

## Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

Revision: C-44, December 24, 2020

### DATA ELEMENT DEFINITION

ELEMENT NAME: REASON FOR INTEREST PAYMENT			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-150	1	No
Non-Institutional	2-113	1	No
<b>PRIMARY PICTURE (FORMAT)</b> Two (2) alphanumeric <sup>1</sup> characters.			
<b>DEFINITION</b> This field will be used to determine the fiscal responsibility for the interest payment based on the following hierarchy.			
	A	Claims pending at Government direction that the Government has specifically directed the contractor to hold for an extended period of time. These will primarily be claims pending a Program Integrity investigation (the Government is fiscally responsible for any interest). (Terminated 07/08/2019)	
	B	Claims requiring Government intervention (the Government is fiscally responsible for any interest). (Terminated 07/08/2019)	
	C	Claims requiring development for potential third-party liability (the Government is fiscally responsible for any interest). (Terminated 07/08/2019)	
	D	Claims requiring an action/interface with another prime contractor (the contractor is fiscally responsible for any interest). (Terminated 07/08/2019)	
	E	Claims retained by the contractor that do not fall into one of the above categories (the contractor is fiscally responsible for any interest). (Terminated 07/08/2019)	
	F	10 USC 1095c(a)(2) interest payment (the contractor is fiscally responsible for any interest). (Effective 07/09/2019).	
	G	10 USC 1095c(a)(2) interest payment (the Government is fiscally responsible for any interest). (Effective 07/09/2019).	
<b>CODE/VALUE SPECIFICATIONS</b> N/A			
<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> Left justify and blank fill, if not applicable.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: RECORD TYPE INDICATOR</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-001	1	Yes <sup>1</sup>
Non-Institutional	2-001	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> One (1) alphanumeric character.			
<b>DEFINITION</b> Code to indicate the type of record.			
<b>CODE/VALUE SPECIFICATIONS</b>	1	Institutional	
	2	Non-Institutional	
<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> Refer to the <a href="#">Section 1.1, paragraph 1.0</a> for further instructions.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: REGION INDICATOR</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-112	1	Yes
Non-Institutional	2-303	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Two (2) alphanumeric character.			
<b>DEFINITION</b> Region Indicator is the region of the contractor responsible for the care provided.			
<b>CODE/VALUE SPECIFICATIONS</b>	<del>⊖</del>	Blank	
	NC	North Contract	
	OC	Overseas Contract	
	SC	South Contract	
	WC	West Contract	
	E7	East Contract 2017	
	W7	West Contract 2017	
<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>			
Report blanks for MOP, Retail Pharmacy, TDEFIC and adjustments to non-TED records.			

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<b>ELEMENT NAME: REVENUE CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-385	Up to 450	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Four (4) alphanumeric characters.			
<b>DEFINITION</b> Code which identifies revenue categories associated with the type of service rendered. Like revenue codes must be combined to one occurrence for reporting on the TED record. Like denied revenue codes with the same Adjustment/Denial Reason Code must be combined to one occurrence for reporting on the TED record. Denied and non-denied revenue codes cannot be reported on the same occurrence. Room and board revenue codes must be combined if the code and rate are the same.			
<b>CODE/VALUE SPECIFICATIONS</b> Use UB-04/UB-92 revenue codes (see <a href="#">Addendum H</a> ).			
<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**

<b>ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE (OP/NSP) CODES</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-350 --1-373	24	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> Seven (7) alphanumeric characters.			
<b>DEFINITION</b> Codes identifying the procedures, other than the principal procedure, performed during the period reported on the TED record. The secondary OP/NSP code(s) shall not duplicate the primary OP/NSP code. Do not duplicate secondary OP/NSP codes.			
<b>CODE/VALUE SPECIFICATIONS</b> Use the most current procedure code edition (ICD-9-CM or ICD-10-PCS) as directed by DHA. Must code the most detailed procedure. Do not code the decimal point.			
<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> Required if available.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION (POA) INDICATOR</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-305 -- 1-328	24	Yes <sup>1</sup>
Non-Institutional	2-116 -- 2-138, 2-340	24	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> Eight (8) alphanumeric characters.			
<b>DEFINITION</b> Secondary Treatment Diagnosis: Code corresponding to additional conditions that co-exist at the time of admission or during the treatment encounter. The secondary treatment diagnosis code(s) shall not duplicate the primary treatment diagnosis code. Do not duplicate secondary treatment diagnosis codes.			
POA Indicator: Diagnosis present at the time the order for inpatient admission occurs.			
<b>CODE/VALUE SPECIFICATIONS</b> Secondary Treatment Diagnosis (Positions 1 through 7): Use the most current diagnoses edition (ICD-9-CM or ICD-10-CM) as directed by DHA. Must code the most detailed procedure. Do not code decimal point.			
POA Indicator (Position 8):			
Valid POA values are:			
	<del>h</del>	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	
<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> Required if available.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SEQUENCE NUMBER</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-025	1	Yes
Non-Institutional	2-025	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Seven (7) alphanumeric characters.			
<b>DEFINITION</b> A sequential number assigned by the contractor to identify the individual claim. Once assigned, the sequence number cannot be re-used with the same Filing Date and Filing State/Country.			
<b>CODE/VALUE SPECIFICATIONS</b> The sequential identifying number assigned by the contractor.			
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>		<b>GROUP</b>	
N/A		INTERNAL CONTROL NUMBER	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR)</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-060	1	Yes <sup>2</sup>
Non-Institutional	2-055	1	Yes <sup>2</sup>
<b>PRIMARY PICTURE (FORMAT)</b> One (1) alphanumeric character.			
<b>DEFINITION</b> The code that represents the branch classification of service with which the sponsor is affiliated. Download field from DEERS.			
<b>CODE/VALUE SPECIFICATIONS</b>	1	Foreign Army	
	2	Foreign Navy	
	3	Foreign Marine Corps	
	4	Foreign Air Force	
	A	Army	
	C	Coast Guard	
	D	Office of the Secretary of Defense	
	F	Air Force	
	H	Public Health Service	
	M	Marine Corps	
	N	Navy	
	O	NOAA	
	X	Not applicable <sup>1</sup>	
	Z	Not provided from DEERS	
<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 <b>X</b> for CHAMPVA Claims.			
<sup>2</sup> Required if available on DEERS, if not available from DEERS report from the claim or report <b>Z</b> in this field.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SOLE COMMUNITY HOSPITAL (SCH) DRG CALCULATION</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-208	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> Nine (9) signed numeric digits including two (2) decimal places.			
<b>DEFINITION</b> Amount the SCH would be allowed if reimbursed under DRG based payment system.			
<b>CODE/VALUE SPECIFICATIONS</b> N/A			
<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> Required for SCH records with admission dates on or after January 1, 2014 and AMOUNT ALLOWED (TOTAL) greater than zero. All others must have a zero value.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SOLE COMMUNITY HOSPITAL (SCH) DRG NUMBER</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-379	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> Three (3) alphanumeric characters.			
<b>DEFINITION</b> Number identifying the DRG classification used to determine the SCH DRG CALCULATION.			
<b>CODE/VALUE SPECIFICATIONS</b> N/A			
<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> Required if SCH DRG CALCULATION is greater than zero.			

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SPECIAL PROCESSING CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-185	4	Yes <sup>1</sup>
Non-Institutional	2-305	4/Up to 99	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> Four occurrences of two (2) alphanumeric characters per occurrence/line item for non-institutional.			
<b>DEFINITION</b> Code indicating care that requires special processing.			
<b>CODE/VALUE SPECIFICATIONS</b>	0	Hospice non-affiliated provider	
	1	Medicaid	
	3	Allogeneic bone marrow recipient (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)	
	4	Allogeneic bone marrow donor (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)	
	5	Liver transplant (effective for care before 03/01/1997, or between 02/20/1998 and 08/31/1999 and after 05/31/2003)	
	6	HHC (non-institutional only)	
	7	Heart Transplant	
	10	Active duty cost-share ambulatory surgery taken from professional claim	
	11	Hospice	
	12	Capitated Arrangements	
	14	BMTs - DHA approved	
	16	Ambulatory Surgery Facility charge	
	17	VHA medical provider claim (care rendered by a VHA provider)	
	49	Hospital reimbursement reduced by manufacturer credit/replacement of device during warranty period	
	50	Hospital reimbursement reduced by manufacturer credit/recalled device	
	A	Partnership Program (internal providers with signed agreements)	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.			
<sup>2</sup> Whenever SPECIAL PROCESSING CODE = <b>E</b> (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE <b>CM</b> must be present.			
<sup>3</sup> Whenever SPECIAL PROCESSING CODE = <b>AU</b> (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE <b>PF</b> (ECHO) must be present.			
<sup>4</sup> Whenever SPECIAL PROCESSING CODE = <b>RB</b> (Respite Benefit for Seriously Injured or Ill Service Member) is coded, SPECIAL PROCESSING CODE <b>SE</b> (SHCP-TRICARE Eligible) must be present.			
<sup>5</sup> This code shall only be used by the regional contractors when transferring underwritten debt created by Good Faith payments to non-underwritten debt in accordance with the TRICARE Operations Manual (TOM), <a href="#">Chapter 10, Section 3, paragraph 6.7.1</a> .			
<sup>6</sup> Required for all claims paid under the ACO demonstration, except claims for beneficiaries who are enrolled in the ACO demonstration but who receive care overseas. These claims will be processed by TOP.			
<sup>7</sup> <b>The contractor shall populate the Cost-Share, Copay, Deductible field with the amount the beneficiary would have paid had no waiver been granted.</b>			

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<b>ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)</b>	
E	HHC/CM Demonstration (After 03/15/1999, grandfathered into the Individual Case Management Program (ICMP)) <sup>2</sup>
Q	Active Duty Delayed Deductible
R	Medicare/TRICARE Dual Entitlement First Payer - Not a Medicare Benefit (Effective 10/01/2001)
S	Resource Sharing - External
T	Medicare/TRICARE Dual Entitlement (formally normal COB processing (Effective 10/01/2001 process as Second Payer))
U	BRAC Medicare Pharmacy (Section 702) claim (Terminated 04/01/2001)
V	Financially underwritten payment by contractor
W	Non-financially underwritten payment by financially underwritten contractor
X	Partial hospitalization - provider not contracted with or employed by the PHP billing for psychotherapy services in a PHP
Y	Heart-lung transplant
Z	Kidney transplant
AB	Abused dependent of discharged or dismissed member (Effective 07/28/1999)
AC	Access To Care (ATC) Demonstration (South Region only)
AD	Foreign active duty claims (Effective 06/30/1996)
AE	Abortion performed due to rape
AF	Abortion performed due to incest
AG	Abortion performed due to life endangering physical condition
AN	SHCP - Non-MTF/eMSM-Referred Care (Effective 10/01/1999 through 05/31/2004)
AP	Applied Behavior Analysis (ABA) Pilot
AR	SHCP - MTF/eMSM Referred Care (Effective 10/01/1999 through 05/31/2004)

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.
- <sup>2</sup> Whenever SPECIAL PROCESSING CODE = **E** (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE **CM** must be present.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = **AU** (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE **PF** (ECHO) must be present.
- <sup>4</sup> Whenever SPECIAL PROCESSING CODE = **RB** (Respite Benefit for Seriously Injured or Ill Service Member) is coded, SPECIAL PROCESSING CODE **SE** (SHCP-TRICARE Eligible) must be present.
- <sup>5</sup> This code shall only be used by the regional contractors when transferring underwritten debt created by Good Faith payments to non-underwritten debt in accordance with the TRICARE Operations Manual (TOM), [Chapter 10, Section 3, paragraph 6.7.1](#).
- <sup>6</sup> Required for all claims paid under the ACO demonstration, except claims for beneficiaries who are enrolled in the ACO demonstration but who receive care overseas. These claims will be processed by TOP.
- <sup>7</sup> **The contractor shall populate the Cost-Share, Copay, Deductible field with the amount the beneficiary would have paid had no waiver been granted.**

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)</b>	
AS	Comprehensive Autism Care Demonstration
AU	Autism Demonstration (Effective 03/15/2008) <sup>3</sup>
A1	ACO Pilot for Part A services rendered by KP owned providers
A2	ACO Pilot for Part A services rendered by KP contracted providers
A3	ACO Pilot for Part A services rendered by non-KP providers (HGB Network and other providers) <sup>6</sup>
BA	Applied Behavior Analysis (ABA) (Interim Benefit)
BD	Bosnia Deductible (Effective 12/08/1995)
BH	IOP Behavioral Health Sequelae of Sexual Trauma Pilot (Effective 09/01/2020)
B1	ACO Pilot for Part B services rendered by KP owned providers
B2	ACO Pilot for Part B services rendered by KP contracted providers
B3	ACO Pilot for Part B services rendered by non-KP providers (HGB Network and other providers) <sup>6</sup>
CA	Civil Action Payment (Effective 07/01/1999)
CC	Cost-Share, Co-Pay, Deductible Amount Reported-Waived (Effective 11/01/2019) <sup>7</sup>
CE	SHCP - CCEP (Effective 10/01/1999)
CL	Clinical Trials Demonstration (Enrollment Effective 03/17/2003 through 03/31/2008)
CM	ICMP claims (Effective 03/15/1999)
CO	NIAID COVID-19 Clinical Trials (Effective 10/30/2020)
CP	Cancer Clinical Trials (Enrollment Effective on or after 04/01/2008)
CT	CCTP (Effective 12/28/2001)
CV	COVID-19 Services-Care for COVID-19 Patients (Effective 11/01/2019)
DB	Digital Breast Tomosynthesis (DBT)

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.
- <sup>2</sup> Whenever SPECIAL PROCESSING CODE = **E** (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE **CM** must be present.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = **AU** (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE **PF** (ECHO) must be present.
- <sup>4</sup> Whenever SPECIAL PROCESSING CODE = **RB** (Respite Benefit for Seriously Injured or Ill Service Member) is coded, SPECIAL PROCESSING CODE **SE** (SHCP-TRICARE Eligible) must be present.
- <sup>5</sup> This code shall only be used by the regional contractors when transferring underwritten debt created by Good Faith payments to non-underwritten debt in accordance with the TRICARE Operations Manual (TOM), [Chapter 10, Section 3, paragraph 6.7.1](#).
- <sup>6</sup> Required for all claims paid under the ACO demonstration, except claims for beneficiaries who are enrolled in the ACO demonstration but who receive care overseas. These claims will be processed by TOP.
- <sup>7</sup> **The contractor shall populate the Cost-Share, Copay, Deductible field with the amount the beneficiary would have paid had no waiver been granted.**

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<b>ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)</b>		
DC	DCPE-DVA/VHA - C&P exams used to determine fit for duty	
DE	TDRL physical exams (Effective 03/30/2009)	
D1	ACO Pilot for Part D services rendered by KP Pharmacies	
D2	ACO Pilot for Part D services rendered by non-KP Pharmacies <sup>6</sup>	
EF	TRICARE Reserve and National Guard Family Member Benefits (Reservists and National Guard members called to active duty for more than 30 days in support of a contingency operation) (Effective 11/01/2009)	
EU	Emergency services rendered by an unauthorized provider (Effective 06/01/1999)	
FF	TFL (First Payer - Not A Medicare Benefit) (Effective 10/01/2001)	
FG	TFL (First Payer - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)	
FS	TFL (Second Payer) (Effective 10/01/2001)	
GF	TPR for eligible ADFM residing with a TPR Eligible Service Member (Effective 10/30/2000 through 08/31/2002)	
GU	Service member enrolled in TPR (Effective 10/01/1999)	
G1	Good Faith Payment Debt Transfer <sup>5</sup>	
G2	Good Faith Payment	
HH	Home Health Value-Based Purchasing (HHVBP) Demonstration (Effective 01/01/2020)	
KO	Allied Forces - Kosovo (Effective 06/01/1999)	
LB	Low Back Pain Demonstration (Effective 01/01/2021 through 12/31/2023)	
LD	Laboratory Developed Tests (LDTs) Demonstration	
L2	Non-FDA Approved LDTs Demonstration	
MC	Platelet Rich Plasma Injections for the treatment of Musculoskeletal Conditions (Effective 10/01/2019)	
MH	Mental Health Active Duty Cost- Share	

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.
- <sup>2</sup> Whenever SPECIAL PROCESSING CODE = **E** (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE **CM** must be present.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = **AU** (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE **PF** (ECHO) must be present.
- <sup>4</sup> Whenever SPECIAL PROCESSING CODE = **RB** (Respite Benefit for Seriously Injured or Ill Service Member) is coded, SPECIAL PROCESSING CODE **SE** (SHCP-TRICARE Eligible) must be present.
- <sup>5</sup> This code shall only be used by the regional contractors when transferring underwritten debt created by Good Faith payments to non-underwritten debt in accordance with the TRICARE Operations Manual (TOM), [Chapter 10, Section 3, paragraph 6.7.1](#).
- <sup>6</sup> Required for all claims paid under the ACO demonstration, except claims for beneficiaries who are enrolled in the ACO demonstration but who receive care overseas. These claims will be processed by TOP.
- <sup>7</sup> **The contractor shall populate the Cost-Share, Copay, Deductible field with the amount the beneficiary would have paid had no waiver been granted.**

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<b>ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)</b>		
MM		Maryland Multi-Payer Patient-Centered Medical Home Program (MMPCMHP)
MN		TSP (Non-Network) (Effective 01/01/1998 through 12/31/2001)
MS		TSP (Network) (Effective 01/01/1998 through 12/31/2001)
NE		Operation Noble Eagle/Operation Enduring Freedom Demonstration (Reservists called to active duty under Executive Order 13223) (Effective 09/14/2001 through 10/31/2009)
PC		Provisional Coverage for Emerging Services and Supplies
PD		Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001)
PF		ECHO (formerly PFPWD)
PH		Philippines Demonstration Project (Expired)
PO		TRICARE Prime - Point of Service (POS)
PS		Specialty Pharmacy Service (MOP Only)
PV		Retail Network Pharmacy Services for DVA/VHA Beneficiaries (TPharm Retail Pharmacies Only)
RB		Respite Benefit for Seriously Injured or Ill ADSMs <sup>4</sup>
RD		Rare Diseases
RI		Resource Sharing - Internal
RS		Medicare/TRICARE Dual Entitlement (First Payer - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)
SA		SHCP Gamete Handling/Transportation
SB		SHCP Portable CPAP Device
SC		SHCP - Non-TRICARE Eligible (Effective 10/01/1999)
SE		SHCP - TRICARE Eligible (Effective 10/01/1999)
SM		SHCP - Emergency (Effective 10/01/1999)
SN		TSS (Non-Network) (Effective 04/01/2000 through 12/31/2002)

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.
- <sup>2</sup> Whenever SPECIAL PROCESSING CODE = **E** (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE **CM** must be present.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = **AU** (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE **PF** (ECHO) must be present.
- <sup>4</sup> Whenever SPECIAL PROCESSING CODE = **RB** (Respite Benefit for Seriously Injured or Ill Service Member) is coded, SPECIAL PROCESSING CODE **SE** (SHCP-TRICARE Eligible) must be present.
- <sup>5</sup> This code shall only be used by the regional contractors when transferring underwritten debt created by Good Faith payments to non-underwritten debt in accordance with the TRICARE Operations Manual (TOM), [Chapter 10, Section 3, paragraph 6.7.1](#).
- <sup>6</sup> Required for all claims paid under the ACO demonstration, except claims for beneficiaries who are enrolled in the ACO demonstration but who receive care overseas. These claims will be processed by TOP.
- <sup>7</sup> **The contractor shall populate the Cost-Share, Copay, Deductible field with the amount the beneficiary would have paid had no waiver been granted.**

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

Chapter 2, Section 2.8

Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)</b>	
SP	Special/Emergent Care (Effective 06/01/1999)
SS	TSS (Network) (Effective 04/01/2000 through 12/31/2002)
ST	Specialized Treatment (Effective 03/01/1997 through 05/31/2003)
UC	Urgent Care Pilot (Expired)
WR	Mental Health Wraparound Demonstration (Effective 01/01/1998 through 06/30/2001)
<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> Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters. <sup>2</sup> Whenever SPECIAL PROCESSING CODE = <b>E</b> (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE <b>CM</b> must be present. <sup>3</sup> Whenever SPECIAL PROCESSING CODE = <b>AU</b> (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE <b>PF</b> (ECHO) must be present. <sup>4</sup> Whenever SPECIAL PROCESSING CODE = <b>RB</b> (Respite Benefit for Seriously Injured or Ill Service Member) is coded, SPECIAL PROCESSING CODE <b>SE</b> (SHCP-TRICARE Eligible) must be present. <sup>5</sup> This code shall only be used by the regional contractors when transferring underwritten debt created by Good Faith payments to non-underwritten debt in accordance with the TRICARE Operations Manual (TOM), <a href="#">Chapter 10, Section 3, paragraph 6.7.1</a> . <sup>6</sup> Required for all claims paid under the ACO demonstration, except claims for beneficiaries who are enrolled in the ACO demonstration but who receive care overseas. These claims will be processed by TOP. <sup>7</sup> <b>The contractor shall populate the Cost-Share, Copay, Deductible field with the amount the beneficiary would have paid had no waiver been granted.</b>	

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