

## Chapter 2

## Section 2.9

### Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

Revision: C-21, January 31, 2019

#### DATA ELEMENT DEFINITION

| ELEMENT NAME: TED RECORD CORRECTION INDICATOR  |          |             |  |
|--|----------|-------------|--|
| RECORDS/LOCATOR NUMBERS  |          |             |  |
| RECORD NAME  | LOCATOR# | OCCURRENCES | REQUIRED   |
| Institutional  | 1-374    | 1           | Yes <sup>1</sup>   |
| Non-Institutional  | 2-139    | 1           | Yes <sup>1</sup>   |
| PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.   |          |             |  |
| DEFINITION Code that identifies the type of adjustment.  |          |             |  |
| CODE/VALUE SPECIFICATIONS  |          | Blank       | Does not apply - contract awarded July 1, 2007 or after. |
| ALGORITHM N/A  |          |             |  |
| SUBORDINATE AND/OR GROUP ELEMENTS  |          |             |  |
| SUBORDINATE  |          | GROUP       |  |
| N/A  |          | N/A         |  |
| NOTES AND SPECIAL INSTRUCTIONS:  |          |             |  |
| <sup>1</sup> This element applies only to TED records reported under contracts awarded prior to July 1, 2007. This element must be blank on all other TED records. |          |             |  |

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| ELEMENT NAME: TED RECORD INDICATOR  |          |             |          |
|---|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS   |          |             |          |
| RECORD NAME   | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional   | 1-005    | 1           | Yes      |
| Non-Institutional   | 2-005    | 1           | Yes      |
| PRIMARY PICTURE (FORMAT) Group  |          |             |          |
| DEFINITION Field containing multiple elements that uniquely identify each TED record. |          |             |          |
| CODE/VALUE SPECIFICATIONS N/A   |          |             |          |
| ALGORITHM N/A   |          |             |          |
| SUBORDINATE AND/OR GROUP ELEMENTS   |          |             |          |
| SUBORDINATE   |          | GROUP       |          |
| INTERNAL CONTROL NUMBER   |          | N/A         |          |
| TIME STAMP  |          |             |          |
| ADJUSTMENT KEY  |          |             |          |
| NOTES AND SPECIAL INSTRUCTIONS:   |          |             |          |
| N/A   |          |             |          |

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| ELEMENT NAME: TIME STAMP   |          |                      |                  |
|--|----------|----------------------|------------------|
| RECORDS/LOCATOR NUMBERS  |          |                      |                  |
| RECORD NAME  | LOCATOR# | OCCURRENCES          | REQUIRED         |
| Institutional  | 1-030    | 1                    | Yes <sup>1</sup> |
| Non-Institutional  | 2-030    | 1                    | Yes <sup>1</sup> |
| PRIMARY PICTURE (FORMAT) Six (6) alphanumeric characters.  |          |                      |                  |
| DEFINITION Unique system time assigned by the claims processor’s computer system. Used as part of the TED RECORD INDICATOR field for unique key definition. Once assigned, cannot be changed.  |          |                      |                  |
| CODE/VALUE SPECIFICATIONS Issued in MMSSHH (Minutes, Seconds, Hundredths)  |          |                      |                  |
| ALGORITHM N/A  |          |                      |                  |
| SUBORDINATE AND/OR GROUP ELEMENTS  |          |                      |                  |
| SUBORDINATE  |          | GROUP                |                  |
| N/A  |          | TED RECORD INDICATOR |                  |
| NOTES AND SPECIAL INSTRUCTIONS:  |          |                      |                  |
| <sup>1</sup> TED records with TYPE OF SUBMISSION <b>A</b> and <b>C</b> should be submitted using the same TIME STAMP value as the initial TED record. TED records with TYPE OF SUBMISSION <b>B</b> or <b>E</b> should be submitted with the same TIME STAMP value as the original non-TED record (HCSR). |          |                      |                  |

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**DATA ELEMENT DEFINITION**

| ELEMENT NAME: TOTAL CHARGE BY REVENUE CODE |  |             |          |
|--|--|-------------|----------|
| RECORDS/LOCATOR NUMBERS                    |  |             |          |
| RECORD NAME                                | LOCATOR#   | OCCURRENCES | REQUIRED |
| Institutional                              | 1-395  | Up to 450   | Yes      |
| PRIMARY PICTURE (FORMAT)                   | Nine (9) signed numeric digits including two (2) decimal places.   |             |          |
| DEFINITION                                 | Amount billed for this revenue code.   |             |          |
| CODE/VALUE SPECIFICATIONS                  | Must be equal to or less than 999,999.99 unless the occurrence/line item is for Revenue Code <b>0001</b> , which must be equal to or less than 9,999,999.99. |             |          |
| 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: TOTAL OCCURRENCE/LINE ITEM COUNT   |          |             |          |
|--|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS  |          |             |          |
| RECORD NAME  | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional  | 1-375    | 1           | Yes      |
| Non-Institutional  | 2-140    | 1           | Yes      |
| PRIMARY PICTURE (FORMAT) Three (3) signed numeric digits.                              |          |             |          |
| DEFINITION The total number of occurrences/line items reported on the TED record.      |          |             |          |
| CODE/VALUE SPECIFICATIONS Institutional: Must be greater than 0 and not more than 450. |          |             |          |
| Non-Institutional: Must be greater than 0 and not more than 99.                        |          |             |          |
| 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: TYPE OF ADMISSION                              |          |               |   |
|--|----------|---------------|---|
| RECORDS/LOCATOR NUMBERS                                      |          |               |   |
| RECORD NAME  | LOCATOR# | OCCURRENCES   | REQUIRED  |
| Institutional  | 1-255    | 1             | Yes   |
| PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.     |          |               |   |
| DEFINITION A code indicating the priority of this admission. |          |               |   |
| CODE/VALUE SPECIFICATIONS                                    | 1.       | Emergency     | The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions.  |
|  | 2.       | Urgent        | The patient requires immediate attention for the care and treatment of a physical or mental disorder.   |
|  | 3.       | Elective      | The patient’s condition permits adequate time to schedule the services.   |
|  | 4.       | Newborn       | Use of this code necessitates the use of special POINT OF ORIGIN codes (1 through 4).   |
|  | 5.       | Trauma Center | Visit to a trauma center/hospital as licensed or designated by the state or local Government authority authorized to do so, or as verified by the American College of Surgeons and involving trauma activation. |
| ALGORITHM N/A  |          |               |   |
| SUBORDINATE AND/OR GROUP ELEMENTS                            |          |               |   |
| SUBORDINATE  |          | GROUP         |   |
| N/A  |          | TYPE OF BILL  |   |
| NOTES AND SPECIAL INSTRUCTIONS:                              |          |               |   |
| N/A  |          |               |   |

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**DATA ELEMENT DEFINITION**

| ELEMENT NAME: TYPE OF BILL  |          |             |          |
|---|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS   |          |             |          |
| RECORD NAME   | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional   | 1-245    | 1           | Yes      |
| PRIMARY PICTURE (FORMAT) Group  |          |             |          |
| DEFINITION Field that contains elements that define details of a patient’s stay in the institution. |          |             |          |
| CODE/VALUE SPECIFICATIONS N/A   |          |             |          |
| ALGORITHM N/A   |          |             |          |
| SUBORDINATE AND/OR GROUP ELEMENTS   |          |             |          |
| SUBORDINATE   |          | GROUP       |          |
| FREQUENCY CODE  |          | N/A         |          |
| TYPE OF ADMISSION   |          |             |          |
| NOTES AND SPECIAL INSTRUCTIONS:   |          |             |          |
| N/A   |          |             |          |

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**DATA ELEMENT DEFINITION**

| ELEMENT NAME: TYPE OF INSTITUTION   |          |             |          |
|---|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS   |          |             |          |
| RECORD NAME   | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional   | 1-235    | 1           | Yes      |
| PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.                       |          |             |          |
| DEFINITION Code describing the type of institution for institutional providers. |          |             |          |
| CODE/VALUE SPECIFICATIONS Refer to <a href="#">Addendum D, Figure 2.D-1</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: TYPE OF SERVICE   |  |  |          |
|---|--|--|----------|
| RECORDS/LOCATOR NUMBERS   |  |  |          |
| RECORD NAME   | LOCATOR#                                       | OCCURRENCES  | REQUIRED |
| Non-Institutional   | 2-280  | Up to 99   | Yes      |
| PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.   |  |  |          |
| DEFINITION Code to indicate the type of service provided. Contractors should use their best business practices to assign second position type of service value.                       |  |  |          |
| CODE/VALUE SPECIFICATIONS   | TYPE OF SERVICE CODES - FIRST POSITION VALUES  |  |          |
|   | A  | Ambulatory surgery cost-shared as inpatient (ADFMs only)                     |          |
|   | I  | Inpatient  |          |
|   | K  | Emergency Room Admission cost-shared as inpatient.                           |          |
|   | M  | Outpatient maternity care cost-shared as inpatient                           |          |
|   | N  | Outpatient cost-shared as inpatient  |          |
|   | O  | Outpatient, excluding <b>M, N, or P</b>                                      |          |
|   | P <sup>1</sup>                                 | Outpatient partial psychiatric hospitalization care cost-shared as inpatient |          |
|   | TYPE OF SERVICE CODES - SECOND POSITION VALUES |  |          |
|   | 1  | Medical Care   |          |
|   | 2  | Surgery  |          |
|   | 3  | Consultation   |          |
|   | 4  | Diagnostic/Therapeutic X-Ray   |          |
|   | 5  | Diagnostic Laboratory  |          |
|   | 6  | Radiation Therapy  |          |
|   | 7  | Anesthesia   |          |
|   | 8  | Assistance at Surgery  |          |
|   | 9  | Other Medical Services & Supplies  |          |
|   | A  | DME Rental/Purchase  |          |
|   | B  | Retail Drugs, Supplies, Prescription Authorizations, and Reviews             |          |
|   | C <sup>2</sup>                                 | Ambulatory Surgery   |          |
|   | D  | Hospice  |          |
|   | E  | Second Opinion on Elective Surgery   |          |
|   | F  | Maternity  |          |
|   | G  | Dental   |          |
|   | H  | Mental Health Care   |          |
|   | I  | Ambulance  |          |
|   | J  | ECHO (formerly PFPWD)  |          |
|   | K  | Physical/Occupational Therapy  |          |
| NOTES AND SPECIAL INSTRUCTIONS:   |  |  |          |
| <sup>1</sup> If the first position value of TYPE OF SERVICE code is <b>P</b> , the second position must be <b>H</b> .   |  |  |          |
| <sup>2</sup> If the second position value TYPE OF SERVICE code <b>C</b> is used on TED records for other than ADFMs. Do not report in conjunction with first position code <b>A</b> . |  |  |          |

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**DATA ELEMENT DEFINITION**

| <b>ELEMENT NAME: TYPE OF SERVICE (Continued)</b>  |   |   |
|---|---|---|
|   | L | Speech Therapy  |
|   | M | Mail Order Pharmacy (MOP) Drugs, Supplies, Prescription Authorizations, and Reviews |
| <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 the first position value of TYPE OF SERVICE code is <b>P</b> , the second position must be <b>H</b> .   |   |   |
| <sup>2</sup> If the second position value TYPE OF SERVICE code <b>C</b> is used on TED records for other than ADFMs. Do not report in conjunction with first position code <b>A</b> . |   |   |

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**DATA ELEMENT DEFINITION**

| ELEMENT NAME: TYPE OF SUBMISSION  |                |  |          |
|---|----------------|--|----------|
| RECORDS/LOCATOR NUMBERS   |                |  |          |
| RECORD NAME   | LOCATOR#       | OCCURRENCES  | REQUIRED |
| Institutional   | 1-165          | 1  | Yes      |
| Non-Institutional   | 2-100          | 1  | Yes      |
| PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.  |                |  |          |
| DEFINITION Code indicating the TED record submission type.  |                |  |          |
| CODE/VALUE SPECIFICATIONS   | A              | Adjustment to TED record data  |          |
|   | B <sup>1</sup> | Adjustment to non-TED record (HCSR) data   |          |
|   | C              | Complete cancellation to TED record data   |          |
|   | D <sup>2</sup> | Complete denial initial TED record submission  |          |
|   | E <sup>1</sup> | Complete cancellation of non-TED record (HCSR) data  |          |
|   | I              | Initial TED record submission  |          |
|   | O              | Zero Government payment TED record due to 100% OHI   |          |
|   | R              | Resubmission of an initial TED record (TYPE OF SUBMISSION was 'I') that was rejected due to errors |          |
| ALGORITHM N/A   |                |  |          |
| SUBORDINATE AND/OR GROUP ELEMENTS   |                |  |          |
| SUBORDINATE   |                | GROUP  |          |
| N/A   |                | PROCESSING INFORMATION   |          |
| NOTES AND SPECIAL INSTRUCTIONS:   |                |  |          |
| <sup>1</sup> TYPE OF SUBMISSION codes <b>B</b> and <b>E</b> are to be used when reporting a cancellation or adjustment for a claim that was initially processed using HCSR Record format. Refer to <a href="#">Section 1.1</a> for further instructions. TYPE OF SUBMISSION codes <b>B</b> and <b>E</b> are not valid if Beginning Date of Care is on or after October 1, 2010. |                |  |          |
| <sup>2</sup> See <a href="#">Addendum M</a> for the data requirements for complete claim denials.   |                |  |          |

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**DATA ELEMENT DEFINITION**

| ELEMENT NAME: UNITS OF SERVICE BY REVENUE CODE  |          |             |                  |
|---|----------|-------------|------------------|
| RECORDS/LOCATOR NUMBERS   |          |             |                  |
| RECORD NAME   | LOCATOR# | OCCURRENCES | REQUIRED         |
| Institutional   | 1-390    | Up to 450   | Yes <sup>1</sup> |
| PRIMARY PICTURE (FORMAT) Ten (10) signed numeric digits.  |          |             |                  |
| DEFINITION The number of services rendered by revenue category to or for the patient to include items such as numbers of accommodation days, pints of blood, treatments, etc. |          |             |                  |
| 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> For complete claim denials when the appropriate value is not available, report 0000000001.   |          |             |                  |

- END -