

INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS  
 (A - D)

DATA ELEMENT DEFINITION

<b>ELEMENT NAME: ADMISSION CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-240	1	Yes
<b>PRIMARY PICTURE (FORMAT) Group</b>			
<b>DEFINITION</b>	Field that contains multiple elements to define details of a patient's stay in the institution.		
<b>CODE/VALUE SPECIFICATIONS N/A</b>			
<b>ALGORITHM N/A</b>			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
BILL CLASSIFICATION CODE			N/A
FREQUENCY			N/A
TYPE OF ADMISSION			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: ADMISSION DATE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-235	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) numeric characters, YYYYMMDD.		
<b>DEFINITION</b>	Date the patient was first admitted to the institution for this episode.		
<b>CODE/VALUE SPECIFICATIONS</b>	YYYY	4 digit calendar year	
	MM	2 digit calendar month	
	DD	2 digit calendar day	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

## DATA ELEMENT DEFINITION

ELEMENT NAME: ADMISSION DIAGNOSIS			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-310	1	Yes
PRIMARY PICTURE (FORMAT)	Six (6) alphanumeric digits.		
DEFINITION	ICD-9-CM Code to identify diagnosis under which patient was admitted to institution.		
CODE/VALUE SPECIFICATIONS	See Internal Classification of Diseases Clinical Modification Edition 9, Volume 1 for valid ICD-9-CM codes. Must code the most detailed subcategory or subclassification. Left justify including leading zeros and <b>blank</b> fill. Do not fill with zeros. Do not code the decimal point.		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE			GROUP
N/A			N/A
NOTES AND SPECIAL INSTRUCTIONS:			
<b>The primary diagnosis may be coded in lieu of the admission diagnosis if the admission diagnosis is not available and is not needed to support a waiver of the Nonavailability Statement requirement for an emergency admission.</b>			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: AMOUNT ALLOWED</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-120	1	Yes <sup>1</sup>
Non-Institutional	2-120	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Nine (9) signed numeric digits including two (2) decimal places.		
<b>DEFINITION</b>	Total amount allowed for all authorized services on the HCSR. For reporting data relating to Resource Sharing and/or Capitated Treatment Encounters, see <a href="#">Chapter 1, Section 3, paragraph 6.0</a> .		
<b>CODE/VALUE SPECIFICATIONS</b>	N/A		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

## DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT ALLOWED BY OTHER HEALTH INSURANCE

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-127	1	Yes
Non-Institutional	2-127	1	Yes
PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.		
DEFINITION	Total amount allowed by other health insurance for all services reported on the HCSR.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE			GROUP
N/A			N/A

## NOTES AND SPECIAL INSTRUCTIONS:

**This field is greater than zero, only if the EOB from the other health insurance carrier states that the beneficiary's liability is limited.**

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-306	Up to 25	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Nine (9) signed numeric digits including two (2) decimal places.

**DEFINITION** Total amount allowed for this (these) service(s)/supply(ies).

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> If the procedure is denied this amount must be zero.

## DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE <sup>1</sup>			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-150	1	Yes
PRIMARY PICTURE (FORMAT)	Five (5) signed numeric digits including two (2) decimal places.		
DEFINITION	Portion of Amounts Allowed which is applied toward the patient or family deductible for the fiscal year on the HCSR.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE			GROUP
N/A			N/A
NOTES AND SPECIAL INSTRUCTIONS:			
<sup>1</sup> This field does not apply to Comprehensive Clinical Evaluation Program claims, Supplemental Care claims or to Active Duty Member TPR claims.			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: AMOUNT BILLED</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-115	1	Yes
Non-Institutional	2-115	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Nine (9) signed numeric digits including two (2) decimal places.		
<b>DEFINITION</b>	Total amount billed for all services reported on the HCSR. For reporting data relating to Resource Sharing and/or Capitated Treatment Encounters, see <a href="#">Chapter 1, Section 3, paragraph 6.0</a> .		
<b>CODE/VALUE SPECIFICATIONS</b>	N/A		
<b>ALGORITHM</b>	Must be sum of all total charge per revenue code (institutional record) fields or total charge per procedure (non-institutional) fields.		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			



## DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-133	1	Yes <sup>1</sup>
Non-Institutional	2-133	1	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.		
DEFINITION	Total amount of payment withheld by the contractor.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
<sup>1</sup> If not applicable, zero fill.			
To be reported when required pre-authorization was not obtained prior to the delivery of care by the provider.			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: AMOUNT OF THIRD PARTY LIABILITY**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-130	1	Yes
Non-Institutional	2-130	1	Yes

**PRIMARY PICTURE (FORMAT)** Nine (9) signed numeric digits including two (2) decimal places.

**DEFINITION** Total amount paid by outside party (excluding patient's other health insurance coverage) e.g., Third Party Liability for services reported on the HCSR.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**  
 N/A

## DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-155	1	Yes <sup>1</sup>
Non-Institutional	2-155	1	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.		
DEFINITION	Portion of total amount allowed that was paid by government contractor for the services reported on the HCSR. For reporting data relating to Resource Sharing and/or Capitated Treatment Encounters, see <a href="#">Chapter 1, Section 3, paragraph 6.0</a> .		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE			GROUP
N/A			N/A
NOTES AND SPECIAL INSTRUCTIONS:			
<sup>1</sup> Reflects the total amount paid regardless of a providers financial arrangement with the contractor, i.e., "withheld amounts."			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-125	1	Yes
Non-Institutional	2-125	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Nine (9) signed numeric digits including two (2) decimal places.		
<b>DEFINITION</b>	Total amount paid by other health insurance for all services reported on the HCSR.		
<b>CODE/VALUE SPECIFICATIONS</b>	N/A		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

## DATA ELEMENT DEFINITION

ELEMENT NAME: BEGIN DATE OF CARE (NON-INSTITUTIONAL)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-310	Up to 25	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT)	Eight (8) numeric characters, YYYYMMDD.		
DEFINITION	The earliest beginning 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:			
<sup>1</sup> See <b>Begin Date of Care for Institutional</b> . Refer to <b>Chapter 1, Section 3, paragraph 2.0</b> for instructions on HCSR breakdown.			

DATA ELEMENT DEFINITION

**ELEMENT NAME: BEGIN DATE OF CARE (INSTITUTIONAL)**

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-280	1	Yes

**PRIMARY PICTURE (FORMAT)** Eight (8) numeric characters, YYYYMMDD.

**DEFINITION** Earliest 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:**

**Refer to Chapter 1, Section 3, paragraph 2.0. for instructions on HCSR breakdown.**

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: BENEFICIARY CATEGORY</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-060	1	Yes
Non-Institutional	2-060	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Group		
<b>DEFINITION</b>	Field containing two elements that categorize patient type.		
<b>CODE/VALUE SPECIFICATIONS</b>	N/A		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
SPONSOR STATUS	N/A		
PATIENT RELATIONSHIP TO SPONSOR	N/A		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: BILL CLASSIFICATION CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-250	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric character.		
<b>DEFINITION</b>	Code describing the type of billing from the facility.		
<b>CODE/VALUE SPECIFICATIONS</b>	1	Inpatient	
	2	Hospital Based Hospice	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	ADMISSION CODE		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			



## DATA ELEMENT DEFINITION

ELEMENT NAME: CLAIM FORM TYPE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-204	1	Yes
Non-Institutional	2-210	1	Yes
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.		
DEFINITION	Code associated with the primary claim form submitted.		
CODE/VALUE SPECIFICATIONS	A	DD Form 2520	
	B	DD Form 2642	
	C	HCFA Form 1500	
	D	UBF-1	
	E	UB-82	
	F	UB-92	
	G	Electronic Institutional Claim Submission	
	H	Electronic Non-Institutional Claim Submission	
	I	Electronic Drug Claim Submission	
	J	Other	
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		

## NOTES AND SPECIAL INSTRUCTIONS:

<sup>1</sup> The primary form is determined by the form associated with the largest dollar amount or which contains the billed amount if a second form is submitted containing only eligibility and/or sponsor data.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-040	1	Yes <sup>1</sup>
Non-Institutional	2-040	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) numeric characters, YYYYMMDD.		
<b>DEFINITION</b>	Date the contractor determined an adjustment HCSR was required.		
<b>CODE/VALUE SPECIFICATIONS</b>	YYYY	4 digit calendar year	
	MM	2 digit calendar month	
	DD	2 digit calendar day	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	N/A		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Zero fill if HCSR is not an adjustment.			

## DATA ELEMENT DEFINITION

ELEMENT NAME: DATE HCSR PROCESSED TO COMPLETION			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-035	1	Yes
Non-Institutional	2-035	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) numeric characters, YYYYMMDD.		
<b>DEFINITION</b>	Date the contractor processed the claim/treatment encounter data to completion. This is when all services and supplies on the claim have been adjudicated, payment has been determined, deductible has been applied, checks and EOBs have been prepared for mailing, and payment/deductible/denial has been posted to history and the HCSR(s).		
<b>CODE/VALUE SPECIFICATIONS</b>	YYYY	4 digit calendar year	
	MM	2 digit calendar month	
	DD	2 digit calendar day	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

DATA ELEMENT DEFINITION

**ELEMENT NAME: DEERS DEPENDENT SUFFIX**

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-090	1	Yes
Non-Institutional	2-090	1	Yes

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

**DEFINITION** Code maintained on DEERS database that uniquely identifies the patient within the family.

**CODE/VALUE SPECIFICATIONS** DEERS Dependent Suffix

01-19	Eligible Dependent Children
20	Sponsor
30-39	Spouse of Sponsor
40-44	Mother of Sponsor
45-49	Father of Sponsor
50-54	Mother-in-law of Sponsor
55-59	Father-in-law of Sponsor
60-69	Other Eligible Family Members (including former spouse)
70-74	Unknown by DEERS
75	Pseudo DDS - Unknown by contractor
98	Service Secretary Designee

**ALGORITHM** N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

**Download field from DEERS. Downloading DEERS Dependent Suffix (DDS) details are explained in [Chapter 9, Section 5, paragraph 2.5](#).**

## DATA ELEMENT DEFINITION

ELEMENT NAME: DENIAL REASON CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-380	Up to 50	Yes <sup>1</sup>
Non-Institutional	2-380	Up to 25	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.		
DEFINITION	Code identifying the reason for non-payment of services on the detail line item.		
CODE/VALUE SPECIFICATIONS	1	Duplicate service(s)	
	2	Ineligible claimant	
	3	Non-covered benefit/service	
	4	Maximum benefit exceeded	
	6	Filing limitation exceeded	
	7	Suspense limitation exceeded	
	8	Other	
	9	Non-Availability Statement cancelled or not provided	
	A	DEERS	
	B	Potential Third Party Liability	
	C	Verified Third Party Liability	
	D	Bone marrow transplant, no Wilford Hall referral	
	E <sup>2</sup>	Billing for partial stay under DRG not reimbursable	
	F <sup>2</sup>	DRG non-reimbursable (e.g., hospital based professionals, kidney acquisition costs)	
	G	Authorization not on file	
	H	Invalid Interim DRG request for payment	
	I	High Volume Psychiatric Hospital/Unit excluded from per diem reimbursement	
NOTES AND SPECIAL INSTRUCTIONS:			
<b>Left justified, blank filled.</b>			
<sup>1</sup> <b>Required if services are not allowed. Leave blank if not applicable.</b>			
<sup>2</sup> <b>Institutional Only</b>			
<sup>3</sup> <b>Non-Institutional Only</b>			

DATA ELEMENT DEFINITION

ELEMENT NAME: DENIAL REASON CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	J	Billing medium incorrect; e.g., billing on a UB-82 or UB-92 for professional services/supplies.
	K	Maximum amount allowed for more comprehensive procedure
	L	Other insurance processing information not provided
	M	Provider is not TRICARE-certified
	N	Multiple denial reasons
	GG <sup>3</sup>	TRICARE Claimcheck
	LL <sup>3</sup>	TRICARE Claimcheck Laboratory

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

**Left justified, blank filled.**

<sup>1</sup> **Required if services are not allowed. Leave blank if not applicable.**

<sup>2</sup> **Institutional Only**

<sup>3</sup> **Non-Institutional Only**

## DATA ELEMENT DEFINITION

ELEMENT NAME: DIAGNOSIS EDITION IDENTIFIER			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-190	1	Yes
Non-Institutional	2-190	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric character.		
<b>DEFINITION</b>	Code identifying the edition number of the International Classification of Diseases used in determining the diagnosis codes on both types of HCSRs. For institutional records only identifies edition number for determination of Operation/ Non-surgical procedures.		
<b>CODE/VALUE SPECIFICATIONS</b>	9	ICD-9-CM	
<b>ALGORITHM</b>	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	PROCESSING CODE		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: DISCHARGE STATUS</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-275	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) alphanumeric characters.		
<b>DEFINITION</b>	Code indicating patient status as of the end date of care on the HCSR.		
<b>CODE/VALUE SPECIFICATIONS</b>	01	Discharged	
	02	Transferred	
	03	Discharged/transferred to skilled nursing facility (SNF)	
	04	Discharged/transferred to intermediate care facility (ICF)	
	05	Discharged/transferred to another type of institution for inpatient care, or referred for outpatient care to another institution	
	06	Discharged/transferred to home under care of organized home health service organization	
	07	Left against medical advice or discontinued care	
	08	Discharged/transferred to home under care of a home IV provider	
	20	Expired (or did not recover - Christian Science Patient)	
	30	Still patient (remaining)	
	40	Died at Home	
	41	Died in a medical facility, such as a hospital, SNF, or free standing hospice	
	42	Place of death unknown	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	N/A		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			



## DATA ELEMENT DEFINITION

ELEMENT NAME: DRG GROUPER EDITION			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-356	1	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.		
DEFINITION	Number identifying the TRICARE/CHAMPUS Diagnosis Related Grouper used to determine the DRG.		
CODE/VALUE SPECIFICATIONS	<b>Date of Discharge</b>		
	87 = 1987 Grouper	10/01/87 through 02/29/88	
	88 = 1988 Grouper	03/01/88 through 09/30/88, including Admissions prior to 10/01/88 but discharged on or after 10/01/88	
	<b>Date of Admission</b>		
	89 = 1989 Grouper	10/01/88 through 09/30/89, includes Pediatric DRG's effective 03/01/89.	
	90 = 1990 Grouper	10/01/89 through 09/30/90	
	91 = 1991 Grouper	10/01/90 through 09/30/91	
	92 = 1992 Grouper	10/01/91 through 09/30/92	
	93 = 1993 Grouper	10/01/92 through 09/30/93	
	94 = 1994 Grouper	10/01/93 through 09/30/94	
	95 = 1995 Grouper	10/01/94 through 09/30/95	
	96 = 1996 Grouper	10/01/95 through 09/30/96	
	97 = 1997 Grouper	10/01/96 through 09/30/97	
	98 = 1998 Grouper	10/01/97 through 09/30/98	
	99 = 1999 Grouper	10/01/98 through 09/30/99	
	00 = 2000 Grouper	10/01/99 through 99/99/99	
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
<sup>1</sup> Required if HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.			

DATA ELEMENT DEFINITION

ELEMENT NAME: DRG NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-355	1	Yes <sup>1</sup>

PRIMARY PICTURE (FORMAT) Three (3) unsigned numeric digits.

DEFINITION Number identifying the Diagnosis Related Group (DRG) determined for this care.

CODE/VALUE SPECIFICATIONS

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

<sup>1</sup> Required if HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.

## DATA ELEMENT DEFINITION

ELEMENT NAME: DRG PRICER EDITION			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-357	1	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.		
DEFINITION	Number identifying the Diagnosis Related Pricer used to determine the DRG.		
CODE/VALUE SPECIFICATION	61	Can be used with DRG Grouper Edition 87 and 88 for an interim period. This code will be deleted at a later date.	
<b>Date of Discharge</b>			
	01 = 1987 Pricer	10/01/87 through 02/29/88	
	02 = 1988 Pricer	03/01/88 through 09/30/88, including admissions prior to 10/01/88 but discharged on or after 10/01/88.	
<b>Date of Admission</b>			
	03 = 1989 Pricer	10/01/88 through 09/30/89, includes Pediatric DRG's effective 03/01/89.	
	04 = 1990 Pricer	10/01/89 through 09/30/90	
	06 = 1991 Pricer	10/01/90 through 09/30/91	
	07 = 1992 Pricer	10/01/91 through 09/30/92	
	08 = 1993 Pricer	10/01/92 through 09/30/93	
	09 = 1994 Pricer	10/01/93 through 09/30/94	
	10 = 1995 Pricer	10/01/94 through 09/30/95	
	11 = 1996 Pricer	10/01/95 through 09/30/96	
	12 = 1997 Pricer	10/01/96 through 09/30/97	
	13 = 1998 Pricer	10/01/97 through 09/30/98	
	14 = 1999 Pricer	10/01/98 through 09/30/99	
	15 = 2000 Pricer	10/01/99 through 99/99/99	
NOTES AND SPECIAL INSTRUCTIONS:			
<sup>1</sup> Required if HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.			

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DATA ELEMENT DEFINITION

ELEMENT NAME: DRG PRICER EDITION (CONTINUED)

ALGORITHM N/A

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SUBORDINATE AND/OR GROUP ELEMENTS

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SUBORDINATE

GROUP

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N/A

N/A

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NOTES AND SPECIAL INSTRUCTIONS:

<sup>1</sup> Required if HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.

## DATA ELEMENT DEFINITION

ELEMENT NAME: PROCEDURE CODE MODIFIER			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-333	2	No
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) alphanumeric characters.		
<b>DEFINITION</b>	Two digit code which provides the means by which the health care professional can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code.		
<b>CODE/VALUE SPECIFICATIONS</b>	Must be 20-26, 32, 47, 50 - 52, 54-58, 62, 66, 76 - 82, 90, 99, D, E, H, N, P, R, S, X, AA, AB, AC, AD, AE, AF, AG, AH, AJ, AP, AN, AS, CC, DD, EE, EH, EJ, EM, EP, ER, ET, FP, HE, HH, HR, HT, LL, LR, LS, LT, MS, NR, NU, PH, PL, QB, QC, QD, QE, QF, QG, QH, QM, QN, QT, QU, Q5, Q6, RA, RE, RH, RP, RR, RT, SH, SF, TC, UE, VP, XX, or blank.		
<b>ALGORITHM</b>	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<b>Can report from 0 to 2 codes. Left justify and blank fill. When reporting more than one code, the more important code is to be reported first. Do not duplicate.</b>			

