VIII. INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS ("Q - S")

Data Element Definition

Element Name: **Reason for Adjustment**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-195	1	Yes[1]
Non-Institutional	2-200	1	Yes[1]

Primary Picture (Format)   One (1) alphanumeric character.

Definition   Code that indicates the primary reason for the positive or negative HCSR.

Code/Value Specifications

Positive/Statistical Adjustments

A   Adjustment due to non-FI/Contractor error

B   Adjustment due to FI/Contractor error

C   Adjustment due to prior FI/Contractor error

Negative Adjustments/Cancellations

D   Adjustment due to non-FI/Contractor error

E   Adjustment due to FI/Contractor error

F   Adjustment due to prior FI/Contractor error

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	Processing Code

Notes and Special Instructions:

[1] *Required if applicable to HCSR conditions. Refer to ADP Manual, Chapter 1, Section III.C. for adjustment reporting procedures.*

Chapter 2

Data Requirements

Data Element Definition

Element Name: Reason for Issuance

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-202	1	Yes
Non-Institutional	2-207	1	Yes

Primary Picture (Format) One (1) alphanumeric character.

Definition The Reason For Issuance indicates why the care was not or cannot be provided by a Military Treatment Facility.

Code/Value Specifications Submit in same format as DEERS response

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:
Download from DEERS; if not applicable report blanks

Data Requirements

Data Element Definition

Element Name: *Reason for Payment Reduction*

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-113	1	Yes[1]
Non-Institutional	2-113	1	Yes[1]

Primary Picture (Format)   One (1) alphanumeric characters.

Definition   *Reason Payment Reduction Assessed.*

Code/Value Specifications   A   Mental Health Pre-Authorization Not Obtained.

B   Adjunctive Dental Care Pre-Authorization Not Obtained

C   Procedure/Services in TRICARE Regions Care Not Authorized

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] *If not applicable, space filled.*

Data Element Definition

Element Name: Record Type

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-001	1	Yes[1]
Non-Institutional	2-001	1	Yes[1]

Primary Picture (Format) One (1) alphanumeric character.

Definition Code to indicate the type of record.

Code/Value Specifications
1 Institutional

2 Non-Institutional

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] *See the ADP Manual, Chapter 1, Section III.A. for further instructions.*

Data Element Definition

Element Name: **Special Processing Code**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-197	1	Yes[1]
Non-Institutional	2-202	1	Yes[1]

Primary Picture (Format)   Six (6) alphanumeric characters.

Definition   Code indicating care that requires special processing.

Code/Value Specifications

0   Hospice Non-Affiliated Provider

1   Medicaid

2   Cooperative Care

3   Bone Marrow Recipient (Wilford Hall referred only)

4   Bone Marrow Donor (Wilford Hall referred only)

5   Liver Transplant *(for care before 7/15/96)* |

6   Home Health Care (Non-Institutional Only)

7   Heart Transplant

8   Contracted Provider Arrangement (only valid for Mid-Atlantic Region)

9   Fort Drum Cooperative Medical Care

A   Partnership Program (Internal Providers with signed agreements)

B   Partnership Program (External with signed agreements)

C   Partnership Program (External Provider without a signed agreement who assisted or provided ancillary support)

Notes and Special Instructions:

[1]   *Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill. Refer to Addendum K for hierarchy to apply when more than 1 Special Processing Codes must be reported.*

Data Element Definition

Element Name: **Special Processing Code (Continued)**

Code/Value Specifications (Continued)		
	D	DRG qualifying for interim payment (Institutional only)
	E	Home Health Care/Case Management (HHC/CM) Demonstration
	F	Reynolds Army Community Hospital (Ft. Sill, OK)
	G	Evans Army Community Hospital (Ft. Carson, CO)
	H	Charleston Naval Hospital Catchment Area
	I	Bergstrom AFB Catchment Area
	J	Luke/Williams AFB Catchment Area
	K	Georgia/Florida PPO
	L	Chiropractic Care Demonstration
	M	Health Care Finder and Participating Provider Program
	N	CHAMPUS Select
	O	Charleston Naval Hospital CAMCHAS MTF Services
	P	Reserved
	Q	Active Duty Delayed Deductible
	R	Medicare/CHAMPUS Dual Entitlement
	S	Resource Sharing
	T	Medicare/CHAMPUS Dual Entitlement (normal COB processing)
	U	Medicare pharmacy (Section 702) claim
	V	At-risk payment by at-risk claims processor

Notes and Special Instructions:

1 *Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill. Refer to Addendum K for hierarchy to apply when more than 1 Special Processing Codes must be reported.*

Data Element Definition

Element Name: **Special Processing Code (Continued)**

Code/Value Specifications (Continued)		
	W	Not-At-Risk payment by at-risk claims processor
	X	Partial hospitalization - provider not contracted with or employed by the partial hospitalization program billing for psychotherapy services in a partial hospitalization program
	Y	Heart-Lung Transplant
	Z	Liver-Kidney Transplant (*Combined Liver-Kidney only after 7/15/96*)
	!	Northern Region Coordinated Care
	@	Active Duty Cost Share Ambulatory Surgery Taken From Professional Claim.
	#	Hospice
	$	Capitated arrangements
	%	Abused Dependents
	&	Bone Marrow Transplants - OCHAMPUS approved
	*	VA Medical Center Claim
	?	Ambulatory Surgery Facility Charge
	PO	*TRICARE* Prime - Point of Service
	BD	Bosnia Deductible - 12/8/95
	MH	Mental Health Active Duty Cost Share
	AD	Active Duty Claims
	ST	Specialized Treatment

Algorithm N/A

Subordinate and/or Group Elements

Notes and Special Instructions:

[1] *Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill. Refer to Addendum K for hierarchy to apply when more than 1 Special Processing Codes must be reported.*

Data Element Definition

Element Name: Special Processing Code (Continued)

Subordinate	Group
N/A	Processing Code

Notes and Special Instructions:

[1] *Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill. Refer to Addendum K for hierarchy to apply when more than 1 Special Processing Codes must be reported.*

Data Element Definition

Element Name: **Special Rate Code**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-198	1	Yes
Non-Institutional	2-203	1	Yes

Primary Picture (Format)   Two (2) alphanumeric characters.

Definition   Code indicating care that requires special rate.

Code/Value Specifications

Blank	No special rate
D	Discount rate agreement[2]
P	Per diem rate agreement[1]
A	DRG reimbursement with 4% discount
B	DRG reimbursement with 3% discount
C	DRG reimbursement with 2% discount
E	DRG reimbursement with 1% discount
F	DRG reimbursement with no discount
G	CHAMPUS DRG reimbursement with LONG STAY OUTLIER[1]
H	CHAMPUS DRG reimbursement with SHORT STAY OUTLIER[1]
I	CHAMPUS DRG reimbursement with COST OUTLIER[1]
J	CHAMPUS DRG reimbursement with NO OUTLIER[1]
K	Hospital-Specific Psychiatric Per Diem Rate[1]
L	Region-Specific Psychiatric Per Diem Rate[1]

Notes and Special Instructions:

Left Justified, Blank filled

[1] *Institutional only*

[2] *Required for a provider with a negotiated rate when OHI is involved, unless Special Processing Codes 'A', or 'M' are used.*

Data Element Definition

Element Name: Special Rate Code (Continued)

Code/Value Specifications (Continued)		
	M	Discounted CHAMPUS DRG reimbursement with LONG STAY OUTLIER[1]
	N	Discounted CHAMPUS DRG reimbursement with SHORT STAY OUTLIER[1]
	O	Discounted CHAMPUS DRG reimbursement with COST OUTLIER[1]
	Q	Discounted CHAMPUS DRG reimbursement with NO OUTLIER[1]
	R	Ambulatory Surgery Facility Payment Rate
	S	Discounted Ambulatory Surgery Facility Payment Rate
	T	Non-participating Provider 10% Payment Reduction

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	Processing Code

Notes and Special Instructions:

Left Justified, Blank filled

[1] *Institutional only*

[2] *Required for a provider with a negotiated rate when OHI is involved, unless Special Processing Codes 'A', or 'M' are used.*

Data Element Definition

Element Name: **Sponsor Branch of Service**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-055	1	Yes[1]
Non-Institutional	2-055	1	Yes[1]

Primary Picture (Format) One (1) alphanumeric character.

Definition Sponsor's Uniformed Service Branch or Organization.

Code/Value Specifications

- A Army
- C CHAMPVA
- E Public Health Service
- F Air Force
- I NOAA
- M Marines
- N Navy
- P Coast Guard

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] *Download from DEERS; if unavailable from DEERS, report branch of service from the claim or treatment encounter data. "X" and "Z" are not allowed. For NATO claims, the code/value that reflects the sponsoring military service of the NATO member shall be used and "Sponsor Status" shall be reported as "T" (locator numbers 1-065 and 2-065). For CHAMPVA claims, which are identified by the occurrence of an Alternate Care Flag, report Branch of Service "C" rather than the actual value returned from DEERS.*

Also refer to ADP Manual, Chapter 9, Section IV.A.2.a.(3)

NOTE:

This last requirement does not apply to at-risk contractors.

Data Element Definition

Element Name: **Sponsor Pay Grade**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-050	1	Yes[1]
Non-Institutional	2-050	1	Yes[1]

Primary Picture (Format)   Two (2) alphanumeric characters.

Definition   Sponsor's pay grade.

Code/Value Specifications

01-09	Enlisted (E1-E9)
11-15	Warrant Officer (W1-W5)
19	Academy or Navy OCS Students
20	Unknown Officer
21-31	Officer (O1-O11)
41-58	GS1-GS18
90	Unknown (including NATO)
95	Not applicable (including CHAMPVA)
99	Other

Algorithm   N/A

Subordinate And/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] For HCSRs reporting services under Program for the Handicapped, Sponsor Pay Grade must be one of the following 01-09, 11-14, or 21-31.

Download field from DEERS. Refer to ADP Manual, Chapter 9, Section IV.C.3. for specific instructions.

Data Element Definition

Element Name: **Sponsor Social Security Number**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-045	1	Yes
Non-Institutional	2-045	1	Yes

Primary Picture (Format)   Nine (9) alphanumeric characters.

Definition   Sponsor Social Security number as verified through DEERS.

Code/Value Specifications   N/A

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:
Must be numeric or blank.

Download field from DEERS. Refer to ADP Manual, Chapter 9, Section IV.A.2.a. and Section IV.A.2.b. for specific instructions.

Data Element Definition

Element Name: **Sponsor Status**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-065	1	Yes[1]
Non-Institutional	2-065	1	Yes[1]

Primary Picture (Format) One (1) alphanumeric character.

Definition Code indicating current status of the sponsor at the time the care was rendered, as verified through DEERS.

Code/Value Specifications

Active Duty

A   Active Duty

B   Recalled to Active Duty

J   Academy Student/Navy OCS

N   National Guard

Q   Prisoner/Appellate

V   Reserved

T   Foreign Military (NATO)

Retired

D   100% Disabled

F   Former Member

I   Permanently Disabled

O   Temporarily Disabled

R   Retired

W   Title III Retiree

Notes and Special Instructions:

[1] *NATO HCSRs must be reported using code 'T' Foreign Military even though DEERs includes them in code 'X' other.*

Download field from DEERS. Refer to ADP Manual, Chapter 9, Section IV.A.2.e. and Section IV.C.2. for specific instructions.

Data Requirements

Data Element Definition

Element Name: **Sponsor Status (Continued)**

Deceased

    K   Deceased

Other

    C   Civilian

    H   Medal of Honor

    P   TAMP Designee

    X   Other

    Z   Unknown

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	Beneficiary Category

Notes and Special Instructions:

[1] *NATO HCSRs must be reported using code 'T' Foreign Military even though DEERs includes them in code 'X' other.*

Download field from DEERS. Refer to ADP Manual, Chapter 9, Section IV.A.2.e. and Section IV.C.2. for specific instructions.

Data Element Definition

Element Name: Type of Service

Records/locator Numbers

Record Name	Locator #	Occurrences	Required
Non-Institutional	2-325	Up to 25	Yes[1]

Primary Picture (Format) Two (2) alphanumeric characters.

Definition Code to indicate the type of service provided.

Code/Value Specifications Format XX

First Position values

A   Ambulatory surgery cost-shared as inpatient (Active Duty dependents only)

C   Air Force CAM primary/preventive outpatient care

I   Inpatient

K   Emergency Room Admission cost-shared as inpatient.

O   Outpatient, Excluding M, P, or N, below

M   Outpatient maternity care cost-shared as inpatient

P   Outpatient partial psychiatric hospitalization care cost-shared as inpatient

N   Outpatient 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

Notes and Special Instructions:

[1] *The first position values must be consistent for all detail occurrences in the HCSR; however, 'I' and 'M' can be reported on the same HCSR. Separate HCSR suffixes are required for 'A,' 'C,' 'O,' 'P', 'N' and 'K'.*

Data Element Definition

Element Name: Type of Service (Continued)

Codes/Values Specifications (Continued)

6	Radiation Therapy
7	Anesthesia
8	Assistance at Surgery
9	Other Medical Service
A	DME Rental/Purchase
B	Drugs
[1]C	Ambulatory Surgery
D	Hospice
E	Second Opinion on Elective Surgery
F	Maternity
G	Dental
H	Mental Health Care
I	Ambulance
J	Program for the Handicapped

[1] *Code 'C' is used on HCSRs for other than Active Duty dependents. Do not report in conjunction with first position Code 'A'.*

If the first position of Type of Service is 'P', the second position (see above) must be 'H'.

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] *The first position values must be consistent for all detail occurrences in the HCSR; however, 'I' and 'M' can be reported on the same HCSR. Separate HCSR suffixes are required for 'A,' 'C,' 'O,' 'P', 'N' and 'K'.*