

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

DATA ELEMENT DEFINITION

<b>ELEMENT NAME: MAJOR DIAGNOSTIC CATEGORY</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-200	1	Yes
Non-Institutional	2-205	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) alphanumeric characters.		
<b>DEFINITION</b>	The Major Diagnostic Category for which an NAS was issued.		
<b>CODE/VALUE SPECIFICATIONS</b>	Submit in same format as DEERS response.		
<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> Download from DEERS; if not applicable report blanks.			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: NAS EXCEPTION REASON</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-180	1	Yes <sup>1</sup>
Non-Institutional	2-180	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) alphanumeric characters <sup>2</sup> .		
<b>DEFINITION</b>	Code that describes the reason for bypassing the requirement of a Nonavailability Statement (NAS).		
<b>CODE/VALUE SPECIFICATIONS</b>	<b>Inpatient</b>		
	All contractors are required to process for Nonavailability Statements for Inpatient Care		
	Residing Within the Catchment Areas of All Uniformed Services Medical Facilities (DD Form 1251 <b>not required</b> )		
	1	Enrollment in an insurance plan that provides primary coverage	
	2	Emergency medical treatment	
	3	Inpatient care in a college infirmary	
	4	Inpatient care in an approved nursing facility	
	5	Residential Treatment Center	
	6	Partnerships/Resource Sharing	
	7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility	
	8	Heart, Cadaver Donor, Liver transplant (Heart only after 03/01/97)	
	9	TRICARE Demonstration Projects that allow exception to NAS requirements	
	A	NAS not required for the first 3 days of routine care for a newborn of	
		1. An active duty member; 2. A mother whose OHI does not cover the newborn; 3. An illegitimate child of an active duty sponsor.	

**NOTES AND SPECIAL INSTRUCTIONS:**  
<sup>1</sup> Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.  
<sup>2</sup> When using single digit codes, left justify and blank.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: NAS EXCEPTION REASON (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>		
B		Former spouse with pre-existing condition, not on DEERS and NAS required.
C		Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.
D		Delivery in a free standing birthing center or hospital outpatient birthing room
E		Lung Transplant
F		Combined Liver-Kidney Transplant
G		Medically Inappropriate Waiver (Terminated 03/01/98)
H		Heart-Lung Transplant
I		TRICARE-Tidewater Drug Claim (Terminated 06/01/98)
J		TRICARE-Tidewater Preventative Care Claim (Terminated 06/01/98)
K		Continued Health Care Benefit Program (CHCBP)
L		Hospice
M		Abused family member
O		Living-Related Donor Liver Transplant (prior to June 1, 1999)
P		Hardship Waiver for STS (Terminated 03/01/98)
Q		Active Duty Claims
R		Simultaneous Pancreas-Kidney Transplant

The following is the order of precedence for NAS Exception Reason codes when a TRICARE beneficiary resides within a catchment area and several codes could apply. The choice of code depends on the type or place of care or other health insurance coverage, not on whether a Non-Availability Statement (NAS) is submitted.

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.

<sup>2</sup> When using single digit codes, left justify and blank.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: NAS EXCEPTION REASON (CONTINUED)</b>			
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>	<b>NAS EXCEPTION</b>		<b>DESCRIPTION</b>
	<b>ORDER</b>	<b>REASON</b>	
	1st	9	TRICARE Demonstration Projects
	2nd	8	Heart/Liver transplant
	3rd	E	Lung Transplant
	4th	F	Combined Liver-Kidney Transplant
	5th	2	Emergency medical treatment
	6th	1	Coverage by other insurance - See <a href="#">TRICARE Reimbursement Manual, Chapter 4</a>
	7th	3	Inpatient care in college infirmary
	8th	4	Inpatient care in approved nursing facility
	9th	5	Residential Treatment Center care
	10th	6	Partnerships
	11th	7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility
	12th	D	Delivery in a free standing birthing center or hospital outpatient birthing room
	13th	A	Routine care for newborn of an active duty member
	14th	B	Former spouse with pre-existing condition, not on DEERS and NAS required
	15th	C	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.
	16th	L	Hospice
	17th	Q	Active Duty Claims

**NOTES AND SPECIAL INSTRUCTIONS:**  
<sup>1</sup> Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.  
<sup>2</sup> When using single digit codes, left justify and blank.

## DATA ELEMENT DEFINITION

ELEMENT NAME: NAS EXCEPTION REASON (CONTINUED)			
CODE/VALUE SPECIFICATIONS (CONTINUED)	NAS EXCEPTION		
	ORDER	REASON	DESCRIPTION
	18th	O	Living-Related Donor Liver Transplant
	19th	H	Heart-Lung Transplant
	20th	I	TRICARE-Tidewater Drug Claim (Terminated 06/01/1998)
	21st	J	TRICARE-Tidewater Preventative Care Claim (Terminated 06/01/1998)
	22nd	K	Continued Health Care Benefit Program (CHCBP)
	23rd	M	Abused Family Member
<b>Outpatient</b>			
All contractors are required to process for Nonavailability Statements for Outpatient Care as defined in the <a href="#">Policy Manual, Chapter 11, Section 2.1</a> .			
Residing Within the Catchment Areas of All Uniformed Services Medical Facilities (DD Form 1251 <b>not required</b> )			
	1		Enrollment in an insurance plan that provides primary coverage
	2		Emergency medical treatment
	3		Care in a college infirmary
	6		Partnerships/Resource Sharing
	7		Specialized Treatment Facility, e.g., Alcohol Treatment Facility
	9		TRICARE Demonstration Projects that allow exception to NAS requirements
	B		Former spouse with pre-existing condition, not on DEERS and NAS required.
	C		Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.			
<sup>2</sup> When using single digit codes, left justify and blank.			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: NAS EXCEPTION REASON (CONTINUED)**

CODE/VALUE SPECIFICATIONS (CONTINUED)		
I	TRICARE-Tidewater Drug Claim (Terminated 06/01/1998)	
J	TRICARE-Tidewater Preventative Care Claim (Terminated 06/01/1998)	
K	Continued Health Care Benefit Program (CHCBP)	
L	Hospice	
Q	Active Duty Claims	

The following is the order of precedence for NAS Exception Reason codes when a TRICARE beneficiary resides within a catchment area and several codes could apply. The choice of code depends on the type or place of care or other health insurance coverage, not on whether a Non-Availability Statement (NAS) is submitted.

	NAS EXCEPTION		DESCRIPTION
	ORDER	REASON	
1st	9	TRICARE Demonstration Projects	
2nd	2	Emergency medical treatment	
3rd	I	TRICARE-Tidewater Drug Claim (Terminated 06/01/1998)	
4th	J	TRICARE-Tidewater Preventative Care Claim (Terminated 06/01/1998)	
5th	1	Coverage by other insurance - See TRICARE Reimbursement Manual, <a href="#">Chapter 4</a>	
6th	3	Care in college infirmary	
7th	6	Partnerships/Resource Sharing	
8th	7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility or PFPWD facility, <b><u>other than an ambulatory surgery center</u></b>	

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.
- <sup>2</sup> When using single digit codes, left justify and blank.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: NAS EXCEPTION REASON (CONTINUED)</b>			
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>	<b>NAS EXCEPTION</b>		
	<b>ORDER</b>	<b>REASON</b>	<b>DESCRIPTION</b>
	9th	B	Former spouse with pre-existing condition, not on DEERS and NAS required
	10th	C	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.
	11th	L	Hospice
	12th	Q	Active Duty Claims
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	PROCESSING CODE		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.			
<sup>2</sup> When using single digit codes, left justify and blank.			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: NONAVAILABILITY STATEMENT (NAS) NUMBER**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-110	1	Yes <sup>1</sup>
Non-Institutional	2-110	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Eleven (11) alphanumeric characters.

**DEFINITION** Unique number assigned by the MTF when issuing the NAS. This number is carried on the DEERS database.

**This field will also be used to submit the National Drug Code (NDC) for electronically submitted claims under the TRICARE Senior Pharmacy Program. Submit if available for other TRICARE Senior Pharmacy claims.**

**CODE/VALUE SPECIFICATIONS** Submit in same format as DEERS response. Code 46000000000 when reporting NAS on file and copy of NAS is not attached to the claim. Code 47000000000 if HCSR is complete denial for other than Nonavailability Statement not provided. (Codes 46000000000 and 47000000000 are valid for HCSRs with a Date of Admission/Begin Date Of Care < 11/01/92.) Code 46000000000 will continue to be valid if Filing State/Country Code is not numeric and ≠ 'PR'.

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Download field from DEERS (or from hardcopy if attached to claim). Required if inpatient care and patient lives within a catchment area, or outpatient care for selected outpatient procedures (see [Policy Manual, Chapter 11, Section 2.1](#)) and patient lives within a catchment area. Can be blank if the record is denied for lack of NAS, or HCSR contains treatment data exempt from NAS requirement (refer to NAS Exception Reason [1-180, 2-180]).



**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: NUMBER OF BIRTHS</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-290	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) signed numeric digit.		
<b>DEFINITION</b>	Number of births, both live and stillborn, occurring during delivery.		
<b>CODE/VALUE SPECIFICATIONS</b>	Use V Codes to define 1, 2 or multiple births. Number of births must agree with the diagnosis code. If the actual number of births is present on the claim form or supporting documents, it must be reported accordingly. Only in those cases where this is not available, report the number of births as follows:		
	V27.0 - V27.1	1 birth	
	V27.2 - V27.4	2 births	
	V27.5 - V27.7	3 births or more	
	V27.9	1 birth or multiple	
	651.80, 81, 83	5 births	
	651.91	3 births	
<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> Required for delivery. Reported on the mother's HCSR only.			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: NUMBER OF PAYMENT REDUCTION DAYS/SERVICES**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-207	1	Yes <sup>1</sup>
Non-Institutional	2-212	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Three (3) signed numeric digits.

**DEFINITION** Number of Payment Reduction Days/Services<sup>2</sup> Assessed.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> If not applicable, zero fill.

<sup>2</sup> For Institutional records, number of payment reduction days shall be reported. For Non-Institutional records, number of payment reduction days for partial hospitalization program or number of provider services shall be reported.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: NUMBER OF SERVICES</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Non-Institutional	2-300	Up to 25	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) signed numeric digits.		
<b>DEFINITION</b>	Number of procedures performed/services or supplies rendered for medical, dental, and mental health care.		
<b>CODE/VALUE SPECIFICATIONS</b>	N/A		
<b>ALGORITHM</b>	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.		
<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**

<b>ELEMENT NAME: OCCURRENCE NUMBER</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-385	Up to 50	Yes
Non-Institutional	2-335	Up to 25	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) unsigned numeric digits.		
<b>DEFINITION</b>	A unique number for each utilization/revenue data occurrence within the HCSR. Occurrence numbers must be assigned in sequential ascending order.		
<b>CODE/VALUE SPECIFICATIONS</b>	N/A		
<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>			
N/A			

## DATA ELEMENT DEFINITION

ELEMENT NAME: OVERRIDE CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-170	3	Yes <sup>1</sup>
Non-Institutional	2-170	3	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Six (6) alpha characters.		
<b>DEFINITION</b>	The group of three codes which indicate that certain data has been identified and approved by the contractor and the normal editing and processing rules should be bypassed for this record.		
<b>CODE/VALUE SPECIFICATIONS</b>	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 - pending 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 pending at government direction 60 calendar days and over. Also, Kitsap Mental Health Services prior to 05/15/2000 [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 or older and over 18 for VA (over 18 for VA is no longer effective after 01/01/1996)	
	E	Diagnosis is maternity; patient is under 12 years of age	
	F	Claim was filed after the filing deadline	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> 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.			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: OVERRIDE CODE (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>	G	Diagnosis/Procedural code for female; sex indicates male
	H	Diagnosis/Procedural 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) <b>(Institutional Only)</b>
	K	Catastrophic loss protection limit reached, patient cost-share and deductible rules do not apply
	L	Non-DRG reimbursement using DRG-related cost-share calculation 1988 DoD Appropriations Act <b>(Institutional Only)</b>
	M	NATO, Social Security Number not applicable
	N	Retrospective payment - Inpatient Mental Health <b>(Institutional Only)</b>
	O	Government payment penalties applied
	P	Reserved (to be used only with TMA authorization)
	Q	Former Spouse with Pre-Existing Condition
	R	Patient date of birth is not consistent with procedure/diagnosis code age restricting; procedure performed due to medical necessity

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> 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.

## DATA ELEMENT DEFINITION

ELEMENT NAME: OVERRIDE CODE (CONTINUED)		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>	S	Zip code override to be used when: <ol style="list-style-type: none"> <li>1. A beneficiary has moved out of a region and the contractor is still responsible for the care claimed; or</li> <li>2. If a beneficiary resides in a region different from the region they are enrolled in, but are within the same contract jurisdiction (i.e., 2/5, 3/4, or 9/10)</li> </ol>
	T	MHPD Recalculation of rates, no cost-share applied
	U	Beneficiary indemnification payment
	V	Active Duty Family Member (ADFM), services provided in TRICARE Europe, Pacific or Latin America & Canada including the Caribbean Basin (Effective 06/28/1996)
	Y	Newborn in mother's room without nursery charges (Institutional Only)
	Z	Enhanced benefit
	NC	Non-Certified Providers (does not include sanctioned/suspended providers) (Effective 08/01/2003)
<b>ALGORITHM</b> N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>		
<b>SUBORDINATE</b>	<b>GROUP</b>	
N/A	N/A	

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> 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.

