

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

DATA ELEMENT DEFINITION

| | | | |
|---|--|------------------------|------------------|
| ELEMENT NAME: END DATE OF CARE (INSTITUTIONAL) | | | |
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-285 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Eight (8) numeric characters, YYYYMMDD. | | |
| DEFINITION | Latest date of care reported on this HCSR. | | |
| 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: | | | |
| ¹ Refer to Chapter 1, Section 3, paragraph 2.3 for instructions on HCSR splitting. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: END DATE OF CARE (NON-INSTITUTIONAL) | | | |
|---|---|------------------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Non-Institutional | 2-315 | Up to 25 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Eight (8) numeric characters, YYYYMMDD. | | |
| DEFINITION | 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: | | | |
| ¹ Refer to Chapter 1, Section 3, paragraph 2.4 for instructions on HCSR splitting. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: ENROLLMENT STATUS | | | |
|--|---|--|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-105 | 1 | Yes |
| Non-Institutional | 2-105 | 1 | 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 the care was received under the Continued Health Care Benefit Program (CHCBP). | | |
| CODE/VALUE SPECIFICATIONS | A | CRI - Foundation Health Plan | |
| | B | CRI - Partners Health Plan | |
| | C | CRI - Queen's Health Care Plan | |
| | N | CRI - Not Enrolled, Not Standard Program(Extra) | |
| | D | Managed Care Support TRICARE-Tidewater Standard Program | |
| | E | Managed Care Support TRICARE-Tidewater Prime | |
| | G | Managed Care Support TRICARE-Tidewater Extra | |
| | S | CRI Standard Program | |
| | F | FI Standard Program | |
| | O | New Orleans Prime | |
| | P | New Orleans Not Enrolled, Not Standard CHAMPUS | |
| | Q | New Orleans Coordinated Care Standard CHAMPUS Program | |
| | H | Managed Care Support - Homestead, Enrolled Patient | |
| | I | Managed Care Support - Homestead, Non-Enrolled Patient, Network Provider | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| Left justify and blank fill. Use the above codes irrespective of Partnership or other agreements. | | | |
| Enrollment Status 'U' shall be used for CONUS and also for TRICARE Overseas Program Prime eligibles. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: ENROLLMENT STATUS (CONTINUED) | | |
|---|----|--|
| CODE/VALUE SPECIFICATIONS (CONTINUED) | J | Managed Care Support - Homestead Standard Program |
| | K | Managed Care Support - California/Hawaii, TRICARE Prime Enrolled Patient |
| | L | Managed Care Support - California/Hawaii, Non-Enrolled Patient, Network Provider (TRICARE Extra) |
| | M | Managed Care Support - California/Hawaii Standard Program |
| | R | TRICARE Extra - North Carolina |
| | Y | Continued Health Care Benefit Program (CHCBP) Standard |
| | T | Managed Care Support Standard Program |
| | U | Managed Care Support Prime, Civilian PCM |
| | V | Managed Care Support Extra |
| | W | TPR Active Duty Claims - USA |
| | X | Active Duty Member Claims - Europe |
| | Z | Managed Care Support Prime, MTF/PCM |
| | AA | Continued Health Care Benefit Program (CHCBP) Extra |
| | BB | TRICARE-Senior Prime |
| | SN | Supplemental Health Care Program Claims For Active Duty Service Members: Non-MTF-Referred Care |
| | SR | Supplemental Care Claims For Active Duty Service Members: Referred Care |
| | SO | Supplemental Health Care Program Claims For Non-TRICARE Eligible |
| | ST | Supplemental Health Care Program Claims For TRICARE Eligible. |

ALGORITHM N/A

NOTES AND SPECIAL INSTRUCTIONS:

Left justify and blank fill. Use the above codes irrespective of Partnership or other agreements.
Enrollment Status 'U' shall be used for CONUS and also for TRICARE Overseas Program Prime eligibles.

DATA ELEMENT DEFINITION**ELEMENT NAME: ENROLLMENT STATUS (CONTINUED)****SUBORDINATE AND/OR GROUP ELEMENTS**

| SUBORDINATE | GROUP |
|--------------------|--------------|
| N/A | N/A |

NOTES AND SPECIAL INSTRUCTIONS:

Left justify and blank fill. Use the above codes irrespective of Partnership or other agreements.

Enrollment Status 'U' shall be used for CONUS and also for TRICARE Overseas Program Prime eligibles.

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) numeric 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 | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: FILING STATE/COUNTRY CODE | | | |
|---|---|-------------------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-016 | 1 | Yes |
| Non-Institutional | 2-016 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) | Two (2) alphanumeric characters. | | |
| DEFINITION | Code that indicates the State or Country where the primary care was provided. | | |
| CODE/VALUE SPECIFICATIONS | Refer to Addendum A and Addendum B . | | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | INTERNAL CONTROL NUMBER | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: FREQUENCY CODE | | | |
|-----------------------------------|--|----------------------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-255 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | One (1) alphanumeric character. | | |
| DEFINITION | Code that describes the frequency of billing from the institution. | | |
| CODE/VALUE SPECIFICATIONS | 1 | Admit thru Discharge HCSR | |
| | 2 | Interim - Initial HCSR | |
| | 3 | Interim - Interim HCSR | |
| | 4 | Interim - Final HCSR | |
| | 7 | Replacement of Prior Claim | |
| | 8 | Void/Cancel of Prior Claim | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | ADMISSION CODE | |

NOTES AND SPECIAL INSTRUCTIONS:

¹ The Initial, Interim, and Final HCSRs, 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.

DATA ELEMENT DEFINITION

| ELEMENT NAME: GOVERNMENT AUTHORIZED BED DAYS | | | |
|---|---|--------------------|-----------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-300 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) | Three (3) signed numeric digits. | | |
| DEFINITION | Number of hospital days authorized for all services within the HCSR. | | |
| CODE/VALUE SPECIFICATIONS | Enter the number of hospital days where there was any allowance by the contractor. If initial, interim or final statement enter the number of allowed days in the period covered by the HCSR. | | |
| ALGORITHM | The day of admission is to be counted as a hospital day. The day of discharge is not to be counted as a hospital day. | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | | GROUP |
| N/A | | | N/A |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: HEALTH CARE PLAN CODE | | | |
|--|---|--|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-185 | 1 | Yes ¹ |
| Non-Institutional | 2-185 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Two (2) alphanumeric characters. | | |
| DEFINITION | Code that identifies the Health Care Plan that the Provider was affiliated with when the care was rendered. | | |
| CODE/VALUE SPECIFICATIONS | 01 | CRI Foundation Health Plan | |
| | 02 | CRI Partners Health Plan | |
| | 03 | CRI Queen's Health Care Plan | |
| | 04 | Managed Care Support - Aetna Government Health Plans, Inc. | |
| | 05 | Managed Care Support - Homestead | |
| | 06 | Managed Care Support - TRICARE-Tidewater | |
| | 07 | Managed Care Support - Washington-Oregon | |
| | 08 | Managed Care Support - Region 9, 10, 12 | |
| | 09 | Managed Care Support - Region 6 | |
| | 10 | New Orleans Demonstration (Network) | |
| | 11 | Managed Care Support - Fort Bragg, NC | |
| | 12 | Managed Care Support - Central Region | |
| | 13 | Managed Care Support - Region 3, 4 | |
| | 14 | TRICARE Europe | |
| | 15 | TRICARE Pacific | |
| | 16 | TRICARE SOUTHCOM | |
| | 17 | Managed Care Support - Region 2/5 | |
| | 18 | Managed Care Support - Region 1 | |
| ALGORITHM | N/A | | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Applies only to at-risk contractors. Use the above codes irrespective of Partnership or other agreements. | | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: HEALTH CARE PLAN CODE (CONTINUED)

SUBORDINATE AND/OR GROUP ELEMENTS

| SUBORDINATE | GROUP |
|-------------|-------|
| N/A | N/A |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Applies only to at-risk contractors. Use the above codes irrespective of Partnership or other agreements.

DATA ELEMENT DEFINITION

ELEMENT NAME: HEALTH CARE SERVICES RECORD (HCSR) 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 Health Care Service Record.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

| SUBORDINATE | GROUP |
|----------------------|-------|
| FILING DATE | N/A |
| FILING STATE/COUNTRY | N/A |
| SEQUENCE NUMBER | N/A |
| TIME | N/A |
| HCSR SUFFIX | N/A |

NOTES AND SPECIAL INSTRUCTIONS:
 N/A

DATA ELEMENT DEFINITION

| ELEMENT NAME: HEALTH CARE SERVICE RECORD (HCSR) SUFFIX | | | |
|--|---|-------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-025 | 1 | Yes ¹ |
| Non-Institutional | 2-025 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | One (1) alpha character. | | |
| DEFINITION | Identifies when treatment encounter data is split for HCSR reporting purposes. Used to link separate Health Care Service Records to combinations of health care submitted at one time by the beneficiary. | | |
| CODE/VALUE SPECIFICATIONS | Assigned in alphabetic order. | | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | GROUP | | |
| N/A | HCSR INDICATOR | | |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Under certain conditions, treatment encounter data must be reported on separate HCSRs. Refer to the [Chapter 1, Section 3, paragraph 2.0.](#) for complete instructions on claim breakdowns. When reporting multiple HCSRs for a treatment encounter, the first HCSR must be reported with a suffix = A, the next HCSR with suffix = B, and so on. If treatment data does not need a breakdown, the suffix must be A. All HCSR suffixes created to report treatment encounters that were submitted at one time must be reported to TMA in the same batch/voucher.

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 | | HCSR INDICATOR | |
| FILING STATE/COUNTRY CODE | | N/A | |
| SEQUENCE NUMBER | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |