

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

DATA ELEMENT DEFINITION

| | | | |
|---|-----------------|--------------------|------------------|
| ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE | | | |
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-400 | Up to 450 | Yes ¹ |
| Non-Institutional | 2-220 | Up to 99 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Five (5) alphanumeric characters. | | | |
| DEFINITION Code identifying the reason for non-payment of services or adjustment of the detail line item. | | | |
| CODE/VALUE SPECIFICATIONS Turn to Chapter 2, Addendum H for a complete listing of valid codes. | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Required if services are not allowed. Leave blank if not applicable. | | | |

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

DATA ELEMENT DEFINITION

ELEMENT NAME: ADJUSTMENT KEY

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Institutional | 1-035 | 1 | Yes |
| Non-Institutional | 2-035 | 1 | Yes |

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

DEFINITION 1. If record is an initial TED record or adjustment to an initial TED record, used to identify the TED financial type of record, or

2. If record is an adjustment to a non-TED initial/adjustment record, contractor **MUST** submit the entire ICN for the adjusted Non-TED Record

CODE/VALUE SPECIFICATIONS 1. TED financial type codes are:

| | |
|---|---------|
| 0 | Batch |
| 5 | Voucher |

2. This value must be the same value as the HCSR suffix present on the original submission.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

| SUBORDINATE | GROUP |
|-------------|-------------------------|
| N/A | INTERNAL CONTROL NUMBER |

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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

DATA ELEMENT DEFINITION

ELEMENT NAME: **ADMINISTRATIVE CLIN**

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|------------------|
| Institutional | 1-283 | 3 | Yes ¹ |
| Non-Institutional | 2-108 | 3 | Yes ¹ |

PRIMARY PICTURE (FORMAT) Three occurrences of six (6) alphanumeric characters.

DEFINITION Request for government administrative fee. Must be provided by contractor.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

¹ Can report from 1 to 3 CLINs, left justify and blank fill. Do not duplicate. Each occurrence consists of six (6) characters.

NOTE: Identifies the Contract Line Item Number (CLIN) on the contract for which the contractor is requesting an administrative fee payment.

NOTE: Administrative CLIN cannot change on an adjustment if the Admin Rate has been paid.

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DATA ELEMENT DEFINITION

| | | | |
|--|--|------------------------|-----------------|
| ELEMENT NAME: ADMISSION DATE | | | |
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-265 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD. | | | |
| DEFINITION | Date the patient was first admitted to the institution for this episode. | | |
| 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: | | | |
| N/A | | | |

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

DATA ELEMENT DEFINITION

ELEMENT NAME: ADMISSION DIAGNOSIS

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|---------------|----------|-------------|----------|
| Institutional | 1-295 | 1 | Yes |

PRIMARY PICTURE (FORMAT) Six (6) alphanumeric digits.

DEFINITION ICD-9-CM Code to identify diagnosis under which patient was admitted to institution.

CODE/VALUE SPECIFICATIONS Refer to 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 zeroes and blank fill. Do not fill with zeroes. Do not code the decimal point.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

| SUBORDINATE | GROUP |
|-------------|-------|
| 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 CA/NAS requirement for an emergency admission.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Institutional | 1-065 | 1 | Yes |
| Non-Institutional | 2-056 | 1 | Yes |

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character

DEFINITION The code that represents the source of the legal authority for Active Guard and Reserve. Download field from DEERS.

| CODE/VALUE SPECIFICATIONS | A | AGR under 10 U.S.C. 10301 (reference (b)) |
|---------------------------|---|--|
| | B | AGR under 10 U.S.C. 10211 (reference (b)) |
| | C | AGR under 10 U.S.C. 12301 (d) (reference (b)) |
| | D | AGR under 10 U.S.C. 12310 (reference (b)) |
| | E | AGR under 10 U.S.C. 12501 (reference (b)) |
| | F | AGR under 10 U.S.C. 3015/3019/8019 (reference (b)) |
| | G | AGR under 10 U.S.C. 3033/8033 (reference (b)) |
| | H | AGR under 10 U.S.C. 3496/8496 (reference (b)) |
| | I | AGR: 14 U.S.C. 276 |
| | J | AGR under 32 U.S.C. 502(f) (reference (m)) |
| | K | AGR under 32 U.S.C. 503 (reference (m)) |
| | L | AGR under 32 U.S.C. 708 (reference (m)) |
| | X | AGR: Other |
| | Z | Unknown/Not Applicable |

ALGORITHM N/A

NOTES AND SPECIAL INSTRUCTIONS:

If the DEERS response does not return an AGR SERVICE LEGAL AUTHORITY CODE, report 'Z' in this field.

If person not on DEERS but claim is payable (i.e., government liability), report 'Z' in this field.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: **AGR SERVICE LEGAL AUTHORITY CODE (CONTINUED)**

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

If the DEERS response does not return an AGR SERVICE LEGAL AUTHORITY CODE, report 'Z' in this field.

If person not on DEERS but claim is payable (i.e., government liability), report 'Z' in this field.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: AMBULATORY PAYMENT CLASSIFICATION CODE (APC)

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|------------------|
| Non-Institutional | 2-330 | Up to 99 | Yes ¹ |

PRIMARY PICTURE (FORMAT) Five (5) alphanumeric characters.

DEFINITION Grouping that categorizes outpatient visits according to the clinical characteristics, the typical resource use, and the costs associated with the diagnoses and the procedures performed when paid under the Outpatient Prospective Payment System (OPPS).

CODE/VALUE SPECIFICATIONS Refer to the TRICARE Reimbursement Manual, Chapter 13, Addendum A. Must be left justified and blank filled.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required on all TED records reimbursed under the Outpatient Prospective Payment System (OPPS).

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DATA REQUIREMENTS - INSTITUTIONAL/Non-INSTITUTIONAL RECORD DATA ELEMENTS (A - D)

DATA ELEMENT DEFINITION

| | | | |
|--|---|--------------------|-----------------|
| ELEMENT NAME: AMOUNT ALLOWED (TOTAL) | | | |
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-125 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal places. | | | |
| DEFINITION | Total amount allowed for all authorized services on the TED record. For reporting data relating to Resource Sharing and/or Capitated Treatment Encounters, refer to Chapter 2, Section 1.1, paragraph 8.0 . | | |
| 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 | | | |

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

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|------------------|
| Non-Institutional | 2-185 | Up to 99 | Yes ¹ |

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:

¹ If the procedure is denied this amount must be zero.

NOTE: For Mail Order Pharmacy Records the AMOUNT ALLOWED BY PROCEDURE CODE on the first occurrence/line item must be the Administrative Fee (includes administrative and dispensing costs) plus the acquisition cost of the drug or supply. It must be only the acquisition cost of the drug or supply on the 2nd occurrence/line item.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Non-Institutional | 2-195 | Up to 99 | Yes |

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

DEFINITION Portion of Amount Allowed which is applied toward the patient or family deductible for the fiscal year on the TED Record.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

This data element must be zero for Mail Order Pharmacy.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT BILLED (TOTAL)

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|---------------|----------|-------------|----------|
| Institutional | 1-120 | 1 | Yes |

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

DEFINITION Total amount billed for all services reported on the TED record. For reporting data relating to Resource Sharing and/or Capitated Treatment Encounters, refer to [Chapter 2, Section 1.1, paragraph 8.0](#).

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM Must be sum of all total charge per revenue code (institutional record) fields.

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT BILLED BY PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Non-Institutional | 2-180 | Up to 99 | Yes |

PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimals.

DEFINITION Amount billed by the provider 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:

For Mail Order Pharmacy Records the AMOUNT BILLED BY PROCEDURE CODE on the first occurrence/line item must be the Administrative Fee (includes administrative and dispensing costs). It must be \$0.00 on the second occurrence/line item.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT INTEREST PAYMENT

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Institutional | 1-145 | 1 | No |
| Non-Institutional | 2-112 | 1 | No |

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

DEFINITION The interest field is used by the contractor to report/record any dollar amounts associated with the delivery of health care that could not otherwise be reported in existing TED records fields. This amount shall be reported on both financially underwritten and non-financially underwritten payments (batch/voucher). (Refer to TRICARE Operations Manual, [Chapter 3, Section 2.](#))

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

This amount is not part of the **AMOUNT PAID BY GOVERNMENT CONTRACTOR** field. However, it is to be included in the **TOTAL AMOUNT PAID** field in the header record.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|---------------|----------|-------------|------------------|
| Institutional | 1-140 | 1 | Yes ¹ |

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

DEFINITION Portion of total amount allowed that was paid by government contractor for all services reported on the TED Record.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

¹ Reflects the total amount paid regardless of a provider's financial arrangement with the contractor, i.e., "withheld amounts."

NOTE: THIS AMOUNT DOES NOT INCLUDE INTEREST PAYMENTS. The amount in this field will be included in the TOTAL AMOUNT PAID field in the header record.

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DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|--------------------|-----------------|--------------------|------------------|
| Non-Institutional | 2-205 | Up to 99 | Yes ¹ |

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

DEFINITION Portion of amount allowed that was paid by government contractor for all services on this line item.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

¹ Reflects the total amount paid regardless of a provider's financial arrangement with the contractor, i.e., "withheld amounts."

NOTE: This amount does not include interest payments. The amount in this field will be included in the TOTAL AMOUNT PAID field in the header record.

NOTE: For Mail Order Pharmacy Records, the AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE on the first occurrence/line item must be the Administrative Fee (includes administrative and dispensing costs) plus the acquisition cost of the drug or supply minus the AMOUNT PATIENT COST-SHARE. It must be only the acquisition cost of the drug or supply on the 2nd occurrence/line item.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Institutional | 1-130 | 1 | Yes |
| Non-Institutional | 2-190 | Up to 99 | Yes |

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

DEFINITION Institutional: Amount paid by other health insurance, including TPL, for all services reported.

Non-Institutional: Amount paid by other health insurance, including TPL, for service(s) on this line item.

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

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DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT PATIENT COST-SHARE

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Institutional | 1-135 | 1 | Yes |
| Non-Institutional | 2-200 | Up to 99 | Yes |

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

DEFINITION Institutional: The total amount of money the beneficiary is responsible for paying in connection with covered services, other than any disallowed amounts.

Non-Institutional: The total amount of money the beneficiary is responsible for paying in connection with covered services, other than the annual fiscal year deductible and any disallowed amounts.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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DATA ELEMENT DEFINITION

ELEMENT NAME: BEGIN DATE OF CARE

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Institutional | 1-275 | 1 | Yes |
| Non-Institutional | 2-150 | Up to 99 | Yes |

PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD.

DEFINITION Institutional: Earliest date of care reported on this TED Record.

Non-Institutional: The earliest beginning date of the provider's services for this procedure.

| 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:

Institutional Record - if the record has a FREQUENCY CODE of '3' Interim, or '4' Final, the BEGIN DATE OF CARE must match (plus or minus 1 day) the ENDING DATE OF CARE on the previous TED Record submitted.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: CA/NAS EXCEPTION REASON

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|----------------------------------|---|---|------------------|
| Institutional | 1-180 | 1 | Yes ¹ |
| Non-Institutional | 2-320 | Up to 99 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Two (2) alphanumeric characters ² . | | |
| DEFINITION | Code that describes the reason for bypassing the requirement of a CA/NAS. | | |
| CODE/VALUE SPECIFICATIONS | All contractors are required to process for CA/NAS for Inpatient Care. | | |
| | Residing Within the Catchment Areas of All Uniformed Services Medical Facilities (DD Form 1251 not required). | | |
| | 1 | Enrollment in an insurance plan that provides primary coverage | |
| | 2 | Emergency medical treatment | |
| | 3 | Inpatient care in a college infirmary | |
| | 5 | Residential Treatment Center | |
| | 6 | Resource Sharing | |
| | 7 | Specialized Treatment Facility, e.g., Alcohol Treatment Facility | |
| | 9 | TRICARE Demonstration Projects that allow exception to CA/NAS requirements. | |
| | B | Former spouse with pre-existing condition, not on DEERS. | |
| | C | Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc. | |
| | K | Continued Health Care Benefit Program (CHCBP) | |
| | M | Abused Family Member | |
| | Q | Active Duty Claims | |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if applicable to TED Record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank.

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

³ Reporting sequence to be used if more than one EXCEPTION REASON applies.

NOTE: This data element must be BLANK for Mail Order Pharmacy.

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DATA ELEMENT DEFINITION

| ELEMENT NAME: CA/NAS EXCEPTION REASON (CONTINUED) | | | |
|--|--------------------------|-------------------------------------|---|
| CODE/VALUE SPECIFICATIONS | S | Home Health Agency (HHA-PPS) | |
| (CONTINUED) | ORDER³ | CA/NAS EXCEPTION REASON | DESCRIPTION |
| | 1st | 9 | TRICARE Demonstration Projects |
| | 2nd | 2 | Emergency medical treatment |
| | 3rd | 1 | Enrollment in an insurance plan that provides primary coverage |
| | 4th | 3 | Inpatient care in college infirmary |
| | 5th | 5 | Residential Treatment Center care |
| | 6th | 6 | Resource Sharing |
| | 7th | 7 | Specialized Treatment Facility, e.g., Alcohol Treatment Facility |
| | 8th | B | Former spouse with pre-existing condition, not on DEERS and CA/NAS required |
| | 9th | C | Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc. |
| | 10th | S | Home Health Agency (HHA-PPS) |
| | 11th | Q | Active Duty Claims |
| | 12th | K | Continued Health Care Benefits Program (CHCBP) |
| | 13th | M | Abused Family Member |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if applicable to TED Record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank.

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

³ Reporting sequence to be used if more than one EXCEPTION REASON applies.

NOTE: This data element must be BLANK for Mail Order Pharmacy.

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DATA ELEMENT DEFINITION

ELEMENT NAME: CA/NAS EXCEPTION REASON (CONTINUED)

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE

GROUP

N/A

PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ Required if applicable to TED Record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank.
- ² When using single digit codes, left justify and blank fill.
- ³ Reporting sequence to be used if more than one EXCEPTION REASON applies.

NOTE: This data element must be BLANK for Mail Order Pharmacy.

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DATA ELEMENT DEFINITION

ELEMENT NAME: CA/NAS REASON FOR ISSUANCE

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|------------------|
| Institutional | 1-175 | 1 | Yes ¹ |
| Non-Institutional | 2-315 | Up to 99 | Yes ¹ |

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

DEFINITION The CA/NAS Reason For Issuance indicates why the care was not or cannot be provided by a Military Treatment Facility. Download from the Enterprise Wide Referral and Authorization System (EWRAS) (or from hardcopy if attached to claim).

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

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

| SUBORDINATE | GROUP |
|-------------|------------------------|
| N/A | PROCESSING INFORMATION |

NOTES AND SPECIAL INSTRUCTIONS:

¹ If not applicable report blanks.

NOTE: This data element must be blank for Mail Order Pharmacy.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: CA/NAS NUMBER

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|------------------|
| Institutional | 1-170 | 1 | Yes ¹ |
| Non-Institutional | 2-310 | Up to 99 | Yes ¹ |

PRIMARY PICTURE (FORMAT) Fifteen (15) alphanumeric characters.

DEFINITION Unique number assigned by the MTF when issuing the CA/NAS. Care authorization is also issued by the MTF. Both numbers are carried on the Enterprise Wide Referral and Authorization System (EWRAS). Download from the EWRAS (or from hardcopy if attached to claim).

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

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

| SUBORDINATE | GROUP |
|-------------|------------------------|
| N/A | PROCESSING INFORMATION |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if inpatient care and patient lives within a catchment area. Can be blank if the record is denied for lack of CA/NAS, or TED Record contains treatment data exempt from CA/NAS requirement.

NOTE: This data element must be blank for Mail Order Pharmacy.

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CHAPTER 2, SECTION 2.4

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

DATA ELEMENT DEFINITION

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Institutional | 1-240 | 1 | Yes |
| Non-Institutional | 2-105 | 1 | Yes |

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

DEFINITION Code associated with the primary claim form submitted.

| CODE/VALUE SPECIFICATIONS | | |
|---------------------------|---|---|
| | B | DD Form 2642 |
| | C | HCFA Form 1500 |
| | F | UB-92 |
| | G | Electronic Institutional Claim Submission |
| | H | Electronic Non-Institutional Claim Submission |
| | I | Electronic Drug Claim Submission |
| | J | Other |

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

This data element must be 'I' for Mail Order Pharmacy Prescriptions.
 This data element must be 'J' for Mail Order Pharmacy and Retail Pharmacy Prior Authorizations and Medical Necessity Reviews.

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CHAPTER 2, SECTION 2.4

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

DATA ELEMENT DEFINITION

ELEMENT NAME: COVERED DAYS

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|---------------|----------|-------------|----------|
| Institutional | 1-285 | 1 | Yes |

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

DEFINITION Number of hospital days authorized for all services within the TED Record.

CODE/VALUE SPECIFICATIONS Enter the number of hospital days where there was any allowance by the contractor. For admit through discharge statements, enter the number of hospital days where there was any allowance by the contractor. For initial, interim or final statement enter the number of allowed days in the period covered by the TED Record.

ALGORITHM 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.

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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

DATA ELEMENT DEFINITION

| | | | |
|--|---|------------------------|------------------|
| ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED | | | |
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-045 | 1 | Yes ¹ |
| Non-Institutional | 2-045 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD. | | | |
| DEFINITION | Date the contractor determined an adjustment TED Record was required, not applicable to provisional error correction adjustments to initial submission TED Records ² . | | |
| 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:

¹ Zero fill if TED Record is an initial submission record.

² If the TED record is solely to correct provisional errors (TED Record Indicator = '1'), do not change the Date Adjustment Identified from that which was reported on the TED record that is being corrected, unless the Date Adjustment Identified is in error.

³ If the TED Record is an adjustment with TED Record Correction Indicator = '2' or '3', the date must be the date as defined in the above data element definition. Do not change this date should the TED Record require an adjustment solely to correct provisional errors at a later date.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Institutional | 1-040 | 1 | Yes |
| Non-Institutional | 2-040 | 1 | Yes |

PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD.

DEFINITION 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, and payment/deductible/denial has been posted to history and the TED record(s). This date does not change for adjustments solely to correct provisionally accepted TED records or resubmissions (corrections to TED records with validity errors) unless previously coded in error.

| CODE/VALUE SPECIFICATIONS | YYY | 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:

N/A

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DATA REQUIREMENTS - INSTITUTIONAL/Non-INSTITUTIONAL RECORD DATA ELEMENTS (A - D)

DATA ELEMENT DEFINITION

ELEMENT NAME: DEERS DEPENDENT SUFFIX

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|--|-----------------|---|-----------------|
| Non-Institutional | 2-075 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters. | | | |
| DEFINITION Code maintained on DEERS database that uniquely identifies the patient within the family. Download field from DEERS. | | | |
| CODE/VALUE SPECIFICATIONS | 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

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

NOTES AND SPECIAL INSTRUCTIONS:

This data element CAN ONLY be used for TYPE OF SERVICE (SECOND POSITION) = 'M' (Mail Order Pharmacy Drugs, Supplies, Prescription Authorizations, and Reviews). Must be blank except for Mail Order Pharmacy.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: DEERS IDENTIFIER (PATIENT)

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|----------|
| Institutional | 1-097 | 1 | Yes |
| Non-Institutional | 2-082 | 1 | Yes |

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

DEFINITION A DEERS identifier created from the combination of the DEERS assigned 9-digit DEERS Family identifier and 2-digit DEERS Beneficiary Identifier. Download from DEERS.

CODE/VALUE SPECIFICATIONS Positions 1 through 9 = DEERS Family Identifier

ALGORITHM Positions 10 and 11 = DEERS Beneficiary Identifier (Valid Values are 00 through 99).

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

If person not on DEERS but claim is payable (i.e., government liability), report all nines in this field.

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

DATA ELEMENT DEFINITION

| | | | |
|--|--|--------------------|------------------|
| ELEMENT NAME: DRG NUMBER | | | |
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-290 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Three (3) alphanumeric digits. | | | |
| DEFINITION | Number identifying the Diagnosis Related Group (DRG) determined for this care. | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |

NOTES AND SPECIAL INSTRUCTIONS:
¹ Required if TED Record is processed under TRICARE/CHAMPUS DRG reimbursement methodology. See TRICARE Reimbursement Manual (TRM), [Chapter 6](#) for DRG information.

