

## Chapter 2

## Section 2.7

### Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

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#### DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT IDENTIFIER (DoD)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-095	1	Yes
Non-Institutional	2-080	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Ten (10) alphanumeric characters.			
<b>DEFINITION</b> The identifier associated with a particular patient. Download field from DEERS.			
<b>CODE/VALUE SPECIFICATIONS</b> N/A			
<b>ALGORITHM</b> N/A			
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 ELEMENT DEFINITION**

<b>ELEMENT NAME: PATIENT STATUS</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-270	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Two (2) alphanumeric characters.			
<b>DEFINITION</b> Code indicating patient status as of the end date of care on the TED record.			
<b>CODE/VALUE SPECIFICATIONS</b>	01	Discharged	
	02	Transferred	
	03	Discharged/transferred to SNF	
	04	Discharged/transferred to ICF	
	05	Discharged/transferred to another type of institution (including distinct parts of institutions) (definition not valid for discharges on or after 04/01/2008)	
	05	Discharged/transferred to a designated cancer center or children's hospital (definition effective for discharges on or after 04/01/2008)	
	06	Discharged/transferred to home under care of organized home health service organization	
	07	Left against medical advice or discontinued care	
	08	Discharged/transferred to home under care of a home IV provider (not valid for discharges on or after 10/01/2005)	
	20	Expired (or did not recover - Christian Science Patient)	
	21	Discharged/transferred to court/law enforcement	
	30	Still patient (remaining)	
	40	Expired at home	
	41	Expired in a medical facility, such as a hospital, SNF, ICF, or freestanding hospice	
	42	Expired place unknown	
	43	Discharged/transferred to a federal health care facility	
	50	Discharged to Hospice - Home	
	51	Discharged to Hospice - Medical Facility	
	61	Discharged/transferred to a hospital-based Medicare approved swing bed	
	62	Discharged/transferred to an IRF including Rehabilitation Distinct Part Units of a hospital	
	63	Discharged/transferred to a LTC hospital	
	64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare	
	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	
	66	Discharged/transferred to a CAH	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PATIENT STATUS (Continued)</b>		
69		Discharged/transferred to a designated disaster alternative care site (Effective 10/01/2013)
70		Discharged/transferred to another type of health care institution not defined elsewhere in this code list (definition effective for discharges on or after 04/01/2008)
81		Discharged to home or self care with a planned acute care hospital inpatient readmission (Effective 10/01/2013)
82		Discharged/transferred to a short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission (Effective 10/01/2013)
83		Discharged/transferred to a SNF with Medicare certification with a planned acute care hospital inpatient readmission (Effective 10/01/2013)
84		Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission (Effective 10/01/2013)
85		Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission (Effective 10/01/2013)
86		Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission (Effective 10/01/2013)
87		Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission (Effective 10/01/2013)
88		Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission (Effective 10/01/2013)
89		Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission (Effective 10/01/2013)
90		Discharged/transferred to an IRF including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission (Effective 10/01/2013)
91		Discharged/transferred to a Medicare certified LTC with a planned acute care hospital readmission (Effective 10/01/2013)
92		Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital readmission (Effective 10/01/2013)
93		Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital with a planned acute care hospital readmission (Effective 10/01/2013)
94		Discharged/transferred to a CAH with a planned acute care hospital readmission (Effective 10/01/2013)
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>		
N/A		

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<b>ELEMENT NAME: PATIENT STATUS (Continued)</b>		
	95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital readmission (Effective 10/01/2013)
<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**

ELEMENT NAME: PATIENT ZIP CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-105	1	Yes
Non-Institutional	2-090	1	Yes
PRIMARY PICTURE (FORMAT) Nine (9) alphanumeric characters.			
DEFINITION U.S. Postal zip code or foreign country code for patient’s legal residence at the time service was rendered and must not be the zip code of a P.O. Box.			
CODE/VALUE SPECIFICATIONS Must be a valid five or nine digit zip code. If only five digits, left justify and blank fill. If foreign country, must be three character foreign country code, left justify and blank fill. Refer to <a href="#">Addendum A</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: PAY GRADE CODE (SPONSOR)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-056	1	Yes <sup>1</sup>
Non-Institutional	2-291	Up to 99	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.			
DEFINITION The code that represents the level of pay. (The combination of pay plan code and pay grade code represents the sponsor's pay category.) Download field from DEERS.			
CODE/VALUE SPECIFICATIONS	00	Unknown	
	00 - ZZ	Used when pay plan is civil service	
	01	Used when pay plan is cadet	
	01 - 05	Used when pay plan is warrant office	
	01 - 09	Used when pay plan is enlisted	
	01 - 11	Used when pay plan is officer	
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
<sup>1</sup> If the DEERS response does not return a PAY GRADE CODE (SPONSOR), report <b>00</b> in this field. 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**

ELEMENT NAME: PAY PLAN CODE (SPONSOR)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-057	1	Yes <sup>1</sup>
Non-Institutional	2-292	Up to 99	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT) Five (5) alphanumeric characters.			
DEFINITION The code that represents the type of pay category. (The combination of pay plan code and pay grade code represents the sponsor’s pay category.) Download field from DEERS			
CODE/VALUE SPECIFICATIONS For valid values refer to <a href="#">Addendum J</a> .			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
<sup>1</sup> If the DEERS response does not return a PAY PLAN CODE (SPONSOR), report <b>ZZ</b> in this field, left justify. If person not on DEERS but claim is payable (i.e., Government liability), report <b>ZZ</b> in this field.			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-115	1	No
Non-Institutional	2-110	1	No
PRIMARY PICTURE (FORMAT) Four (4) alphanumeric characters.			
DEFINITION This code identifies and distinguishes MTF/eMSM/Clinic enrollments from network enrollments. The code designations vary based on type of Prime enrollment and begin work dates of new programs. The codes also vary based on the individual requirements of enrolling platforms used by the MCS regions. Download field from DEERS using PCM Enrolling Division DMIS-ID.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
If not applicable blank fill.			



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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PERSON BIRTH CALENDAR DATE (PATIENT)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-085	1	Yes <sup>1</sup>
Non-Institutional	2-070	1	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD.			
DEFINITION The date when a human being was born. Download field from DEERS.			
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:			
<sup>1</sup> Required if available on DEERS, if not available from DEERS report from the claim or report 19111111.			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PERSON CADENCY NAME (PATIENT)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-079	1	Yes <sup>1</sup>
Non-Institutional	2-064	1	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT) Ten (10) alphanumeric characters.			
DEFINITION The cadency name (i.e., Sr., Jr., III, etc.) of the patient. Download field from DEERS.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		PERSON NAME (PATIENT)	
NOTES AND SPECIAL INSTRUCTIONS:			
<sup>1</sup> Required if available on DEERS, if not available from DEERS report from the claim or blank fill.			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PERSON FIRST NAME (PATIENT)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-077	1	Yes <sup>1</sup>
Non-Institutional	2-062	1	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT) Twenty-five (25) alphanumeric characters.			
DEFINITION First name of patient. Download field from DEERS.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		PERSON NAME (PATIENT)	
NOTES AND SPECIAL INSTRUCTIONS:			
<sup>1</sup> Required if available on DEERS; if not available from DEERS report from the claim or blank fill.			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PERSON IDENTIFIER (PATIENT)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-080	1	Yes
Non-Institutional	2-065	1	Yes
PRIMARY PICTURE (FORMAT) Nine (9) alphanumeric characters.			
DEFINITION The identifier that represents a human being. This attribute will usually contain the person's SSN. Download field from DEERS.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
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 from the claim or report all nines in this field.			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PERSON IDENTIFIER (SPONSOR)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-050	1	Yes
Non-Institutional	2-050	1	Yes
PRIMARY PICTURE (FORMAT) Nine (9) alphanumeric characters.			
DEFINITION The identifier that represents a person who is a sponsor. This attribute will usually contain the sponsor's SSN. Download field from DEERS.			
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: PERSON IDENTIFIER TYPE CODE (PATIENT)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-081	1	Yes
Non-Institutional	2-066	1	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION The code that represents a specific kind of person identifier. Download field from DEERS.			
CODE/VALUE SPECIFICATIONS	D	Special nine digit code created for individuals (i.e., babies) who do not have or have not provided an SSN when the record is added to DEERS (dependents only).	
	F	Special nine digit code created for foreign military and nationals.	
	I	TIN	
	P	Special nine digit code created for U.S. military personnel from Service Numbers before the switch to SSNs.	
	R	Special nine digit code created for a DoD contractor who refused to give his or her SSN to RAPIDS. The associated PN_ID will begin with 99.	
	S	SSN	
	Z	Not applicable	
ALGORITHM N/A			
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 from the claim or report <b>Z</b> in this field.			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (SPONSOR)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-051	1	Yes
Non-Institutional	2-051	1	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION The code that represents a specific kind of person identifier. Download field from DEERS.			
CODE/VALUE SPECIFICATIONS	D	Special nine digit code created for individuals (i.e., babies) who do not have or have not provided an SSN when the record is added to DEERS (dependents only).	
	F	Special nine digit code created for foreign military and nationals.	
	I	TIN	
	P	Special nine digit code created for U.S. military personnel from Service Numbers before the switch to SSNs.	
	R	Special nine digit code created for a DoD contractor who refused to give his or her SSN to RAPIDS. The associated PN_ID will begin with 99.	
	S	SSN	
	Z	Not applicable	
ALGORITHM N/A			
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 from the claim or report <b>Z</b> in this field.			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PERSON LAST NAME (PATIENT)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-076	1	Yes
Non-Institutional	2-061	1	Yes
PRIMARY PICTURE (FORMAT) Thirty-five (35) alphanumeric characters.			
DEFINITION Last name of patient. Download field from DEERS.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		PERSON NAME (PATIENT)	
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			



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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PERSON MIDDLE NAME (PATIENT)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-078	1	Yes <sup>1</sup>
Non-Institutional	2-063	1	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT) Twenty-five (25) alphanumeric characters.			
DEFINITION Middle name of patient. Download field from DEERS.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		PERSON NAME (PATIENT)	
NOTES AND SPECIAL INSTRUCTIONS:			
<sup>1</sup> Required if available on DEERS, if not available from DEERS report from the claim or blank fill.			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PERSON NAME (PATIENT)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-075	1	Yes
Non-Institutional	2-060	1	Yes
PRIMARY PICTURE (FORMAT) Group			
DEFINITION Name of patient. Download field from DEERS.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
PERSON LAST NAME		N/A	
PERSON FIRST NAME			
PERSON MIDDLE NAME			
PERSON CADENCY NAME			
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PERSON SEX (PATIENT)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-100	1	Yes
Non-Institutional	2-085	1	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code defining sex of patient. Download field from DEERS.			
CODE/VALUE SPECIFICATIONS	F	Female	
	M	Male	
	Z	Unknown	
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
Use DEERS response if DEERS returns a value of <b>F</b> or <b>M</b> . If DEERS response is not <b>F</b> or <b>M</b> , the person sex should be reported based on claim information or patient history.			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PHYSICIAN REFERRAL NUMBER			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-270	1	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT) Thirteen (13) alphanumeric characters.			
DEFINITION The identifying number of the referring physician. This field will report the NPI or PROVIDER TAXPAYER NUMBER and PROVIDER SUB-IDENTIFIER as applicable.			
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> Required for all referred care (MTF/eMSM and Civilian PCM). If not applicable blank fill.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PLACE OF SERVICE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Non-Institutional	2-275	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Two (2) alphanumeric characters.			
<b>DEFINITION</b> Code to indicate where the health care was provided.			
<b>CODE/VALUE SPECIFICATIONS</b>	01	Pharmacy	
	02	Telehealth	
	03	School	
	04	Homeless Shelter	
	05	Indian Health Service (IHS) Freestanding Facility	
	06	Indian Health Service (IHS) Provider-based Facility	
	07	Tribal 638 Freestanding Facility	
	08	Tribal 638 Provider-based Facility	
	09	Prison-Correctional Facility	
	11	Office	
	12	Home	
	13	Assisted Living Facility	
	14	Group Home	
	15	Mobile Unit	
	16	Temporary Lodging	
	17	Walk-in Retail Health Clinic	
	18	Place of Employment Work-site	
	19	Pharmacy (Terminated 12/31/2015)	
	19	Off Campus-Outpatient Hospital	
	20	Urgent Care Facility	
	21	Inpatient Hospital	
	22	On Campus-Outpatient Hospital	
	23	Emergency Room - Hospital	
	24	Ambulatory Surgical Center (ASC)	
	25	Birth Center	
	26	Military Treatment Facility (MTF)/Enhanced Multi-Service Market (eMSM)	
	31	Skilled Nursing Facility (SNF)	
	32	Nursing Facility	
	33	Custodial Care Facility	
	34	Hospice	
	41	Ambulance - Land	
	42	Ambulance - Air or Water	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
This data element must be <b>19</b> for Mail Order Pharmacy (MOP).			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PLACE OF SERVICE (Continued)		
	49	Independent Clinic
	50	Federally Qualified Health Center
	51	Inpatient Psychiatric Facility
	52	Psychiatric Facility Partial Hospitalization
	53	Community Mental Health Center (CMHC)
	54	Intermediate Care Facility/Mentally Retarded
	55	Residential Substance Abuse Treatment Facility
	56	Psychiatric Residential Treatment Center (RTC)
	57	Non-Residential Substance Abuse Treatment Facility
	60	Mass Immunization Center
	61	Comprehensive Inpatient Rehabilitation Facility
	62	Comprehensive Outpatient Rehabilitation Facility (CORF)
	65	End Stage Renal Disease (ESRD) Treatment Facility
	71	Public Health Clinic
	72	Rural Health Clinic (RHC)
	81	Independent Laboratory
	99	Other Unlisted Facility
ALGORITHM N/A		
SUBORDINATE AND/OR GROUP ELEMENTS		
SUBORDINATE		GROUP
N/A		N/A
NOTES AND SPECIAL INSTRUCTIONS:		
This data element must be 19 for Mail Order Pharmacy (MOP).		

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: POINT OF ORIGIN			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-260	1	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code indicating the source of the referral for this admission.			
CODE/VALUE SPECIFICATIONS		SOURCE OF ADMISSION CODE	
	1	Physician Referral	The patient was admitted to this facility upon the recommendation of his or her personal physician. (Discontinued effective 10/01/2007.)
	1	Non-Health Care Facility Point of Origin	The patient was admitted to this facility upon order of a physician or self-referral. (Effective 10/01/2007.)
	2	Clinic Referral	The patient was admitted to this facility upon recommendation of this facility's clinic physician.
	3	HMO Referral	The patient was admitted to this facility as a transfer from a freestanding or non-freestanding clinic. Discontinued effective 10/01/2007.)
	4	Transfer from a Hospital (Different Facility)	The patient was admitted to this facility as a hospital transfer from a different acute care facility where he or she was an inpatient.
	5	Transfer from a SNF or ICF	The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.
	6	Transfer from another Health Care Facility	The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list.
	7	Emergency Room	The patient was admitted to this facility after receiving services in this facility's emergency department. (Discontinued effective 07/01/2010).
	8	Court/Law Enforcement	The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
	9	Information Not Available	The means by which the patient was admitted to this hospital is not known.
	A	Transfer from a CAH	The patient was admitted to this facility as a transfer from a CAH where he or she was an inpatient. (Discontinued effective 10/01/2007.)
	B	Transfer from Another HHA	The patient was admitted to this HHA as a transfer from another HHA. (Discontinued effective 07/01/2010).
	C	Readmission to the Same HHA	The patient was readmitted to this HHA within the existing 60 day payment. (Discontinued effective 07/01/2010).
NOTES AND SPECIAL INSTRUCTIONS:			
1 Use this coding structure when the TYPE OF ADMISSION = 4 (newborn).			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: POINT OF ORIGIN (Continued)</b>		
	D    Transfer from Hospital Inpatient in the same facility resulting in a separate claim to the payer	The patient was admitted to this facility as a transfer from Hospital Inpatient within this facility resulting in a separate claim to the payer.
	E    Transfer from ASC	The patient was admitted to this facility as a transfer from an ASC. (Effective 10/01/2007.)
	F    Transfer from Hospice and is under a Hospice Plan of Care or enrolled in a Hospice Program	The patient was admitted to this facility as a transfer from hospice. (Effective 10/01/2007.)
	<b>CODE STRUCTURE FOR NEWBORN<sup>1</sup></b>	
	1    Normal Delivery	A baby delivered without complications. (Discontinued effective 10/01/2007.)
	2    Premature Delivery	A baby delivered with time and/or weight factors qualifying it for premature status. (Discontinued effective 10/01/2007.)
	3    Sick Baby	A baby delivered with medical complications, other than those relating to premature status. (Discontinued effective 10/01/2007.)
	4    Extramural Birth	A newborn born in a non-sterile environment. (Discontinued effective 10/01/2007.)
	5    Born Inside This Hospital	A baby born inside this hospital. (Effective 10/01/2007.)
	6    Born Outside This Hospital	A baby born outside this hospital. (Effective 10/01/2007.)
<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> Use this coding structure when the TYPE OF ADMISSION = 4 (newborn).		



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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PRICING RATE CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-190	1	Yes
Non-Institutional	2-325	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.			
DEFINITION Code indicating the pricing methodology used in determining the amount allowed for the service(s)/supplies. Left justify and blank fill.			
CODE/VALUE SPECIFICATIONS	INSTITUTIONAL CODE		
	<del>B</del>	No special rate	
	D	Discount rate agreement	
	H	TRICARE Diagnosis Related Group (DRG) reimbursement with Short Stay Outlier	
	I	TRICARE DRG reimbursement with Cost Outlier	
	J	TRICARE DRG reimbursement with No Outlier	
	K	Hospital-specific Psychiatric per diem rate	
	L	Region-specific Psychiatric per diem rate	
	P	Per diem rate	
	U	Supplemental Health Care Program (SHCP) claim or active duty member TPR claim paid outside normal limits	
	V	Medicare Reimbursement Rate	
	CA	Critical Access Hospital (CAH) Reimbursement	
	CI	CAH Inpatient Rehabilitation Facility (IRF) Reimbursement (Effective 10/01/2018)	
	CP	CAH Psychiatric Hospital per diem rate (Effective 10/01/2018)	
	CR	Cost-To-Charge Ratio (CCR) (Effective 01/01/2014)	
	DD	Discounted DRG	
	LT	Standard Long-Term Care Hospital (LTCH) Reimbursement (Effective 10/01/2018)	
	RF	TRICARE IRF Reimbursement (Effective 10/01/2018)	
	SN	Site-Neutral LTCH Reimbursement (Effective 10/01/2018)	
	NON-INSTITUTIONAL CODE		
	0	Pricing not applicable (denied service/supplies and allowed drugs) <sup>1</sup>	
	1	Priced Manually <sup>2</sup>	
	2	Prevailing charge (state)	
	3	Conversion amount (state)	
	4	Paid as billed	
NOTES AND SPECIAL INSTRUCTIONS:			
<sup>1</sup> Code <b>0</b> for all allowed drug charges.			
<sup>2</sup> Use Pricing Rate Code <b>1</b> (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.			
To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes <b>49</b> or <b>50</b> should be used. See <a href="#">Section 2.8</a> .			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PRICING RATE CODE (Continued)</b>		
5		Paid on negotiated rate
A		National prevailing charge
B		National conversion factor
C		Ambulatory surgery facility payment rate
D		Discounted ambulatory surgery facility payment rate
E		Ambulatory surgery-paid as billed
F		Claim Auditing Software-added procedure, priced manually
G		Claim Auditing Software-added procedure, prevailing charge (State)
H		Claim Auditing Software-added procedure, conversion factor (Contractor)
I		Claim Auditing Software-added procedure, paid as billed
J		Claim Auditing Software-added procedure, paid on negotiated rate
N		Claim Auditing Software-added procedure, national prevailing charge
O		Claim Auditing Software-added procedure, national conversion factor
P		Claim Auditing Software-added procedure, ambulatory surgery facility payment rate
Q		Claim Auditing Software-added procedure, discounted ambulatory surgery facility payment rate
R		Claim Auditing Software-added procedure, ambulatory surgery-paid as billed
T		Claim Auditing Software-added procedure, allowed as billed but paid less than billed
U		SHCP or active duty member TPR claim paid outside normal limits
V		Medicare Reimbursement Rate
W		Priced over CMAC (Effective 09/27/2001)
BR		Blended Rate
CA		CAH Reimbursement
GG		Global Rate Agreement (used with corporate service providers only) (Effective 08/01/2003)
GP		Per Diem Rate Agreement (used with corporate service providers only) (Effective 08/01/2003)
LC		TRICARE Claim-added procedure, CMAC priced laboratory code
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>		
<sup>1</sup> Code <b>0</b> for all allowed drug charges.		
<sup>2</sup> Use Pricing Rate Code <b>1</b> (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.		
To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes <b>49</b> or <b>50</b> should be used. See <a href="#">Section 2.8</a> .		

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PRICING RATE CODE (Continued)</b>	
P1	OPPS
P2	OPPS with Cost Outlier
P3	OPPS with Discount
P5	Hospital-based Partial Hospitalization - paid as OPPS
<b>ALGORITHM</b> N/A	
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>	
<b>SUBORDINATE</b>	<b>GROUP</b>
N/A	PROCESSING INFORMATION
<b>NOTES AND SPECIAL INSTRUCTIONS:</b> <sup>1</sup> Code <b>0</b> for all allowed drug charges. <sup>2</sup> Use Pricing Rate Code <b>1</b> (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.  To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes <b>49</b> or <b>50</b> should be used. See <a href="#">Section 2.8</a> .	

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-345	1	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT) Seven (7) alphanumeric characters.			
DEFINITION The code that identifies the principal procedure performed during the period reported on the TED record as submitted on the UB-04/UB-92.			
CODE/VALUE SPECIFICATIONS Use the most current procedure code edition (ICD-9-CM or ICD-10-PCS) as directed by DHA. Must provide the most detailed code. Do not code the decimal point.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
<sup>1</sup> Required if one of the following Revenue Codes are present <b>036X</b> or <b>072X</b> .			

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Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

**DATA ELEMENT DEFINITION**

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS/PRESENT ON ADMISSION (POA) INDICATOR			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-300	1	Yes
Non-Institutional	2-115	1	Yes
PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters.			
DEFINITION Principal Treatment Diagnosis: The condition established, after study, to be the major cause for the patient to obtain medical care as submitted on the claim form or otherwise indicated by the provider.			
POA Indicator: Diagnosis present at the time the order for inpatient admission occurs.			
CODE/VALUE SPECIFICATIONS Principal Treatment Diagnosis (Positions 1 through 7): Use the most current diagnosis code edition (ICD-9-CM or ICD-10-CM), as directed by DHA. Must provide the most detailed code. Do not code the decimal point.			
POA Indicator (Position 8):			
Valid POA values are:			
	0	Not reported	
	1	Unreported/Not Used - Exempt from POA reporting	
	N	No - Not present at time of admission	
	U	Unknown - Documentation insufficient to determine if the condition was present at time of admission	
	W	Clinically Undetermined - The provider is unable to clinically determine if the condition was present at time of admission	
	Y	Yes - Present at time of admission	
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
For MOP and Retail Pharmacy, if a more specific diagnosis code is not available, use ICD-9-CM 799.89 on or before September 30, 2015, and ICD-10-CM R68.89 on or after October 1, 2015.			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PROCEDURE CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-160	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Five (5) alphanumeric characters.			
<b>DEFINITION</b>	The code that identifies the procedure performed or describes the care received as submitted on the claim form.		
<b>CODE/VALUE SPECIFICATIONS</b>	Refer to Physician’s Current Procedure Terminology, 4th Edition1 (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) National Level II Medicare Codes or DHA approved codes ( <a href="#">Addendum E, Figure 2.E-2</a> ). For Dental Services, use HCPC or ADA Dental procedure codes.		
<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>			
For MOP report CPT procedure code 98800 for all drug prescriptions and CPT procedure code 99070 for all supplies. The first line item must report the information on the prescription and the second line item to report corresponding supplies that are issued such as alcohol pads, lancets, etc. The procedure code on the second occurrence/line item on MOP records must be CPT procedure code 99070.			
For MOP and Retail Pharmacy Prior Authorizations and Medical Necessity Reviews report <b>000PA</b> or <b>000MN</b> .			
For the list of the No Government Pay Procedure Codes that are excluded from TRICARE coverage and are not payable under TRICARE, refer to the No Government Pay Procedure Code list on DHA’s web site at <a href="http://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement/No-Government-Pay-Procedure-Code-List">http://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement/No-Government-Pay-Procedure-Code-List</a> .			

**DATA ELEMENT DEFINITION**

ELEMENT NAME: PROCEDURE CODE MODIFIER			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-165	4/Up to 99	No
PRIMARY PICTURE (FORMAT) Four (4) occurrences of two (2) alphanumeric characters per occurrence/line item.			
DEFINITION Two digit code which provides the means by which the health care professional can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. (Refer to Physician’s Current Procedure Terminology, 4th Edition, (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) National Level II Medicare Codes.)			
CODE/VALUE SPECIFICATIONS Must be 21-27, 32, 33, 47, 50-59, 62, 63, 66, 73-82, 90-92, 95-97, 99, 0A-0P, 0Z, 1A-1J, 1Z, 2A-2O, 2Q-2T, 2Z, 3A-3I, 3K, 3Z, 4A-4U, 4Z, 5A-5O, 5Z, 6A-6F, 6Z, 7A-7F, 7Z, 8A-8C, 8P, 8Z, 9A-9D, 9L-9Q, 9Z, A1-A9, AA, AD-AK, AM, AO-AZ, BA, BL, BO-BR, BU, CA-CO, CQ-CT, DA, DE, DG-DJ, DN, DP, DR, DS, DX, E1-E4, EA-EE, EG-EJ, EM, EN, EP, ER-ET, EX, EY, F1-F9, FA-FC, FP, FX, FY, G0-G9, GA- <b>GC</b> , <b>GE</b> -GZ, H9, HA-HZ, ID, IE, IG-IJ, IN, IR, IS, IX, J1-J4, JA-JJ, JN, JP, JR, JS, JW, JX, K0-K4, KA-KZ, L1, LC, LD, LL, LM, LR-LT, M2, <b>MA-MH</b> , MR, MS, NB, ND, NE, NG-NJ, NN, NP, NR-NU, NX, P1-P6, PA-PE, PG, PI, PJ, PL-PP, PR-PT, PX, Q0-Q9, QA-QH, QJ-QZ, RA-RE, RG-RJ, RN, RP-RT, RX, SA-SN, SQ-SY, T1-T9, TA-TK, TL-TN, TP-TW, U1-U9, UA-UH, UJ-UK, UN, UP-US, V1-V3, V5-V9, VM, VP, X1-X5, XD, XE, XG-XJ, XN, XP, XR, XS, XU, or blank.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
Can report from zero to four codes. Each occurrence consists of two characters left justified and blank-filled. Do not duplicate.			

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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PROCESSING INFORMATION			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-155	1	Yes
PRIMARY PICTURE (FORMAT) Group			
DEFINITION Field containing multiple elements that describe processing related to the TED record.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
OVERRIDE CODE		N/A	
TYPE OF SUBMISSION			
CA/NAS NUMBER			
CA/NAS REASON FOR ISSUANCE			
CA/NAS EXCEPTION REASON			
SPECIAL PROCESSING CODE			
PRICING RATE CODE			
HEALTHCARE DELIVERY PROGRAM SPECIAL ENTITLEMENT CODE			
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			



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Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

**DATA ELEMENT DEFINITION**

ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (TYPE 1)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-225	Up to 99	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT) Ten (10) alphanumeric characters.			
DEFINITION Standard unique health identifier for individual providers, including but not limited to those (human beings) who provide care such as physicians, nurse practitioners, dentists, chiropractors, pharmacists, and physical therapists.			
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> Required for all “covered entities” that submit HIPAA-compliant standard electronic transactions in accordance with the TRICARE Operations Manual (TOM), <a href="#">Chapter 19, Section 4</a> .			

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Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

**DATA ELEMENT DEFINITION**

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-230	1	Yes
Non-Institutional	2-265	Up to 99	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code indicating whether the provider is a network or non-network provider.			
CODE/VALUE SPECIFICATIONS		1	Network Provider
		2	Non-Network Provider
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
This data element must be 1 for MOP.			

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Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

**DATA ELEMENT DEFINITION**

ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-215	0	Yes <sup>1</sup>
Non-Institutional	2-230	Up to 99	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT) Ten (10) alphanumeric characters.			
DEFINITION Standard unique health identifier for organizational providers, including but not limited to non-person providers such as hospitals, HHAs, clinics, laboratories, suppliers of DME, pharmacies, and groups.			
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> Required for all “covered entities” that submit HIPAA-compliant standard electronic transactions in accordance with the TOM, <a href="#">Chapter 20, Section 4</a> .			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-225	1	Yes
Non-Institutional	2-260	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> One (1) alphanumeric character.			
<b>DEFINITION</b> Code indicating whether or not the provider accepted assignment of benefits for services rendered.			
<b>CODE/VALUE SPECIFICATIONS</b>	N	No	
	Y	Yes	
<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>			
This data element must be <b>Y</b> for MOP.			

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Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

**DATA ELEMENT DEFINITION**

ELEMENT NAME: PROVIDER TAXONOMY (SPECIALTY)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-255	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Ten (10) alphanumeric characters.			
DEFINITION Code describing the provider’s specialty.			
CODE/VALUE SPECIFICATIONS Refer to <a href="http://www.wpc-edi.com/reference/">http://www.wpc-edi.com/reference/</a> for Provider Specialty Codes. Refer to <a href="#">Addendum C, Figure 2.C-1</a> as a reference when assigning Provider Major Specialty Codes to Outpatient Hospital Non-Institutional TED records.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
This data element must be <b>183500000X</b> for MOP and <b>333600000X</b> for Retail Pharmacy.			

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Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

**DATA ELEMENT DEFINITION**

ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-195	1	Yes
Non-Institutional	2-235	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Three (3) alphanumeric characters.			
DEFINITION Code assigned to identify the state or foreign country in which the care was received. State Code must be left justified and blank fill to right.			
CODE/VALUE SPECIFICATIONS <a href="#">Addendums A</a> and <a href="#">B</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 (P)

**DATA ELEMENT DEFINITION**

ELEMENT NAME: PROVIDER SUB-IDENTIFIER			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-205	1	Yes
Non-Institutional	2-245	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Four (4) alphanumeric characters.			
DEFINITION Identification number that uniquely identifies multiple providers using the same TIN.			
CODE/VALUE SPECIFICATIONS Refer to <a href="#">Section 2.10</a> , ELN 3-010.			
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 (P)

**DATA ELEMENT DEFINITION**

ELEMENT NAME: PROVIDER TAXPAYER NUMBER			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-200	1	Yes
Non-Institutional	2-240	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Nine (9) alphanumeric characters.			
DEFINITION The IRS TIN assigned to the institution/provider supplying the care.			
CODE/VALUE SPECIFICATIONS For institutions must be nine digit EIN. For individual providers, should be the nine digit EIN or SSN, if available. If not available, report the contractor-assigned number. (Refer to <a href="#">Section 2.10</a> , ELN 3-005). Report all nines for transportation services.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
Claims for care rendered by an EIA Tutor must be identified on the TED record using the billing ACSP Provider Taxpayer Number.			



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**DATA ELEMENT DEFINITION**

ELEMENT NAME: PROVIDER ZIP CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-220	1	Yes
Non-Institutional	2-250	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Nine (9) alphanumeric characters.			
DEFINITION Location of provider’s business office where care is usually provided.			
CODE/VALUE SPECIFICATIONS Must be a valid five or nine digit zip code. If only five digits, left justify and blank fill. If a foreign country, must be three character foreign country code, left justify and blank fill. Refer to <a href="#">Addendum A</a> .			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

- END -

