Chapter 4 Addendum A

Duplicate Claims System (DCS) Displayed Data Fields

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FIGURE 4.A-1 TRICARE ENCOUNTER DATA (TED) DATA ELEMENTS

FIELD NAME	DESCRIPTION
Sponsor ID	Sponsor Social Security Number (SSN) or Other Sponsor Identifier
Sponsor ID Type Code	Sponsor ID Qualifier
DOB	Patient Date Of Birth
Patient ID	Patient Sponsor SSN or Other Patient Identifier
Provider Tax ID	Provider Taxpayer Number
Provider Sub ID	Multiple Provider ID
Proc Code/Proced Code	Procedure Code
Diagnosis	Principle Treatment Diagnosis Code
DRG	Diagnosis Related Group Number
Inst Admit Date	Admission Date
Inst Care Begin Date	Institutional Care Begin Date; Blank For Non-Institutional
Non-Inst Care Begin Date	Non-Institutional Care Begin Date
Inst Care End Date	Institutional Care End Date; Blank For Non-Institutional
Non-Inst Care End Date	Non-Institutional Care End Date
Billing Freq	Billing Frequency Code (1 = Complete, 2 = Initial, 3 = Interim, 4 = Final)
Billed Amount (Total)	Institutional Amount Billed Total
Billed Amount (Line)	Non-Institutional Line Item Amount Billed Total
Allowed Amount (Total)	Institutional Amount Allowed
Allowed Amount (Line)	Non-Institutional Line Item Amount Allowed
Place Serv	Place Of Service
Type Serv	Type Of Service
PTC Date	Processed To Completion Date
ICN	Internal Control Number
Prov Gp NPI	Provider Group National Provider Identifier
Time Stamp	System time assigned when issuing an initial HCSR

FIGURE 4.A-1 TRICARE ENCOUNTER DATA (TED) DATA ELEMENTS (CONTINUED)

FIELD NAME	DESCRIPTION
Proc FI	Health Care Service Record (HCSR) Fiscal Intermediary (FI) Contractor Number
Processing Contract	Contract Number
Batch Sequence #	Batch Sequence Number
Voucher Sequence #	Voucher Sequence Number
Cycle Number	Defense Health Agency (DHA) Processing Cycle (Year, Month, Cycle Number)
Name	Patient Name
Age	Patient Age
Enrolled	Enrollment Status
Patient Zip Code	Patient Zip Code
Provider Zip Code	Provider Zip Code
Provider Network Status Indicator	Provider Network or Non-Network Indicator
Provider Specialty	Provider Specialty Code
Type Institution	Type Of Institution Code
Disp	Discharge Disposition
Govt Pd Amount (Line)	Line Item Paid By Government Contractor
Govt Pd Amount (Total)	Amount Paid By Government Contractor
L	Claim Line Item Number
TED Line #	Non-Inst Adjustment Line Item Number; For Inst = 00
Adjust PTC Date	Adjustment Processed to Completion Date
Govt Pd Amount (Adjustment)	Claim Level Adjustment Paid Amount for Institutional Claim Line Item Level Adjustment Paid Amount for Non-Institutional Claim
SPC 1	First Special Processing Code
SPC 2	Second Special Processing Code
SPC 3	Third Special Processing Code
SPC 4	Fourth Special Processing Code
SRC	Special Rate Code
PRC	Pricing Rate Code
NPI	National Provider ID
Claim Form Type	Primary Claim Form Submitted

FIGURE 4.A-2 GENERATED DATA ELEMENTS

FIELD NAME	DESCRIPTION
Set #	Extract claim set control number. A unique reference to tie together a set of potential duplicate claims.
Match Type	Claim set match criteria category: EXACT MATCH, NEAR MATCH, DATE OVERLAP, CPT-4, CODE, OTHER. Determined during the initial extract and set construction.
Claim Match	Claim match criteria category. Same as claim set categories.
M (match type code for line item)	Line item match criteria category. Same as claim set categories.
Risk	Financially underwritten, non-financially underwritten indicator for claim. Please note that for the purposes of this system: Financially underwritten = Risk Non-Financially underwritten = Not at-risk.
Mass Change Level	The latest MASS CHANGE cluster rule applied to the claim.
Patient Region	Patient health service region code.
Provider Region	Provider health service region code.
Owner FI	**Owner FI** represents, for the claim set, the contractor that has been assigned responsibility for resolving particular potential duplicate claim sets. Typically, all claims within a set will have the same responsible FI/contractor (**Resp FI**), in which case the **Owner FI** will be the same as the responsible FI/contractor. However, for "multi-contractor" claim sets where the responsible FI/contractors are not the same for all claims within the set, an **Owner FI** is originally assigned by the system to be the responsible FI/Contractor from the claim within the set having the latest PTC date.
Resp FI / Rsp FI	**Resp FI** or **Rsp FI** represents, for the claim, the contractor that is currently responsible for administering the claim. When the claim is initially extracted from TED, the **Resp FI** is identical to the **Proc FI** (**Processing FI**). However, contract awarding and transitions may require claim administration by a new contractor, in which case the system will assign a new **Resp FI** for the claim.
Owner Region	**Owner Region** is a narrative descriptor of the contract number and represents, for the claim set, the **Owner FI**/contractor region. Typically, all claims within a set will have the same **Responsible Contract**, in which case the **Owner Region** will be the same as the **Responsible Contract**. However, for multi-contractor claim sets where the contractors are not the same for all claims within the set, an **Owner Region** is assigned by the system to be the **Responsible Contract** from the claim within the set having the latest processed-to-completion date. The initial assignment is done in tandem with the assignment of **Owner FI**.

FIGURE 4.A-2 GENERATED DATA ELEMENTS (CONTINUED)

FIELD NAME	DESCRIPTION
Responsible Contract	**Responsible Contract** represents, for the claim, the contract under which the claim is currently administered. When the claim is initially extracted from TED, the **Responsible Contract** is identical to the **Processing Contract**. However, contract awarding and transitions may require claim administration under a new contract, in which case the system will assign a new **Responsible Contract** for the claim.
Dupe?	**Dupe?** is an indicator to describe whether or not the claim or line item is a duplicate. During the extract processes **Dupe?** will be set to **N** (no) for the base claim within a set and will be set to blank for the remaining claims and line items.
Reason Code	**Reason Code** is a code used for each claim within a set to designate why the claim in the set is or is not a duplicate. During the initial loading of a set into the system, the base claim within a set will be assigned (in conjunction with **Dupe?** being set to **N**) a reason code of BASE representing initial submission. The system will provide an option list of valid codes intended to cover the majority of possible conditions and a code for an "other" option for the occasions when the condition cannot be classified. Some **Reason Code** selections will require an additional explanation field for further elaboration.
TED Adjust?	**TED Adjust?** is a flag for the user to designate which adjustment or cancellation corrects the duplicate condition. All adjustments and cancellations that apply are checked **Y** (yes), and those that do not apply can be left blank or checked **N** (no). The **TED Adjustment** field is the sum (for the claim) of paid dollar amounts for those that apply. Display screens enable **TED Adjust?** to be checked for any institutional claim and any non-institutional line item.
Status	Status indicates the claim set life cycle phase from initial system loading to final purging. **Status** is set by the system as a consequence of specific user actions or periodic system functions.
Identified Recoup	**Identified Recoup** is a dollar amount that is entered by the user or by the system upon initial determination that a claim or a line item is a duplicate. It represents the amount of overpayment for the claim or line item that has been identified for recoupment.
Actual Recoup	**Actual Recoup** is a dollar amount that is entered by the user upon completion of recoupment for a duplicate claim. It represents the amount of overpayment for the claim that has actually been recouped.
TED Adjustment	**TED Adjustment** is a dollar amount that is maintained by the system (not by the user) to accumulate TED adjustment or cancellations made during resolution of a duplicate claim. It is calculated as the sum of all adjustment and cancellation paid amounts that have been flagged by the user as being associated with correcting the duplicate. This is the sum of claim level paid amounts for institutional claims and line item paid amounts for non-institutional claims.

FIGURE 4.A-2 GENERATED DATA ELEMENTS (CONTINUED)

FIELD NAME	DESCRIPTION
ID Recoup	**ID Recoup** is a dollar amount calculated by the system as the sum of **Identified Recoup** amounts for all claims within a set. It represents the total amount of overpayment for the claim set that has been identified for recoupment.
Actual Recoup	**Actual Recoup** is a dollar amount calculated by the system as the sum of claim level actual recoupment amounts for all claims within a set. It represents the total amount of overpayment for the set that has actually been recouped.
Adjust Amount	**Adjustment Amount** is a dollar amount calculated by the system as the sum of **TED Adjustment** amounts for all claims within a set. It represents the total amount of adjustments and cancellations that have been flagged by the user as being associated with correcting all duplicate claims within the set.
Initial Load Date	**Initial Load Date** represents the date the claim set was initially loaded into the system. The LASTDATE reflects the most recent claim set update date - for specific types of updates.
Current Load Date	**Current Load Date** represents the date the claim set was initially loaded into the system or the date set ownership changed, or the date a new claim was appended to the set, whichever is the latest date.
Last Update Date	**Last Update Date** represents the most recent date a claim set was updated. Changes to the following **will** change the **Last Update Date**: Status, Match Type, Multi-FI Indicator, Owner FI, Owner Region, ID Recoup, Actual Recoup, Set Adjustment Amount, and Adjust Indicator. The **Last Update Date** will **not** change solely due to a change to: User Defined Codes, Dupe? field, Solicited (**S?**) Indicator, TED Adjust?, Reason Code, Reason Code Explanation, or Notepad.
S?	**S?** is the Solicited Indicator.
Set User Def	

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