

Chapter 2

Section 2.2

Data Requirements - Data Element Layout

Revision: C-40, October 14, 2020

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

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.2

Data Requirements - Data Element Layout

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

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.2

Data Requirements - Data Element Layout

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

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.2

Data Requirements - Data Element Layout

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

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.2

Data Requirements - Data Element Layout

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

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.2

Data Requirements - Data Element Layout

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

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.2

Data Requirements - Data Element Layout

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

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.2

Data Requirements - Data Element Layout

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

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.2

Data Requirements - Data Element Layout

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 Chapter 1, Section 1.1, paragraph 7.7.3.1.5 .
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.

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 T).
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 MAXRLN in transmission header is not possible	MAXRLN 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 MAXRLN fields)	'FSIZE', 'RTYPEV' and 'MAXRLN' literals must be found in Transmission Header record and value of MAXRLN must be > 0 and < 25535.
1250	Record type other than 0, 1, 2, 3, 4, 5, T, or @ is invalid)	Record Type (first position of the record) must be 0, 1, 2, 3, 4, 5, 6, 9, T, 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 = 3, 4, or 5.
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.
2000	Blank filled line items	Transmission files must not contain blank filled line items for Institutional and Non-Institutional records.

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

DESCRIPTION	POSITION	
	FROM	THRU
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

DESCRIPTION	POSITION
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 -