CHAPTER 2
SECTION 7

INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

DATA ELEMENT DEFINITION

ELEMENT NAME:	**PATIENT CO-INSURANCE**[1]		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Institutional	1-140	1	Yes
Non-Institutional	2-140	1	Yes
PRIMARY PICTURE (FORMAT)	Eight (8) signed numeric digits including two (2) decimal places.		
DEFINITION	The amount of allowed charges that beneficiaries are required to pay under TRICARE.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	For standard TRICARE program the co-insurance must be calculated in accordance with the TRICARE Reimbursement Manual, Chapter 2, Section 1.		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	**GROUP**		
N/A	PATIENT COST-SHARE		

NOTES AND SPECIAL INSTRUCTIONS:

[1] **This field does not apply to Comprehensive Clinical Evaluation Program claims, Supplemental Care claims or to Active Duty Member TPR claims.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT CO-PAYMENT[1]

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-145	1	Yes
Non-Institutional	2-145	1	Yes

PRIMARY PICTURE (FORMAT)	Eight (8) signed numeric digits including two (2) decimal places.
DEFINITION	A fixed amount charged by the contractor under TRICARE Prime or other demonstrations, or the fixed amounts under the standard TRICARE program that the beneficiary is liable for paying for covered services. For example, the inpatient hospital daily rate for family members of active duty sponsors is copayment.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	For standard TRICARE program, co-payment must be calculated in accordance with the TRICARE Reimbursement Manual, Chapter 2, Section 1. Co-payment must be calculated in accordance with established fees for service, if other than standard TRICARE program.

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PATIENT COST-SHARE

NOTES AND SPECIAL INSTRUCTIONS:

[1] **This field does not apply to Comprehensive Clinical Evaluation Program claims, Supplemental Care claims or to Active Duty Member TPR claims.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT COST-SHARE[1]

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-135	1	Yes
Non-Institutional	2-135	1	Yes

PRIMARY PICTURE (FORMAT)	Group
DEFINITION	Two (2) element field reporting the amount of money the beneficiary is responsible for paying in connection with covered services, other than the annual fiscal year deductible and any disallowed amounts.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
PATIENT CO-INSURANCE	N/A
PATIENT CO-PAYMENT	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **This field does not apply to Comprehensive Clinical Evaluation Program claims, Supplemental Care claims or to Active Duty Member TPR claims.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT DATE OF BIRTH

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-085	1	Yes
Non-Institutional	2-085	1	Yes

PRIMARY PICTURE (FORMAT)	Eight (8) numeric characters, YYYYMMDD.	
DEFINITION	Date of birth of patient.	
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:
Download field from DEERS. For specific instructions, refer to Chapter 9

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT NAME			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Institutional	1-075	1	Yes[1]
Non-Institutional	2-075	1	Yes[1]
PRIMARY PICTURE (FORMAT)	Twenty-seven (27) alphanumeric characters.		
DEFINITION	Name of patient. Last name must be at least one (1) character, followed by a comma.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Download field from DEERS. For specific instructions, refer to Chapter 9**

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-070	1	Yes
Non-Institutional	2-070	1	Yes

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.	
DEFINITION	Code that defines the relationship of the patient to the sponsor.	
CODE/VALUE SPECIFICATIONS	b/	Sponsor
	C	Child (includes adopted)
	F	Unremarried Widow(er)
	G	Unmarried Widow(er)
	H	Unmarried Former Spouse meeting 20/20/20 criteria
	L	Parent-in-law
	M	Step Parent-In-Law
	P	Parent
	R	Unremarried Former Spouse divorced on or after April 1, 1985, meeting 20/20/15 criteria
	S	Spouse
	T	Unremarried Former Spouse
	U	Step Parent
	V	Step Child
	W	Ward (includes foster and preadoptive children)
	X	Other (includes good faith payments)
	Y	Unremarried Former Spouse divorced prior to April 1, 1985, meeting 20/20/15 criteria
	Z	Unknown
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	BENEFICIARY CATEGORY

NOTES AND SPECIAL INSTRUCTIONS:
Download field from DEERS. For specific instructions, refer to Chapter 9

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT SEX

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-095	1	Yes[1]
Non-Institutional	2-095	1	Yes[1]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.		
DEFINITION	Code defining sex of patient.		
CODE/VALUE SPECIFICATIONS	DEERS/Claim	M	Male
		F	Female
ALGORITHM	N/A		

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Download field from DEERS. For specific instructions, refer to Chapter 9**

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT SSN

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-080	1	No[1]
Non-Institutional	2-080	1	No[1]

PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.
DEFINITION	Patient Social Security Number.
CODE/VALUE SPECIFICATIONS	If unknown, blank fill.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Optional. If entered, must be valid.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT ZIP CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Institutional	1-100	1	Yes
Non-Institutional	2-100	1	Yes
PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.		
DEFINITION	US Postal Zip Code or foreign country code for patient's legal residence at the time service was rendered and must not be the zip code of a P.O. Box.		
CODE/VALUE SPECIFICATIONS	Valid 5 or 9 digit zip code. If only 5 digit, left justify and blank fill to right. If foreign country, must be 2 character foreign country code, left justified and blank filled. See Addendum 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: PCM LOCATION DMIS-ID

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-205	1	No
Non-Institutional	2-211	1	No

PRIMARY PICTURE (FORMAT)	Four (4) alphanumeric characters.[1]
DEFINITION	This code identifies and distinguishes MTF/Clinic enrollments from network enrollments primarily for reporting on Enrollment Based Capitation (EBC). EBC became operational on 10/01/97. The code designations vary based on type of Prime enrollment and begin work dates of new programs such as TRICARE Prime Remote (TPR) which has an effective date of 10/01/99. The codes also vary based on the individual requirements of enrolling platforms used by the Managed Care Support Regions.
CODE/VALUE SPECIFICATIONS	For detailed instructions on how this field is used turn to Chapter 9, Section 2
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PCM LOCATION DMIS-ID CODE

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PLACE OF SERVICE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-320	Up to 25	Yes

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.	
DEFINITION	Code to indicate the location of provided health care.	
CODE/VALUE SPECIFICATIONS	2-digit Place Of Service codes for the revised HCFA 1500-1990 versions.	
	00	Unassigned
	11	Office
	12	Home
	10; 13-19	Unassigned
	21	Inpatient Hospital
	22	Outpatient Hospital
	23	Emergency Room - Hospital
	24	Ambulatory Surgical Center
	25	Birthing Center
	26	Military Treatment Facility
	20; 27-29	Unassigned
	31	Skilled Nursing Facility
	32	Nursing Facility
	33	Custodial Care Facility
	34	Hospice
	30; 35-39	Unassigned
	41	Ambulance - Land
	42	Ambulance - Air or Water
	40; 43-49	Unassigned
	51	Inpatient Psychiatric Facility
	52	Psychiatric Facility Partial Hospitalization
	53	Community Mental Health Center

NOTES AND SPECIAL INSTRUCTIONS:
Single digit codes were outdated in 1992, when the 1500 was obsoleted.

DATA ELEMENT DEFINITION

ELEMENT NAME: PLACE OF SERVICE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	54	Intermediate Care Facility/Mentally Retarded
	55	Residential Substance Abuse Treatment Facility
	56	Psychiatric Residential Treatment Center
	50; 57-59	Unassigned
	61	Comprehensive Inpatient Rehabilitation Facility
	62	Comprehensive Outpatient Rehabilitation Facility
	60; 63; 64	Unassigned
	65	End Stage Renal Disease Treatment Facility
	66-69	Unassigned
	71	State or Local Public Health Clinic
	72	Rural Health Clinic
	70; 73-79	Unassigned
	81	Independent Laboratory
	80; 82-89	Unassigned
	99	Other Unlisted Facility
	90-98	Unassigned
ALGORITHM N/A		

SUBORDINATE AND/OR GROUP ELEMENTS	
SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
Single digit codes were outdated in 1992, when the 1500 was obsoleted.

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Non-Institutional	2-309	Up to 25	Yes[1]
PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters[2].		
DEFINITION	The code indicating the contractor's pricing methodology used in determining the amount allowed for the service(s)/ supplies.		
CODE/VALUE SPECIFICATIONS	0	Pricing not applicable (denied service/ supplies and allowed drugs)	
	1	Priced Manually	
	2	Prevailing charge (state)	
	3	Conversion factor(contractor)	
	4	Paid as billed	
	5	Paid on negotiated rate	
	6	Prevailing/conversion adjusted by the MEI - Primary Care	
	7	Prevailing/conversion adjusted by the MEI - Non-primary care, total charge subjected to MEI	
	8	Prevailing/conversion adjusted by the MEI - Non-primary care professional component only	
	9	Paid on surgical tier pricing (For use by CRI contractor only)	
	A	National prevailing charge	
	B	National conversion factor	
	C	Ambulatory surgery-facility payment rate.	

NOTES AND SPECIAL INSTRUCTIONS:

[1] Code '0' for all allowed drug charges. Use Pricing Code '1' (Priced Manually) for consultation procedures (procedure code* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code* 90010).

[2] When using single digit codes, left justify and blank fill.

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	D	Discounted ambulatory surgery-facility payment rate.
	E	Ambulatory surgery-paid as billed.
	F	TRICARE Claimcheck-added procedure, priced manually
	G	TRICARE Claimcheck-added procedure, prevailing charge (state)
	H	TRICARE Claimcheck-added procedure, conversion factor (contractor)
	I	TRICARE Claimcheck-added procedure, paid as billed
	J	TRICARE Claimcheck-added procedure, paid on negotiated rate
	K	TRICARE Claimcheck-added procedure, prevailing/conversion adjusted by MEI - primary care
	L	TRICARE Claimcheck-added procedure, prevailing/conversion adjusted by the MEI - non-primary care, total charge subject to MEI
	M	TRICARE Claimcheck-added procedure, prevailing/conversion adjusted by the MEI - non-primary care professional component only
	N	TRICARE Claimcheck-added procedure, national prevailing charge
	O	TRICARE Claimcheck-added procedure, national conversion factor
	P	TRICARE Claimcheck-added procedure, ambulatory surgery-facility payment rate

NOTES AND SPECIAL INSTRUCTIONS:

[1] Code '0' for all allowed drug charges. Use Pricing Code '1' (Priced Manually) for consultation procedures (procedure code* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code* 90010).

[2] When using single digit codes, left justify and blank fill.

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	Q	TRICARE Claimcheck-added procedure, discounted ambulatory surgery-facility payment rate
	R	TRICARE Claimcheck-added procedure, ambulatory surgery-paid as billed
	T	TRICARE Claimcheck-added procedure, allowed as billed but paid less than billed
	U	Medicare Reimbursement Used
	V	TRICARE Claim-added procedure, CMAC-priced laboratory code
	W	Priced Over CMAC
ALGORITHM N/A		

SUBORDINATE AND/OR GROUP ELEMENTS	
SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] Code '0' for all allowed drug charges. Use Pricing Code '1' (Priced Manually) for consultation procedures (procedure code* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code* 90010).

[2] When using single digit codes, left justify and blank fill.

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING LOCALITY CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Non-Institutional	2-208	1	Yes[1]
PRIMARY PICTURE (FORMAT)	Three (3) alphanumeric characters.		
DEFINITION	The TRICARE assigned locality code for the physical location where the provider is physically located/or rendered the service.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:

[1] **For Internal Partnership claims and Resource Sharing claims, the locality code must be the location of the MTF where services were rendered.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING PROFILE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-331	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric digits.	
DEFINITION	Number identifying the Pricing Profile used to determine the allowable charge.	
CODE/VALUE SPECIFICATIONS	88 = 88 Profile	10/01/1987 - 01/31/1989
	89 = 89 Profile	02/01/1989 - 12/31/1989
	11 = 11 Profile	01/01/1990 - 03/31/1990
	90 = 90 Profile	04/01/1990 - 10/06/1991
	91 = 91 Profile	10/07/1991 - 04/30/1992
	92 = 92 Profile	05/01/1992 - 02/28/1993
	93 = 93 Profile	03/01/1993 - 10/31/1993
	14 = 14 Profile	11/01/1993 - 03/31/1994
	94 = 94 Profile	04/01/1994 - 12/31/1994
	15 = 15 Profile	01/01/1995 - 02/28/1995
	95 = 95 Profile	02/01/1995 - 01/31/1996
	16 = 16 Profile	01/01/1996 - 01/31/1996
	96 = 96 Profile	02/01/1996 - 12/31/1996
	17 = 17 Profile	01/01/1997 - 02/28/1997
	97 = 97 Profile	03/01/1997 - 12/31/1997
	18 = 98 Profile	01/01/1998 - 01/31/1998
	98 = 98 Profile	02/01/1998 - 07/31/1998
	28 = 98 Profile	08/01/1998 - 12/31/1998
	19 = 99 Profile	01/01/1999 - 01/31/1999
	99 = 99 Profile	02/01/1999 - 01/31/2000 And if Second Byte Type of Service = "7" (Anesthesia) with an end of care between 01/01/1999 and 03/31/2000

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Required if Pricing Code 2, 3, 6, 7, 8, A or B.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING PROFILE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	00 = 00 Profile	02/01/2000 - 01/31/2001 And if Second Byte Type of Service = "7" (Anesthesia) with an end of care ≥ 04/01/2000
	01 = 01 Profile	02/01/2001 - 01/31/2002
	02 = 02 Profile	02/01/2002 - 03/31/2003
	03 = 03 Profile	(04/01/2003 - 99/99/9999)
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS	
SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Required if Pricing Code 2, 3, 6, 7, 8, A or B.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	**PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE**

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-340	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.
DEFINITION	The code that identifies the principal procedure performed during the period covered by this HCSR as coded on the UB-82 or UB-92.
CODE/VALUE SPECIFICATIONS	Must limit to 4 of the 5 positions available. Use the most current procedure code edition as directed by TMA. Must provide the most detailed code. Must be left justified and blank filled. Do not code the decimal point which, for ICD-9-CM, is always assumed to follow the second position. Blank fill if not applicable.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Required if one of the following Revenue Codes are present 36X or 72X.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-315	1	Yes
Non-Institutional	2-255	1	Yes

PRIMARY PICTURE (FORMAT)	Six (6) alphanumeric characters.
DEFINITION	The condition established, after study, to be the major cause for the patient to obtain medical care as coded on the claim form or otherwise indicated by the provider.
CODE/VALUE SPECIFICATIONS	Must limit to 5 of the 6 positions available. Use the most current diagnosis code edition, as directed by TMA. Must provide the most detailed code. Left justify and blank fill. Do not code the decimal point, which for ICD-9-CM is always assumed to be following the third position.
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: PROCEDURE CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Non-Institutional	2-290	Up to 25	Yes
PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.		
DEFINITION	Code indicating the procedure which describes the care received.		
CODE/VALUE SPECIFICATIONS	See Physician's Current Procedure Terminology (CPT-4), or HCPCS National Level II Medicare Codes or TMA approved codes (Figure 2-E-1).		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:
Comprehensive Clinical Evaluation Program claims, Supplemental Care Claims, Active Duty Service Member TPR claims and TRICARE Senior Prime claims may bear other codes for allowed procedures.

DATA ELEMENT DEFINITION

ELEMENT NAME: PROCEDURE CODE MODIFIER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-333	2	No

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.
DEFINITION	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.
CODE/VALUE SPECIFICATIONS	Must be 20 - 26, 27, 32, 47, 50, 52 - 59, 54 - 58, 62, 66, 73 - 82, 90, 99, D, E, H, N, P, R, S, X, AA, AB, AC, AD, AE, AF, AG, AH, AJ, AN, 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, SF, SH, TC, UC, UE, VP, XX, or blank.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
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.

DATA ELEMENT DEFINITION

ELEMENT NAME:	**PROCEDURE TEXT IDENTIFIER[1]**		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Non-Institutional	2-195	1	Yes
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.		
DEFINITION	Code identifying the edition number of the Physician's Current Procedure Terminology used in determining the procedure codes on the HCSR.		
CODE/VALUE SPECIFICATIONS	4	CPT-4, HCPCs (Levels I, II, and III)	
	8	ADA Dental Code	
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
N/A		PROCESSING CODE	

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Comprehensive Clinical Evaluation Program claims, Supplemental Care Claims, Active Duty Service Member TPR claims and TRICARE Senior Prime claims may bear other codes for allowed procedures.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PROCESSING CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-165	1	Yes[1]
Non-Institutional	2-165	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Group
DEFINITION	Field containing multiple elements that describe processing related to the HCSR.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
OVERRIDE	N/A
TYPE OF SUBMISSION	N/A
NAS EXCEPTION REASON	N/A
HEALTH CARE PLAN CODE	N/A
DIAGNOSIS EDITION IDENTIFIER	N/A
PROCEDURE TEXT IDENTIFIER (NON-INSTITUTIONAL ONLY)	N/A
REASON FOR ADJUSTMENT	N/A
SPECIAL PROCESSING CODE	N/A
SPECIAL RATE CODE	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Required if applicable to HCSR conditions.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PROGRAM INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-030	1	Yes[1]
Non-Institutional	2-030	1	Yes[1]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.			
DEFINITION	Code identifying which TMA program the services being reported relate to.			
CODE/VALUE SPECIFICATIONS	**Institutional HCSR**		**Non-Institutional HCSR**	
	I	Institutional	D	Drug
	H	Program for Persons with Disabilities	H	Program for Persons with Disabilities
			I	Institutional (excluding D, H, and T)
			N	Non-Institutional (excluding D, H, and T)
			T	Dental (excluding D and H)
ALGORITHM	N/A			

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **See the Chapter 1, Section 3 for further instructions.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-209	1	Yes[1]
Non-Institutional	2-214	1	Yes[1]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.	
DEFINITION	Code indicates whether the provider is under contract with the contractor.	
CODE/VALUE SPECIFICATIONS	0	Not applicable
	1	Contracted
	2	Not Contracted
	3	Contracted/Not Contracted
	4	Active Duty - TPR
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Codes '1', '2', and '3' apply only to at-risk contractors and subcontractors. All codes are irrespective of any Partnership Agreements. Report '0' if not an at-risk contractor.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	**PROVIDER SPECIALTY**		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Non-Institutional	2-235	1	Yes
PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.		
DEFINITION	Code describing the provider's major specialty.		
CODE/VALUE SPECIFICATIONS	See Addendum C.		
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: PROVIDER PARTICIPATION INDICATOR			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Institutional	1-225	1	Yes
Non-Institutional	2-230	1	Yes
PRIMARY PICTURE (FORMAT)	One (1) alpha character.		
DEFINITION	Code indicating whether or not the provider accepted assignment of benefits for services rendered.		
CODE/VALUE SPECIFICATIONS	Y	Yes	
	N	No	
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:	**PROVIDER STATE OR COUNTRY CODE**

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-210	1	Yes
Non-Institutional	2-215	1	Yes

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.
DEFINITION	Code assigned to identify the state or foreign country in which the care was **received**.
CODE/VALUE SPECIFICATIONS	Addendum A and Addendum B.
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: PROVIDER SUB-IDENTIFIER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-210	1	Yes
Non-Institutional	2-215	1	Yes

PRIMARY PICTURE (FORMAT)	Four (4) alphanumeric characters.
DEFINITION	Identification number that uniquely identifies multiple providers using the same Taxpayer Identification Number (TIN). Refer to ELN 3-010 for complete instructions.
CODE/VALUE SPECIFICATIONS	Assigned as per TMA instructions. Must be zero-filled if there are no multiple providers within the TIN. Refer to ELN 3-010 for complete instructions.
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: PROVIDER TAXPAYER NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-212	1	Yes
Non-Institutional	2-217	1	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.
DEFINITION	The IRS Taxpayer Identification Number (TIN) assigned to the institution/provider supplying the care.
CODE/VALUE SPECIFICATIONS	For institutions must be 9-digit Employer Identification Number (EIN). For individual providers should be the 9-digit EIN or SSN, if available. If not available, report the contractor-assigned number. (See Provider File data element Provider Taxpayer Number 3-005 in the provider record for instructions). Report all nines for transportation services under Program for Persons with Disabilities and for Drug Program when the services are from a non-participating pharmacy.
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: PROVIDER ZIP CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-220	1	Yes[1]
Non-Institutional	2-225	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.
DEFINITION	Location of provider's business office where care is usually provided.
CODE/VALUE SPECIFICATIONS	Must be valid zip code or blank if a foreign country. If all 9-digits are not available, code 5 digits, left justify and blank fill.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **First 5 digits are required. For professional claims:**

- **P.O. Box zip codes may be used if the care provided is radiology, pathology or anesthesiology.**
- **Enter the MTF zip code if the care is rendered by a Partnership provider in an MTF.**
- **Enter the beneficiary's zip code if the Program Indicator is 'D' (Drug) and the pharmacy does not participate.**