

## DATA REQUIREMENTS - DATA ELEMENT LAYOUT

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### 1.0. BATCH/VOUCHER HEADER DATA ELEMENT

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
0-001	HEADER TYPE INDICATOR	X	1	1
0-005	CONTRACT IDENTIFIER		2	34
0-010	CONTRACT NUMBER	X(13)	2	14
0-015	BATCH/VOUCHER IDENTIFIER	X	15	15
0-020	BATCH/VOUCHER NUMBER		16	34
0-025	BATCH/VOUCHER ASAP ACCOUNT NUMBER	X(8)	16	23
0-030	BATCH/VOUCHER DATE	YYYYDDD	24	30
0-035	BATCH/VOUCHER SEQUENCE NUMBER	X(2)	31	32
0-040	BATCH/VOUCHER RESUBMISSION NUMBER	X(2)	33	34
0-045	TOTAL NUMBER OF RECORDS	9(7)	35	41
0-050	TOTAL AMOUNT PAID	S9(10)V99	42	53
0-055	INITIAL TRANSMISSION DATE (TMA DERIVED)	YYYYMMDD	54	61
0-060	TMA BATCH/VOUCHER PROCESSING DATE (TMA DERIVED)	YYYYMMDD	62	69
0-065	FUND ACCOUNTING	S9(8)V99	70	79

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2.0. INSTITUTIONAL DATA ELEMENT

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
1-001	RECORD TYPE INDICATOR	X	1	1
1-005	TED RECORD INDICATOR		2	25
1-010	INTERNAL CONTROL NUMBER (ICN)		2	18
1-015	FILING DATE	YYYYDDD	2	8
1-020	FILING STATE/COUNTRY CODE	X(3)	9	11
1-025	SEQUENCE NUMBER	X(7)	12	18
1-030	TIME STAMP	X(6)	19	24
1-035	ADJUSTMENT KEY	X	25	25
1-040	DATE TED RECORD PROCESSED TO COMPLETION	YYYYMMDD	26	33
1-045	DATE ADJUSTMENT IDENTIFIED	YYYYMMDD	34	41
1-050	PERSON IDENTIFIER (SPONSOR)	X(9)	42	50
1-051	PERSON IDENTIFIER TYPE CODE (SPONSOR)	X	51	51
1-056	PAY GRADE CODE (SPONSOR)	X(2)	52	53
1-057	PAY PLAN CODE (SPONSOR)	X(5)	54	58
1-060	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR)	X	59	59
1-065	AGR SERVICE LEGAL AUTHORITY CODE	X	60	60
1-066	HEALTH CARE COVERAGE MEMBER CATEGORY CODE	X	61	61
1-070	HEALTH CARE COVERAGE MEMBER RELATIONSHIP CODE	X	62	62
1-075	PERSON NAME (PATIENT)		63	157
1-076	PERSON LAST NAME (PATIENT)	X(35)	63	97
1-077	PERSON FIRST NAME (PATIENT)	X(25)	98	122
1-078	PERSON MIDDLE NAME (PATIENT)	X(25)	123	147
1-079	PERSON CADENCY NAME (PATIENT)	X(10)	148	157
1-080	PERSON IDENTIFIER (PATIENT)	X(9)	158	166
1-081	PERSON IDENTIFIER TYPE CODE (PATIENT)	X	167	167
1-085	PERSON BIRTH CALENDAR DATE (PATIENT)	YYYYMMDD	168	175
1-095	PATIENT IDENTIFIER (DOD)	X(10)	176	185
1-097	DEERS IDENTIFIER (PATIENT)	X(11)	186	196
1-100	PERSON SEX (PATIENT)	X	197	197
1-105	PATIENT ZIP CODE	X(9)	198	206
1-110	ENROLLMENT/HEALTH PLAN CODE	X(2)	207	208
1-111	HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE	X(3)	209	211
1-112	REGION INDICATOR	X(2)	212	213
1-115	PCM LOCATION DMIS-ID (ENROLLMENT) CODE	X(4)	214	217
1-120	AMOUNT BILLED (TOTAL)	S9(7)V99	218	226
1-125	AMOUNT ALLOWED (TOTAL)	S9(7)V99	227	235
1-130	AMOUNT PAID BY OTHER HEALTH INSURANCE	S9(7)V99	236	244
1-131	OTHER GOVERNMENT PROGRAM TYPE CODE	X	245	245

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**2.0. INSTITUTIONAL DATA ELEMENT (CONTINUED)**

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
1-132	OTHER GOVERNMENT PROGRAM BEGIN REASON CODE	X	246	246
1-135	AMOUNT PATIENT COST-SHARE	S9(7)V99	247	255
1-136	HEALTH CARE COVERAGE COPAYMENT FACTOR CODE	X	256	256
1-140	AMOUNT PAID BY GOV'T CONTRACTOR (TOTAL)	S9(7)V99	257	265
1-145	AMOUNT INTEREST PAYMENT	S9(7)V99	266	274
1-150	REASON FOR INTEREST PAYMENT	X(2)	275	276
1-155	PROCESSING INFORMATION		277	313
1-160	OVERRIDE CODE	X(6)	277	282
1-165	TYPE OF SUBMISSION	X	283	283
1-170	CA/NAS NUMBER	X(15)	284	298
1-175	CA/NAS REASON FOR ISSUANCE	X	299	299
1-180	CA/NAS EXCEPTION REASON	X(2)	300	301
1-185	SPECIAL PROCESSING CODE	X(8)	302	309
1-186	HEALTH CARE DELIVERY PROGRAM SPECIAL ENTITLEMENT CODE	X(2)	310	311
1-190	PRICING RATE CODE	X(2)	312	313
1-195	PROVIDER STATE OR COUNTRY CODE	X(3)	314	316
1-200	PROVIDER TAXPAYER NUMBER	X(9)	317	325
1-205	PROVIDER SUB-IDENTIFIER	X(4)	326	329
1-210	PROVIDER INDIVIDUAL NPI NUMBER (RESERVED)	X(10)	330	339
1-215	PROVIDER GROUP NPI NUMBER (RESERVED)	X(10)	340	349
1-220	PROVIDER ZIP CODE	X(9)	350	358
1-225	PROVIDER PARTICIPATION INDICATOR	X	359	359
1-230	PROVIDER NETWORK STATUS INDICATOR	X	360	360
1-235	TYPE OF INSTITUTION	X(2)	361	362
1-240	CLAIM FORM TYPE/EMC INDICATOR	X	363	363
1-245	TYPE OF BILL		364	365
1-250	FREQUENCY CODE	X	364	364
1-255	TYPE OF ADMISSION	X	365	365
1-260	SOURCE OF ADMISSION	X	366	366
1-265	ADMISSION DATE	YYYYMMDD	367	374
1-270	PATIENT STATUS	X(2)	375	376
1-275	BEGIN DATE OF CARE	YYYYMMDD	377	384
1-280	END DATE OF CARE	YYYYMMDD	385	392
1-285	COVERED DAYS	S9(3)	393	395
1-290	DRG NUMBER	X(3)	396	398
1-292	SNF HIPPS CODE	X(5)	399	403
1-295	ADMISSION DIAGNOSIS	X(6)	404	409
1-300	PRINCIPAL TREATMENT DIAGNOSIS	X(6)	410	415

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2.0. INSTITUTIONAL DATA ELEMENT (CONTINUED)

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
1-305	SECONDARY TREATMENT DIAGNOSIS-1	X(6)	416	421
1-310	SECONDARY TREATMENT DIAGNOSIS-2	X(6)	422	427
1-315	SECONDARY TREATMENT DIAGNOSIS-3	X(6)	428	433
1-320	SECONDARY TREATMENT DIAGNOSIS-4	X(6)	434	439
1-325	SECONDARY TREATMENT DIAGNOSIS-5	X(6)	440	445
1-330	SECONDARY TREATMENT DIAGNOSIS-6	X(6)	446	451
1-335	SECONDARY TREATMENT DIAGNOSIS-7	X(6)	452	457
1-340	SECONDARY TREATMENT DIAGNOSIS-8	X(6)	458	463
1-345	PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE	X(5)	464	468
1-350	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-1	X(5)	469	473
1-355	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-2	X(5)	474	478
1-360	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-3	X(5)	479	483
1-365	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-4	X(5)	484	488
1-370	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-5	X(5)	489	493
1-375	TOTAL OCCURRENCE/LINE ITEM COUNT	9(3)	494	496
	FILLER	X(20)	497	516
1-380	OCCURRENCE/LINE ITEM NUMBER (OCCURS 1 TO 999 TIMES)	9(3)	517	519
1-385	REVENUE CODE	X(4)	520	523
1-390	UNITS OF SERVICE BY REVENUE CODE	S9(7)	524	530
1-395	TOTAL CHARGE BY REVENUE CODE	S9(7)V99	531	539
1-400	ADJUSTMENT/DENIAL REASON CODE	X(5)	540	544
	FILLER	X(20)	545	564

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**3.0. NON-INSTITUTIONAL DATA ELEMENT**

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
2-001	RECORD TYPE INDICATOR	X	1	1
2-005	TED RECORD INDICATOR		2	25
2-010	INTERNAL CONTROL NUMBER (ICN)		2	18
2-015	FILING DATE	YYYYDDD	2	8
2-020	FILING STATE/COUNTRY CODE	X(3)	9	11
2-025	SEQUENCE NUMBER	X(7)	12	18
2-030	TIME STAMP	X(6)	19	24
2-035	ADJUSTMENT KEY	X	25	25
2-040	DATE TED RECORD PROCESSED TO COMPLETION	YYYYMMDD	26	33
2-045	DATE ADJUSTMENT IDENTIFIED	YYYYMMDD	34	41
2-050	PERSON IDENTIFIER (SPONSOR)	X(9)	42	50
2-051	PERSON IDENTIFIER TYPE CODE (SPONSOR)	X	51	51
2-055	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR)	X	52	52
2-056	AGR SERVICE LEGAL AUTHORITY CODE	X	53	53
2-060	PERSON NAME (PATIENT)		54	148
2-061	PERSON LAST NAME (PATIENT)	X(35)	54	88
2-062	PERSON FIRST NAME (PATIENT)	X(25)	89	113
2-063	PERSON MIDDLE NAME (PATIENT)	X(25)	114	138
2-064	PERSON CADENCY NAME (PATIENT)	X(10)	139	148
2-065	PERSON IDENTIFIER (PATIENT)	X(9)	149	157
2-066	PERSON IDENTIFIER TYPE CODE (PATIENT)	X	158	158
2-070	PERSON BIRTH CALENDAR DATE (PATIENT)	YYYYMMDD	159	166
2-075	DEERS DEPENDENT SUFFIX	X(2)	167	168
2-080	PATIENT IDENTIFIER (DOD)	X(10)	169	178
2-082	DEERS IDENTIFIER (PATIENT)	X(11)	179	189
2-085	PERSON SEX (PATIENT)	X	190	190
2-090	PATIENT ZIP CODE	X(9)	191	199
2-095	OVERRIDE CODE	X(6)	200	205
2-100	TYPE OF SUBMISSION	X	206	206
2-105	CLAIM FORM TYPE/EMC INDICATOR	X	207	207
2-110	PCM LOCATION DMIS-ID (ENROLLMENT) CODE	X(4)	208	211
2-115	PRINCIPAL TREATMENT DIAGNOSIS	X(6)	212	217
2-120	SECONDARY TREATMENT DIAGNOSIS-1	X(6)	218	223
2-125	SECONDARY TREATMENT DIAGNOSIS-2	X(6)	224	229
2-130	SECONDARY TREATMENT DIAGNOSIS-3	X(6)	230	235
2-135	SECONDARY TREATMENT DIAGNOSIS-4	X(6)	236	241
2-140	TOTAL OCCURRENCE/LINE ITEM COUNT	9(3)	242	244
	FILLER	X(10)	245	254

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**3.0. NON-INSTITUTIONAL DATA ELEMENT (CONTINUED)**

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
2-145	OCCURRENCE/LINE ITEM NUMBER (OCCURS 1 TO 99 TIMES)	9(3)	255	257
2-150	BEGIN DATE OF CARE	YYYYMMDD	258	265
2-155	END DATE OF CARE	YYYYMMDD	266	273
2-160	PROCEDURE CODE	X(5)	274	278
2-165	PROCEDURE CODE MODIFIER	X(4)	279	282
2-170	NATIONAL DRUG CODE	X(11)	283	293
2-175	NUMBER OF SERVICES	S9(2)	294	295
2-180	AMOUNT BILLED BY PROCEDURE CODE	S9(7)V99	296	304
2-185	AMOUNT ALLOWED BY PROCEDURE CODE	S9(7)V99	305	313
2-190	AMOUNT PAID BY OTHER HEALTH INSURANCE	S9(7)V99	314	322
2-191	OTHER GOVERNMENT PROGRAM TYPE CODE	X	323	323
2-192	OTHER GOVERNMENT PROGRAM BEGIN REASON CODE	X	324	324
2-195	AMOUNT APPLIED TOWARD DEDUCTIBLE	S9(3)V99	325	329
2-200	AMOUNT PATIENT COST-SHARE	S9(7)V99	339	339
2-201	HEALTH CARE COVERAGE COPAYMENT FACTOR CODE	X	343	343
2-205	AMOUNT PAID BY GOV'T CONTRACTOR BY PROCEDURE CODE	S9(7)V99	340	348
2-210	AMOUNT INTEREST PAYMENT	S9(7)V99	349	357
2-215	REASON FOR INTEREST PAYMENT	X(2)	358	359
2-220	ADJUSTMENT/DENIAL REASON CODE	X(5)	360	364
2-225	PROVIDER INDIVIDUAL NPI NUMBER (RESERVED)	X(10)	365	374
2-230	PROVIDER GROUP NPI NUMBER (RESERVED)	X(10)	375	384
2-235	PROVIDER STATE OR COUNTRY CODE	X(3)	385	387
2-240	PROVIDER TAXPAYER NUMBER	X(9)	388	396
2-245	PROVIDER SUB-IDENTIFIER	X(4)	397	400
2-250	PROVIDER ZIP CODE	X(9)	401	409
2-255	PROVIDER SPECIALTY	X(10)	410	419
2-260	PROVIDER PARTICIPATION INDICATOR	X	420	420
2-265	PROVIDER NETWORK STATUS INDICATOR	X	421	421
2-270	PHYSICIAN REFERRAL NUMBER	X(13)	422	434
2-275	PLACE OF SERVICE	X(2)	435	436
2-280	TYPE OF SERVICE	X(2)	437	438
2-285	HEALTH CARE COVERAGE MEMBER CATEGORY CODE	X	439	439
2-291	PAY GRADE CODE (SPONSOR)	X(2)	440	441
2-292	PAY PLAN CODE (SPONSOR)	X(5)	442	446
2-295	HEALTH CARE COVERAGE MEMBER RELATIONSHIP CODE	X	447	447
2-300	ENROLLMENT/HEALTH PLAN CODE	X(2)	448	449
2-301	HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE	X(3)	450	452

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**3.0. NON-INSTITUTIONAL DATA ELEMENT (CONTINUED)**

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
2-303	REGION INDICATOR	X(2)	453	454
2-305	SPECIAL PROCESSING CODE	X(8)	455	462
2-306	HEALTH CARE DELIVERY PROGRAM SPECIAL ENTITLEMENT CODE	X(2)	463	464
2-310	CA/NAS NUMBER	X(15)	465	479
2-315	CA/NAS REASON FOR ISSUANCE	X	480	480
2-320	CA/NAS EXCEPTION REASON	X(2)	481	482
2-325	PRICING RATE CODE	X(2)	483	484
	FILLER	X(20)	485	504

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**4.0. PROVIDER FILE RECORD**

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
3-001	RECORD TYPE INDICATOR	X	1	1
3-005	PROVIDER TAXPAYER NUMBER	X(9)	2	10
3-010	PROVIDER SUB-IDENTIFIER	X(4)	11	14
3-015	PROVIDER TAXPAYER NUMBER IDENTIFIER	X	15	15
3-020	CONTRACTOR NUMBER	X(2)	16	17
3-025	PROVIDER CONTRACT AFFILIATION CODE	X	18	18
3-030	INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR	X	19	19
3-035	PROVIDER NAME	X(40)	20	59
3-040	PROVIDER ADDRESS		60	119
3-045	PROVIDER STREET ADDRESS	X(30)	60	89
3-050	PROVIDER CITY	X(18)	90	107
3-055	PROVIDER STATE OR COUNTRY CODE	X(3)	108	110
3-060	PROVIDER ZIP CODE	X(9)	111	119
3-065	PROVIDER BILLING ADDRESS		120	179
3-070	PROVIDER BILLING STREET ADDRESS	X(30)	120	149
3-075	PROVIDER BILLING CITY	X(18)	150	167
3-080	PROVIDER BILLING STATE OR COUNTRY CODE	X(3)	168	170
3-085	PROVIDER BILLING ZIP CODE	X(9)	171	179
3-090	PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION	X(10)	180	189
3-095	TYPE OF INSTITUTION TERM INDICATOR CODE	X	190	190
3-100	AMERICAN HOSPITAL ASSOCIATION ID NUMBER	X(9)	191	199
3-105	AHA MULTI-HOSPITAL SYSTEM CODE	X(4)	200	203
3-110	MEDICARE NUMBER	X(8)	204	211
3-115	PROVIDER ACCEPTANCE DATE	YYYYMMDD	212	219
3-120	PROVIDER TERMINATION DATE	YYYYMMDD	220	227
3-125	RURAL/URBAN INDICATOR	X	228	228
3-130	IDME RATIO	9V9(4)	229	233
3-135	IDME RATIO EFFECTIVE DATE	YYYYMMDD	234	241
3-140	AREA WAGE INDEX	9V9(4)	242	246
3-145	AREA WAGE INDEX EFFECTIVE DATE	YYYYMMDD	247	254
3-150	DRG EXEMPT/NONEXEMPT INDICATOR	X	255	255
3-155	DRG EXEMPT/NONEXEMPT EFFECTIVE DATE	YYYYMMDD	256	263
3-160	TRANSACTION CODE	X	264	264
3-165	RECORD EFFECTIVE DATE	YYYYMMDD	265	272
	FILLER	X(17)	273	289



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**5.0. PRICING DATA RECORD**

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
4-001	RECORD TYPE INDICATOR	X	1	1
4-005	PRICING STATE OR COUNTRY CODE	X(3)	2	4
4-010	PROCEDURE CODE	X(5)	5	9
4-015	CLASS OF PROVIDER	X(2)	10	11
4-020	TYPE OF PRICING SERVICE	X(2)	12	13
4-025	PREVAILING FEE	S9(5)V99	14	20
4-030	CONVERSION AMOUNT	S9(5)V99	21	27
4-035	CATEGORY OF CARE FOR CONVERSION FACTOR	X	28	28
4-040	MEDICARE ECONOMIC INDEX PRICE	S9(5)V99	29	35
4-045	PRICING PROFILE	X(2)	36	37
4-050	PRICING EFFECTIVE DATE	YYYYMMDD	38	45
	FILLER	X(9)	46	54

**6.0. TRANSMISSION RECORDS**

**6.1.** The requirement for all electronic transmissions will incorporate the HIPAA mandated standards wherever feasible.

**6.2.** The first record in each transmission to TMA, whether by teleprocessing or magnetic tape, will be a transmission header, using the following format. Where value is specified under comments, the value must be reported exactly as shown.

**TRANSMISSION HEADER AND TRAILER RECORD FORMAT**

POSITION(S)	DESCRIPTION	CONTENT	COMMENT
1-8	Alpha	Data Type	Must be "TED Data".
9-10	**	Delimiter	Must be **.
11-22	Alphanumeric	File Name	Must be named in accordance with <a href="#">Chapter 1, Section 1.1, paragraph 4.7.3.2.5.</a>
23-24	**	Delimiter	Must be **
25-29	Alpha		Must be "FSIZE"
30-Variable	Numeric	File Size	Includes the total number of batch/ voucher header records, provider, pricing and TED records (variable length). Includes transmission header, excludes transmission trailer.
Variable (2 positions)	**	Delimiter	Must be **.
Variable (6 positions)	Alpha	Record Type	Must be "RTYPEV".

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**TRANSMISSION HEADER AND TRAILER RECORD FORMAT (CONTINUED)**

POSITION(S)	DESCRIPTION	CONTENT	COMMENT
Variable (2 positions)	**	Delimiter	Must be **.
Variable (7 positions)	Alpha		Must be "MAXRLEN".
Variable	Numeric	Maximum Record Length	Length of the longest variable length record within the transmission. Must be > 0.
Variable (2 positions)	**	Delimiter	Must be **.
Variable - 80	Blank	Reserved	Must be HEX 40.

**6.3.** Appended to the end of each transmission to TMA, whether by teleprocessing or magnetic tape, will be a transmission trailer record. The format for the transmission trailer record follows:

**TRANSMISSION HEADER AND TRAILER RECORD FORMAT**

POSITION(S)	DESCRIPTION	CONTENT	COMMENT
1	Alpha	Record ID	Must be "@" sign.
2-3	Alphanumeric	Contractor Number	TMA-assigned Contractor number.
4-10	Alphanumeric	Transmission Date	Enter in YYYYDDD format
11-14	Numeric	Batch Count	Number of batches and/or vouchers in the transmission.
15-20	Numeric	Record Count	Includes the total number of batch/ voucher header records, provider, pricing and variable length TED records. Excludes transmission header and transmission trailer.
21-80	Blank	Reserved	Must be HEX 40.

**7.0. PRINT/REPORT TRANSMISSIONS**

**7.1.** All errors in TED Records detected by the TMA editing system will be reported to the contractor in 133-byte record print image format. Except for special situations, these records will be teleprocessed to the contractor the day following processing. The format of the error records returned to the contractor will be:

**ERROR RECORDS RETURNED FORMAT**

DESCRIPTION	POSITION	
	FROM	THRU
Number of errors on this TED record	1	3

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**ERROR RECORDS RETURNED FORMAT (CONTINUED)**

DESCRIPTION	POSITION	
	FROM	THRU
TED data as submitted	4	Variable
Error code number (occurs 1 to 500 times based on number of errors above)	Variable	Variable

The format of the error code number is 10 characters:

**ERROR CODE FORMAT**

DESCRIPTION	POSITION
ELN (Element Locator Number)	1 to 4
Sequenced number of error within ELN	5 to 6
Relational edit indicator if applicable	7 to 7
Line item from TED Record if applicable	8 to 10

