

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL
 RECORD DATA ELEMENTS (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: REASON FOR INTEREST PAYMENT			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-150	1	No
Non-Institutional	2-215	Up to 99	No
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric ¹ characters.			
DEFINITION This field will be used to determine the fiscal responsibility for the interest payment based on the following hierarchy.			
	A	Claims pending at government direction that the government has specifically directed the contractor to hold for an extended period of time. These will primarily be claims pending a Program Integrity investigation (the government is fiscally responsible for any interest).	
	B	Claims requiring government intervention (the government is fiscally responsible for any interest).	
	C	Claims requiring development for potential third-party liability (The government is fiscally responsible for any interest).	
	D	Claims requiring an action/ interface with another prime contractor (the contractor is fiscally responsible for any interest).	

NOTES AND SPECIAL INSTRUCTIONS:
¹ Left justify and blank fill, if not applicable.

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DATA ELEMENT DEFINITION

ELEMENT NAME: REASON FOR INTEREST PAYMENT (CONTINUED)

E Claims retained by the contractor that do not fall into one of the above categories (the contractor is fiscally responsible for any interest).

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE

GROUP

N/A

N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Left justify and blank fill, if not applicable.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: RECORD TYPE INDICATOR			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-001	1	Yes ¹
Non-Institutional	2-001	1	Yes ¹
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code to indicate the type of record.			
CODE/VALUE SPECIFICATIONS	1	Institutional	
	2	Non-Institutional	
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
¹ Refer to the Chapter 2, Section 1.2, paragraph 1.0. for further instructions.			

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: REGION INDICATOR			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-112	1	Yes
Non-Institutional	2-303	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric character.			
DEFINITION Region Indicator is the region of the Managed Care Support Contractor responsible for the care provided.			
CODE/VALUE SPECIFICATIONS			
	h	Blank	
	NC	North Contract	
	SC	South Contract	
	WC	West Contract	
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
Blanks are only valid for Mail Order Pharmacy and adjustments to non-TED records.			

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DATA ELEMENT DEFINITION

ELEMENT NAME: REVENUE CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-385	Up to 999	Yes
PRIMARY PICTURE (FORMAT) Four (4) alphanumeric characters.			
DEFINITION Code which identifies revenue categories associated with the type of service rendered. Like revenue codes should be summarized to one occurrence for reporting on the TED Record. Room and board revenue codes can be summarized if the code and rate are the same. Denied revenue codes must be reported on separate occurrence(s) within the TED Record.			
CODE/VALUE SPECIFICATIONS Use UB-92 revenue codes.			
ALGORITHM N/A			
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 (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODES

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-350 -- 1-370	5	Yes ¹

PRIMARY PICTURE (FORMAT) Five (5) alphanumeric characters.

DEFINITION Codes identifying the procedures, other than the principal procedure, performed during the period covered by the TED Record.

CODE/VALUE SPECIFICATIONS Refer to International Classification of Diseases - Clinical Modification, Edition 9, Volume 3, for valid ICD-9-CM Operation/Non-surgical codes. Must code the most detailed procedure. Must be left justified and blank filled.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if available.

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DATA ELEMENT DEFINITION

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-305 -- 1-340	8	Yes ¹
Non-Institutional	2-120 -- 2-135	4	Yes ¹
PRIMARY PICTURE (FORMAT)	Six (6) alphanumeric characters.		
DEFINITION	Code corresponding to additional conditions that co-exist at the time of admission or during the treatment encounter.		
CODE/VALUE SPECIFICATIONS	Use the most current diagnoses edition (ICD-9-CM) as directed by TMA. Must code the most detailed procedure. Code must be left justified and blank filled.		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE			GROUP
N/A			N/A
NOTES AND SPECIAL INSTRUCTIONS:			
¹ Required if available.			

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DATA ELEMENT DEFINITION

ELEMENT NAME: SEQUENCE NUMBER			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-025	1	Yes
Non-Institutional	2-025	1	Yes
PRIMARY PICTURE (FORMAT) Seven (7) alphanumeric characters.			
DEFINITION	A sequential number assigned by the contractor to identify the individual TED Record. Once assigned, the sequence number cannot be re-used with the same Filing Date and Filing State/Country ¹ .		
CODE/VALUE SPECIFICATIONS	The sequential identifying number assigned by the contractor.		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	INTERNAL CONTROL NUMBER		

NOTES AND SPECIAL INSTRUCTIONS:
¹ This field will be limited to the first 5 characters for the duration of HCSRs, the last 2 characters must be blank filled.

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DATA ELEMENT DEFINITION

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-060	1	Yes
Non-Institutional	2-055	1	Yes

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

DEFINITION The code that represents the branch classification of service with which the sponsor is affiliated. Download field from DEERS.

CODE/VALUE SPECIFICATIONS

A	Army
C	Coast Guard
D	Office of the Secretary of Defense
F	Air Force
H	Public Health Service
M	Marines
N	Navy
O	NOAA
X	Not applicable ¹
1	Foreign Army
2	Foreign Navy
3	Foreign Marine Corps
4	Foreign Air Force

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Use 'X' for CHAMPVA Claims.

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DATA ELEMENT DEFINITION

ELEMENT NAME: SNF HIPPS CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
INSTITUTIONAL	1-292	1	Yes ¹

PRIMARY PICTURE (FORMAT) Five (5) alphanumeric characters.

DEFINITION Skilled Nursing Facility (SNF), Health Insurance Prospective Payment System (HIPPS) consists of a 3 digit RUG code plus a 2 digit modifier which is an assessment indicator.

CODE/VALUE SPECIFICATIONS Listing of valid RUG codes will be found in TRICARE Reimbursement Manual, [Chapter 8, Addendum C](#).

For a stay < 100 days the 2-digit modifier must be 00 through 79

For a stay ≥ 100 days the valid values are listed in TRICARE Reimbursement Manual, [Chapter 8, Section 2](#).

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if available. If not applicable blank fill.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: SOURCE OF ADMISSION			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-260	1	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code indicating admission referral source.			
CODE/VALUE SPECIFICATIONS	SOURCE OF ADMISSION CODES		
	1 Physician Referral	The patient was admitted to this facility upon the recommendation of his or her personal physician.	
	2 Clinic Referral	The patient was admitted to this facility upon recommendation of this facility's clinic physician.	
	3 HMO Referral	The patient was admitted to this facility upon the recommendation of a health maintenance organization physician.	
	4 Transfer from a Hospital	The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.	
	5 Transfer from a Skilled Nursing Facility	The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.	
	6 Transfer from another Health Care Facility	The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or a skilled nursing facility.	
	7 Emergency	The patient was admitted to this facility upon the recommendation of this facility's emergency room physician.	
	8 Court/Law Enforcement	The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.	
	9 Information Not Available	The means by which the patient was admitted to this hospital is not known.	

NOTES AND SPECIAL INSTRUCTIONS:

¹ Use this coding structure when the TYPE OF ADMISSION = '4' (newborn).

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DATA ELEMENT DEFINITION

ELEMENT NAME: SOURCE OF ADMISSION (CONTINUED)

CODE/VALUE SPECIFICATIONS (CONTINUED)		
A	Transfer from a Critical Access Hospital (CAH)	The patient was admitted to this facility as a transfer from a Critical Access Hospital where he or she was an inpatient.
B	Transfer from Another HHA	The patient was admitted to this home health agency as a transfer from another home health agency.
C	Readmission to the Same Home Health Agency	The patient was readmitted to this home health agency within the existing 60 day payment.
CODE STRUCTURE FOR NEWBORN¹		
1	Normal Delivery	A baby delivered without complications.
2	Premature Delivery	A baby delivered with time and/or weight factors qualifying it for premature status.
3	Sick Baby	A baby delivered with medical complications, other than those relating to premature status.
4	Extramural Birth	A newborn born in a non-sterile environment.
ALGORITHM N/A		
SUBORDINATE AND/OR GROUP ELEMENTS		
SUBORDINATE		GROUP
N/A		N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Use this coding structure when the TYPE OF ADMISSION = '4' (newborn).

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DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-185	4	Yes ¹
Non-Institutional	2-305	4/Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT) Four occurrences of two (2) alphanumeric characters per line items for non-institutional.			
DEFINITION Code indicating care that requires special processing.			
CODE/VALUE SPECIFICATIONS	0	Hospice non-affiliated provider	
	1	Medicaid	
	3	Allogeneic bone marrow recipient (Wilford Hall referred only)	
	4	Allogeneic bone marrow donor (Wilford Hall referred only)	
	5	Liver transplant (for care before 03/01/1997, or (> 02/19/1998 and < 09/01/1999))	
	6	Home Health Care (non-institutional only)	
	7	Heart Transplant	
	10	Active duty cost-share ambulatory surgery taken from professional claim ³	
	11	Hospice	
	12	Capitated Arrangements	
	14	Bone marrow transplants - TMA approved	
	16	Ambulatory Surgery Facility charge	
	17	VA medical provider claim (care rendered by a VA provider)	
	A	Partnership Program (internal providers with signed agreements)	

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.

² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, then SPECIAL PROCESSING CODE 'CM' must also appear.

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DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	E ²	Home Health Care/Case Management (HHC/CM) Demonstration (After 03/15/1999, grandfathered into the Individual Case Management Program)
	Q	Active Duty Delayed Deductible
	R	Medicare/TRICARE Dual Entitlement First Payor - not a Medicare Benefit (Effective 10/01/2001)
	S	Resource Sharing External
	T	Medicare/TRICARE Dual Entitlement (Formally normal COB processing Effective 10/01/2001 process as Second Payor)
	U	BRAC Medicare Pharmacy (Section 702) claim (Terminated 04/01/2001)
	V	Financially underwritten payment by claims processor
	W	Non-financially underwritten payment by financially underwritten claims processor
	X	Partial hospitalization - provider not contracted with or employed by the partial hospitalization program billing for psychotherapy services in a partial hospitalization program
	Y	Heart-lung transplant
	Z	Kidney transplant
	AB	Abused dependent of discharged or dismissed member, non-financially underwritten payment of contractor (Effective 07/28/1999)
	AD	Foreign active duty claims (Effective 06/30/1996)

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.

² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, then SPECIAL PROCESSING CODE 'CM' must also appear.

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DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	AN	Supplemental Health Care Program (SHCP) - Non-MTF-Referral Care (Effective 10/01/1999 through 09/01/2002)
	AR	Supplemental Health Care Program (SHCP) - Referred Care ³ (Effective 10/01/1999 through 09/01/2002)
	BD	Bosnia Deductible (Effective 12/08/1995)
	CA	Civil Action Payment (Effective 07/01/1999)
	CE	Supplemental Health Care Program (SHCP) - Comprehensive Clinical Evaluation Program (Effective 10/01/1999)
	CL	Clinical Trials
	CM	Individual Case Management Program (ICMP) claims (Effective 03/15/1999)
	CT	Custodial Care Transitional Policy (CCTP) (Effective 12/28/2001)
	EU	Emergency services rendered by an unauthorized provider (Effective 06/01/1999)
	FF	TRICARE for Life (TFL) (First Payor - Not A Medicare Benefit) (Effective 10/01/2001)
	FG	TRICARE for Life (TFL) (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)
	FS	TRICARE for Life (TFL) (Second Payor) (Effective 10/01/2001)

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, then SPECIAL PROCESSING CODE 'CM' must also appear.

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DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)		
	GF	TRICARE Prime Remote (TPR) for eligible Active Duty Family Member (ADFM) residing with a TPR Eligible Active Duty Service Member (ADSM) (Effective 10/30/2000 through 08/31/2002)
	GU	Active Duty Service Member (ADSM) enrolled in TRICARE Prime Remote (Effective 10/01/1999)
	KO	Allied Forces - Kosovo (Effective 06/01/1999)
	MH	Mental Health Active Duty Cost-Share
	MN	TRICARE - Senior Prime (TSP) (Non-Network) (Effective 01/01/1998 through 12/31/2001)
	MS	TRICARE - Senior Prime (TSP) (Network) (Effective 01/01/1998 through 12/31/2001)
	NE	Operation Noble Eagle/Operation Enduring Freedom (reservist called to active duty under Executive Order 13223) (Effective 09/14/2001 through 10/31/2003)
	PD	Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001)
	PF	Program for Persons with Disabilities (PPPWD)
	PO	TRICARE Prime - Point of Service
	RI	Resource Sharing Internal

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.

² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, then SPECIAL PROCESSING CODE 'CM' must also appear.

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DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)		
	RS	Medicare/TRICARE Dual Entitlement (First Payor - No TRICARE Provider Certification i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)
	SC	Supplemental Health Care Program (SHCP) - Non-TRICARE Eligible (Effective 10/01/1999)
	SE	Supplemental Health Care Program (SHCP) - TRICARE Eligible (Effective 10/01/1999)
	SM	Supplemental Health Care Program (SHCP) - Emergency (Effective 10/01/1999)
	SN	TRICARE Senior Supplement (TSS) (Non-Network) (Effective 04/01/2000 through 12/31/2002)
	SP	Special/Emergent Care (Effective 06/01/1999)
	SS	TRICARE Senior Supplement (TSS) (Network) (Effective 04/01/2000 through 12/31/2002)
	ST	Specialized Treatment (Effective 10/01/1997 through 10/01/2004)
	WR	Mental Health Wraparound Demonstration (Effective 01/01/1998 through 06/30/2001)

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, then SPECIAL PROCESSING CODE 'CM' must also appear.

