

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL  
 RECORD DATA ELEMENTS (T - Z)

DATA ELEMENT DEFINITION

<b>ELEMENT NAME: TED RECORD INDICATOR</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-005	1	Yes
Non-Institutional	2-005	1	Yes
<b>PRIMARY PICTURE (FORMAT) Group</b>			
<b>DEFINITION</b> Field containing multiple elements that uniquely identify each TRICARE Encounter Data Record.			
<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>	
INTERNAL CONTROL NUMBER		N/A	
TIME STAMP			
ADJUSTMENT KEY			
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
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 <sup>1</sup>
Non-Institutional	2-030	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Six (6) alphanumeric characters.

**DEFINITION** Unique system time assigned by the claims processor's computer system when issuing an initial TED Record record.

**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:**

<sup>1</sup> System Time that is issued only on initial TED Record record. Used as part of the TRICARE Encounter Data (TED) Record Indicator field for unique key definition. TYPE OF SUBMISSION A, C, and F TED Records should be submitted using the same Time value as the initial TED Record. An initial TYPE OF SUBMISSION B TED Record should be submitted with a unique Time value. Any subsequent TYPE OF SUBMISSION B records for the same TED should be submitted with the same Time value as the initial. A TYPE OF SUBMISSION E TED Record, for which there has never been a TYPE OF SUBMISSION B TED Record submitted, should contain a unique Time value. A TYPE OF SUBMISSION E TED Record for which there has been an initial TYPE OF SUBMISSION B record submitted should use the same Time value as the initial record.

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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 999	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 Revenue Code 001 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 Institutional:** The number of sets of revenue codes and related data elements that occur on the record.

**Non-Institutional:** The number of sets of procedure codes and related utilization data elements that occur on the record.

**CODE/VALUE SPECIFICATIONS Institutional:** Must be greater than 0 and not more than 999.

**Non-Institutional:** Must be greater than 0 and not more than 99<sup>1</sup>.

**ALGORITHM** N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> This is a 3 digit field to allow for growth. However, the TED value for this field cannot exceed 99.

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: TYPE OF ADMISSION</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-255	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b> One (1) alphanumeric character.			
<b>DEFINITION</b> A code indicating the type of this admission.			
<b>CODE/VALUE SPECIFICATIONS</b>			
1	Emergency	The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room.	
2	Urgent	The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally the patient is admitted to the first available and suitable accommodation.	
3	Elective	The patient's condition permits adequate time to schedule the availability of a suitable accommodation.	
4	Newborn	Use of this code necessitates the use of special SOURCE OF ADMISSION codes (1 through 4). Must not be used for the mother.	
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	TYPE OF BILL		
<b>NOTES AND SPECIAL INSTRUCTIONS: N/A</b>			

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**DATA ELEMENT DEFINITION**

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

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: TYPE OF INSTITUTION</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-235	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Two (2) alphanumeric characters required.			
<b>DEFINITION</b>	A code describing the type of institution for institutional providers.		
<b>CODE/VALUE SPECIFICATIONS</b> Refer to <a href="#">Chapter 2, Addendum D, Figure 2-D-1</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 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.

**CODE/VALUE SPECIFICATIONS**      **TYPE OF SERVICE CODES - FIRST POSITION VALUES**

A	Ambulatory surgery cost-shared as inpatient (Active Duty family members only)
C	Air Force CAM primary/ preventive outpatient care (Effective prior to 04/1997)
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, P, or N
P <sup>1</sup>	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

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> The first position values of TYPE OF SERVICE is 'P', the second position must be 'H'.

<sup>2</sup> If the second position values TYPE OF SERVICE code 'C' is used on TED Records for other than active duty family members. Do not report in conjunction with first position code 'A'.



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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: TYPE OF SERVICE (CONTINUED)</b>	
<b>CODE/VALUE SPECIFICATIONS</b>	B Retail Drugs & Supplies
<b>(CONTINUED)</b>	C <sup>2</sup> Ambulatory Surgery
	D Hospice
	E Second Opinion on Elective Surgery
	F Maternity
	G Dental
	H Mental Health Care
	I Ambulance
	J Program for Persons with Disabilities
	K Physical/Occupational Therapy
	L Speech Therapy
	M Mail Order Pharmacy Drugs & Supplies
<b>ALGORITHM N/A</b>	
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>	
<b>SUBORDINATE</b>	<b>GROUP</b>
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> The first position values of TYPE OF SERVICE is 'P', the second position must be 'H'.
- <sup>2</sup> If the second position values TYPE OF SERVICE code 'C' is used on TED Records for other than active duty family members. 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 <sup>1</sup>
Non-Institutional	2-100	1	Yes <sup>1</sup>

**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 <sup>2</sup>		Adjustment to non-TED record (HCSR) data
C		Complete cancellation to TED record data
D		Complete denial initial TED record submission
E <sup>2</sup>		Complete cancellation of non-TED record (HCSR) data
I		Initial TED record submission
O		Zero 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:**

<sup>1</sup> Non-TED Record 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 [Chapter 2, Section 1.2](#) for further instructions.

<sup>2</sup> TYPE OF SUBMISSION 'B' and 'E' are not valid if Beginning Date of Care is on or after 10/01/2007.

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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 999	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Seven (7) signed numeric digits.

**DEFINITION** The number of services rendered or number of days, by revenue category.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> For complete claim denials when the appropriate value is not available, use code '1'.

