION

| ELEMENT NAME: TYPE OF INSTITUTION | | | |
|---|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-235 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters. | | | |
| DEFINITION Code describing the type of institution for institutional providers. | | | |
| CODE/VALUE SPECIFICATIONS Refer to Addendum D, Figure 2.D-1 . | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

DATA ELEMENT DEFINITION

| ELEMENT NAME: TYPE OF SERVICE | | | |
|---|--|--|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Non-Institutional | 2-280 | Up to 99 | Yes |
| PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters. | | | |
| DEFINITION Code to indicate the type of service provided. Contractors should use their best business practices to assign second position type of service value. | | | |
| CODE/VALUE SPECIFICATIONS | TYPE OF SERVICE CODES - FIRST POSITION VALUES | | |
| | A | Ambulatory surgery cost-shared as inpatient (ADFMs only) | |
| | I | Inpatient | |
| | K | Emergency Room Admission cost-shared as inpatient. | |
| | M | Outpatient maternity care cost-shared as inpatient | |
| | N | Outpatient cost-shared as inpatient | |
| | O | Outpatient, excluding M, N, or P | |
| | P ¹ | Outpatient partial psychiatric hospitalization care cost-shared as inpatient | |
| | TYPE OF SERVICE CODES - SECOND POSITION VALUES | | |
| | 1 | Medical Care | |
| | 2 | Surgery | |
| | 3 | Consultation | |
| | 4 | Diagnostic/Therapeutic X-Ray | |
| | 5 | Diagnostic Laboratory | |
| | 6 | Radiation Therapy | |
| | 7 | Anesthesia | |
| | 8 | Assistance at Surgery | |
| | 9 | Other Medical Services & Supplies | |
| | A | DME Rental/Purchase | |
| | B | Retail Drugs, Supplies, Prescription Authorizations, and Reviews | |
| | C ² | Ambulatory Surgery | |
| | D | Hospice | |
| | E | Second Opinion on Elective Surgery | |
| | F | Maternity | |
| | G | Dental | |
| | H | Mental Health Care | |
| | I | Ambulance | |
| | J | ECHO (formerly PFPWD) | |
| | K | Physical/Occupational Therapy | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ If the first position value of TYPE OF SERVICE code is P , the second position must be H . | | | |
| ² If the second position value TYPE OF SERVICE code C is used on TED records for other than ADFMs. Do not report in conjunction with first position code A . | | | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

DATA ELEMENT DEFINITION

| ELEMENT NAME: TYPE OF SERVICE (Continued) | |
|--|---|
| L | Speech Therapy |
| M | Mail Order Pharmacy (MOP) Drugs, Supplies, Prescription Authorizations, and Reviews |
| ALGORITHM N/A | |
| SUBORDINATE AND/OR GROUP ELEMENTS | |
| SUBORDINATE | GROUP |
| N/A | N/A |
| NOTES AND SPECIAL INSTRUCTIONS: | |
| ¹ If the first position value of TYPE OF SERVICE code is P , the second position must be H . ² If the second position value TYPE OF SERVICE code C is used on TED records for other than ADFMs. Do not report in conjunction with first position code A . | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

DATA ELEMENT DEFINITION

| ELEMENT NAME: TYPE OF SUBMISSION | | | |
|---|----------------|--|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-165 | 1 | Yes |
| Non-Institutional | 2-100 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) One (1) alphanumeric character. | | | |
| DEFINITION Code indicating the TED record submission type. | | | |
| CODE/VALUE SPECIFICATIONS | A | Adjustment to TED record data | |
| | B ¹ | Adjustment to non-TED record (HCSR) data | |
| | C | Complete cancellation to TED record data | |
| | D ² | Complete denial initial TED record submission | |
| | E ¹ | Complete cancellation of non-TED record (HCSR) data | |
| | I | Initial TED record submission | |
| | O | Zero Government payment TED record due to 100% OHI | |
| | R | Resubmission of an initial TED record (TYPE OF SUBMISSION was 'I') that was rejected due to errors | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | PROCESSING INFORMATION | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ TYPE OF SUBMISSION codes B and E are to be used when reporting a cancellation or adjustment for a claim that was initially processed using HCSR Record format. Refer to Section 1.1 for further instructions. TYPE OF SUBMISSION codes B and E are not valid if Beginning Date of Care is on or after October 1, 2010. | | | |
| ² See Addendum M for the data requirements for complete claim denials. | | | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

DATA ELEMENT DEFINITION

| ELEMENT NAME: UNITS OF SERVICE BY REVENUE CODE | | | |
|---|----------|-------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-390 | Up to 450 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Ten (10) signed numeric digits. | | | |
| DEFINITION The number of services rendered by revenue category to or for the patient to include items such as numbers of accommodation days, pints of blood, treatments, etc. | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ For complete claim denials when the appropriate value is not available, report 0000000001. | | | |

- END -