

## Data Requirements - Institutional/Non-Institutional Record Data Elements (E - L)

Revision: C-18, September 11, 2018

### DATA ELEMENT DEFINITION

<b>ELEMENT NAME: END DATE OF CARE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-280	1	Yes
Non-Institutional	2-155	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Eight (8) alphanumeric characters, YYYYMMDD.			
<b>DEFINITION</b> <b>Institutional:</b> Latest date of care reported on this TED record. <b>Non-Institutional:</b> The latest date of care for this procedure.			
<b>CODE/VALUE SPECIFICATIONS</b>	YYYY	4 digit calendar year	
	MM	2 digit calendar month	
	DD	2 digit calendar day	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b> N/A			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-110	1	Yes
Non-Institutional	2-300	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Two (2) alphanumeric characters.			
<b>DEFINITION</b> Code indicating whether the patient is enrolled with the contractor (Prime) or not (non-Prime) or a special care program.			
<b>CODE/VALUE SPECIFICATIONS</b>	T	TRICARE Standard Program (Terminated 12/31/2017)	
	U	TRICARE Prime, Civilian PCM	
	V	TRICARE Extra (Terminated 12/31/2017)	
	W	TPR Service Member - USA	
	X	Foreign Service Member	
	Y	CHCBP - Non-Network	
	Z	TRICARE Prime, MTF/eMSM/PCM	
	AA	CHCBP - Network	
	AS	TRICARE Select - Active Duty Survivors (Effective 01/01/2018)	
	AT	TRICARE Select - Active Duty Transitional Survivors (Effective 01/01/2018)	
	BB	TSP (Effective 10/01/1998 through 12/31/2001)	
	FE	TFL - Network (Effective 10/01/2001)	
	FS	TFL - Non-Network (Effective 10/01/2001)	
	GS	TRICARE Select - Guard/Reserve Survivors (Effective 01/01/2018)	
	GT	TRICARE Select - Guard/Reserve Transitional Survivors (Effective 01/01/2018)	
	ME	Medicare/TRICARE Dual Eligible Under 65/Network	
	MS	Medicare/TRICARE Dual Eligible Under 65/Non-Network	
	PS	TSRx (Effective 04/01/2001) - Non-Institutional Only	
	SN	SHCP - Non-MTF/eMSM-Referred Care (Effective 10/01/1999)	
	SO	SHCP - Non-TRICARE Eligible (Effective 10/01/1999 through 05/31/2004)	
	SR	SHCP - MTF/eMSM Referred Care (Effective 10/01/1999)	
	ST	SHCP - TRICARE Eligible (Effective 10/01/1999 through 05/31/2004)	
	SU	SHCP - Referral Designation Unknown (Effective 03/01/2002) - for Non-Institutional Pharmacy claims only	
	TS	TSS Demonstration Program (Effective 04/01/2000 through 12/31/2002)	
	TV	TRICARE Select (Effective 01/01/2018)	
	WA	TPR Foreign Service Member (Effective 09/01/2003)	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
Left justify and blank fill.			
Enrollment/Health Plan Code <b>U</b> shall be used for CONUS and also for TRICARE Overseas Program (TOP) Prime enrollees.			

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<b>ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (Continued)</b>		
	WF	TPR for enrolled ADFM Residing with a TPR Eligible Service Member (Effective 09/01/2002)
	WO	Includes Transitional Survivors Who Do Not Relocate TPR Foreign ADFM (Effective 09/01/2003)
	XF	Foreign ADFM (Effective 09/01/2003)
<b>ALGORITHM</b> N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>		
	<b>SUBORDINATE</b>	<b>GROUP</b>
	N/A	N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>		
Left justify and blank fill. Enrollment/Health Plan Code <b>U</b> shall be used for CONUS and also for TRICARE Overseas Program (TOP) Prime enrollees.		

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: FILING DATE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-015	1	Yes
Non-Institutional	2-015	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Seven (7) alphanumeric characters, YYYYDDD.			
<b>DEFINITION</b> Date the request for payment of services rendered was received by the contractor for processing.			
<b>CODE/VALUE SPECIFICATIONS</b>	YYYY	4 digit calendar year of receipt	
	DDD	3 digit Julian date of receipt	
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>		<b>GROUP</b>	
N/A		INTERNAL CONTROL NUMBER	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: FILING STATE/COUNTRY CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-020	1	Yes
Non-Institutional	2-020	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Three (3) alphanumeric characters.			
<b>DEFINITION</b> Code that indicates the State or Country where the primary care was provided.			
<b>CODE/VALUE SPECIFICATIONS</b> Refer to <a href="#">Addendums A<sup>1</sup></a> and <a href="#">B<sup>1</sup></a> .			
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	INTERNAL CONTROL NUMBER		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> State code will consist of two alphanumeric characters, which is left justify and blank fill. The foreign countries will consist of three alphanumeric characters.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: FREQUENCY CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-250	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> One (1) alphanumeric character.			
<b>DEFINITION</b> Code that describes the frequency of billing from the institution. For filing dates before January 1, 2011 all TED records for interim-interim and interim-final institutional bills must be submitted as an adjustment using the same TRI as the initial submission. Effective with filing dates on or after January 1, 2011 all TED records for interim-interim and interim-final institutional bills with the exception of interim billings reimbursed under the DRG or HHA payment methodology must be submitted as a unique TRI. See <a href="#">Section 1.1, paragraph 7.0</a> .			
<b>CODE/VALUE SPECIFICATIONS</b>	0	Non-Payment/Zero Claim	
	1	Admit through Discharge TED record	
	2	Interim-Initial TED record	
	3	Interim-Interim TED record	
	4	Interim-Final TED record	
	7	Replacement of Prior Claim	
	8	Void/Cancel of Prior Claim	
	9	Final claim for HHA PPS Episode	
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>		<b>GROUP</b>	
N/A		TYPE OF BILL	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> The initial, interim, and final TED records must be submitted to DHA in correct sequence. If the person is transferred and the care is processed under DRG rules, then code <b>1</b> must be used; all other Transfers must use code <b>1</b> or <b>4</b> as appropriate.			
Effective with filing dates on or after January 1, 2011, interim-interim and interim-final TED records (FREQUENCY CODES <b>3</b> and <b>4</b> ) must be submitted on batch/vouchers with HEADER TYPE INDICATOR <b>0</b> or <b>5</b> . DRG and HHA interim billings are excluded from this requirement.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) COPAYMENT FACTOR CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-136	1	Yes
Non-Institutional	2-201	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> One (1) alphanumeric character.			
<b>DEFINITION</b> The code used to identify for each insured in managed care the category of copayment and deductible they must pay based on external forces for a particular health care coverage period. Actual rates depend on HCDP Plan Coverage Code. Download field from DEERS.			
<b>CODE/VALUE SPECIFICATIONS</b>	A	Active duty E-4 and below rate	
	B	Active duty E-5 and above rate	
	C	Retiree rate	
	W	Unknown copayment factor	
	Z	Not applicable	
<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>			
If person not on DEERS but claim is payable (i.e., Government liability), report <b>Z</b> in this field.			

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Data Requirements - Institutional/Non-Institutional Record Data Elements (E - L)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-066	1	Yes
Non-Institutional	2-285	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> One (1) alphanumeric character.			
<b>DEFINITION</b> The member category code during the Health Care Coverage period. Download field from DEERS.			
<b>CODE/VALUE SPECIFICATIONS</b>	1	Transitional compensation not eligible for retirement	
	A	Active duty	
	B	Presidential Appointee	
	C	DoD civil service employee, except Presidential employee	
	D	Disabled American veteran	
	E	DoD contract employee	
	F	Former member (Reserve service, discharged from the Ready Reserve or Standby Reserve following notification of retirement eligibility)	
	G	National Guard member (mobilized or on active duty for 31 days or more) Early ID Alert status	
	H	Medal of Honor (MOH) recipient	
	I	Other Government Agency employee, except Presidential appointee	
	J	Academy student (does not include Officer Candidate School or Merchant Marine Academy)	
	K	Non-Appropriated Fund DoD employee	
	L	Lighthouse service	
	M	Non-Government Agency Personnel	
	N	National Guard member (not on active duty or on active duty for 30 days or less)	
	O	Other Government contract employee	
	P	TAMP member	
	Q	Reserve retiree not yet eligible for retired pay ("gray-area retiree")	
	R	Retired military member eligible for retired pay	
	S	Reserve member (mobilized or on active duty for 31 days or more) Early ID Alert status	
	T	Foreign military member	
	U	DoD OCONUS hires	
	V	Reserve member (not on active duty or on active duty for 30 days or less)	
	W	DoD beneficiary, a person who receives benefits from the DoD based on prior association, condition or authorization, an example is a former spouse	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
If person not on DEERS but claim is payable (i.e., Government liability), report from the claim or report <b>Z</b> in this field.			



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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (Continued)</b>	
Y	Service affiliates (including ROTC and Merchant Marines)
Z	Unknown
<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>	
If person not on DEERS but claim is payable (i.e., Government liability), report from the claim or report <b>Z</b> in this field.	

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-070	1	Yes
Non-Institutional	2-295	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> One (1) alphanumeric character.			
<b>DEFINITION</b> The member relationship code for the HCC period. Download field from DEERS.			
<b>CODE/VALUE SPECIFICATIONS</b>	A	Self (i.e., the person and the other person are the same person)	
	B	Spouse	
	C	Child or stepchild	
	D	Pre-adoptive child	
	E	Ward (court ordered)	
	F	Dependent parent, dependent stepparent, dependent parent-in-law, or dependent stepparent-in-law	
	G	Surviving spouse	
	H	Former spouse (20/20/20)	
	I	Former spouse (20/20/15)	
	J	Former spouse (10/20/10)	
	K	Former spouse (transitional assistance (composite))	
	L	Foster child	
	Z	Unknown	
<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>			
If person not on DEERS but claim is payable (i.e., Government liability), report from the claim or report <b>Z</b> in this field.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-111	1	Yes
Non-Institutional	2-301	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Three (3) alphanumeric characters.			
<b>DEFINITION</b> The code that represents the plan coverage a family member or sponsor has within a HCDP type. Download field from DEERS.			
<b>CODE/VALUE SPECIFICATIONS</b> For valid values refer to <a href="#">Addendum L</a> .			
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	N/A		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
If person not on DEERS but claim is payable (i.e, Government liability), report <b>000</b> in this field.			

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Data Requirements - Institutional/Non-Institutional Record Data Elements (E - L)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-186	1	Yes <sup>1</sup>
Non-Institutional	2-306	Up to 99	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> Two (2) alphanumeric characters.			
<b>DEFINITION</b> The code used to identify for each person insured in managed care any special category that they may have been given for copayment and deductible. Download field from DEERS.			
<b>CODE/VALUE SPECIFICATIONS</b>	00	Not applicable	
	01	Bosnia Participation Special Entitlement (Sponsor Only)	
	02	Noble Eagle Participation Special Entitlement (Sponsor Only)	
	03	Enduring Freedom Participation Special Entitlement	
	04 <sup>2</sup>	TA 60 Benefits Period After Special Operation	
	05 <sup>2</sup>	TA 120 Benefits Period After Special Operation	
	06	Kosovo Participation Special Entitlement (Sponsor Only)	
	07 <sup>2</sup>	Iraqi Freedom Participation Special Entitlement (Sponsor Only)	
	08	Special Entitlement for Guard/Reserve on Active Duty more than 30 days (excl. AGR)	
	30	TRICARE Senior Pharmacy Exception - Grandfathered Populations before 04/01/2001.	
	31	TRICARE Senior Pharmacy Exception - Direct Care (DC) over 65 members with Medicare A and B but no TFL.	
<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 DEERS response does not return a HCDP SPECIAL ENTITLEMENT CODE, report <b>00</b> in this field.			
<sup>2</sup> Codes <b>04</b> , <b>05</b> , and <b>07</b> are no longer effective. Valid for adjustments or cancellations to previously submitted TED records with these values.			
If person not on DEERS but claim is payable (i.e., Government liability), report <b>00</b> in this field.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: HIPPS CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-292	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> Five (5) alphanumeric characters.			
<b>DEFINITION</b> HIPPS rate codes identify specific patient characteristics (or case mix) on which TRICARE SNF and HHA payment determinations are made.			
<b>CODE/VALUE SPECIFICATIONS</b> <b>SNF HIPPS codes:</b> Consists of a three character RUG code plus a two character modifier which is an assessment indicator.  <b>HHA HIPPS codes prior to January 1, 2008:</b> First character is always <b>H</b> for home health; the second, third, and fourth positions represent the care level of intensity; and the fifth character establishes the completeness of the OASIS data.  <b>HHA HIPPS codes on or after January 1, 2008:</b> The first position in the HIPPS code is a numeric value based on whether an episode is an early or later episode in a sequence of adjacent episodes; the second, third, and fourth positions of the code remain a one-to-one crosswalk to the three domains of the HHRG coding system; and the fifth position indicates a severity group for NRS.			
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	N/A		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Required if available. If not applicable blank fill.			
If multiple HIPPS Codes are reported on a claim, the initial HIPPS code (i.e., the HIPPS code initiating the 60 day Episode of Care (EOC)) should be coded on the TED record.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: ICD VERSION</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-293	1	Yes
Non-Institutional	2-114	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b> One (1) alphanumeric character.			
<b>DEFINITION</b> Code to indicate the International Classification of Diseases (ICD) version.			
<b>CODE/VALUE SPECIFICATIONS</b>	0	ICD-10	
	9	ICD-9	
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	N/A		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: INTERNAL CONTROL NUMBER (ICN)</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-010	1	Yes
Non-Institutional	2-010	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT) Group</b>			
<b>DEFINITION</b> N/A			
<b>CODE/VALUE SPECIFICATIONS</b> Refer to subordinate element definitions.			
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>		<b>GROUP</b>	
FILING DATE FILING STATE/COUNTRY CODE SEQUENCE NUMBER		TED RECORD INDICATOR	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

- END -

