

## Chapter 9

## Addendum E

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| <b>DCSET.TXT (SET LEVEL DATA)</b> | <b>START</b> | <b>LENGTH</b> |     |
|-----------------------------------|--------------|---------------|-----|
| Set Number                        | 001          | 11            | key |
| Record Type                       | 012          | 1             |     |
| Set Status                        | 013          | 1             |     |
| Set Match Type                    | 014          | 1             |     |
| Multi-FI Ind                      | 015          | 1             |     |
| Owner FI                          | 016          | 2             |     |
| Contract Number                   | 018          | 13            |     |
| Current Load Date                 | 031          | 10            |     |
| Initial Load Date                 | 041          | 10            |     |
| Last Update Date                  | 051          | 10            |     |
| Amt Id Recoup                     | 061          | 14            |     |
| Amt Actual Recoup                 | 075          | 14            |     |
| Set Adjust Amt                    | 089          | 14            |     |
| Adjust Ind                        | 103          | 10            |     |
| User Id                           | 113          | 8             |     |
| Set Level User Defined Code       | 121          | 2             |     |
| Provisional Acceptance Flag       | 123          | 1             |     |

| <b>DCCLM.TXT (CLAIM DETAIL)</b> | <b>START</b> | <b>LENGTH</b> |     |
|---------------------------------|--------------|---------------|-----|
| Set Number                      | 001          | 11            | key |
| TED ICN                         | 012          | 17            | key |
| TED Time                        | 029          | 6             | key |
| Amount Billed Total             | 035          | 14            |     |
| Amount Allowed Total            | 049          | 14            |     |
| Amt Paid Govt Contrtr           | 063          | 14            |     |
| Sponsor ID                      | 077          | 9             |     |
| Sponsor ID Type Code            | 086          | 1             |     |
| Patient Date of Birth           | 087          | 10            |     |
| Patient Name                    | 097          | 27            |     |
| Patient Age                     | 124          | 6             |     |
| DOD Patient ID                  | 130          | 10            |     |
| Patient Zip/Country             | 140          | 9             |     |
| Patient Region Code             | 149          | 2             |     |
| Ptnt Catchment Area Ind         | 151          | 1             |     |
| Enrollment Code                 | 152          | 2             |     |
| Prov Catchment Area Ind         | 154          | 1             |     |
| Multi Provider Id               | 155          | 4             |     |
| Provider Zip/Country            | 159          | 9             |     |
| Provider Region Code            | 168          | 2             |     |
| Provider Tax Number             | 170          | 9             |     |

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| <b>DCCLM.TXT (CLAIM DETAIL) (CONTINUED)</b> | <b>START</b> | <b>LENGTH</b> |
|---|--------------|---------------|
| Provider Network Status Code                | 179          | 1             |
| National Provider ID                        | 180          | 10            |
| Provider Group NPI                          | 190          | 10            |
| Special Rate Code                           | 200          | 2             |
| Special Processing Code 1                   | 202          | 2             |
| Special Processing Code 2                   | 204          | 2             |
| Special Processing Code 3                   | 206          | 2             |
| Special Processing Code 4                   | 208          | 2             |
| Type of Institution                         | 210          | 2             |
| Admit Date                                  | 212          | 10            |
| Inst Care Begin Date                        | 222          | 10            |
| Inst Care End Date                          | 232          | 10            |
| Principal Diagnosis Cd                      | 242          | 6             |
| DRG Code                                    | 248          | 3             |
| Discharge Status Code                       | 251          | 2             |
| Responsible FI                              | 253          | 2             |
| Processing FI                               | 255          | 2             |
| Resp. Contract Nbr                          | 257          | 13            |
| Proc. Contract Nbr                          | 270          | 13            |
| PTC Date                                    | 283          | 10            |
| Cycle Number                                | 293          | 8             |
| Batch Sequence Nbr                          | 301          | 2             |
| Voucher Sequence Nbr                        | 303          | 2             |
| Bill Frequency Code                         | 305          | 1             |
| Mass Change Level                           | 306          | 6             |
| Risk Indicator                              | 312          | 1             |
| Claim Match Type                            | 313          | 1             |
| Claim Form Type                             | 314          | 1             |
| Dup Claim Indicator                         | 315          | 1             |
| Reason Code                                 | 316          | 4             |
| Solicited Indicator                         | 320          | 1             |
| Claim Level User Defined Code               | 321          | 2             |
| Claim Id Recoup                             | 323          | 14            |
| Claim Actual Recoup                         | 337          | 14            |
| Claim Adjustment Amount                     | 351          | 14            |
| Provisional Acceptance Flag                 | 365          | 1             |
| Multi Set Indicator                         | 366          | 1             |

| <b>DCUTLADJ.TXT (ADJUSTMENT)</b> | <b>START</b> | <b>LENGTH</b> |     |
|----------------------------------|--------------|---------------|-----|
| Set Number                       | 001          | 11            | key |
| TED ICN                          | 012          | 17            | key |
| TED Time                         | 029          | 6             | key |
| Occurrence Count                 | 035          | 6             | key |
| Adjustment ID                    | 041          | 8             | key |
| Adjust Indicator                 | 049          | 1             |     |
| Adjust Date                      | 050          | 10            |     |
| CPT-4 Code                       | 060          | 5             |     |
| Amt Allowed CPT-4 Code           | 065          | 12            |     |

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| <b>DCUTLADJ.TXT (ADJUSTMENT)</b> | <b>START</b> | <b>LENGTH</b> |  |
|----------------------------------|--------------|---------------|--|
| Non-Inst Care Begin Dt           | 077          | 10            |  |
| Responsible FI                   | 087          | 2             |  |
| Cycle Number                     | 089          | 8             |  |
| Provisional Acceptance Flag      | 097          | 1             |  |

| <b>DCUTLZTN.TXT (LINE ITEM)</b> | <b>START</b> | <b>LENGTH</b> |     |
|---------------------------------|--------------|---------------|-----|
| Set Number                      | 001          | 11            | key |
| TED ICN                         | 012          | 17            | key |
| TED Time                        | .029         | 6             | key |
| Occurrence Count                | 035          | 6             | key |
| Line Item Dupe Indicator        | 041          | 1             |     |
| Line Item Match Type            | 042          | 1             |     |
| CPT-4 Code                      | 043          | 5             |     |
| Place of Service                | 048          | 2             |     |
| Type of Service                 | 050          | 2             |     |
| Non-Inst Care Begin Dt          | 052          | 10            |     |
| Non-Inst Care End Dt            | 062          | 10            |     |
| Amt Billed CPT-4 Code           | 072          | 12            |     |
| Amt Allowed CPT-4 Code          | 084          | 12            |     |
| Amount Paid Govt Contractor     | 096          | 12            |     |
| Line Item ID Recoup Amount      | 108          | 12            |     |
| Provider Number                 | 120          | 9             |     |
| Provider Sub-ID                 | 129          | 4             |     |
| National Provider ID            | 133          | 10            |     |
| Provider Group NPI              | 143          | 10            |     |
| Provider Zip Code               | 153          | 9             |     |
| Provider Specialty              | 162          | 10            |     |
| Provider Network Status Ind     | 172          | 1             |     |
| Enrollment Code                 | 173          | 2             |     |
| Special Processing Code 1       | 175          | 2             |     |
| Special Processing Code 2       | 177          | 2             |     |
| Special Processing Code 3       | 179          | 2             |     |
| Special Processing Code 4       | 181          | 2             |     |
| Pricing Code                    | 183          | 2             |     |
| CPT-4 Modifier 1                | 185          | 2             |     |
| CPT-4 Modifier 2                | 187          | 2             |     |
| CPT-4 Modifier 3                | 189          | 2             |     |
| CPT-4 Modifier 4                | 191          | 2             |     |
| Provider Region Code            | 193          | 2             |     |
| Provider Catchment Area Ind     | 195          | 1             |     |

| <b>DCSETCMT.TXT (SET COMMENT)</b> | <b>START</b> | <b>LENGTH</b> |     |
|-----------------------------------|--------------|---------------|-----|
| Set Number                        | 001          | 11            | key |
| Comment Line Type                 | 012          | 1             | key |
| Comment Line Sequence #           | 013          | 6             | key |
| Comment Line Text                 | 019          | 255           |     |

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| <b>DCSETLOG.TXT (SET TRANS LOG)</b> | <b>START</b> | <b>LENGTH</b> |     |
|-------------------------------------|--------------|---------------|-----|
| Set Number                          | 001          | 11            | key |
| Transaction Date                    | 012          | 26            | key |
| User ID                             | 038          | 8             |     |
| Set Status                          | 046          | 1             |     |
| Amt Id Recoup                       | 047          | 14            |     |
| Amt Actual Recoup                   | 061          | 14            |     |
| Owner FI                            | 075          | 2             |     |
| Adjust Amt                          | 077          | 14            |     |
| Contract Number                     | 091          | 13            |     |
| Current Load Date                   | 104          | 10            |     |
| Initial Load Date                   | 114          | 10            |     |

| <b>DCCMNT.TXT (CLAIM COMMENT)</b> | <b>START</b> | <b>LENGTH</b> |     |
|-----------------------------------|--------------|---------------|-----|
| Set Number                        | 001          | 11            | key |
| TED ICN                           | 012          | 17            | key |
| TED Time                          | 029          | 6             | key |
| Comment Line Text                 | 035          | 255           |     |

| <b>DCSETUSR.TXT (SET USER DEF CODES)</b> | <b>START</b> | <b>LENGTH</b> |     |
|--|--------------|---------------|-----|
| Owner FI                                 | 001          | 2             | key |
| Contract Number                          | 003          | 13            | key |
| Set Level User Defined Code              | 016          | 2             | key |
| User Defined Text                        | 018          | 30            |     |
| Active/Inactive Indicator                | 048          | 1             |     |

| <b>DCCLMUSR.TXT (CLAIM USER DEF)</b> | <b>START</b> | <b>LENGTH</b> |     |
|--------------------------------------|--------------|---------------|-----|
| Owner FI                             | 001          | 2             | key |
| Contract Number                      | 003          | 13            | key |
| Claim Level User Defined Code        | 016          | 2             | key |
| User Defined Text                    | 018          | 30            |     |
| Active/Inactive Indicator            | 048          | 1             |     |

| <b>DCCOUNT.TXT (SET COUNTS)</b> | <b>START</b> | <b>LENGTH</b> |     |
|---------------------------------|--------------|---------------|-----|
| As of Date                      | 001          | 26            | key |
| Owner FI                        | 027          | 2             | key |
| Contract Number                 | 029          | 13            | key |
| Open Status Number              | 042          | 11            |     |
| Pending Status Number           | 053          | 11            |     |
| Closed Status Number            | 064          | 11            |     |
| Validate Status Number          | 075          | 11            |     |

| <b>DCCONTRACT.TXT (CONTRACT)</b> | <b>START</b> | <b>LENGTH</b> |     |
|----------------------------------|--------------|---------------|-----|
| Contractor Number                | 001          | 13            | key |
| Contract Description             | 014          | 20            |     |
| FI Number                        | 034          | 2             |     |

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| <b>DCFI.TXT (CONTRACT)</b> | <b>START</b> | <b>LENGTH</b> |     |
|----------------------------|--------------|---------------|-----|
| FI/Contractor Number       | 001          | 2             | key |
| Abbreviation               | 003          | 8             |     |
| FI/Contractor Name         | 011          | 60            |     |

| <b>DCREASON.TXT (REASON CODE)</b> | <b>START</b> | <b>LENGTH</b> |     |
|-----------------------------------|--------------|---------------|-----|
| Reason Code                       | 001          | 4             | key |
| Reason Description                | 005          | 60            |     |
| Explain Code                      | 065          | 1             |     |
| Display Key                       | 066          | 1             |     |

| <b>DCENROLL.TXT (ENROLLMENT CODE)</b> | <b>START</b> | <b>LENGTH</b> |     |
|---------------------------------------|--------------|---------------|-----|
| Enrollment Code                       | 001          | 2             | key |
| Enrollment Description                | 003          | 40            |     |

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