

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

DATA ELEMENT DEFINITION

<b>ELEMENT NAME: END DATE OF CARE (INSTITUTIONAL)</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-285	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) numeric characters, YYYYMMDD.		
<b>DEFINITION</b>	Latest date of care reported on this HCSR.		
<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>			
<sup>1</sup> Refer to <a href="#">Chapter 1, Section 3, paragraph 2.3.</a> for instructions on HCSR splitting.			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: END DATE OF CARE (NON-INSTITUTIONAL)</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Non-Institutional	2-315	Up to 25	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) numeric characters, YYYYMMDD.		
<b>DEFINITION</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>			
<sup>1</sup> Refer to <a href="#">Chapter 1, Section 3, paragraph 2.4.</a> for instructions on HCSR splitting.			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: ENROLLMENT STATUS</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-105	1	Yes
Non-Institutional	2-105	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) alphanumeric characters.		
<b>DEFINITION</b>	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 the care was received under the Continued Health Care Benefit Program (CHCBP).		
<b>CODE/VALUE SPECIFICATIONS</b>	A	CRI - Foundation Health Plan	
	B	CRI - Partners Health Plan	
	C	CRI - Queen's Health Care Plan	
	N	CRI - Not Enrolled, Not Standard Program (Extra)	
	D	Managed Care Support TRICARE-Tidewater Standard Program	
	E	Managed Care Support TRICARE-Tidewater Prime	
	G	Managed Care Support TRICARE-Tidewater Extra	
	S	CRI Standard Program	
	F	FI Standard Program	
	O	New Orleans Prime	
	P	New Orleans Not Enrolled, Not Standard CHAMPUS	
	Q	New Orleans Coordinated Care Standard CHAMPUS Program	
	H	Managed Care Support - Homestead, Enrolled Patient	
	I	Managed Care Support - Homestead, Non-Enrolled Patient, Network Provider	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
Left justify and blank fill. Use the above codes irrespective of Partnership or other agreements.			
Enrollment Status 'U' shall be used for CONUS and also for TRICARE Overseas Program Prime enrollees.			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: ENROLLMENT STATUS (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>		
J		Managed Care Support - Homestead Standard Program
K		Managed Care Support - California/Hawaii, TRICARE Prime Enrolled Patient
L		Managed Care Support - California/Hawaii, Non-Enrolled Patient, Network Provider (TRICARE Extra)
M		Managed Care Support - California/Hawaii Standard Program
R		TRICARE Extra - North Carolina
Y		Continued Health Care Benefit Program (CHCBP) Standard
T		Managed Care Support Standard Program
U		Managed Care Support Prime, Civilian PCM
V		Managed Care Support Extra
W		TPR Active Duty Claims - USA
X		Active Duty Member Claims - Europe
Z		Managed Care Support Prime, MTF/PCM
AA		Continued Health Care Benefit Program (CHCBP) Extra
BB		TRICARE Senior Prime (TSP) (Effective 10/01/1998 through 12/31/2001)
FE		TRICARE for Life (TFL) - Extra (Effective 10/01/2001)
FS		TRICARE for Life (TFL) - Standard (Effective 10/01/2001)
PS		TRICARE Senior Pharmacy (Effective 04/01/2001)
SN		Supplemental Health Care Program (SHCP) - Non-MTF-Referred Care (Effective 10/01/1999)

**NOTES AND SPECIAL INSTRUCTIONS:**

Left justify and blank fill. Use the above codes irrespective of Partnership or other agreements.  
 Enrollment Status 'U' shall be used for CONUS and also for TRICARE Overseas Program Prime enrollees.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: ENROLLMENT STATUS (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>	SR	Supplemental Health Care Program (SHCP) - Referred Care (Effective 10/01/1999)
	SO	Supplemental Health Care Program (SHCP) - Non-TRICARE Eligible (Effective 10/01/1999)
	ST	Supplemental Health Care Program (SHCP) -TRICARE Eligible (Effective 10/01/1999)
	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)
<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. Use the above codes irrespective of Partnership or other agreements.		
Enrollment Status 'U' shall be used for CONUS and also for TRICARE Overseas Program Prime enrollees.		

**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) numeric 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			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: FILING STATE/COUNTRY CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-016	1	Yes
Non-Institutional	2-016	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) alphanumeric characters.		
<b>DEFINITION</b>	Code that indicates the State or Country where the primary care was provided.		
<b>CODE/VALUE SPECIFICATIONS</b>	Refer to <a href="#">Addendum A</a> and <a href="#">Addendum B</a> .		
<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			

**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	1-255	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.		
<b>CODE/VALUE SPECIFICATIONS</b>	1	Admit thru Discharge HCSR	
	2	Interim - Initial HCSR	
	3	Interim - Interim HCSR	
	4	Interim - Final HCSR	
	7	Replacement of Prior Claim	
	8	Void/Cancel of Prior Claim	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	ADMISSION CODE		

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> The Initial, Interim, and Final HCSRs, 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.



**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: GOVERNMENT AUTHORIZED BED DAYS</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-300	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Three (3) signed numeric digits.		
<b>DEFINITION</b>	Number of hospital days authorized for all services within the HCSR.		
<b>CODE/VALUE SPECIFICATIONS</b>	Enter the number of hospital days where there was any allowance by the contractor. If initial, interim or final statement enter the number of allowed days in the period covered by the HCSR.		
<b>ALGORITHM</b>	The day of admission is to be counted as a hospital day. The day of discharge is not to be counted as a hospital day.		
<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			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: HEALTH CARE PLAN CODE**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-185	1	Yes <sup>1</sup>
Non-Institutional	2-185	1	Yes <sup>1</sup>

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

**DEFINITION** Code that identifies the Health Care Plan that the Provider was affiliated with when the care was rendered.

CODE/VALUE SPECIFICATIONS	LOCATOR#	DESCRIPTION
	01	CRI Foundation Health Plan
	02	CRI Partners Health Plan
	03	CRI Queen's Health Care Plan
	04	Managed Care Support - Aetna Government Health Plans, Inc.
	05	Managed Care Support - Homestead
	06	Managed Care Support - TRICARE-Tidewater
	07	Managed Care Support - Washington-Oregon
	08	Managed Care Support - Region 9, 10, 12
	09	Managed Care Support - Region 6
	10	New Orleans Demonstration (Network)
	11	Managed Care Support - Fort Bragg, NC
	12	Managed Care Support - Central Region
	13	Managed Care Support - Region 3, 4
	14	TRICARE Europe
	15	TRICARE Pacific
	16	TRICARE SOUTHCOM
	17	Managed Care Support - Region 2/5
	18	Managed Care Support - Region 1

**ALGORITHM** N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Applies only to at-risk contractors. Use the above codes irrespective of Partnership or other agreements.

**DATA ELEMENT DEFINITION****ELEMENT NAME: HEALTH CARE PLAN CODE (CONTINUED)****SUBORDINATE AND/OR GROUP ELEMENTS**

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

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Applies only to at-risk contractors. Use the above codes irrespective of Partnership or other agreements.

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: HEALTH CARE SERVICES RECORD (HCSR) INDICATOR**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-005	1	Yes
Non-Institutional	2-005	1	Yes

**PRIMARY PICTURE (FORMAT)** Group

**DEFINITION** Field containing multiple elements that uniquely identify each Health Care Service Record.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
FILING DATE	N/A
FILING STATE/COUNTRY	N/A
SEQUENCE NUMBER	N/A
TIME	N/A
HCSR SUFFIX	N/A

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

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: HEALTH CARE SERVICE RECORD (HCSR) SUFFIX</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-025	1	Yes <sup>1</sup>
Non-Institutional	2-025	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alpha character.		
<b>DEFINITION</b>	Identifies when treatment encounter data is split for HCSR reporting purposes. Used to link separate Health Care Service Records to combinations of health care submitted at one time by the beneficiary.		
<b>CODE/VALUE SPECIFICATIONS</b>	Assigned in alphabetic order.		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	HCSR INDICATOR		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Under certain conditions, treatment encounter data must be reported on separate HCSRs. Refer to the <a href="#">Chapter 1, Section 3, paragraph 2.0.</a> for complete instructions on claim breakdowns. When reporting multiple HCSRs for a treatment encounter, the first HCSR must be reported with a suffix = A, the next HCSR with suffix = B, and so on. If treatment data does not need a breakdown, the suffix must be A. All HCSR suffixes created to report treatment encounters that were submitted at one time must be reported to TMA in the same batch/voucher.			

**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	HCSR INDICATOR
FILING STATE/COUNTRY CODE	N/A
SEQUENCE NUMBER	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

N/A