

## Chapter 2

## Section 2.2

### Data Requirements - Data Element Layout

Revision: C-21, January 31, 2019

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#### 1.0 BATCH/VOUCHER HEADER DATA ELEMENT

| ELN   | ELEMENT NAME                                    | FORMAT    | POSITION |      |
|-------|---|-----------|----------|------|
|       |   |           | FROM     | THRU |
| 0-001 | HEADER TYPE INDICATOR                           | X         | 1        | 1    |
| 0-005 | CONTRACT IDENTIFIER                             |           | 2        | 34   |
| 0-010 | CONTRACT NUMBER                                 | X(13)     | 2        | 14   |
| 0-015 | BATCH/VOUCHER IDENTIFIER                        | X         | 15       | 15   |
| 0-020 | BATCH/VOUCHER NUMBER                            |           | 16       | 34   |
| 0-025 | BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER          | X(8)      | 16       | 23   |
| 0-030 | BATCH/VOUCHER DATE                              | YYYYDDD   | 24       | 30   |
| 0-035 | BATCH/VOUCHER SEQUENCE NUMBER                   | X(2)      | 31       | 32   |
| 0-040 | BATCH/VOUCHER RESUBMISSION NUMBER               | X(2)      | 33       | 34   |
| 0-045 | TOTAL NUMBER OF RECORDS                         | 9(7)      | 35       | 41   |
| 0-050 | TOTAL AMOUNT PAID                               | S9(10)V99 | 42       | 53   |
| 0-055 | INITIAL TRANSMISSION DATE (DHA DERIVED)         | YYYYMMDD  | 54       | 61   |
| 0-060 | DHA BATCH/VOUCHER PROCESSING DATE (DHA DERIVED) | YYYYMMDD  | 62       | 69   |
| 0-065 | FUND ACCOUNTING                                 | S9(8)V99  | 70       | 79   |

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**2.0 INSTITUTIONAL DATA ELEMENT**

| ELN   | ELEMENT NAME                                    | FORMAT   | POSITION |      |
|-------|---|----------|----------|------|
|       |   |          | FROM     | THRU |
| 1-001 | RECORD TYPE INDICATOR                           | X        | 1        | 1    |
| 1-005 | TED RECORD INDICATOR                            |          | 2        | 25   |
| 1-010 | INTERNAL CONTROL NUMBER (ICN)                   |          | 2        | 18   |
| 1-015 | FILING DATE                                     | YYYYDDD  | 2        | 8    |
| 1-020 | FILING STATE/COUNTRY CODE                       | X(3)     | 9        | 11   |
| 1-025 | SEQUENCE NUMBER                                 | X(7)     | 12       | 18   |
| 1-030 | TIME STAMP                                      | X(6)     | 19       | 24   |
| 1-035 | ADJUSTMENT KEY                                  | X        | 25       | 25   |
| 1-040 | DATE TED RECORD PROCESSED TO COMPLETION         | YYYYMMDD | 26       | 33   |
| 1-045 | DATE ADJUSTMENT IDENTIFIED                      | YYYYMMDD | 34       | 41   |
| 1-050 | PERSON IDENTIFIER (SPONSOR)                     | X(9)     | 42       | 50   |
| 1-051 | PERSON IDENTIFIER TYPE CODE (SPONSOR)           | X        | 51       | 51   |
| 1-056 | PAY GRADE CODE (SPONSOR)                        | X(2)     | 52       | 53   |
| 1-057 | PAY PLAN CODE (SPONSOR)                         | X(5)     | 54       | 58   |
| 1-060 | SERVICE BRANCH CLASSIFICATION CODE (SPONSOR)    | X        | 59       | 59   |
| 1-065 | AGR SERVICE LEGAL AUTHORITY CODE                | X        | 60       | 60   |
| 1-066 | HEALTH CARE COVERAGE MEMBER CATEGORY CODE       | X        | 61       | 61   |
| 1-070 | HEALTH CARE COVERAGE MEMBER RELATIONSHIP CODE   | X        | 62       | 62   |
| 1-075 | PERSON NAME (PATIENT)                           |          | 63       | 157  |
| 1-076 | PERSON LAST NAME (PATIENT)                      | X(35)    | 63       | 97   |
| 1-077 | PERSON FIRST NAME (PATIENT)                     | X(25)    | 98       | 122  |
| 1-078 | PERSON MIDDLE NAME (PATIENT)                    | X(25)    | 123      | 147  |
| 1-079 | PERSON CADENCY NAME (PATIENT)                   | X(10)    | 148      | 157  |
| 1-080 | PERSON IDENTIFIER (PATIENT)                     | X(9)     | 158      | 166  |
| 1-081 | PERSON IDENTIFIER TYPE CODE (PATIENT)           | X        | 167      | 167  |
| 1-085 | PERSON BIRTH CALENDAR DATE (PATIENT)            | YYYYMMDD | 168      | 175  |
| 1-095 | PATIENT IDENTIFIER (DoD)                        | X(10)    | 176      | 185  |
| 1-097 | DEERS IDENTIFIER (PATIENT)                      | X(11)    | 186      | 196  |
| 1-100 | PERSON SEX (PATIENT)                            | X        | 197      | 197  |
| 1-105 | PATIENT ZIP CODE                                | X(9)     | 198      | 206  |
| 1-110 | ENROLLMENT/HEALTH PLAN CODE                     | X(2)     | 207      | 208  |
| 1-111 | HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE | X(3)     | 209      | 211  |
| 1-112 | REGION INDICATOR                                | X(2)     | 212      | 213  |
| 1-115 | PCM LOCATION DMIS-ID (ENROLLMENT) CODE          | X(4)     | 214      | 217  |
| 1-120 | AMOUNT BILLED (TOTAL)                           | S9(7)V99 | 218      | 226  |
| 1-125 | AMOUNT ALLOWED (TOTAL)                          | S9(7)V99 | 227      | 235  |
| 1-130 | AMOUNT PAID BY OTHER HEALTH INSURANCE           | S9(7)V99 | 236      | 244  |
| 1-131 | OTHER GOVERNMENT PROGRAM TYPE CODE              | X        | 245      | 245  |
| 1-132 | OTHER GOVERNMENT PROGRAM BEGIN REASON CODE      | X        | 246      | 246  |

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**2.0 INSTITUTIONAL DATA ELEMENT (CONTINUED)**

| ELN   | ELEMENT NAME  | FORMAT   | POSITION |      |
|-------|---|----------|----------|------|
|       |   |          | FROM     | THRU |
| 1-135 | AMOUNT PATIENT COST-SHARE                             | S9(7)V99 | 247      | 255  |
| 1-136 | HEALTH CARE COVERAGE COPAYMENT FACTOR CODE            | X        | 256      | 256  |
| 1-140 | AMOUNT PAID BY GOV'T CONTRACTOR (TOTAL)               | S9(7)V99 | 257      | 265  |
| 1-145 | AMOUNT INTEREST PAYMENT                               | S9(7)V99 | 266      | 274  |
| 1-150 | REASON FOR INTEREST PAYMENT                           | X(2)     | 275      | 276  |
| 1-155 | PROCESSING INFORMATION                                |          | 277      | 313  |
| 1-160 | OVERRIDE CODE   | X(6)     | 277      | 282  |
| 1-165 | TYPE OF SUBMISSION                                    | X        | 283      | 283  |
| 1-170 | CA/NAS NUMBER   | X(15)    | 284      | 298  |
| 1-175 | CA/NAS REASON FOR ISSUANCE                            | X        | 299      | 299  |
| 1-180 | CA/NAS EXCEPTION REASON                               | X(2)     | 300      | 301  |
| 1-185 | SPECIAL PROCESSING CODE                               | X(8)     | 302      | 309  |
| 1-186 | HEALTH CARE DELIVERY PROGRAM SPECIAL ENTITLEMENT CODE | X(2)     | 310      | 311  |
| 1-190 | PRICING RATE CODE                                     | X(2)     | 312      | 313  |
| 1-195 | PROVIDER STATE OR COUNTRY CODE                        | X(3)     | 314      | 316  |
| 1-200 | PROVIDER TAXPAYER NUMBER                              | X(9)     | 317      | 325  |
| 1-205 | PROVIDER SUB-IDENTIFIER                               | X(4)     | 326      | 329  |
| 1-208 | SCH DRG CALCULATION                                   | S9(7)V99 | 330      | 338  |
|       | FILLER  | X        | 339      | 339  |
| 1-215 | PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2)           | X(10)    | 340      | 349  |
| 1-220 | PROVIDER ZIP CODE                                     | X(9)     | 350      | 358  |
| 1-225 | PROVIDER PARTICIPATION INDICATOR                      | X        | 359      | 359  |
| 1-230 | PROVIDER NETWORK STATUS INDICATOR                     | X        | 360      | 360  |
| 1-235 | TYPE OF INSTITUTION                                   | X(2)     | 361      | 362  |
| 1-240 | CLAIM FORM TYPE/EMC INDICATOR                         | X        | 363      | 363  |
| 1-245 | TYPE OF BILL  |          | 364      | 365  |
| 1-250 | FREQUENCY CODE  | X        | 364      | 364  |
| 1-255 | TYPE OF ADMISSION                                     | X        | 365      | 365  |
| 1-260 | POINT OF ORIGIN                                       | X        | 366      | 366  |
| 1-265 | ADMISSION DATE  | YYYYMMDD | 367      | 374  |
| 1-270 | PATIENT STATUS  | X(2)     | 375      | 376  |
| 1-275 | BEGIN DATE OF CARE                                    | YYYYMMDD | 377      | 384  |
| 1-280 | END DATE OF CARE                                      | YYYYMMDD | 385      | 392  |
| 1-283 | ADMINISTRATIVE CLIN                                   | X(18)    | 393      | 410  |
| 1-285 | COVERED DAYS  | S9(3)    | 411      | 413  |
| 1-290 | DRG NUMBER  | X(3)     | 414      | 416  |
| 1-292 | HIPPS CODE  | X(5)     | 417      | 421  |
| 1-293 | ICD VERSION   | X        | 422      | 422  |
| 1-295 | ADMISSION DIAGNOSIS                                   | X(7)     | 423      | 429  |

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**2.0 INSTITUTIONAL DATA ELEMENT (CONTINUED)**

| ELN   | ELEMENT NAME  | FORMAT | POSITION |      |
|-------|---|--------|----------|------|
|       |   |        | FROM     | THRU |
| 1-300 | PRINCIPAL TREATMENT DIAGNOSIS/PRESENT ON ADMISSION    | X(8)   | 430      | 437  |
| 1-305 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-1  | X(8)   | 438      | 445  |
| 1-306 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-2  | X(8)   | 446      | 453  |
| 1-307 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-3  | X(8)   | 454      | 461  |
| 1-308 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-4  | X(8)   | 462      | 469  |
| 1-309 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-5  | X(8)   | 470      | 477  |
| 1-310 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-6  | X(8)   | 478      | 485  |
| 1-311 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-7  | X(8)   | 486      | 493  |
| 1-312 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-8  | X(8)   | 494      | 501  |
| 1-313 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-9  | X(8)   | 502      | 509  |
| 1-314 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-10 | X(8)   | 510      | 517  |
| 1-315 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-11 | X(8)   | 518      | 525  |
| 1-316 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-12 | X(8)   | 526      | 533  |
| 1-317 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-13 | X(8)   | 534      | 541  |
| 1-318 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-14 | X(8)   | 542      | 549  |
| 1-319 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-15 | X(8)   | 550      | 557  |
| 1-320 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-16 | X(8)   | 558      | 565  |
| 1-321 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-17 | X(8)   | 566      | 573  |
| 1-322 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-18 | X(8)   | 574      | 581  |
| 1-323 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-19 | X(8)   | 582      | 589  |
| 1-324 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-20 | X(8)   | 590      | 597  |
| 1-325 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-21 | X(8)   | 598      | 605  |
| 1-326 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-22 | X(8)   | 606      | 613  |
| 1-327 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-23 | X(8)   | 614      | 621  |
| 1-328 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-24 | X(8)   | 622      | 629  |
| 1-345 | PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE       | X(7)   | 630      | 636  |
| 1-350 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-1     | X(7)   | 637      | 643  |
| 1-351 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-2     | X(7)   | 644      | 650  |
| 1-352 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-3     | X(7)   | 651      | 657  |
| 1-353 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-4     | X(7)   | 658      | 664  |
| 1-354 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-5     | X(7)   | 665      | 671  |
| 1-355 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-6     | X(7)   | 672      | 678  |
| 1-356 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-7     | X(7)   | 679      | 685  |
| 1-357 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-8     | X(7)   | 686      | 692  |
| 1-358 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-9     | X(7)   | 693      | 699  |
| 1-359 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-10    | X(7)   | 700      | 706  |
| 1-360 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-11    | X(7)   | 707      | 713  |
| 1-361 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-12    | X(7)   | 714      | 720  |
| 1-362 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-13    | X(7)   | 721      | 727  |

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**2.0 INSTITUTIONAL DATA ELEMENT (CONTINUED)**

| ELN   | ELEMENT NAME  | FORMAT   | POSITION |      |
|-------|---|----------|----------|------|
|       |   |          | FROM     | THRU |
| 1-363 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-14  | X(7)     | 728      | 734  |
| 1-364 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-15  | X(7)     | 735      | 741  |
| 1-365 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-16  | X(7)     | 742      | 748  |
| 1-366 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-17  | X(7)     | 749      | 755  |
| 1-367 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-18  | X(7)     | 756      | 762  |
| 1-368 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-19  | X(7)     | 763      | 769  |
| 1-369 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-20  | X(7)     | 770      | 776  |
| 1-370 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-21  | X(7)     | 777      | 783  |
| 1-371 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-22  | X(7)     | 784      | 790  |
| 1-372 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-23  | X(7)     | 791      | 797  |
| 1-373 | SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-24  | X(7)     | 798      | 804  |
| 1-374 | TED RECORD CORRECTION INDICATOR                     | X        | 805      | 805  |
| 1-375 | TOTAL OCCURRENCE/LINE ITEM COUNT                    | 9(3)     | 806      | 808  |
| 1-377 | AMOUNT NETWORK PROVIDER DISCOUNT                    | S9(7)V99 | 809      | 817  |
| 1-378 | ADJUSTMENT SEQUENCE NUMBER                          | X(3)     | 818      | 820  |
| 1-379 | SCH DRG NUMBER                                      | X(3)     | 821      | 823  |
|       | FILLER  | X(17)    | 824      | 840  |
| 1-380 | OCCURRENCE/LINE ITEM NUMBER (OCCURS 1 TO 450 TIMES) | 9(3)     | 841      | 843  |
| 1-385 | REVENUE CODE  | X(4)     | 844      | 847  |
| 1-390 | UNITS OF SERVICE BY REVENUE CODE                    | S9(10)   | 848      | 857  |
| 1-395 | TOTAL CHARGE BY REVENUE CODE                        | S9(7)V99 | 858      | 866  |
| 1-400 | ADJUSTMENT/DENIAL REASON CODE                       | X(5)     | 867      | 871  |
|       | FILLER  | X(30)    | 872      | 901  |

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**3.0 NON-INSTITUTIONAL DATA ELEMENT**

| ELN   | ELEMENT NAME   | FORMAT   | POSITION |      |
|-------|--|----------|----------|------|
|       |  |          | FROM     | THRU |
| 2-001 | RECORD TYPE INDICATOR                                | X        | 1        | 1    |
| 2-005 | TED RECORD INDICATOR                                 |          | 2        | 25   |
| 2-010 | INTERNAL CONTROL NUMBER (ICN)                        |          | 2        | 18   |
| 2-015 | FILING DATE  | YYYYDDD  | 2        | 8    |
| 2-020 | FILING STATE/COUNTRY CODE                            | X(3)     | 9        | 11   |
| 2-025 | SEQUENCE NUMBER                                      | X(7)     | 12       | 18   |
| 2-030 | TIME STAMP   | X(6)     | 19       | 24   |
| 2-035 | ADJUSTMENT KEY                                       | X        | 25       | 25   |
| 2-040 | DATE TED RECORD PROCESSED TO COMPLETION              | YYYYMMDD | 26       | 33   |
| 2-045 | DATE ADJUSTMENT IDENTIFIED                           | YYYYMMDD | 34       | 41   |
| 2-050 | PERSON IDENTIFIER (SPONSOR)                          | X(9)     | 42       | 50   |
| 2-051 | PERSON IDENTIFIER TYPE CODE (SPONSOR)                | X        | 51       | 51   |
| 2-055 | SERVICE BRANCH CLASSIFICATION CODE (SPONSOR)         | X        | 52       | 52   |
| 2-056 | AGR SERVICE LEGAL AUTHORITY CODE                     | X        | 53       | 53   |
| 2-060 | PERSON NAME (PATIENT)                                |          | 54       | 148  |
| 2-061 | PERSON LAST NAME (PATIENT)                           | X(35)    | 54       | 88   |
| 2-062 | PERSON FIRST NAME (PATIENT)                          | X(25)    | 89       | 113  |
| 2-063 | PERSON MIDDLE NAME (PATIENT)                         | X(25)    | 114      | 138  |
| 2-064 | PERSON CADENCY NAME (PATIENT)                        | X(10)    | 139      | 148  |
| 2-065 | PERSON IDENTIFIER (PATIENT)                          | X(9)     | 149      | 157  |
| 2-066 | PERSON IDENTIFIER TYPE CODE (PATIENT)                | X        | 158      | 158  |
| 2-070 | PERSON BIRTH CALENDAR DATE (PATIENT)                 | YYYYMMDD | 159      | 166  |
| 2-075 | DEERS DEPENDENT SUFFIX                               | X(2)     | 167      | 168  |
| 2-080 | PATIENT IDENTIFIER (DoD)                             | X(10)    | 169      | 178  |
| 2-082 | DEERS IDENTIFIER (PATIENT)                           | X(11)    | 179      | 189  |
| 2-085 | PERSON SEX (PATIENT)                                 | X        | 190      | 190  |
| 2-090 | PATIENT ZIP CODE                                     | X(9)     | 191      | 199  |
| 2-095 | OVERRIDE CODE  | X(6)     | 200      | 205  |
| 2-100 | TYPE OF SUBMISSION                                   | X        | 206      | 206  |
| 2-105 | CLAIM FORM TYPE/EMC INDICATOR                        | X        | 207      | 207  |
| 2-108 | ADMINISTRATIVE CLIN                                  | X(18)    | 208      | 225  |
| 2-110 | PCM LOCATION DMIS-ID (ENROLLMENT) CODE               | X(4)     | 226      | 229  |
| 2-112 | AMOUNT INTEREST PAYMENT                              | S9(7)V99 | 230      | 238  |
| 2-113 | REASON FOR INTEREST PAYMENT                          | X(2)     | 239      | 240  |
| 2-114 | ICD VERSION  | X        | 241      | 241  |
| 2-115 | PRINCIPAL TREATMENT DIAGNOSIS/PRESENT ON ADMISSION   | X(8)     | 242      | 249  |
| 2-116 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-1 | X(8)     | 250      | 257  |
| 2-117 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-2 | X(8)     | 258      | 265  |
| 2-118 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-3 | X(8)     | 266      | 273  |

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**3.0 NON-INSTITUTIONAL DATA ELEMENT (CONTINUED)**

| ELN   | ELEMENT NAME  | FORMAT   | POSITION |      |
|-------|---|----------|----------|------|
|       |   |          | FROM     | THRU |
| 2-119 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-4  | X(8)     | 274      | 281  |
| 2-120 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-5  | X(8)     | 282      | 289  |
| 2-121 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-6  | X(8)     | 290      | 297  |
| 2-122 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-7  | X(8)     | 298      | 305  |
| 2-123 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-8  | X(8)     | 306      | 313  |
| 2-124 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-9  | X(8)     | 314      | 321  |
| 2-125 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-10 | X(8)     | 322      | 329  |
| 2-126 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-11 | X(8)     | 330      | 337  |
| 2-127 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-12 | X(8)     | 338      | 345  |
| 2-128 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-13 | X(8)     | 346      | 353  |
| 2-129 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-14 | X(8)     | 354      | 361  |
| 2-130 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-15 | X(8)     | 362      | 369  |
| 2-131 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-16 | X(8)     | 370      | 377  |
| 2-132 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-17 | X(8)     | 378      | 385  |
| 2-133 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-18 | X(8)     | 386      | 393  |
| 2-134 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-19 | X(8)     | 394      | 401  |
| 2-135 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-20 | X(8)     | 402      | 409  |
| 2-136 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-21 | X(8)     | 410      | 417  |
| 2-137 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-22 | X(8)     | 418      | 425  |
| 2-138 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-23 | X(8)     | 426      | 433  |
| 2-340 | SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-24 | X(8)     | 434      | 441  |
| 2-139 | TED RECORD CORRECTION INDICATOR                       | X        | 442      | 442  |
| 2-140 | TOTAL OCCURRENCE/LINE ITEM COUNT                      | 9(3)     | 443      | 445  |
| 2-141 | ADJUSTMENT SEQUENCE NUMBER                            | X(3)     | 446      | 448  |
|       | FILLER  | X(20)    | 449      | 468  |
| 2-145 | OCCURRENCE/LINE ITEM NUMBER (OCCURS 1 TO 99 TIMES)    | 9(3)     | 469      | 471  |
| 2-150 | BEGIN DATE OF CARE                                    | YYYYMMDD | 472      | 479  |
| 2-155 | END DATE OF CARE                                      | YYYYMMDD | 480      | 487  |
| 2-160 | PROCEDURE CODE  | X(5)     | 488      | 492  |
| 2-165 | PROCEDURE CODE MODIFIER                               | X(8)     | 493      | 500  |
| 2-170 | NATIONAL DRUG CODE                                    | X(11)    | 501      | 511  |
| 2-175 | NUMBER OF SERVICES                                    | S9(3)    | 512      | 514  |
| 2-180 | AMOUNT BILLED BY PROCEDURE CODE                       | S9(7)V99 | 515      | 523  |
| 2-185 | AMOUNT ALLOWED BY PROCEDURE CODE                      | S9(7)V99 | 524      | 532  |
| 2-190 | AMOUNT PAID BY OTHER HEALTH INSURANCE                 | S9(7)V99 | 533      | 541  |
| 2-191 | OTHER GOVERNMENT PROGRAM TYPE CODE                    | X        | 542      | 542  |
| 2-192 | OTHER GOVERNMENT PROGRAM BEGIN REASON CODE            | X        | 543      | 543  |
| 2-195 | AMOUNT APPLIED TOWARD DEDUCTIBLE                      | S9(3)V99 | 544      | 548  |
| 2-200 | AMOUNT PATIENT COST-SHARE                             | S9(7)V99 | 549      | 557  |

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**3.0 NON-INSTITUTIONAL DATA ELEMENT (CONTINUED)**

| ELN   | ELEMENT NAME  | FORMAT   | POSITION |      |
|-------|---|----------|----------|------|
|       |   |          | FROM     | THRU |
| 2-201 | HEALTH CARE COVERAGE COPAYMENT FACTOR CODE            | X        | 558      | 558  |
| 2-205 | AMOUNT PAID BY GOV'T CONTRACTOR BY PROCEDURE CODE     | S9(7)V99 | 559      | 567  |
| 2-220 | ADJUSTMENT/DENIAL REASON CODE                         | X(5)     | 568      | 572  |
| 2-225 | PROVIDER INDIVIDUAL NPI NUMBER (TYPE 1)               | X(10)    | 573      | 582  |
| 2-230 | PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2)           | X(10)    | 583      | 592  |
| 2-235 | PROVIDER STATE OR COUNTRY CODE                        | X(3)     | 593      | 595  |
| 2-240 | PROVIDER TAXPAYER NUMBER                              | X(9)     | 596      | 604  |
| 2-245 | PROVIDER SUB-IDENTIFIER                               | X(4)     | 605      | 608  |
| 2-250 | PROVIDER ZIP CODE                                     | X(9)     | 609      | 617  |
| 2-255 | PROVIDER TAXONOMY SPECIALTY                           | X(10)    | 618      | 627  |
| 2-260 | PROVIDER PARTICIPATION INDICATOR                      | X        | 628      | 628  |
| 2-265 | PROVIDER NETWORK STATUS INDICATOR                     | X        | 629      | 629  |
| 2-270 | PHYSICIAN REFERRAL NUMBER                             | X(13)    | 630      | 642  |
| 2-275 | PLACE OF SERVICE                                      | X(2)     | 643      | 644  |
| 2-280 | TYPE OF SERVICE                                       | X(2)     | 645      | 646  |
| 2-285 | HEALTH CARE COVERAGE MEMBER CATEGORY CODE             | X        | 647      | 647  |
| 2-291 | PAY GRADE CODE (SPONSOR)                              | X(2)     | 648      | 649  |
| 2-292 | PAY PLAN CODE (SPONSOR)                               | X(5)     | 650      | 654  |
| 2-295 | HEALTH CARE COVERAGE MEMBER RELATIONSHIP CODE         | X        | 655      | 655  |
| 2-300 | ENROLLMENT/HEALTH PLAN CODE                           | X(2)     | 656      | 657  |
| 2-301 | HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE       | X(3)     | 658      | 660  |
| 2-303 | REGION INDICATOR                                      | X(2)     | 661      | 662  |
| 2-305 | SPECIAL PROCESSING CODE                               | X(8)     | 663      | 670  |
| 2-306 | HEALTH CARE DELIVERY PROGRAM SPECIAL ENTITLEMENT CODE | X(2)     | 671      | 672  |
| 2-310 | CA/NAS NUMBER   | X(15)    | 673      | 687  |
| 2-315 | CA/NAS REASON FOR ISSUANCE                            | X        | 688      | 688  |
| 2-320 | CA/NAS EXCEPTION REASON                               | X(2)     | 689      | 690  |
| 2-325 | PRICING RATE CODE                                     | X(2)     | 691      | 692  |
| 2-330 | AMBULATORY PAYMENT CLASSIFICATION CODE                | X(5)     | 693      | 697  |
| 2-331 | OPPS PAYMENT STATUS INDICATOR CODE                    | X(2)     | 698      | 699  |
| 2-335 | AMOUNT NETWORK PROVIDER DISCOUNT                      | S9(7)V99 | 700      | 708  |
|       | FILLER  | X(30)    | 709      | 738  |

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**4.0 PROVIDER FILE RECORD**

| ELN   | ELEMENT NAME                                 | FORMAT   | POSITION |      |
|-------|--|----------|----------|------|
|       |  |          | FROM     | THRU |
| 3-001 | RECORD TYPE INDICATOR                        | X        | 1        | 1    |
| 3-005 | PROVIDER TAXPAYER NUMBER                     | X(9)     | 2        | 10   |
| 3-010 | PROVIDER SUB-IDENTIFIER                      | X(4)     | 11       | 14   |
| 3-015 | PROVIDER TAXPAYER NUMBER IDENTIFIER          | X        | 15       | 15   |
| 3-020 | CONTRACTOR NUMBER                            | X(2)     | 16       | 17   |
| 3-025 | PROVIDER CONTRACT AFFILIATION CODE           | X        | 18       | 18   |
| 3-030 | INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR    | X        | 19       | 19   |
| 3-035 | PROVIDER NAME                                | X(40)    | 20       | 59   |
| 3-040 | PROVIDER ADDRESS                             |          | 60       | 119  |
| 3-045 | PROVIDER STREET ADDRESS                      | X(30)    | 60       | 89   |
| 3-050 | PROVIDER CITY                                | X(18)    | 90       | 107  |
| 3-055 | PROVIDER STATE OR COUNTRY CODE               | X(3)     | 108      | 110  |
| 3-060 | PROVIDER ZIP CODE                            | X(9)     | 111      | 119  |
| 3-065 | PROVIDER BILLING ADDRESS                     |          | 120      | 179  |
| 3-070 | PROVIDER BILLING STREET ADDRESS              | X(30)    | 120      | 149  |
| 3-075 | PROVIDER BILLING CITY                        | X(18)    | 150      | 167  |
| 3-080 | PROVIDER BILLING STATE OR COUNTRY CODE       | X(3)     | 168      | 170  |
| 3-085 | PROVIDER BILLING ZIP CODE                    | X(9)     | 171      | 179  |
| 3-090 | PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION | X(10)    | 180      | 189  |
| 3-095 | TYPE OF INSTITUTION TERM INDICATOR CODE      | X        | 190      | 190  |
| 3-100 | AMERICAN HOSPITAL ASSOCIATION ID NUMBER      | X(9)     | 191      | 199  |
| 3-105 | AHA MULTI-HOSPITAL SYSTEM CODE               | X(4)     | 200      | 203  |
| 3-110 | MEDICARE NUMBER                              | X(8)     | 204      | 211  |
| 3-115 | PROVIDER ACCEPTANCE DATE                     | YYYYMMDD | 212      | 219  |
| 3-120 | PROVIDER TERMINATION DATE                    | YYYYMMDD | 220      | 227  |
| 3-125 | RURAL/URBAN INDICATOR                        | X        | 228      | 228  |
| 3-130 | IDME RATIO                                   | 9V9(4)   | 229      | 233  |
| 3-135 | IDME RATIO EFFECTIVE DATE                    | YYYYMMDD | 234      | 241  |
| 3-140 | AREA WAGE INDEX                              | 9V9(4)   | 242      | 246  |
| 3-145 | AREA WAGE INDEX EFFECTIVE DATE               | YYYYMMDD | 247      | 254  |
| 3-150 | DRG EXEMPT/NONEXEMPT INDICATOR               | X        | 255      | 255  |
| 3-155 | DRG EXEMPT/NONEXEMPT EFFECTIVE DATE          | YYYYMMDD | 256      | 263  |
| 3-160 | TRANSACTION CODE                             | X        | 264      | 264  |
| 3-165 | RECORD EFFECTIVE DATE                        | YYYYMMDD | 265      | 272  |
|       | FILLER                                       | X(17)    | 273      | 289  |

## 5.0 TRANSMISSION RECORDS

**5.1** The requirement for all electronic transmissions will incorporate the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated standards wherever feasible.

**5.2** The first record in each transmission to the Defense Health Agency (DHA), whether by teleprocessing or magnetic tape, will be a transmission header, using the following format. Where value is specified under comments, the value must be reported exactly as shown.

### TRANSMISSION HEADER RECORD FORMAT

| POSITION(S)            | DESCRIPTION  | CONTENT               | COMMENT  |
|------------------------|--------------|-----------------------|--|
| 1-8                    | Alpha        | Data Type             | Must be "TED Data".  |
| 9-10                   | **           | Delimiter             | Must be **.  |
| 11-22                  | Alphanumeric | File Name             | Must be named in accordance with <a href="#">Chapter 1, Section 1.1, paragraph 7.7.3.1.5</a> .   |
| 23-24                  | **           | Delimiter             | Must be **   |
| 25-29                  | Alpha        |                       | Must be "FSIZE"  |
| 30-Variable            | Numeric      | File Size             | Includes the total number of batch/voucher header records, provider, pricing and TED records (variable length). Includes transmission header, excludes transmission trailer. |
| Variable (2 positions) | **           | Delimitier            | Must be **.  |
| Variable (6 positions) | Alpha        | Record Type           | Must be "RTYPEV".  |
| Variable (2 positions) | **           | Delimiter             | Must be **.  |
| Variable (7 positions) | Alpha        |                       | Must be "MAXLEN".  |
| Variable               | Numeric      | Maximum Record Length | Length of the longest variable length record within the transmission. Must be > 0.   |
| Variable (2 positions) | **           | Delimiter             | Must be **.  |
| Variable - 80          | Blank        | Reserved              | Must be HEX 40.  |

**5.3** Appended to the end of each transmission to DHA, whether by teleprocessing or magnetic tape, will be a transmission trailer record. The format for the transmission trailer record follows:

### TRANSMISSION TRAILER RECORD FORMAT

| POSITION(S) | DESCRIPTION  | CONTENT           | COMMENT  |
|-------------|--------------|-------------------|--|
| 1           | Alpha        | Record ID         | Must be "@" sign.  |
| 2-3         | Alphanumeric | Contractor Number | DHA-assigned Contractor number.  |
| 4-10        | Alphanumeric | Transmission Date | Enter in YYYYDDD format.   |
| 11-14       | Numeric      | Batch Count       | Number of batches and/or vouchers in the transmission.   |
| 15-20       | Numeric      | Record Count      | Includes the total number of batch/voucher header records, provider, pricing and variable length TED records. Excludes transmission header and transmission trailer. |
| 21-80       | Blank        | Reserved          | Must be HEX 40.  |

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**5.4** Transmissions will be returned to the contractor, with appropriate error codes appended, if any of the following occur:

| ERROR CODE | ERROR TYPE   | VALIDATION RULE  |
|------------|--|--|
| 1200       | Transmission header record not found   | First record of the file must be a Transmission Header (first position is <b>T</b> ).  |
| 1201       | No records found in Transmission file  | Byte count of the file = 0.  |
| 1202       | Data Type is incorrect   | Data Type must be "TED Data" - upper/lower case as shown is required. Cannot be all lower or all upper case.   |
| 1203       | Second transmission header found   | Second Transmission Header (first position is 'T') must not be found.  |
| 1207       | Value of MAXLEN in transmission header is not possible                           | MAXLEN must be a valid value based on the combinations of record lengths included. Compare against all possible record lengths for Header (1), Inst (450), Non-Inst (99), and Provider (1) records.    |
| 1210       | Transmission trailer record not found  | A record must be found with first position = '@'.  |
| 1220       | Second record is not a batch or voucher header record                            | Second record of the transmission must be batch/voucher record (record type = 0 or 5).   |
| 1240       | Header record error in FSIZE, Record Type, or MAXLEN fields)                     | 'FSIZE', 'RTYPEV' and 'MAXLEN' literals must be found in Transmission Header record and value of MAXLEN must be > 0 and < 25535.   |
| 1250       | Record type other than <b>0, 1, 2, 3, 4, 5, T</b> , or @ is invalid)             | Record Type (first position of the record) must be <b>0, 1, 2, 3, 4, 5, 6, 9, T</b> , or @.  |
| 1260       | Extraneous data found after transmission trailer record                          | No record should be found after Trailer Record of the transmission file.   |
| 1290       | Count of batch/voucher headers on trailer not equal headers read                 | Count of batch/voucher headers on trailer must match count of batch/vouchers.  |
| 1291       | Batch/voucher Identifier code invalid  | Batch/voucher identifier must be = <b>3, 4</b> , or <b>5</b> .   |
| 1295       | Total record count on transmission trailer record not in balance.                | Record count of transmission trailer must match total record count (except transmission header and trailer) of the file.   |
| 1296       | Contractor number in trailer record does not match batch/voucher contract number | The contractor number (positions 2-3) in the transmission trailer record must correspond with the contractor number (ELN 0-010) in the batch/voucher header record(s) in the transmission file.        |
| 1299       | Transmission header file-size not in possible in file                            | Transmission Header file size (FSIZE) must match total record count (except transmission header) of the file.  |
| 1998       | Invalid non-printable character  | Transmission file must not contain invalid non-printable characters (ASCII Values 0-9, 11-31, 127-255)   |
| 1999       | Invalid printable character  | Transmission file must not contain invalid printable characters (e.g., binary values, >, <, :, ;, \, ",  , etc.). The only acceptable characters are A-Z (uppercase only), 0-9, ', @, *, #, and blank. |

## **6.0 PRINT/REPORT TRANSMISSIONS**

**6.1** All errors in batch/voucher, TED, and TEPRV records detected by the DHA editing system will be reported to the contractor in 133-byte record print image format. Except for special situations, error files will be teleprocessed to the contractor the day of processing. The format of the error records returned to the contractor will be:

### **ERRORS RECORDS RETURNED FORMAT**

| <b>DESCRIPTION</b>  | <b>POSITION</b> |             |
|---|-----------------|-------------|
|   | <b>FROM</b>     | <b>THRU</b> |
| Number of errors on this TED record                                       | 1               | 3           |
| Batch/Voucher, TED, or TEPRV data as submitted                            | 4               | Variable    |
| Error code number (occurs 1 to 500 times based on number of errors above) | Variable        | Variable    |

**6.2** The format of the error code number is 10 characters:

### **ERROR CODE FORMAT**

| <b>DESCRIPTION</b>  | <b>POSITION</b> |
|---|-----------------|
| ELN (Element Locator Number)                              | 1 to 4          |
| Edit error number within ELN                              | 5 to 6          |
| Validity/Relational/Financial edit indicator              | 7 to 7          |
| Line item/occurrence number from TED record if applicable | 8 to 10         |

**6.3** The associated error reports will list each edit incurred on each batch/voucher, TED, or TEPRV record. A brief description of the edit condition is included. If the edit is a relational edit or financial edit, the ELNs and element names for the elements that are involved in the edit condition will be included, along with the values reported by the contractor for those elements.

- END -