

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

DATA ELEMENT DEFINITION

|  |   |  |                  |
|--|---|--|------------------|
| <b>ELEMENT NAME: REASON FOR ADJUSTMENT</b>   |   |  |                  |
| <b>RECORDS/LOCATOR NUMBERS</b>   |   |  |                  |
| <b>RECORD NAME</b>   | <b>LOCATOR#</b>   | <b>OCCURRENCES</b>                       | <b>REQUIRED</b>  |
| Institutional  | 1-195   | 1  | Yes <sup>1</sup> |
| Non-Institutional  | 2-200   | 1  | Yes <sup>1</sup> |
| <b>PRIMARY PICTURE (FORMAT)</b>  | One (1) alphanumeric character.   |  |                  |
| <b>DEFINITION</b>  | Code that indicates the primary reason for the positive or negative HCSR. |  |                  |
| <b>CODE/VALUE SPECIFICATIONS</b>   | <b>Positive/Statistical Adjustments</b>                                   |  |                  |
|  | A   | Adjustment due to non-contractor error   |                  |
|  | B   | Adjustment due to contractor error       |                  |
|  | C   | Adjustment due to prior contractor error |                  |
|  | <b>Negative Adjustments/Cancellations</b>                                 |  |                  |
|  | D   | Adjustment due to non-contractor error   |                  |
|  | E   | Adjustment due to contractor error       |                  |
|  | F   | Adjustment due to prior contractor error |                  |
| <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 conditions. Refer to <a href="#">Chapter 1, Section 3, paragraph 3.0.</a> for adjustment reporting procedures. |   |  |                  |

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: REASON FOR ISSUANCE**

**RECORDS/LOCATOR NUMBERS**

| RECORD NAME       | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Institutional     | 1-202    | 1           | Yes      |
| Non-Institutional | 2-207    | 1           | Yes      |

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

**DEFINITION** The Reason For Issuance indicates why the care was not or cannot be provided by a Military Treatment Facility.

**CODE/VALUE SPECIFICATIONS** Submit in same format as DEERS response.

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

| SUBORDINATE | GROUP |
|-------------|-------|
| N/A         | N/A   |

**NOTES AND SPECIAL INSTRUCTIONS:**

Download from DEERS; if not applicable report blanks.

**DATA ELEMENT DEFINITION**

| <b>ELEMENT NAME: REASON FOR PAYMENT REDUCTION</b>   |                                    |   |                  |
|---|------------------------------------|---|------------------|
| <b>RECORDS/LOCATOR NUMBERS</b>                      |                                    |   |                  |
| <b>RECORD NAME</b>                                  | <b>LOCATOR#</b>                    | <b>OCCURRENCES</b>  | <b>REQUIRED</b>  |
| Institutional                                       | 1-113                              | 1   | Yes <sup>1</sup> |
| Non-Institutional                                   | 2-113                              | 1   | Yes <sup>1</sup> |
| <b>PRIMARY PICTURE (FORMAT)</b>                     | One (1) alphanumeric characters.   |   |                  |
| <b>DEFINITION</b>                                   | Reason Payment Reduction Assessed. |   |                  |
| <b>CODE/VALUE SPECIFICATIONS</b>                    | A                                  | Mental Health Pre-Authorization Not Obtained.             |                  |
|   | B                                  | Adjunctive Dental Care Pre-Authorization Not Obtained     |                  |
|   | C                                  | Procedure/Services in TRICARE Regions Care Not Authorized |                  |
| <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> If not applicable, <b>blank fill</b> . |                                    |   |                  |

**DATA ELEMENT DEFINITION**

| <b>ELEMENT NAME: RECORD TYPE</b>  |                                      |                    |                  |
|---|--------------------------------------|--------------------|------------------|
| <b>RECORDS/LOCATOR NUMBERS</b>  |                                      |                    |                  |
| <b>RECORD NAME</b>  | <b>LOCATOR#</b>                      | <b>OCCURRENCES</b> | <b>REQUIRED</b>  |
| Institutional   | 1-001                                | 1                  | Yes <sup>1</sup> |
| Non-Institutional   | 2-001                                | 1                  | Yes <sup>1</sup> |
| <b>PRIMARY PICTURE (FORMAT)</b>   | One (1) alphanumeric character.      |                    |                  |
| <b>DEFINITION</b>   | Code to indicate the type of record. |                    |                  |
| <b>CODE/VALUE SPECIFICATIONS</b>  | 1                                    | Institutional      |                  |
|   | 2                                    | Non-Institutional  |                  |
| <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> See the <a href="#">Chapter 1, Section 3, paragraph 1.0.</a> for further instructions. |                                      |                    |                  |

**DATA ELEMENT DEFINITION**

| <b>ELEMENT NAME: REVENUE CODE</b>  |  |                    |                  |
|--|--|--------------------|------------------|
| <b>RECORDS/LOCATOR NUMBERS</b>   |  |                    |                  |
| <b>RECORD NAME</b>   | <b>LOCATOR#</b>  | <b>OCCURRENCES</b> | <b>REQUIRED</b>  |
| Institutional  | 1-365  | Up to 50           | Yes <sup>1</sup> |
| <b>PRIMARY PICTURE (FORMAT)</b>  | Four (4) alphanumeric characters.  |                    |                  |
| <b>DEFINITION</b>  | 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 HCSR. 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 HCSR. |                    |                  |
| <b>CODE/VALUE SPECIFICATIONS</b>   | See <a href="#">Addendum F</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>   |  |                    |                  |
| <sup>1</sup> Revenue code 001 (Total Charge) must be reported for each HCSR. (Units of Service must be zero on the Revenue Code 001 occurrence.) |  |                    |                  |

**DATA ELEMENT DEFINITION**

| <b>ELEMENT NAME: REVENUE DATA OCCURRENCE COUNT</b> |   |                    |                 |
|--|---|--------------------|-----------------|
| <b>RECORDS/LOCATOR NUMBERS</b>                     |   |                    |                 |
| <b>RECORD NAME</b>                                 | <b>LOCATOR#</b>   | <b>OCCURRENCES</b> | <b>REQUIRED</b> |
| Institutional                                      | 1-360   | 1                  | Yes             |
| <b>PRIMARY PICTURE (FORMAT)</b>                    | Two (2) unsigned numeric digits.  |                    |                 |
| <b>DEFINITION</b>                                  | The number of sets of revenue codes and related data elements that occur on the record. |                    |                 |
| <b>CODE/VALUE SPECIFICATIONS</b>                   | Must be greater than 0 and less than 51.  |                    |                 |
| <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**

| <b>ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODES</b> |   |                    |                  |
|---|---|--------------------|------------------|
| <b>RECORDS/LOCATOR NUMBERS</b>  |   |                    |                  |
| <b>RECORD NAME</b>  | <b>LOCATOR#</b>   | <b>OCCURRENCES</b> | <b>REQUIRED</b>  |
| Institutional   | 1-345/350/353   | 5                  | Yes <sup>1</sup> |
| <b>PRIMARY PICTURE (FORMAT)</b>                                       | Five (5) alphanumeric characters.   |                    |                  |
| <b>DEFINITION</b>   | Codes identifying the procedures, other than the principal procedure, performed during the period covered by the HCSR.  |                    |                  |
| <b>CODE/VALUE SPECIFICATIONS</b>                                      | See 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 limit to 4 of 5 positions available. Must be left justified and blank filled. Do not code a decimal point which is always assumed to follow the second position. Blank fill if not available. |                    |                  |
| <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 if available.                                   |   |                    |                  |

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS**

**RECORDS/LOCATOR NUMBERS**

| RECORD NAME       | LOCATOR#                  | OCCURRENCES | REQUIRED         |
|-------------------|---------------------------|-------------|------------------|
| Institutional     | 1-320/325/<br>330/335-339 | 8           | Yes <sup>1</sup> |
| Non-Institutional | 2-260/265/<br>270/275     | 4           | Yes <sup>1</sup> |

**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 as directed by TMA. Must code the most detailed procedure. Must limit to 5 of 6 positions available. Code must be left justified and blank filled. Do not code the decimal point, which is always assumed to be following the third position. Blank fill if not available.

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

| SUBORDINATE | GROUP |
|-------------|-------|
| N/A         | N/A   |

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Required if available.



**DATA ELEMENT DEFINITION**

| <b>ELEMENT NAME: SEQUENCE NUMBER</b>     |   |                    |                 |
|--|---|--------------------|-----------------|
| <b>RECORDS/LOCATOR NUMBERS</b>           |   |                    |                 |
| <b>RECORD NAME</b>                       | <b>LOCATOR#</b>   | <b>OCCURRENCES</b> | <b>REQUIRED</b> |
| Institutional                            | 1-020   | 1                  | Yes             |
| Non-Institutional                        | 2-020   | 1                  | Yes             |
| <b>PRIMARY PICTURE (FORMAT)</b>          | Five (5) alphanumeric characters.   |                    |                 |
| <b>DEFINITION</b>                        | A sequential number assigned by the contractor to identify the individual HCSR. Once assigned, the sequence number cannot be re-used with the same Filing Date, Filing State/ Country, and HCSR Suffix. |                    |                 |
| <b>CODE/VALUE SPECIFICATIONS</b>         | The sequential identifying number assigned by the contractor.   |                    |                 |
| <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**

**ELEMENT NAME: SOURCE OF ADMISSION**

**RECORDS/LOCATOR NUMBERS**

| RECORD NAME   | LOCATOR# | OCCURRENCES | REQUIRED |
|---------------|----------|-------------|----------|
| Institutional | 1-265    | 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.                                       |

**NOTES AND SPECIAL INSTRUCTIONS:**

N/A

**DATA ELEMENT DEFINITION**

| <b>ELEMENT NAME: SOURCE OF ADMISSION (CONTINUED)</b> |              |                           |   |
|--|--------------|---------------------------|---|
| <b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>         | 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.  |
| <b>Code Structure for Newborn</b>                    |              |                           |   |
|  | A            | Normal Delivery           | A baby delivered without complications  |
|  | B            | Premature Delivery        | A baby delivered with time and/or weight factors qualifying it for premature status   |
|  | C            | Sick Baby                 | A baby delivered with medical complications, other than those relating to premature status  |
|  | D            | Extramural Birth          | A newborn born in a non-sterile environment   |
| <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: SPECIAL PROCESSING CODE**

| RECORDS/LOCATOR NUMBERS          |  |  |                  |
|----------------------------------|--|--|------------------|
| RECORD NAME                      | LOCATOR#   | OCCURRENCES  | REQUIRED         |
| Institutional                    | 1-197  | 3  | Yes <sup>1</sup> |
| Non-Institutional                | 2-202  | 3  | Yes <sup>1</sup> |
| <b>PRIMARY PICTURE (FORMAT)</b>  | Six (6) alphanumeric characters.                       |  |                  |
| <b>DEFINITION</b>                | Code indicating care that requires special processing. |  |                  |
| <b>CODE/VALUE SPECIFICATIONS</b> | 0  | Hospice Non-Affiliated Provider  |                  |
|                                  | 1  | Medicaid   |                  |
|                                  | 2  | Cooperative Care   |                  |
|                                  | 3  | Allogeneic Bone Marrow Recipient (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)                      |                  |
|                                  | 4  | Allogeneic Bone Marrow Donor (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)                          |                  |
|                                  | 5  | Liver Transplant ( <b>effective</b> for care provided before 03/01/1997, and <b>between</b> 02/20/1998 and 08/31/1999) and after 05/31/2003) |                  |
|                                  | 6  | Home Health Care (Non-Institutional Only)  |                  |
|                                  | 7  | Heart Transplant   |                  |
|                                  | 8  | Contracted Provider Arrangement (only valid for Mid-Atlantic Region)   |                  |
|                                  | 9  | Fort Drum Cooperative Medical Care   |                  |
|                                  | A  | Partnership Program (Internal Providers with signed agreements)  |                  |
|                                  | B  | Partnership Program (External with signed agreements)  |                  |

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.
- <sup>2</sup> This code is to be used for services provided in a designated STS Facility on or after 03/01/1997 through 05/31/2003.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = 'E', (grandfathered HHC claims) is coded, then SPECIAL PROCESSING CODE 'CM' must also appear.

## DATA ELEMENT DEFINITION

| ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED) |   |  |
|---|---|--|
| CODE/VALUE SPECIFICATIONS<br>(CONTINUED)          | C | Partnership Program (External Provider without a signed agreement who assisted or provided ancillary support)                                      |
|   | D | DRG qualifying for interim payment (Institutional only)  |
|   | E | Home Health Care/Case Management (HHC/CM) Demonstration (After 03/15/1999, grandfathered into the Individual Case Management Program) <sup>3</sup> |
|   | F | Reynolds Army Community Hospital (Ft. Sill, OK) - (CAM Demonstrations)   |
|   | G | Evans Army Community Hospital (Ft. Carson, CO) - (CAM Demonstrations)  |
|   | H | Charleston Naval Hospital Catchment Area   |
|   | I | Bergstrom AFB Catchment Area   |
|   | J | Luke/Williams AFB Catchment Area   |
|   | K | Georgia/Florida PPO  |
|   | L | Chiropractic Care Demonstration  |
|   | M | Health Care Finder and Participating Provider Program  |
|   | N | CHAMPUS Select   |
|   | O | Charleston Naval Hospital CAMCHAS MTF Services   |
|   | P | Reserved   |
|   | Q | Active Duty Delayed Deductible   |
|   | R | Medicare/TRICARE Dual Entitlement (First Payor) (Effective 10/01/2001)   |
|   | S | Resource Sharing   |

## NOTES AND SPECIAL INSTRUCTIONS:

- <sup>1</sup> Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.
- <sup>2</sup> This code is to be used for services provided in a designated STS Facility on or after 03/01/1997 through 05/31/2003.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = 'E', (grandfathered HHC claims) is coded, then SPECIAL PROCESSING CODE 'CM' must also appear.

**DATA ELEMENT DEFINITION**

| <b>ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)</b> |    |   |
|--|----|---|
| <b>CODE/VALUE SPECIFICATIONS<br/>(CONTINUED)</b>         | 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  | At-Risk payment by at-risk claims processor   |
|  | W  | Not-At-Risk payment by at-risk 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  | Combined Liver-Kidney Transplant or Kidney only after 03/01/1997  |
|  | !  | Northern Region Coordinated Care  |
|  | @  | Active Duty Cost Share Ambulatory Surgery Taken From Professional Claim   |
|  | #  | Hospice   |
|  | \$ | Capitated arrangements  |
|  | %  | Abused Family Member  |
|  | &  | Bone Marrow Transplants - TMA approved  |
|  | *  | VA Medical Center Claim   |
|  | ?  | Ambulatory Surgery Facility Charge  |
|  | AB | Abused Dependent of Discharged or Dismissed Member, Not-at-risk Payment of MCS Contractor   |

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.
- <sup>2</sup> This code is to be used for services provided in a designated STS Facility on or after 03/01/1997 through 05/31/2003.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = 'E', (grandfathered HHC claims) is coded, then SPECIAL PROCESSING CODE 'CM' must also appear.

## DATA ELEMENT DEFINITION

| ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED) |    |   |
|---|----|---|
| CODE/VALUE SPECIFICATIONS<br>(CONTINUED)          |    |   |
|   | AD | Foreign Active Duty Service Member Claims (Effective 06/28/1996)  |
|   | AN | Supplemental Health Care Program (SHCP) - Non-MTF-Referred Care (Effective 10/01/1999)  |
|   | AR | Supplemental Health Care Program (SHCP) - Referred Care (Effective 10/01/1999)  |
|   | 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 (Effective 03/17/2003)  |
|   | CM | Individual Case Management Program (ICMP) Claims (Effective 03/15/1999) <sup>3</sup>  |
|   | 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 (First Payor) (Effective 10/01/2001)   |
|   | FS | TRICARE for Life (Second Payor) (Effective 10/01/2001)  |
|   | 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) |
|   | GN | TRICARE Prime Remote (TPR) for Enrolled Active Duty Family Member (ADFM) - Non-Network (Effective 09/01/2002)   |

## NOTES AND SPECIAL INSTRUCTIONS:

- <sup>1</sup> Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.
- <sup>2</sup> This code is to be used for services provided in a designated STS Facility on or after 03/01/1997 through 05/31/2003.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = 'E', (grandfathered HHC claims) is coded, then SPECIAL PROCESSING CODE 'CM' must also appear.

**DATA ELEMENT DEFINITION**

| <b>ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)</b> |    |  |
|--|----|--|
| <b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>             | GT | TRICARE Prime Remote (TPR) for Enrolled Active Duty Family Member (ADFM) - Network (Effective 09/01/2002)  |
|  | GU | Active Duty Service Member enrolled in TRICARE Prime Remote; not at risk payment by MCS contractor (Effective 10/01/1999)                                |
|  | KO | Allied Forces - Kosovo (Effective 06/01/1999)  |
|  | MH | Mental Health Active Duty Cost Share   |
|  | MN | TRICARE Senior Prime (Non-Network) (Effective 01/01/1998 through 12/31/2001)   |
|  | MS | TRICARE Senior Prime (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)  |
|  | PO | TRICARE Prime - Point of Service   |
|  | 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 (Non-Network) (Effective 04/01/2000 through 12/31/2002)  |

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.
- <sup>2</sup> This code is to be used for services provided in a designated STS Facility on or after 03/01/1997 through 05/31/2003.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = 'E', (grandfathered HHC claims) is coded, then SPECIAL PROCESSING CODE 'CM' must also appear.



**DATA ELEMENT DEFINITION**

| <b>ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)</b> |                 |   |
|--|-----------------|---|
| <b>CODE/VALUE SPECIFICATIONS<br/>(CONTINUED)</b>         | SP              | Special and Emergent Care (Effective 06/01/1999)                                    |
|  | ST <sup>2</sup> | Specialized Treatment (Effective 03/01/1997 through 05/31/2003)                     |
|  | SS              | TRICARE Senior Supplement (Network)<br>(Effective 04/01/2000 through 12/31/2002)    |
|  | WR              | Mental Health Wraparound Demonstration<br>(Effective 01/01/1998 through 06/30/2001) |
| <b>ALGORITHM</b> N/A                                     |                 |   |
| <b>SUBORDINATE AND/OR GROUP ELEMENTS</b>                 |                 |   |
| <b>SUBORDINATE</b>                                       | <b>GROUP</b>    |   |
| N/A  | PROCESSING CODE |   |

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.
- <sup>2</sup> This code is to be used for services provided in a designated STS Facility on or after 03/01/1997 through 05/31/2003.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = 'E', (grandfathered HHC claims) is coded, then SPECIAL PROCESSING CODE 'CM' must also appear.

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: SPECIAL RATE CODE**

| RECORDS/LOCATOR NUMBERS          |  |   |          |
|----------------------------------|--|---|----------|
| RECORD NAME                      | LOCATOR#   | OCCURRENCES   | REQUIRED |
| Institutional                    | 1-198  | 1   | Yes      |
| Non-Institutional                | 2-203  | 1   | Yes      |
| <b>PRIMARY PICTURE (FORMAT)</b>  | Two (2) alphanumeric characters.                 |   |          |
| <b>DEFINITION</b>                | Code indicating care that requires special rate. |   |          |
| <b>CODE/VALUE SPECIFICATIONS</b> | Blank  | No special rate   |          |
|                                  | D  | Discount rate agreement <sup>2</sup>  |          |
|                                  | P  | Per diem rate agreement <sup>1</sup>  |          |
|                                  | A  | DRG reimbursement with 4% discount  |          |
|                                  | B  | DRG reimbursement with 3% discount  |          |
|                                  | C  | DRG reimbursement with 2% discount  |          |
|                                  | E  | DRG reimbursement with 1% discount  |          |
|                                  | F  | DRG reimbursement with no discount  |          |
|                                  | G  | TRICARE/CHAMPUS DRG reimbursement with LONG STAY OUTLIER <sup>1</sup>             |          |
|                                  | H  | TRICARE/CHAMPUS DRG reimbursement with SHORT STAY OUTLIER <sup>1</sup>            |          |
|                                  | I  | TRICARE/CHAMPUS DRG reimbursement with COST OUTLIER <sup>1</sup>                  |          |
|                                  | J  | TRICARE/CHAMPUS DRG reimbursement with NO OUTLIER <sup>1</sup>                    |          |
|                                  | K  | Hospital-Specific Psychiatric Per Diem Rate <sup>1</sup>                          |          |
|                                  | L  | Region-Specific Psychiatric Per Diem Rate <sup>1</sup>                            |          |
|                                  | M  | Discounted TRICARE/CHAMPUS DRG reimbursement with LONG STAY OUTLIER <sup>1</sup>  |          |
|                                  | N  | Discounted TRICARE/CHAMPUS DRG reimbursement with SHORT STAY OUTLIER <sup>1</sup> |          |

**NOTES AND SPECIAL INSTRUCTIONS:**

Left justified, blank filled.

<sup>1</sup> Institutional only.

<sup>2</sup> Required for a provider with a negotiated rate when OHI is involved, unless Special Processing Codes 'A', or 'M' are used.

**DATA ELEMENT DEFINITION**

| <b>ELEMENT NAME: SPECIAL RATE CODE (CONTINUED)</b>  |    |  |
|---|----|--|
| <b>CODE/VALUE SPECIFICATIONS<br/>(CONTINUED)</b>  |    |  |
|   | O  | Discounted TRICARE/CHAMPUS DRG reimbursement with COST OUTLIER <sup>1</sup>                              |
|   | Q  | Discounted TRICARE/CHAMPUS DRG reimbursement with NO OUTLIER <sup>1</sup>                                |
|   | R  | Ambulatory Surgery Facility Payment Rate   |
|   | S  | Discounted Ambulatory Surgery Facility Payment Rate  |
|   | T  | Non-participating Provider 10% Payment Reduction   |
|   | U  | Supplemental Health Care Program (SHCP) Claim or Active Duty Member TPR Claim Paid Outside Normal Limits |
|   | V  | Medicare Reimbursement Rate  |
|   | GG | Global rate agreement (used with corporate service provider only)<br>(Effective 08/01/2003)              |
|   | GP | Per Diem Rate Agreement (used with corporate service providers only)<br>(Effective 08/01/2003)           |
| <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>  |    |  |
| Left justified, blank filled.   |    |  |
| <sup>1</sup> Institutional only.  |    |  |
| <sup>2</sup> Required for a provider with a negotiated rate when OHI is involved, unless Special Processing Codes 'A', or 'M' are used. |    |  |

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: SPONSOR BRANCH OF SERVICE**

**RECORDS/LOCATOR NUMBERS**

| RECORD NAME       | LOCATOR# | OCCURRENCES | REQUIRED         |
|-------------------|----------|-------------|------------------|
| Institutional     | 1-055    | 1           | Yes <sup>1</sup> |
| Non-Institutional | 2-055    | 1           | Yes <sup>1</sup> |

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

**DEFINITION** Sponsor's Uniformed Service Branch or Organization.

| CODE/VALUE SPECIFICATIONS | A | Army  |
|---------------------------|---|---|
|                           | C | CHAMPVA (Denied CHAMPVA Claims only after 01/01/1996) |
|                           | E | Public Health Service                                 |
|                           | F | Air Force   |
|                           | I | NOAA  |
|                           | M | Marines   |
|                           | N | Navy  |
|                           | P | Coast Guard   |

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

| SUBORDINATE | GROUP |
|-------------|-------|
| N/A         | N/A   |

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Download from DEERS; if unavailable from DEERS, report branch of service from the claim or treatment encounter data. 'X' and 'Z' are not allowed. For NATO claims, the code/value that reflects the sponsoring military service of the NATO member shall be used and "Sponsor Status" shall be reported as 'T' (locator numbers 1-065 and 2-065). For CHAMPVA claims, which are identified by the occurrence of an Alternate Care Flag, report Branch of Service 'C' rather than the actual value returned from DEERS.

Also refer to [Chapter 9](#).

**NOTE:** This last requirement does not apply to at-risk contractors.

## DATA ELEMENT DEFINITION

| ELEMENT NAME: SPONSOR PAY GRADE   |                                  |  |                  |
|---|----------------------------------|--|------------------|
| RECORDS/LOCATOR NUMBERS   |                                  |  |                  |
| RECORD NAME   | LOCATOR#                         | OCCURRENCES  | REQUIRED         |
| Institutional   | 1-050                            | 1  | Yes <sup>1</sup> |
| Non-Institutional   | 2-050                            | 1  | Yes <sup>1</sup> |
| <b>PRIMARY PICTURE (FORMAT)</b>   | Two (2) alphanumeric characters. |  |                  |
| <b>DEFINITION</b>   | Sponsor's pay grade.             |  |                  |
| <b>CODE/VALUE SPECIFICATIONS</b>  | 01-09                            | Enlisted (E1 - E9)   |                  |
|   | 11-15                            | Warrant Officer (W1 - W5)  |                  |
|   | 19                               | Academy or Navy OCS Students<br>(Terminated 10/16/2003) <sup>2</sup>       |                  |
|   | 20                               | Unknown Officer (Terminated 10/16/2003) <sup>2</sup>                       |                  |
|   | 21-31                            | Officer (O1 - O11)   |                  |
|   | 41-58                            | GS1 - GS18 (Terminated 10/16/2003) <sup>2</sup>                            |                  |
|   | 90                               | Unknown (including NATO)   |                  |
|   | 95                               | Not applicable (including CHAMPVA)<br>(Terminated 10/16/2003) <sup>2</sup> |                  |
|   | 99                               | Other (Terminated 10/16/2003) <sup>2</sup>                                 |                  |
| <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>  |                                  |  |                  |
| Download field from DEERS. Refer to <a href="#">Chapter 9</a> for specific instructions.  |                                  |  |                  |
| <sup>1</sup> For HCSRs reporting services under Program for Persons with Disabilities, Sponsor Pay Grade must be one of the following 01-09, 11-15, or 21-31. |                                  |  |                  |
| <sup>2</sup> As of 10/16/2003, DEERS will no longer be supplying these code values, they will be returning a value of '90' in it's place.                     |                                  |  |                  |

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: SPONSOR SOCIAL SECURITY NUMBER**

**RECORDS/LOCATOR NUMBERS**

| RECORD NAME       | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Institutional     | 1-045    | 1           | Yes      |
| Non-Institutional | 2-045    | 1           | Yes      |

**PRIMARY PICTURE (FORMAT)** Nine (9) alphanumeric characters.

**DEFINITION** Sponsor Social Security number as verified through DEERS.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

| SUBORDINATE | GROUP |
|-------------|-------|
| N/A         | N/A   |

**NOTES AND SPECIAL INSTRUCTIONS:**

Must be numeric or blank.

Download field from DEERS. Refer to [Chapter 9](#) for specific instructions.

**DATA ELEMENT DEFINITION****ELEMENT NAME: SPONSOR STATUS****RECORDS/LOCATOR NUMBERS**

| RECORD NAME       | LOCATOR# | OCCURRENCES | REQUIRED         |
|-------------------|----------|-------------|------------------|
| Institutional     | 1-065    | 1           | Yes <sup>1</sup> |
| Non-Institutional | 2-065    | 1           | Yes <sup>1</sup> |

**PRIMARY PICTURE (FORMAT)** One (1) alphanumeric character.**DEFINITION** Code indicating current status of the sponsor at the time the care was rendered, as verified through DEERS.**CODE/VALUE SPECIFICATIONS****Active Duty**

|   |                          |
|---|--------------------------|
| A | Active Duty              |
| B | Recalled to Active Duty  |
| J | Academy Student/Navy OCS |
| N | National Guard           |
| Q | Prisoner/Appellate       |
| V | Reserve                  |
| T | Foreign Military (NATO)  |

**Retired**

|   |                      |
|---|----------------------|
| D | 100% Disabled        |
| F | Former Member        |
| I | Permanently Disabled |
| O | Temporarily Disabled |
| R | Retired              |
| W | Title III Retiree    |

**Deceased**

|   |          |
|---|----------|
| K | Deceased |
|---|----------|

**Other**

|   |                |
|---|----------------|
| C | Civilian       |
| H | Medal of Honor |
| P | TAMP Designee  |

**NOTES AND SPECIAL INSTRUCTIONS:**<sup>1</sup> NATO HCSRs must be reported using code 'T' Foreign Military even though DEERS includes them in code 'X' other.Download field from DEERS. Refer to [Chapter 9](#) for specific instructions.

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: SPONSOR STATUS (CONTINUED)**

|  |   |                  |
|--|---|------------------|
| <b>CODE/VALUE SPECIFICATIONS<br/>(CONTINUED)</b> | U | Foreign National |
|  | X | Other            |
|  | Z | Unknown          |

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

| <b>SUBORDINATE</b> | <b>GROUP</b>         |
|--------------------|----------------------|
| N/A                | BENEFICIARY CATEGORY |

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> NATO HCSRs must be reported using code 'T' Foreign Military even though DEERs includes them in code 'X' other.

Download field from DEERS. Refer to [Chapter 9](#) for specific instructions.