

Chapter 2

Section 2.4

Data Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

Revision: C-4, October 20, 2017

DATA ELEMENT DEFINITION

| ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE | | | |
|---|----------|-------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-400 | Up to 450 | Yes ¹ |
| Non-Institutional | 2-220 | Up to 99 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Five (5) alphanumeric characters. | | | |
| DEFINITION Code identifying the reason for non-payment of services or adjustment of the detail line item. | | | |
| CODE/VALUE SPECIFICATIONS Turn to Addendum G, Figure 2.G-1 through Figure 2.G-3 for a complete listing of valid codes. | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Required if services are not allowed. Leave blank if not applicable. | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: ADJUSTMENT KEY | | | |
|---|----------|----------------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-035 | 1 | Yes |
| Non-Institutional | 2-035 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) One (1) alphanumeric character. | | | |
| DEFINITION 1. If record is an initial TED record or adjustment to an initial TED record, used to identify the TED financial type of record, or | | | |
| 2. If record is an adjustment to a non-TED initial/adjustment record, contractor MUST submit the entire HCSR Indicator for the adjusted Non-TED record. | | | |
| CODE/VALUE SPECIFICATIONS 1. TED financial type codes are: | | | |
| | 0 | Batch | |
| | 5 | Voucher | |
| 2. This value must be the same value as the HCSR suffix present on the original submission. | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | TED RECORD INDICATOR | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

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| ELEMENT NAME: ADJUSTMENT SEQUENCE NUMBER | | | |
|---|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-378 | 1 | Yes |
| Non-Institutional | 2-141 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Three (3) alphanumeric characters. | | | |
| DEFINITION Identifies the processing order of adjustment and cancellation records. | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM Set Adjustment Sequence Number on the initial TED (Type of Submission = I , O , and D) to 000 (zeroes) and increment by one (1) with each adjustment/cancellation transaction (Type of Submission = A and C). Do not increment for TED record resubmissions. If the adjustment/cancellation is for a TED record initially submitted by a previous contractor then set the Adjustment Sequence Number to 001 and increment by one (1) for each subsequent adjustment. | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

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| ELEMENT NAME: ADMINISTRATIVE CLIN | | | |
|---|----------|-------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-283 | 3 | Yes ¹ |
| Non-Institutional | 2-108 | 3 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Three (3) occurrences of six (6) alphanumeric characters. | | | |
| DEFINITION Request for Government administrative fee. Shall be provided by contractor. | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ To be reported on contracts awarded prior to August 2007. Must be blank filled for all others. Can report from 1 to 3 Contract Line Item Numbers (CLINs), left justify and blank fill. Do not duplicate. Each occurrence consists of six characters. | | | |
| Note: CLIN on the contract for which the contractor is requesting an administrative fee payment. | | | |
| Note: Administrative CLIN cannot change on an adjustment if the Admin Rate has been paid. | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: ADMISSION DATE | | | |
|---|----------|-------------|------------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-265 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD. | | | |
| DEFINITION Date the patient was first admitted to the institution for this episode of care. | | | |
| 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: | | | |
| N/A | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: ADMISSION DIAGNOSIS | | | |
|---|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-295 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Seven (7) alphanumeric characters. | | | |
| DEFINITION Diagnosis code under which patient was admitted to institution. | | | |
| CODE/VALUE SPECIFICATIONS Use the most current diagnosis code edition (ICD-9-CM or ICD-10-CM), as directed by DHA. Must code the most detailed subcategory or subclassification. Do not code the decimal point. | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| The primary diagnosis may be coded as the admission diagnosis if the admission diagnosis is not available. | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE | | | |
|--|----------|---|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-065 | 1 | Yes |
| Non-Institutional | 2-056 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) One (1) alphanumeric character | | | |
| DEFINITION The code that represents the source of the legal authority for Active Guard and Reserve service. Download field from DEERS. | | | |
| CODE/VALUE SPECIFICATIONS | A | AGR under 10 USC 10301 (reference (b)) | |
| | B | AGR under 10 USC 10211 (reference (b)) | |
| | C | AGR under 10 USC 12301 (d) (reference (b)) | |
| | D | AGR under 10 USC 12310 (reference (b)) | |
| | E | AGR under 10 USC 12501 (reference (b)) | |
| | F | AGR under 10 USC 3015/3019/8019 (reference (b)) | |
| | G | AGR under 10 USC 3033/8033 (reference (b)) | |
| | H | AGR under 10 USC 3496/8496 (reference (b)) | |
| | I | AGR: 14 USC 276 | |
| | J | AGR under 32 USC 502(f) (reference (m)) | |
| | K | AGR under 32 USC 503 (reference (m)) | |
| | L | AGR under 32 USC 708 (reference (m)) | |
| | M | MILTECH Section 10216 of 10 USC | |
| | N | 32 USC 112 (reference (n)) (Drug Interdiction) | |
| | O | 32 USC 504 | |
| | P | 32 USC 505 | |
| | Q | 32 USC 508 | |
| | X | AGR: Other | |
| | Z | Unknown/Not Applicable | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| If the DEERS response does not return an AGR SERVICE LEGAL AUTHORITY CODE, report Z in this field. | | | |
| If the person is not on DEERS but claim is payable (i.e., Government liability), report Z in this field. | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: AMBULATORY PAYMENT CLASSIFICATION (APC) CODE | | | |
|--|----------|-------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Non-Institutional | 2-330 | Up to 99 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Five (5) alphanumeric characters. | | | |
| DEFINITION Grouping that categorizes outpatient visits according to the clinical characteristics, the typical resource use, and the costs associated with the diagnoses and the procedures performed when paid under the Outpatient Prospective Payment System (OPPS). | | | |
| CODE/VALUE SPECIFICATIONS Refer to DHA's OPPS web site at http://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement/Outpatient-Prospective-Payment-System . Must be left justified and blank filled. | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Required on all TED records reimbursed under the OPPS. | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: AMOUNT ALLOWED (TOTAL) | | | |
|---|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-125 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal places. | | | |
| DEFINITION Total amount allowed for all authorized services on the TED record. For reporting data relating to External Resource Sharing Encounters, refer to Section 1.1, paragraph 8.0 . | | | |
| 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: AMOUNT ALLOWED BY PROCEDURE CODE | | | |
|---|----------|-------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Non-Institutional | 2-185 | Up to 99 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal places. | | | |
| DEFINITION Total amount allowed for this (these) service(s)/supply(ies). | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ If the procedure is denied this amount must be zero. | | | |
| Note: For Mail Order Pharmacy (MOP) records the AMOUNT ALLOWED BY PROCEDURE CODE the acquisition cost of the drug or supply. | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE | | | |
|---|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Non-institutional | 2-195 | Up to 99 | Yes |
| PRIMARY PICTURE (FORMAT) Five (5) signed numeric digits including two (2) decimal places. | | | |
| DEFINITION Portion of Amount Allowed which is applied toward the person or family deductible for the fiscal year for the services reported on the occurrence/line item. | | | |
| 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: AMOUNT BILLED (TOTAL) | | | |
|--|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-120 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal places. | | | |
| DEFINITION Total amount billed for all services reported on the TED record. For reporting data relating to External Resource Sharing Encounters, refer to Section 1.1, paragraph 8.0 . | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM Must be sum total charge per revenue code (institutional record) fields. | | | |
| 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: AMOUNT BILLED BY PROCEDURE CODE | | | |
|--|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Non-Institutional | 2-180 | Up to 99 | Yes |
| PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimals. | | | |
| DEFINITION Amount billed by the provider for this (these) service(s)/supply(ies). | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| For non-cancelled TRICARE Mail Order Pharmacy (TMOP) records the AMOUNT BILLED BY PROCEDURE CODE on the first occurrence/line item must be the Administrative Fee (includes administrative and dispensing cost) and must be \$0.00 on the second occurrence/line item. For cancelled TMOP records the AMOUNT BILLED BY PROCEDURE CODE for all occurrences/line items must be \$0.00 except for lines with Procedure Codes 000MN and 000PA. | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: AMOUNT INTEREST PAYMENT | | | |
|---|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-145 | 1 | No |
| Non-Institutional | 2-112 | 1 | No |
| PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal places. | | | |
| DEFINITION The interest field is used by the contractor to report/record any dollar amounts associated with the delivery of health care that could not otherwise be reported in existing TED records fields. This amount shall be reported on both financially underwritten and non-financially underwritten payments (batch/voucher). (Refer to the financial provisions of the contract.) | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| This amount is not part of the AMOUNT PAID BY GOVERNMENT CONTRACTOR field on the TED record. However, it is to be included in the TOTAL AMOUNT PAID field in the header record. Interest shall not be reported or paid on MOP claims (Type of Service, second position = M). | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: AMOUNT NETWORK PROVIDER DISCOUNT | | | |
|--|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-377 | 1 | Yes1 |
| Non-Institutional | 2-335 | Up to 99 | Yes1 |
| PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimals. | | | |
| <p>DEFINITION Institutional: Amount of network provider discount for all services reported on the TED record. The amount will be the difference between the network provider’s negotiated or discounted rate and the DRG amount, the mental health per diem, or any other TRICARE payment determined through a DHA-approved reimbursement methodology.</p> <p>Non-Institutional: Amount of network provider discount for service(s) on this occurrence/line item. The amount will be the difference between the network provider’s negotiated or discounted rate and the CMAC, prevailing charge, billed charges or any other TRICARE payment determined through a DHA-approved reimbursement methodology.</p> | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Not applicable to the TDEFIC, Retail Pharmacy, and MOP contracts. Excludes claims when TRICARE is secondary payer and the OHI has made payment(s). | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) | | | |
|---|----------|-------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-140 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal places. | | | |
| DEFINITION The total amount paid by Government contractor for all services reported on the TED record. | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Reflects the total amount paid regardless of a provider’s financial arrangement with the contractor, i.e., “withheld amounts.” | | | |
| Note: This amount does not include interest payments. The amount in this field will be included in the TOTAL AMOUNT PAID field in the header record. | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE | | | |
|---|----------|-------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Non-Institutional | 2-205 | Up to 99 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal places. | | | |
| DEFINITION The amount paid by the Government contractor for the services reported on this occurrence/line item. | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Reflects the total amount paid regardless of a provider’s financial arrangement with the contractor, i.e., “withheld amounts.” | | | |
| Note: This amount does not include interest payments. The amount in this field will be included in the TOTAL AMOUNT PAID field in the header record. | | | |
| Note: For MOP records, the AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE must be the acquisition cost of the drug or supply minus the AMOUNT PATIENT COST-SHARE. It must be only the acquisition cost of the drug or supply on the second occurrence/line item. | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (OHI) | | | |
|--|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-130 | 1 | Yes |
| Non-Institutional | 2-190 | Up to 99 | Yes |
| PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal places. | | | |
| DEFINITION Institutional: Amount paid by OHI, including TPL, for services reported on this occurrence/line item. | | | |
| Non-Institutional: Amount paid by OHI, including TPL, for service(s) on this occurrence/line item. | | | |
| 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: AMOUNT PATIENT COST-SHARE | | | |
|--|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-135 | 1 | Yes |
| Non-Institutional | 2-200 | Up to 99 | Yes |
| PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal place. | | | |
| DEFINITION Institutional: The total amount of money the beneficiary is responsible for paying in connection with covered services, other than any disallowed amounts. Non-Institutional: The total amount of money the beneficiary is responsible for paying in connection with covered services, other than the annual fiscal year deductible and any disallowed amounts for services reported on this occurrence/line item. | | | |
| 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: BEGIN DATE OF CARE | | | |
|---|----------|------------------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-275 | 1 | Yes |
| Non-Institutional | 2-150 | Up to 99 | Yes |
| PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD. | | | |
| DEFINITION Institutional: Earliest date of care reported on this TED record. | | | |
| Non-Institutional: The earliest date of care for this procedure. | | | |
| 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: | | | |
| Institutional Record - if the record has a FREQUENCY CODE of 3 Interim, or 4 Final, the BEGIN DATE OF CARE must match the ENDING DATE OF CARE on the previous TED record submitted. | | | |

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DATA ELEMENT DEFINITION

| ELEMENT NAME: CA/NAS EXCEPTION REASON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------------|--------------------|-------------------------|-------------|-----|---|--------------------------------|-----|---|-----------------------------|-----|---|--|-----|---|-------------------------------------|-----|---|----------|-----|---|------------------|-----|---|--|-----|---|---|-----|---|---|------|---|---------|
| RECORDS/LOCATOR NUMBERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institutional | 1-180 | 1 | Yes ⁴ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Institutional | 2-320 | Up to 99 | Yes ⁴ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters ² . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEFINITION Code that describes the reason for bypassing the requirement of a CA/NAS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODE/VALUE SPECIFICATIONS | 1 | Enrollment in an insurance plan that provides primary coverage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | Emergency medical treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | Inpatient care in a college infirmary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | Residential Treatment Center (RTC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | Resource Sharing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7 | Specialized Treatment Facility (STF), e.g., Alcohol Treatment Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9 | TRICARE Demonstration Projects that allow exception to CA/NAS requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | B | Former spouse with pre-existing condition, not on DEERS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | C | Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | K | Continued Health Care Benefit Program (CHCBP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | M | Abused Family Member | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Q | Active Duty Claims | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | S | Home Health Agency (HHA PPS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table><tr><th>ORDER³</th><th>CA/NAS EXCEPTION REASON</th><th>DESCRIPTION</th></tr><tr><td>1st</td><td>9</td><td>TRICARE Demonstration Projects</td></tr><tr><td>2nd</td><td>2</td><td>Emergency medical treatment</td></tr><tr><td>3rd</td><td>1</td><td>Enrollment in an insurance plan that provides primary coverage</td></tr><tr><td>4th</td><td>3</td><td>Inpatient care in college infirmary</td></tr><tr><td>5th</td><td>5</td><td>RTC care</td></tr><tr><td>6th</td><td>6</td><td>Resource Sharing</td></tr><tr><td>7th</td><td>7</td><td>STF Treatment Facility, e.g., Alcohol Treatment Facility</td></tr><tr><td>8th</td><td>B</td><td>Former spouse with pre-existing condition, not on DEERS and CA/NAS required</td></tr><tr><td>9th</td><td>C</td><td>Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.</td></tr><tr><td>10th</td><td>S</td><td>HHA PPS</td></tr></table> | | | ORDER ³ | CA/NAS EXCEPTION REASON | DESCRIPTION | 1st | 9 | TRICARE Demonstration Projects | 2nd | 2 | Emergency medical treatment | 3rd | 1 | Enrollment in an insurance plan that provides primary coverage | 4th | 3 | Inpatient care in college infirmary | 5th | 5 | RTC care | 6th | 6 | Resource Sharing | 7th | 7 | STF Treatment Facility, e.g., Alcohol Treatment Facility | 8th | B | Former spouse with pre-existing condition, not on DEERS and CA/NAS required | 9th | C | Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc. | 10th | S | HHA PPS |
| ORDER ³ | CA/NAS EXCEPTION REASON | DESCRIPTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1st | 9 | TRICARE Demonstration Projects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2nd | 2 | Emergency medical treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3rd | 1 | Enrollment in an insurance plan that provides primary coverage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4th | 3 | Inpatient care in college infirmary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5th | 5 | RTC care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6th | 6 | Resource Sharing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7th | 7 | STF Treatment Facility, e.g., Alcohol Treatment Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8th | B | Former spouse with pre-existing condition, not on DEERS and CA/NAS required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9th | C | Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10th | S | HHA PPS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¹ Required if applicable to TED record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ² When using single digit codes, left justify and blank fill. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ³ Reporting sequence to be used if more than one EXCEPTION REASON applies. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⁴ NAS requirement is eliminated for dates of care on or after March 28, 2013. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Data Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

DATA ELEMENT DEFINITION

| ELEMENT NAME: CA/NAS EXCEPTION REASON (Continued) | | | |
|---|------|------------------------|----------------------|
| | 11th | Q | Active Duty Claims |
| | 12th | K | CHCBP |
| | 13th | M | Abused Family Member |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | PROCESSING INFORMATION | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| 1 Required if applicable to TED record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank. | | | |
| 2 When using single digit codes, left justify and blank fill. | | | |
| 3 Reporting sequence to be used if more than one EXCEPTION REASON applies. | | | |
| 4 NAS requirement is eliminated for dates of care on or after March 28, 2013. | | | |

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Data Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

DATA ELEMENT DEFINITION

| ELEMENT NAME: CA/NAS REASON FOR ISSUANCE | | | |
|--|----------|------------------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-175 | 1 | Yes ² |
| Non-Institutional | 2-315 | Up to 99 | Yes ² |
| PRIMARY PICTURE (FORMAT) One (1) alphanumeric character. | | | |
| DEFINITION The CA/NAS Reason For Issuance indicates why the care was not or cannot be provided by an MTF/eMSM. | | | |
| CODE/VALUE SPECIFICATIONS Download from DEERS. | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | PROCESSING INFORMATION | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ If not applicable report blanks. | | | |
| ² NAS requirement is eliminated for dates of care on or after March 28, 2013. | | | |

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Data Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

DATA ELEMENT DEFINITION

| ELEMENT NAME: CAS/NAS NUMBER | | | |
|--|----------|------------------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-170 | 1 | Yes ² |
| Non-Institutional | 2-310 | Up to 99 | Yes ² |
| PRIMARY PICTURE (FORMAT) Fifteen (15) alphanumeric characters. | | | |
| DEFINITION Unique number assigned by the MTF/eMSM when issuing the CA/NAS. Care authorization is also issued by the MTF/eMSM. | | | |
| CODE/VALUE SPECIFICATIONS Download from DEERS. | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | PROCESSING INFORMATION | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Must be blank if the record contains treatment data exempt from CA/NAS requirement or services are denied for lack of CA/NAS. | | | |
| ² NAS requirement is eliminated for dates of care on or after March 28, 2013. | | | |

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Data Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

DATA ELEMENT DEFINITION

| ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR | | | |
|--|----------|---|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-240 | 1 | Yes |
| Non-Institutional | 2-105 | Up to 99 | Yes |
| PRIMARY PICTURE (FORMAT) One (1) alphanumeric character. | | | |
| DEFINITION Code associated with the primary claim form submitted. | | | |
| CODE/VALUE SPECIFICATIONS | B | DD Form 2642 | |
| | C | HCFA/CMS 1500 | |
| | F | UB-04/UB-92 | |
| | G | Electronic Institutional Claim Submission | |
| | H | Electronic Non-Institutional Claim Submission | |
| | I | Electronic Drug Claim Submission | |
| | J | Other | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| This data element must be I for MOP Prescriptions. | | | |
| This data element must be J for MOP and Retail Pharmacy Prior Authorizations and Medical Necessity Reviews. | | | |

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Data Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

DATA ELEMENT DEFINITION

| ELEMENT NAME: COVERED DAYS | | | |
|---|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-285 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Three (3) signed numeric digits | | | |
| DEFINITION Number of hospital days authorized by the contractor. | | | |
| CODE/VALUE SPECIFICATIONS For admit through discharge statements, enter the number of hospital days where there was any allowance by the contractor. For initial, interim, or final statements, enter the number of allowed days in the period covered by the TED record. | | | |
| ALGORITHM The day of admission is to be counted as a hospital day. The day of discharge is not to be counted as a hospital day. | | | |
| 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 (A - D)

DATA ELEMENT DEFINITION

| ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED | | | |
|--|----------|------------------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-045 | 1 | Yes ¹ |
| Non-Institutional | 2-045 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD. | | | |
| DEFINITION Date the contractor determined an adjustment or cancellation TED record was required. | | | |
| 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: | | | |
| ¹ Zero fill if TED record is an initial submission record. | | | |

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Data Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

DATA ELEMENT DEFINITION

| ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION | | | |
|--|-----------------|--------------------|------------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-040 | 1 | Yes |
| Non-Institutional | 2-040 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD. | | | |
| DEFINITION Date the contractor processed the claim/treatment encounter data to completion. This is when all services and supplies on the claim have been adjudicated, payment has been determined, deductible has been applied, and payment/deductible/denial has been posted to history and the TED record(s). This date does not change for resubmissions (corrections to TED records with edit errors) unless previously coded in error. | | | |
| 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: | | | |
| N/A | | | |

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Data Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

DATA ELEMENT DEFINITION

| ELEMENT NAME: DEERS DEPENDENT SUFFIX | | | |
|--|---------------|---|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Non-Institutional | 2-075 | 1 | No |
| PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters. | | | |
| DEFINITION Code maintained on DEERS database that uniquely identifies the patient within the family. Download field from DEERS. | | | |
| CODE/VALUE SPECIFICATIONS | 10 | Blank (not reported) | |
| | 01-19 | Eligible Dependent Children | |
| | 20 | Sponsor | |
| | 30-39 | Spouse of Sponsor | |
| | 40-44 | Mother of Sponsor | |
| | 45-49 | Father of Sponsor | |
| | 50-54 | Mother-in-law of Sponsor | |
| | 55-59 | Father-in-law of Sponsor | |
| | 60-69 | Other Eligible Family Members (including former spouse) | |
| | 70-74 | Unknown by DEERS | |
| | 75 | Pseudo DDS - Unknown by Contractor | |
| | 98 | Service Secretary Designee | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| This data element CAN ONLY be used for TYPE OF SERVICE (SECOND POSITION) = M (MOP Drugs, Supplies, Prescription Authorizations, and Reviews) and for TYPE OF SUBMISSION B (ADJUSTMENT OF NON-TED RECORD (HCSR) DATA) AND E (COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA). | | | |

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Data Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

DATA ELEMENT DEFINITION

| ELEMENT NAME: DEERS IDENTIFIER (PATIENT) | | | |
|--|----------|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-097 | 1 | Yes |
| Non-Institutional | 2-082 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Eleven (11) alphanumeric characters. | | | |
| DEFINITION A DEERS identifier created from the combination of the DEERS assigned nine digit DEERS family identifier and two digit DEERS Beneficiary Identifier. Download from DEERS. | | | |
| CODE/VALUE SPECIFICATIONS Positions 1 through 9 = DEERS Family Identifier | | | |
| ALGORITHM Positions 10 and 11 = DEERS Beneficiary Identifier (Valid Values are 00 through 99). | | | |
| 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 Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

DATA ELEMENT DEFINITION

| ELEMENT NAME: DRG NUMBER | | | |
|--|----------|-------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-290 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Three (3) alphanumeric characters. | | | |
| DEFINITION Number identifying the Diagnosis Related Group (DRG) determined for this care. | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Required if TED record is processed under TRICARE DRG reimbursement methodology. See TRICARE Reimbursement Manual (TRM), Chapter 6 effective dates. | | | |

- END -

