

INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS  
 (A - D)

DATA ELEMENT DEFINITION

<b>ELEMENT NAME: ADMISSION CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-240	1	Yes
<b>PRIMARY PICTURE (FORMAT) Group</b>			
<b>DEFINITION</b>	Field that contains multiple elements to define details of a patient's stay in the institution.		
<b>CODE/VALUE SPECIFICATIONS N/A</b>			
<b>ALGORITHM N/A</b>			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
BILL CLASSIFICATION CODE			N/A
FREQUENCY			N/A
TYPE OF ADMISSION			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: ADMISSION DATE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-235	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) numeric characters, YYYYMMDD.		
<b>DEFINITION</b>	Date the patient was first admitted to the institution for this episode.		
<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>			
N/A			

**DATA ELEMENT DEFINITION****ELEMENT NAME: ADMISSION DIAGNOSIS**

<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-310	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Six (6) alphanumeric digits.		
<b>DEFINITION</b>	ICD-9-CM Code to identify diagnosis under which patient was admitted to institution.		
<b>CODE/VALUE SPECIFICATIONS</b>	See Internal Classification of Diseases Clinical Modification Edition 9, Volume 1 for valid ICD-9-CM codes. Must code the most detailed subcategory or subclassification. Left justify including leading zeros and <b>blank</b> fill. Do not fill with zeros. Do not code the decimal point.		
<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:**

The primary diagnosis may be coded in lieu of the admission diagnosis if the admission diagnosis is not available and is not needed to support a waiver of the Nonavailability Statement requirement for an emergency admission.

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: AMOUNT ALLOWED**

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-120	1	Yes <sup>1</sup>
Non-Institutional	2-120	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Nine (9) signed numeric digits including two (2) decimal places.

**DEFINITION** Total amount allowed for all authorized services on the HCSR. For reporting data relating to Resource Sharing and/or Capitated Treatment Encounters, see [Chapter 1, Section 3, paragraph 6.0](#).

**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 the complete HCSR is denied (type of submission code 'D'), this amount must be zero.

**DATA ELEMENT DEFINITION****ELEMENT NAME: AMOUNT ALLOWED BY OTHER HEALTH INSURANCE****RECORDS/LOCATOR NUMBERS**

<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-127	1	Yes
Non-Institutional	2-127	1	Yes

**PRIMARY PICTURE (FORMAT)** Nine (9) signed numeric digits including two (2) decimal places.

**DEFINITION** Total amount allowed by other health insurance for all services reported on the HCSR.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

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

**NOTES AND SPECIAL INSTRUCTIONS:**

This field is greater than zero, only if the EOB from the other health insurance carrier states that the beneficiary's liability is limited.

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-306	Up to 25	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Nine (9) signed numeric digits including two (2) decimal places.

**DEFINITION** Total amount allowed for this (these) service(s)/supply(ies).

**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 the procedure is denied this amount must be zero.

**DATA ELEMENT DEFINITION****ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE****RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-150	1	Yes

**PRIMARY PICTURE (FORMAT)** Five (5) signed numeric digits including two (2) decimal places.

**DEFINITION** Portion of Amounts Allowed which is applied toward the patient or family deductible for the fiscal year on the HCSR.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

N/A

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: AMOUNT BILLED</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-115	1	Yes
Non-Institutional	2-115	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Nine (9) signed numeric digits including two (2) decimal places.		
<b>DEFINITION</b>	Total amount billed for all services reported on the HCSR. For reporting data relating to Resource Sharing and/or Capitated Treatment Encounters, see <a href="#">Chapter 1, Section 3, paragraph 6.0</a> .		
<b>CODE/VALUE SPECIFICATIONS</b>	N/A		
<b>ALGORITHM</b>	Must be sum of all total charge per revenue code (institutional record) fields or total charge per procedure (non-institutional) fields.		
<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: AMOUNT OF PAYMENT REDUCTION****RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-133	1	Yes <sup>1</sup>
Non-Institutional	2-133	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Nine (9) signed numeric digits including two (2) decimal places.

**DEFINITION** Total amount of payment withheld by the contractor.

**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.

To be reported when required pre-authorization was not obtained prior to the delivery of care by the provider.

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: AMOUNT OF THIRD PARTY LIABILITY**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-130	1	Yes
Non-Institutional	2-130	1	Yes

**PRIMARY PICTURE (FORMAT)** Nine (9) signed numeric digits including two (2) decimal places.

**DEFINITION** Total amount paid by outside party (excluding patient's other health insurance coverage) e.g., Third Party Liability for services reported on the HCSR.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

N/A

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-155	1	Yes <sup>1</sup>
Non-Institutional	2-155	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Nine (9) signed numeric digits including two (2) decimal places.		
<b>DEFINITION</b>	Portion of total amount allowed that was paid by government contractor for the services reported on the HCSR. For reporting data relating to Resource Sharing and/or Capitated Treatment Encounters, see <a href="#">Chapter 1, Section 3, paragraph 6.0</a> .		
<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>			
<sup>1</sup> Reflects the total amount paid regardless of a providers financial arrangement with the contractor, i.e., "withheld amounts."			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-125	1	Yes
Non-Institutional	2-125	1	Yes

**PRIMARY PICTURE (FORMAT)** Nine (9) signed numeric digits including two (2) decimal places.

**DEFINITION** Total amount paid by other health insurance for all services reported on the HCSR.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

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

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: BEGIN 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	2-310	Up to 25	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) numeric characters, YYYYMMDD.		
<b>DEFINITION</b>	The earliest beginning 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> See Begin Date of Care for Institutional. Refer to <a href="#">Chapter 1, Section 3, paragraph 2.0.</a> for instructions on HCSR breakdown.			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: BEGIN DATE OF CARE (INSTITUTIONAL)**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-280	1	Yes

**PRIMARY PICTURE (FORMAT)** Eight (8) numeric characters, YYYYMMDD.

**DEFINITION** Earliest date of care reported on this HCSR.

**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:**

Refer to [Chapter 1, Section 3, paragraph 2.0.](#) for instructions on HCSR breakdown.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: BENEFICIARY CATEGORY</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-060	1	Yes
Non-Institutional	2-060	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Group		
<b>DEFINITION</b>	Field containing two elements that categorize patient type.		
<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>		
SPONSOR STATUS	N/A		
PATIENT RELATIONSHIP TO SPONSOR	N/A		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: BILL CLASSIFICATION CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-250	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric character.		
<b>DEFINITION</b>	Code describing the type of billing from the facility.		
<b>CODE/VALUE SPECIFICATIONS</b>	1	Inpatient	
	2	Hospital Based Hospice	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	ADMISSION CODE		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			



**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: CLAIM FORM TYPE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-204	1	Yes
Non-Institutional	2-210	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric character.		
<b>DEFINITION</b>	Code associated with the primary claim form submitted.		
<b>CODE/VALUE SPECIFICATIONS</b>	A	DD Form 2520	
	B	DD Form 2642	
	C	HCFA Form 1500	
	D	UBF-1	
	E	UB-82	
	F	UB-92	
	G	Electronic Institutional Claim Submission	
	H	Electronic Non-Institutional Claim Submission	
	I	Electronic Drug Claim Submission	
	J	Other	
<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> The primary form is determined by the form associated with the largest dollar amount or which contains the billed amount if a second form is submitted containing only eligibility and/or sponsor data.

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-040	1	Yes <sup>1</sup>
Non-Institutional	2-040	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Eight (8) numeric characters, YYYYMMDD.

**DEFINITION** Date the contractor determined an adjustment HCSR was required.

CODE/VALUE SPECIFICATIONS	YEAR	DESCRIPTION
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:**

<sup>1</sup> Zero fill if HCSR is not an adjustment.

## DATA ELEMENT DEFINITION

ELEMENT NAME: DATE HCSR PROCESSED TO COMPLETION			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-035	1	Yes
Non-Institutional	2-035	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) numeric characters, YYYYMMDD.		
<b>DEFINITION</b>	Date the contractor processed the claim/treatment encounter data to completion. This is when all services and supplies on the claim have been adjudicated, payment has been determined, deductible has been applied, checks and EOBs have been prepared for mailing, and payment/deductible/denial has been posted to history and the HCSR(s). <b>This date does not change for resubmissions unless previously coded in error.</b>		
<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>			
N/A			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: DEERS DEPENDENT SUFFIX**

<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-090	1	Yes
Non-Institutional	2-090	1	Yes

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

**DEFINITION** Code maintained on DEERS database that uniquely identifies the patient within the family.

**CODE/VALUE SPECIFICATIONS** DEERS Dependent Suffix

	01-19	Eligible Dependent Children
	20	Sponsor
	30-39	Spouse of Sponsor
	40-44	Mother of Sponsor
	45-49	Father of Sponsor
	50-54	Mother-in-law of Sponsor
	55-59	Father-in-law of Sponsor
	60-69	Other Eligible Family Members (including former spouse)
	70-74	Unknown by DEERS
	75	Pseudo DDS - Unknown by contractor
	98	Service Secretary Designee

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

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

**NOTES AND SPECIAL INSTRUCTIONS:**  
 Download field from DEERS. Downloading DEERS Dependent Suffix (DDS) details are explained in [Chapter 9](#).

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: DENIAL REASON CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-380	Up to 50	Yes <sup>1</sup>
Non-Institutional	2-380	Up to 25	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) alphanumeric characters.		
<b>DEFINITION</b>	Code identifying the reason for non-payment of services on the detail line item.		
<b>CODE/VALUE SPECIFICATIONS</b>	1	Duplicate service(s)	
	2	Ineligible claimant	
	3	Non-covered benefit/service	
	4	Maximum benefit exceeded	
	6	Filing limitation exceeded	
	7	Suspense limitation exceeded	
	8	Other	
	9	Non-Availability Statement cancelled or not provided	
	A	DEERS	
	B	Potential Third Party Liability	
	C	Verified Third Party Liability	
	D	Bone marrow transplant, no Wilford Hall referral	
	E <sup>2</sup>	Billing for partial stay under DRG not reimbursable	
	F <sup>2</sup>	DRG non-reimbursable (e.g., hospital based professionals, kidney acquisition costs)	
	G	Authorization not on file	
	H	Invalid Interim DRG request for payment	
	I	High Volume Psychiatric Hospital/Unit excluded from per diem reimbursement	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
Left justified, blank filled.			
<sup>1</sup> Required if services are not allowed. Leave blank if not applicable.			
<sup>2</sup> Institutional Only			
<sup>3</sup> Non-Institutional Only			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: DENIAL REASON CODE (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>	J	Billing medium incorrect; e.g., billing on a UB-82 or UB-92 for professional services/supplies.
	K	Maximum amount allowed for more comprehensive procedure
	L	Other insurance processing information not provided
	M	Provider is not TRICARE-certified
	N	Multiple denial reasons
	GG <sup>3</sup>	TRICARE Claimcheck
	LL <sup>3</sup>	TRICARE Claimcheck Laboratory
<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 justified, blank filled.		
<sup>1</sup> Required if services are not allowed. Leave blank if not applicable.		
<sup>2</sup> Institutional Only		
<sup>3</sup> Non-Institutional Only		

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: DIAGNOSIS EDITION IDENTIFIER</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-190	1	Yes
Non-Institutional	2-190	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric character.		
<b>DEFINITION</b>	Code identifying the edition number of the International Classification of Diseases used in determining the diagnosis codes on both types of HCSRs. For institutional records only identifies edition number for determination of Operation/ Non-surgical procedures.		
<b>CODE/VALUE SPECIFICATIONS</b>	9	ICD-9-CM	
<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>			
N/A			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: DISCHARGE STATUS</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-275	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) alphanumeric characters.		
<b>DEFINITION</b>	Code indicating patient status as of the end date of care on the HCSR.		
<b>CODE/VALUE SPECIFICATIONS</b>	01	Discharged	
	02	Transferred	
	03	Discharged/transferred to skilled nursing facility (SNF)	
	04	Discharged/transferred to intermediate care facility (ICF)	
	05	Discharged/transferred to another type of institution (including distinct parts)	
	06	Discharged/transferred to home under care of organized home health service organization	
	07	Left against medical advice or discontinued care	
	08	Discharged/transferred to home under care of a home IV provider	
	20	Expired (or did not recover - Christian Science Patient)	
	30	Still patient (remaining)	
	40	Died at Home	
	41	Died in a medical facility, such as a hospital, SNF, or free standing hospice	
	42	Place of death unknown	
	43	Discharged/transferred to a federal hospital	
	50	Hospice - Home	
	51	Hospice - Medical facility	
	61	Discharged/transferred within this institution to a hospital-based Medicare approved swing bed	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			



**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: DISCHARGE STATUS (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>	62	Discharged/transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital
	63	Discharged/transferred to a long term care hospital
	64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
<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: DRG GROUPER EDITION**

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-356	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) alphanumeric characters.		
<b>DEFINITION</b>	Number identifying the TRICARE/CHAMPUS Diagnosis Related Grouper used to determine the DRG.		
CODE/VALUE SPECIFICATIONS		Date of Discharge	
	87 = 1987 Grouper	10/01/1987 through 02/29/1988	
	88 = 1988 Grouper	03/01/1988 through 09/30/1988, including Admissions prior to 10/01/1988 but discharged on or after 10/01/1988	
Date of Admission			
	89 = 1989 Grouper	10/01/1988 through 09/30/1989, includes Pediatric DRG's effective 03/01/1989	
	90 = 1990 Grouper	10/01/1989 through 09/30/1990	
	91 = 1991 Grouper	10/01/1990 through 09/30/1991	
	92 = 1992 Grouper	10/01/1991 through 09/30/1992	
	93 = 1993 Grouper	10/01/1992 through 09/30/1993	
	94 = 1994 Grouper	10/01/1993 through 09/30/1994	
	95 = 1995 Grouper	10/01/1994 through 09/30/1995	
	96 = 1996 Grouper	10/01/1995 through 09/30/1996	
	97 = 1997 Grouper	10/01/1996 through 09/30/1997	
	98 = 1998 Grouper	10/01/1997 through 09/30/1998	
	99 = 1999 Grouper	10/01/1998 through 09/30/1999	
	00 = 2000 Grouper	10/01/1999 through 09/30/2000	
	01 = 2001 Grouper	10/01/2000 through 09/30/2001	
	02 = 2002 Grouper	10/01/2001 through 09/30/2002	
	03 = 2003 Grouper	10/01/2002 through 09/30/2003	
	04 = 2004 Grouper	10/01/2003 through 09/30/2004	

**NOTES AND SPECIAL INSTRUCTIONS:**  
<sup>1</sup> Required if HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.

**DATA ELEMENT DEFINITION****ELEMENT NAME: DRG GROUPER EDITION (CONTINUED)****CODE/VALUE SPECIFICATIONS** 05 = 2005 Grouper 10/01/2004 through 09/30/2005  
**(CONTINUED)****ALGORITHM** N/A**SUBORDINATE AND/OR GROUP ELEMENTS****SUBORDINATE****GROUP**

N/A

N/A

**NOTES AND SPECIAL INSTRUCTIONS:**<sup>1</sup> Required if HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: DRG NUMBER</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-355	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Three (3) unsigned numeric digits.		
<b>DEFINITION</b>	Number identifying the Diagnosis Related Group (DRG) determined for this care.		
<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>			
<sup>1</sup> Required if HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: DRG PRICER EDITION</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-357	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) alphanumeric characters.		
<b>DEFINITION</b>	Number identifying the Diagnosis Related Pricer used to determine the DRG.		
<b>CODE/VALUE SPECIFICATION</b>	61	Can be used with DRG Grouper Edition 87 and 88 for an interim period. This code will be deleted at a later date.	
<b>Date of Discharge</b>			
	01 = 1987 Pricer	10/01/1987 through 02/29/1988	
	02 = 1988 Pricer	03/01/1988 through 09/30/1988, including admissions prior to 10/01/1988 but discharged on or after 10/01/1988	
<b>Date of Admission</b>			
	03 = 1989 Pricer	10/01/1988 through 09/30/1989, includes Pediatric DRG's effective 03/01/1989	
	04 = 1990 Pricer	10/01/1989 through 09/30/1990	
	06 = 1991 Pricer	10/01/1990 through 09/30/1991	
	07 = 1992 Pricer	10/01/1991 through 09/30/1992	
	08 = 1993 Pricer	10/01/1992 through 09/30/1993	
	09 = 1994 Pricer	10/01/1993 through 09/30/1994	
	10 = 1995 Pricer	10/01/1994 through 09/30/1995	
	11 = 1996 Pricer	10/01/1995 through 09/30/1996	
	12 = 1997 Pricer	10/01/1996 through 09/30/1997	
	13 = 1998 Pricer	10/01/1997 through 09/30/1998	
	14 = 1999 Pricer	10/01/1998 through 09/30/1999	
	15 = 2000 Pricer	10/01/1999 through 09/30/2000	
	16 = 2001 Pricer	10/01/2000 through 09/30/2001	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Required if HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: DRG PRICER EDITION (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATION (CONTINUED)</b>	17 = 2002 Pricer	10/01/2001 through 09/30/2002
	18 = 2003 Pricer	10/01/2002 through 09/30/2003
	19 = 2004 Pricer	10/01/2003 through 09/30/2004
	<b>20 = 2005 Pricer</b>	<b>10/01/2004 through 09/30/2005</b>
<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 HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.		