

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL
 RECORD DATA ELEMENTS (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: NATIONAL DRUG CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-170	Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT) Eleven (11) alphanumeric characters.			
DEFINITION Number assigned to pharmaceutical products by the Food and Drug Administration (FDA).			
CODE/VALUE SPECIFICATIONS Unique number assigned to include pharmaceutical by the FDA.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:

¹ Only required for Outpatient Drug claim. For non-pharmacy claims blank fill.

This data element must be present for Mail Order Pharmacy.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: NUMBER OF SERVICES			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-175	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Two (2) signed numeric digits.			
DEFINITION Number of procedures performed/services or supplies rendered for medical, dental, and mental health care.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM Identical procedures must be combined when performed by the same provider, with the same charge for each, and within the same calendar month, provided the reason for allowance/denial is the same for each charge. For ambulance services, allergy testing, DME rental, POV mileage for PFPWD, or anesthesiology, enter 01 for each service regardless of length of time, number of base units or mileage. Allowed prescription drugs must be combined separately from disallowed prescription drugs. For prescriptions report the number of prescriptions.			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-380	Up to 999	Yes
Non-Institutional	2-145	Up to 99	Yes

PRIMARY PICTURE (FORMAT) Three (3)¹ numeric digits.

DEFINITION A unique number for each utilization/revenue data occurrence within the TED Record. Line item must be assigned in sequential ascending order.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Non-institutional will be limited to 99 occurrences.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) BEGIN REASON CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-132	1	Yes
Non-Institutional	2-192	Up to 99	Yes

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

DEFINITION The code that indicates the reason that the person's period of eligibility for a non-DoD Other Government Program began. Download field from DEERS.

CODE/VALUE SPECIFICATIONS		
	A	Eligible for Medicare. Eligibility began after age 65 (the person did not have enough quarters of Social Security contributions to qualify at age 65). This value applies to Medicare Part A.
	B	Enrollment in Medicare Part B; over or under age 65. Medicare Part B can only be obtained by payment of monthly premiums. This value applies to Medicare Part B.
	D	Eligible for Medicare under age 65 because of disability. This value applies to Medicare Part A.
	E	Eligible for Medicare at age 65. This value applies to Medicare Part A.
	N	Not eligible for Medicare. Under age 65 this is the default value. At age 65 this indicates eligibility could not begin because the person did not have enough quarters of Social Security contributions to qualify. This value applies to Medicare Part A.
	P	Eligible for Medicare at or after 65 because of purchase. This value applies to Medicare Part A.
	R	Eligible for Medicare under age 65 because of end-stage renal disease. This value applies to Medicare Part A and Part B.

NOTES AND SPECIAL INSTRUCTIONS:

For Mail Order Pharmacy use the data element Medicare A Begin Reason Code from the DEERS inquiry/response to report this information.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) BEGIN REASON CODE (CONTINUED)

V	Eligible for the Civilian Health and Medical Program of the Department of Veteran's Affairs (CHAMPVA).
W	Not applicable.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

For Mail Order Pharmacy use the data element Medicare A Begin Reason Code from the DEERS inquiry/response to report this information.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) TYPE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-131	1	Yes
Non-Institutional	2-191	Up to 99	Yes

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

DEFINITION The code that represents what type of other government program the person has. Download field from DEERS.

CODE/VALUE SPECIFICATIONS		
	A	Medicare Part A
	B	Medicare Part B
	C	Medicare Part A & B
	H	Medicare HMO
	N	No Medicare
	V	CHAMPVA

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

Instructions to submit the TED OGP TYPE CODE:

1. If the DEERS response returns only one OGP TYPE CODE segment report the DEERS OGP TYPE CODE in the TED OGP TYPE CODE;
2. If the DEERS response returns multiple OGP TYPE CODE segments containing the values "A" and "B" report a "C" in the TED OGP TYPE CODE; or
3. If the DEERS response does not returns a OGP TYPE CODE segment report "N" in the TED OGP TYPE CODE.
4. For Mail Order Pharmacy use the data element Medicare Coverage Type Code from DEERS inquiry/response to report this information.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OVERRIDE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-160	3	Yes ¹
Non-Institutional	2-095	3	Yes ¹

PRIMARY PICTURE (FORMAT) Six (6) alpha characters.

DEFINITION The group of three codes which indicate that certain questionable data has been identified and approved by the contractor and the normal editing and processing rules should be bypassed for this record.

CODE/VALUE SPECIFICATIONS	LOCATOR#	DESCRIPTION
	11	Claims retained by the contractor for development (information not available from in-house sources) (Effective 02/01/2000)
	12	TPL claims requiring development (Effective 02/01/2000)
	13	Government intervention claims - pended up to 60 calendar days (Benefit Changes, CMAC updates, etc.) (Effective 02/01/2000)
	14	Claims requiring intervention by another contractor (Effective 02/01/2000)
	15	Claims pended at government direction 60 calendar days and over (Effective 02/01/2000)
	A	Patient is over 65
	B	Patient is a spouse under 12 years of age
	C	Good faith claim; payment has been made.
	D	Patient is family member 21 years of age or older
	E	Diagnosis is maternity; patient is under 12 years of age
	F	Claim was filed after the filing deadline

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if override code is applicable to override TMA edit checking. Can report 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two characters, left justify and blank fill.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OVERRIDE CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	G	Diagnosis/procedure code for female; sex indicates male
	H	Diagnosis/procedure code for male, sex indicates female
	I	Patient is a former spouse under 34 years of age
	J	Successive admission (patient is family member of an Active Duty Sponsor and cost-share is based on both current and prior admission) (Institutional Only)
	K	Catastrophic loss protection limit reached, patient cost-share and deductible rules do not apply
	M	NATO, Social Security Number not applicable
	N	Retrospective payment - Inpatient Mental Health (Institutional Only)
	P	Reserved (to be used only with TMA authorization)
	Q	Former Spouse with Pre-Existing Condition
	R	Person birth calendar date (patient) is not consistent with diagnosis/procedure code age restricting; procedure performed due to medical necessity
	S	Zip code override to be used when: <ol style="list-style-type: none"> 1. A beneficiary has moved out of a region and the contractor is still responsible for the care claimed; or 2. If a beneficiary resides in a region different from the region they are enrolled in, but are within the same contract jurisdiction

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if override code is applicable to override TMA edit checking. Can report 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two characters, left justify and blank fill.

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DATA ELEMENT DEFINITION

ELEMENT NAME: OVERRIDE CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	U	Beneficiary indemnification payment
	V	Active Duty Family Member, services provided in TRICARE Europe, Pacific or Latin America & Canada including Caribbean Basin
	Y	Newborn in mother's room without nursery charges (Institutional Only)
	Z	Enhanced benefit
	NC	Non-Certified Providers (does not include sanctioned/suspended providers)
ALGORITHM N/A		
SUBORDINATE AND/OR GROUP ELEMENTS		
SUBORDINATE		GROUP
N/A		PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if override code is applicable to override TMA edit checking. Can report 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two characters, left justify and blank fill.

