

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

DATA ELEMENT DEFINITION

<b>ELEMENT NAME: END DATE OF CARE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-280	1	Yes
Non-Institutional	2-155	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Eight (8) alphanumeric characters, YYYYMMDD.			
<b>DEFINITION</b> <b>Institutional:</b> Latest date of care reported on this TED Record.			
<b>Non-Institutional:</b> The latest ending date of the provider's services for this procedure.			
<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			

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

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
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 Active Duty Claims - USA
	X	Foreign Active Duty Service Member (ADSM)
	Y	Continued Health Care Benefit Program (CHCBP) Standard
	Z	TRICARE Prime, MTF/PCM
	AA	Continued Health Care Benefit Program (CHCBP) Extra
	BB	TRICARE Senior Prime (Effective 10/01/1998 through 12/31/2001)
	FE	TRICARE for Life - Extra (Effective 10/01/2001)
	FS	TRICARE for Life - Standard (Effective 10/01/2001)
	PS	TRICARE Senior Pharmacy (Effective 04/01/2001)
	SN	Supplemental Health Care Program - Non-MTF-Referred Care (Effective 10/01/1999)
	SO	Supplemental Health Care Program - Non TRICARE Eligible (Effective 10/01/1999 through 09/01/2002)

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

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>	SR	Supplemental Health Care Program - Referred Care (Effective 10/01/1999)
	ST	Supplemental Health Care Program - TRICARE Eligible (Effective 10/ 01/1999 through 09/01/2002)
	TS	TRICARE Senior Supplement Demonstration Program (Effective 04/01/2000 through 12/31/2002)
	WF	TRICARE Prime Remote (TPR) for enrolled Active Duty Family Member (ADFM) Residing with a TPR Eligible Active Duty Service Member (ADSM) (Effective 09/01/2002)
	WO	TPR Foreign (ADSM & Family) (Effective 10/01/2002)
<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>		
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 REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: FILING DATE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-015	1	Yes
Non-Institutional	2-015	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Seven (7) alphanumeric characters, YYYYDDD.			
<b>DEFINITION</b> Date the request for payment of services rendered was received by the contractor for processing.			
<b>CODE/VALUE SPECIFICATIONS</b>	YYYY	4 digit calendar year of receipt	
	DDD	3 digit Julian date of receipt	
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>		<b>GROUP</b>	
N/A		INTERNAL CONTROL NUMBER	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

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

**DATA ELEMENT DEFINITION**

**ELEMENT NAME:** FILING STATE/COUNTRY CODE

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
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 [Chapter 2, Addendum A<sup>1</sup>](#) and [Addendum B<sup>1</sup>](#).

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	INTERNAL CONTROL NUMBER

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> State code will consist of 2 alphanumeric characters, which is left justify and blank fill. The foreign countries will consist of 3 alphanumeric characters.

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

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: FREQUENCY 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 <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric character.
<b>DEFINITION</b>	Code that describes the frequency of billing from the institution. All TED Records for interim (interim or final) institutional bills must be submitted as an adjustment using the same ICN as the initial submission.
<b>CODE/VALUE SPECIFICATIONS</b>	1                      Admit thru 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 Home Health Agency (HHA-PPS) Episode
<b>ALGORITHM</b>	N/A
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>	
<b>SUBORDINATE</b>	<b>GROUP</b>
N/A	TYPE OF BILL

**NOTES AND SPECIAL INSTRUCTIONS:**  
<sup>1</sup> The Initial, Interim, and Final TED Records, 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.

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

**DATA ELEMENT DEFINITION**

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

**RECORDS/LOCATOR NUMBERS**

<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
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 Health Care Coverage, Health Care Delivery Program Plan Coverage Code. Download field from DEERS.

<b>CODE/VALUE SPECIFICATIONS</b>		
A	Active Duty E4 and below rate	
B	Active Duty E5 and above rate	
C	Retiree rate	
W	Unknown copayment factor	
Z	Not applicable	

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

<b>SUBORDINATE</b>	<b>GROUP</b>
N/A	N/A

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

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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**

**RECORDS/LOCATOR NUMBERS**

<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
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.

<b>CODE/VALUE SPECIFICATIONS</b>		
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)	
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	

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



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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (CONTINUED)</b>	
P	Transitional Assistance Management Program (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)
T	Foreign military member
U	Foreign national employee (DoD or non-DoD employee)
V	Reserve member (not on active duty or on active duty for 30 days or less)
Z	Unknown
<b>ALGORITHM N/A</b>	
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>	
<b>SUBORDINATE</b>	<b>GROUP</b>
N/A	N/A
<b>NOTES AND SPECIAL INSTRUCTIONS: N/A</b>	

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

**DATA ELEMENT DEFINITION**

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

**RECORDS/LOCATOR NUMBERS**

<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
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 Health Care Coverage period. Download field from DEERS.

<b>CODE/VALUE SPECIFICATIONS</b>		
A	Self (i.e., the person and the other person are the same person)	
B	Spouse	
C	Child or stepchild	
D	Ward (not court ordered)	
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))	
Z	Unknown	

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

<b>SUBORDINATE</b>	<b>GROUP</b>
N/A	N/A

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

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-111	1	Yes
Non-Institutional	2-301	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Three (3) alphanumeric characters.		
<b>DEFINITION</b>	The code that represents the plan coverage a family member or sponsor has within a health care delivery program type. Download field from DEERS.		
<b>CODE/VALUE SPECIFICATIONS</b>	For valid values refer to <a href="#">Addendum M</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: N/A</b>			

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DATA ELEMENT DEFINITION

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HC DP) SPECIAL ENTITLEMENT CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-186	1	Yes <sup>1</sup>
Non-Institutional	2-306	Up to 99	Yes <sup>1</sup>

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

**DEFINITION** The code used to identify for each insured in managed care any special category they may have been given for copayment and deductible for a particular health care coverage period. Download field from DEERS.

CODE/VALUE SPECIFICATIONS		
	01	Desert Storm Special Entitlement
	02	Bosnia Special Entitlement
	03	Noble Eagle
	04	Enduring Freedom
	00	Not Applicable

**ALGORITHM** N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

<sup>1</sup> If not applicable report blanks.

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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	TED RECORD INDICATOR
FILING STATE/COUNTRY CODE	
SEQUENCE NUMBER	

**NOTES AND SPECIAL INSTRUCTIONS:**

N/A

