

Chapter 2

Section 2.9

Data Requirements - Institutional/Non-Institutional Record Data Elements (T - Z)

Revision: C-21, January 31, 2019

DATA ELEMENT DEFINITION

ELEMENT NAME: TED RECORD CORRECTION INDICATOR			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-374	1	Yes ¹
Non-Institutional	2-139	1	Yes ¹
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code that identifies the type of adjustment.			
CODE/VALUE SPECIFICATIONS		Blank	Does not apply - contract awarded July 1, 2007 or after.
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
¹ This element applies only to TED records reported under contracts awarded prior to July 1, 2007. This element must be blank on all other TED records.			

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DATA ELEMENT DEFINITION

ELEMENT NAME: TED RECORD INDICATOR			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-005	1	Yes
Non-Institutional	2-005	1	Yes
PRIMARY PICTURE (FORMAT) Group			
DEFINITION Field containing multiple elements that uniquely identify each TED record.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
INTERNAL CONTROL NUMBER		N/A	
TIME STAMP			
ADJUSTMENT KEY			
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

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DATA ELEMENT DEFINITION

ELEMENT NAME: TIME STAMP			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-030	1	Yes ¹
Non-Institutional	2-030	1	Yes ¹
PRIMARY PICTURE (FORMAT) Six (6) alphanumeric characters.			
DEFINITION Unique system time assigned by the claims processor’s computer system. Used as part of the TED RECORD INDICATOR field for unique key definition. Once assigned, cannot be changed.			
CODE/VALUE SPECIFICATIONS Issued in MMSSHH (Minutes, Seconds, Hundredths)			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		TED RECORD INDICATOR	
NOTES AND SPECIAL INSTRUCTIONS:			
¹ TED records with TYPE OF SUBMISSION A and C should be submitted using the same TIME STAMP value as the initial TED record. TED records with TYPE OF SUBMISSION B or E should be submitted with the same TIME STAMP value as the original non-TED record (HCSR).			

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DATA ELEMENT DEFINITION

ELEMENT NAME: TOTAL CHARGE BY REVENUE CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-395	Up to 450	Yes
PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal places.			
DEFINITION Amount billed for this revenue code.			
CODE/VALUE SPECIFICATIONS Must be equal to or less than 999,999.99 unless the occurrence/line item is for Revenue Code 0001, which must be equal to or less than 9,999,999.99.			
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: TOTAL OCCURRENCE/LINE ITEM COUNT			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-375	1	Yes
Non-Institutional	2-140	1	Yes
PRIMARY PICTURE (FORMAT) Three (3) signed numeric digits.			
DEFINITION The total number of occurrences/line items reported on the TED record.			
CODE/VALUE SPECIFICATIONS Institutional: Must be greater than 0 and not more than 450.			
Non-Institutional: Must be greater than 0 and not more than 99.			
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: TYPE OF ADMISSION			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-255	1	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION A code indicating the priority of this admission.			
CODE/VALUE SPECIFICATIONS	1.	Emergency	The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions.
	2.	Urgent	The patient requires immediate attention for the care and treatment of a physical or mental disorder.
	3.	Elective	The patient’s condition permits adequate time to schedule the services.
	4.	Newborn	Use of this code necessitates the use of special POINT OF ORIGIN codes (1 through 4).
	5.	Trauma Center	Visit to a trauma center/hospital as licensed or designated by the state or local Government authority authorized to do so, or as verified by the American College of Surgeons and involving trauma activation.
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		TYPE OF BILL	
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

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DATA ELEMENT DEFINITION

ELEMENT NAME: TYPE OF BILL			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-245	1	Yes
PRIMARY PICTURE (FORMAT) Group			
DEFINITION Field that contains elements that define details of a patient’s stay in the institution.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
FREQUENCY CODE		N/A	
TYPE OF ADMISSION			
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

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DATA ELEMENT DEFINITION

ELEMENT NAME: TYPE OF INSTITUTION			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-235	1	Yes
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.			
DEFINITION Code describing the type of institution for institutional providers.			
CODE/VALUE SPECIFICATIONS Refer to Addendum D, Figure 2.D-1 .			
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 (T - Z)

DATA ELEMENT DEFINITION

ELEMENT NAME: TYPE OF SERVICE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-280	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.			
DEFINITION Code to indicate the type of service provided. Contractors should use their best business practices to assign second position type of service value.			
CODE/VALUE SPECIFICATIONS	TYPE OF SERVICE CODES - FIRST POSITION VALUES		
	A	Ambulatory surgery cost-shared as inpatient (ADFMs only)	
	I	Inpatient	
	K	Emergency Room Admission cost-shared as inpatient.	
	M	Outpatient maternity care cost-shared as inpatient	
	N	Outpatient cost-shared as inpatient	
	O	Outpatient, excluding M, N, or P	
	P ¹	Outpatient partial psychiatric hospitalization care cost-shared as inpatient	
	TYPE OF SERVICE CODES - SECOND POSITION VALUES		
	1	Medical Care	
	2	Surgery	
	3	Consultation	
	4	Diagnostic/Therapeutic X-Ray	
	5	Diagnostic Laboratory	
	6	Radiation Therapy	
	7	Anesthesia	
	8	Assistance at Surgery	
	9	Other Medical Services & Supplies	
	A	DME Rental/Purchase	
	B	Retail Drugs, Supplies, Prescription Authorizations, and Reviews	
	C ²	Ambulatory Surgery	
	D	Hospice	
	E	Second Opinion on Elective Surgery	
	F	Maternity	
	G	Dental	
	H	Mental Health Care	
	I	Ambulance	
	J	ECHO (formerly PFPWD)	
	K	Physical/Occupational Therapy	
NOTES AND SPECIAL INSTRUCTIONS:			
¹ If the first position value of TYPE OF SERVICE code is P , the second position must be H .			
² If the second position value TYPE OF SERVICE code C is used on TED records for other than ADFMs. Do not report in conjunction with first position code A .			

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DATA ELEMENT DEFINITION

ELEMENT NAME: TYPE OF SERVICE (Continued)	
L	Speech Therapy
M	Mail Order Pharmacy (MOP) Drugs, Supplies, Prescription Authorizations, and Reviews
ALGORITHM N/A	
SUBORDINATE AND/OR GROUP ELEMENTS	
SUBORDINATE	GROUP
N/A	N/A
NOTES AND SPECIAL INSTRUCTIONS: ¹ If the first position value of TYPE OF SERVICE code is P , the second position must be H . ² If the second position value TYPE OF SERVICE code C is used on TED records for other than ADFMs. Do not report in conjunction with first position code A .	

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DATA ELEMENT DEFINITION

ELEMENT NAME: TYPE OF SUBMISSION			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-165	1	Yes
Non-Institutional	2-100	1	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code indicating the TED record submission type.			
CODE/VALUE SPECIFICATIONS	A	Adjustment to TED record data	
	B ¹	Adjustment to non-TED record (HCSR) data	
	C	Complete cancellation to TED record data	
	D ²	Complete denial initial TED record submission	
	E ¹	Complete cancellation of non-TED record (HCSR) data	
	I	Initial TED record submission	
	O	Zero Government payment TED record due to 100% OHI	
	R	Resubmission of an initial TED record (TYPE OF SUBMISSION was 'I') that was rejected due to errors	
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		PROCESSING INFORMATION	
NOTES AND SPECIAL INSTRUCTIONS:			
¹ TYPE OF SUBMISSION codes B and E are to be used when reporting a cancellation or adjustment for a claim that was initially processed using HCSR Record format. Refer to Section 1.1 for further instructions. TYPE OF SUBMISSION codes B and E are not valid if Beginning Date of Care is on or after October 1, 2010.			
² See Addendum M for the data requirements for complete claim denials.			

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DATA ELEMENT DEFINITION

ELEMENT NAME: UNITS OF SERVICE BY REVENUE CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-390	Up to 450	Yes ¹
PRIMARY PICTURE (FORMAT) Ten (10) signed numeric digits.			
DEFINITION The number of services rendered by revenue category to or for the patient to include items such as numbers of accommodation days, pints of blood, treatments, etc.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
¹ For complete claim denials when the appropriate value is not available, report 0000000001.			

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