DHSS Program Management

Interface Control Document Describing the TRICARE Dental Program (TDP) to MDR Data Exchange

Mod 2

Approved Version

June 7, 2012



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ICD Describing the TDP Data Exchange to the MDR

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Approval Version

June 7, 2012

Approval Page

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June 7, 2012

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Preface

This document describes the interface that provides the TRICARE Dental Program (TDP), pertaining to contract HT9402-11-C-0001, records from MetLife. MetLife provides automated information systems support for the TDP. The files are sent from MetLife to the TRICARE Management Activity (TMA) Defense Health Services Systems (DHSS) Program Executive Office and loaded into the Military Health System (MHS) Data Repository (MDR).

This document is under DHSS project configuration control. Changes to this document will be made by document change notice (DCN) or by complete revision.

Questions on proposed changes concerning this plan should be addressed to:

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Abstract

DHSS manages the MDR as the core repository for MHS clinical, beneficiary population, enrollment, costing, and workload data. The MDR collects, catalogues, and organizes data files from several systems. This Interface Control Document (ICD) specifies the TRICARE Dental Program (TDP) data exchange with MetLife and DHSS. The TRICARE Management Activity (TMA) Program Contract Operations Office manages the TDP contract. MetLife is the contractor responsible for the administration of the TDP contract HT9402-11-C-0001.

**Keywords:** Defense Health Services Systems, Interface Control Document, MHS Data Repository, TRICARE Dental Program, TRICARE Management Activity, DHSS, ICD, TDP, TMA

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| **BASELINE, CHANGE AND REVISION HISTORY PAGE** |
| **ISSUE** | **DATE** | **PAGES AFFECTED** | **DESCRIPTION** |
| Baseline | April 27, 2007 | All | Baseline |
| Mod 1 | October 17, 2011 |  | Changed instances of United Concordia / Highmark to MetLife |
| Mod 2 | May 25, 2012 | Table A-1, A-2 | Update data feed tables to accurately reflect the TDP File  |
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# Introduction

## Document Identification

This document describes the interface that provides the TRICARE Dental Program (TDP) files to the MHS Data Repository (MDR).

## Scope

This document describes and identifies the parameters and specifies the file layout of the TDP Claims and Provider record files that DHSS receives from MetLife, the contractor responsible for delivering dental care under the TDP program. The TDP contract is managed by the TRICARE Management Activity (TMA) Contract Operations Office (DO).

## System Overview

The TDP provides dental care insurance coverage to Military Health System (MHS) beneficiaries. Following delivery of dental care, a claim is submitted to MetLife for adjudication and payment. MetLife maintains a database of providers that are authorized to provide dental care. As such, the by-products of delivering purchased dental care are Claims and Provider electronic data records that are sent to DHSS. MDR users analyze the data for various purposes, including beneficiary health care management, future budget estimations, and quality of health care delivery.

## Reference Documents

DHSS Program Office, *EIDS Information Support Plan (ISP),* dated 15 October 2010.

EIDS Program Office, *CEIS Operational Requirements Document (ORD)*, Falls Church, VA, December 1997.

## Operational Agreement

This ICD provides the technical specification for an interface between TMA DO and the DHSS Program Executive Office regarding the TDP files. This ICD and any subsequent modified versions, when approved by DHSS, will be provided to TMA DO. It establishes the on-going operational agreement through a contract between TMA DO and MetLife.

It is the responsibility of TMA DO to notify DHSS of any potential or planned changes to data feed formats or contents as soon as these potential changes are known in order to minimize adverse impacts on DHSS receiving systems. When required, the ICD will be modified by the DHSS Program Executive Office, and a copy of the revised ICD will be sent to TMA DO.

Appendix A delineates the TDP data elements that are sent to the DHSS Program Executive Office under this agreement.

Should problems occur with the interface, DHSS data production support personnel will contact MetLife’s operational personnel in coordination with TMA DO. Should there be systemic data problems recognized during MDR processing, DHSS members will coordinate with their counterparts in TMA DO.

# Data Specification

## Identification of Data Exchanges

This ICD addresses the following data feed from MetLife to DHSS:

* TRICARE Dental Program (TDP) files for contract HT9402-11-C-0001. The TDP files provide purchased dental care claims and provider records.

This ICD will be changed *only* if the interface changes from the interface file format or file content specified herein.

## Precedence and Criticality of Requirements

Reliable dental claims data is necessary for the MHS to make knowledge-based decisions regarding TRICARE dental programs. The MDR provides this information to MHS decision-makers. Updates are required for effective performance of MHS operations. An inability to obtain this data could have an adverse impact on the ability of MHS managers to oversee MHS program operations.

## Communications Methods

DHSS receives the TDP files on a monthly basis via Secure File Transfer Protocol (SFTP). SFTP is configured to utilize FIPS 140-2 compliant encryption. DHSS receives these extracts on the OKC Feed Node located at the DISA DECC in Oklahoma City. The OKC Feed Node and the MDR are both accredited under the DHSS Datamarts ATO. MetLife pushes the data to the OKC Feed Node using SFTP over the MHS B2B VPN Gateway.

Upon connection to the OKC Feed Node via SFTP over the MHS B2B VPN Gateway, MetLife will be authenticated using an AIX username and password. The AIX password for the SFTP account will expire every 52 weeks and meets the following security requirements:

A minimum 15 character password containing 2 uppercase letters, 2 lowercase letters, 2 numbers, and 2 special characters.

The TDP file naming convention is: claims\_mmmyyyy\_<record count of file> and provider\_mmmyyyy\_<record count of file>. For example, the data received in October 2011 arrived with the following filenames: claims\_sep2011\_01054144 and provider\_sep2011\_00078697.

## Performance Requirements

There are no unique performance requirements for this data. The data needs to be provided according to a regularly scheduled time frame.

MetLife to send the monthly file the Monday following the first Saturday of each month. The first file from MetLife would then be expected on Monday, June 4th, 2012.

The transmission of test files to occur during the following timeframes:

1. March 26, 2012 – March 30, 2012 for the first cycle of test files
2. April 9, 2012 – April 13, 2012 for a second cycle of test files
3. April 23, 2012 – April 27, 2012 for a final test cycle.

## Security and Integrity

The MDR maintains an active ATO accreditation.

There is PHI (Protected Health Information) and PII (Personally Identifiable Information) exchanged in this interface. The raw aggregate data is part of a database that contains sensitive data, and it will be protected in accordance with the security requirements mandated for all "Sensitive Information Systems" by the requirements of DoD Directive 8500.1 and DoD Instruction 8500.2. These standards help ensure compliance with the following Federal laws:

* Privacy Act of 1974
* U.S. Code, Title 10, Section 1102, Medical Quality Assurance Records
* U.S. Code, Title 10, Section 1030, Fraud and Related Activity in Connection with Computers
* Computer Security Act of 1987
* Health Insurance Portability and Accountability Act (HIPAA)

To ensure the security and integrity of the data exchanged, files are transferred using SFTP which utilizes a secure FIPS 140-2 compliant encryption algorithm. In addition, the SFTP is conducted over the MHS B2B VPN Gateway to ensure further security.

### Data Integrity and Quality

Validation checks such as record counts, file formats, source stamps, and date-time stamps will be performed on the data transferred from MetLife to MDR as defined in the design documentation. When errors are discovered in the data exchange, MetLife will be notified immediately by DHSS operations personnel.

**Appendix A: TDP File Layout**

**A.1 File Format**

MetLife sends TDP records in a fixed length file on a monthly basis via SFTP to the MDR Feed Node. The files are loaded into the MDR located at DISA DECC OKC. Extracts from the TDP files are used to feed the MHS Mart (M2).

**A.2 Record Layout**

Table A-1 describes the layout of TDP Claims records, and Table A-2 describes the layout of the TDP Provider records. The MDR uses the data files as delivered to process and develop the necessary data required to support DHSS data requirements.

Each month, MetLife sends two files to the MDR. One contains Claims records, and the other provides Provider records collected from the previous month.

**A.3 File Operational Context**

DHSS processes the records and adds the additional records to the TDP database for users to view.

The record key for TDP Claims records is the persistent key (Field 19) and the claim line item number (Field 20). Within a file of records, there will be updated claims to those received in the previous month’s file. MetLife will send all line items associated with an adjusted claim, regardless of whether or not all the line items were adjusted. To update the TDP database each month, DHSS will first remove all records from the master database that match the persistent keys in the update file and then append all of the records from the update file to the master database.

Table A‑1 TDP Claims Data Elements

| **Field #** | **Field Name** | **Field Length** | **Position** | **Data Type** | **Value Range** | **Functional Description** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Sponsor SSN | 9 | 1 - 9 | A-numeric |  | Social Security Number (SSN) of the Sponsor. |
| 2 | DoD ID Number | 10 | 10 - 19 | A-numeric |  | The identifier assigned by Defense Enrollment Eligibility Reporting System (DEERS) that is used to represent a patient within a Department of Defense Electronic Data Interchange (DoD EDI\_PN) |
| 3 | Relationship Code | 1 | 20 | A-numeric | 0, 1, 2 | The relationship of the patient associated with the claim to the sponsor. MetLife Codes Are:0 = Employee/Sponsor1 = Spouse2 = Child |
| 4 | Type of Contract | 1 | 21 | A-numeric | 1, 3, 4 | Indicates if the enrollment of the patient is a Sponsor coverage, an individual family member coverage or a multiple family member coverage with regards to the claim being processed.1 = Sponsor coverage3 = Individual family member coverage4 = Multi-family member coverage |
| 5 | Patient Gender | 1 | 22 | A-numeric | F, M, X | Service member’s sex code. Coded as follows: F = Female M = Male X = Unknown |
| 6 | Patient Birth Date | 8 | 23 - 30 | Date |  | The patient's date of birth.Format YYYYMMDD |
| 7 | Branch of Service | 1 | 31 | A-numeric | A, C, F, H, M, N, O, , X, Z | Code representing the sponsor’s branch of service. Coded as follows: A = Army C = Coast Guard F = Air Force M = Marine Corps N = Navy O = Commissioned Corps of the National Oceanographic and Atmospheric Administration (NOAA) H = Commissioned Corps of the Public Health ServiceX = Not ApplicableZ = Unknown |
| 8 | Components | 1 | 32 | A-numeric | A, N | Code representing the sponsor’s service component as of the time of the claim. Coded as follows: A = Active Duty (including Active Guard and Reserve) N = National Guard and Reserve |
| 9 | Phone Number | 14 | 33 - 46 | A-numeric |  | The home telephone number of the patient - for U.S. and Foreign phone numbers. Format: Area code, exchange, and number (10 digits) plus four positions for extension. |
| 10 | Performing Provider Number | 18 | 47 - 64 | A-numeric |  | The unique set of business attributes that uniquely identify a provider. The Provider Key is 18 bytes and made up of:\* Phone number (last 7 digits)\* Short Name (1 character initial and 1st 5 characters of the last name)\* State (2 characters)\* Unique Breaker (3 byte numeric) |
| 11 | Provider Tax ID | 9 | 65 - 73 | A-numeric |  | The Internal Revenue Service assigned Taxpayer Identification Number (TIN) of the provider  |
| 12 | National Provider ID (NPI) | 10 | 74 - 83 | A-numeric |  | National Provider Identification (NPI) number of the provider rendering the dental services. |
| 13 | Provider Zip Office Code | 5 | 84 - 88 | A-numeric |  | Provider / Dentist's United States Postal Zip Code. This can be the actual zip location where services are rendered or the zip location of the bill.  |
| 14 | Performing Provider Specialty | 3 | 89 - 91 | A-numeric | 010, 015, 020, 030, 040, 050, 060, 070, 080, 400, 500, 600, 700, 800 | A numeric coded value that identifies the primary specialty of the provider.See Appendix B-1 |
| 15 | Provider Network Status | 1 | 92 | A-numeric | 1, 2 | Indicates if the provider was an in network provider at the time of the Claim. 1 = Network provider 2 = Non-network provider  |
| 16 | Provider Degree | **5** | 93 - 97 | A-numeric | BDS, CRNA, DA, DDS, DMD, LD, MD, MDDDS, MS, MSD, RDH | The Professional Degree which a doctor receives upon graduation from a college or university (e.g., DDS, DMD).  |
| 17 | Billing Provider Zip | 5 | 98 - 102 | A-numeric |  | Provider / Dentist's United States Postal Zip Code. This can be the actual zip location where services are rendered or the zip location of the bill.  |
| 18 | Claim Number | 17 | 103 - 119 | A-numeric |  | The MetLife File Control Number (FCN) structure of the second key is 17 byte transaction identifier and made up of:\* C (1 character century)\* YY (2 character year)\* MM (2 character month)\* DD (2 character day)\* 99999 (5 character incremental number)\* 999 (3 character office number which will always be 008 for TRICARE)\* 99 (2 character incremental sequence number) |
| 19 | Persistent Key | 17 | 120 - 136 | A-numeric |  | A uniquely assigned internal system key that links all claim adjustment transactions back to their original base claim transaction |
| 20 | Claim Line-Item Number | 4 | 137 - 140 | A-numeric |  | A sequentially assigned identifier that identifies the line item in the claim. |
| 21 | Claim Status Indicator | 1 | 141 | A-numeric | 1, 2, 4, 5, 6 | The final life cycle status resolution of the claim line item.1 = Paid2 = Declined4 = Cancelled / Batch Paid5 = Batch Declined6 = Charge Killed  |
| 22 | Claim Rejection Reason Code | 5 | 142 - 146 | A-numeric | 01-99, 1Z, 3S, 9A, AC, CD, CR, IE, NF, PA-PC, PL, PU, RP, WE, ZA-ZO | Rejection codes at procedure levelSee Appendix B-2. |
| 23 | Special Processing Code | 2 | 147 - 148 | A-numeric | TX, TZ | The structure by which the claim is paid will be translated into a code to indicate if the plan that the claim was paid out under is OCONUS/CONUSTX = TRICARE Dental Program – CONUS (2011-2016) TZ = TRICARE Dental Program – OCONUS (2011-2016) |
| 24 | Alternate Treatment Code | 2 | 149 - 150 | A-numeric | SP, RD, NC | SP = Service Package - when several procedures are performed on the same date of service in the same location in the mouth, the system will identify only one complex primary procedure for reimbursement RD = Rebundling - the use of two or more procedure codes to describe a procedure performed in a single instance when a single code comprehensively describes the procedure performed NC = Submitted procedure has been down coded to an alternate procedure  |
| 25 | Benefit Category | 35 | 151 - 185  | A-numeric |  | The ADA Procedure category (which is textual) is a rollup of the detailed ADA procedure into a broad categorization of the procedure / benefit.See Appendix B-3 |
| 26 | Date of Service | 8 | 186 - 193 | Date |  | The date the service was performed. Format: YYYYMMDD. Each record represents when a scheduled payment will be made.  |
| 27 | Claim Receipt Date | 8 | 194 - 201 | Date |  | The date that the claim was received for payment.Format: YYYYMMDD.  |
| 28 | Claim Paid Date | 8 | 202 - 209 | Date |  | The date that the last payment was made for this claim line item.Format: YYYYMMDD |
| 29 | Claim Processed Date | 8 | 210 - 217 | Date |  | The date that the claim was processed in MetLife claims processing system and something on the claim has changed. Format: YYYYMMDD |
| 30 | Date of Last Exam | 8 | 218 - 225 | Date |  | The latest date that the patient had a dental examination. Format: YYYYMMDD |
| 31 | CDT Procedure Code | 5 | 226 - 230 | A-numeric |  | The ADA Procedure code that the that describes the service for which the claim line item is being paid or denied.  |
| 32 | CDT Version | 2 | 231 - 232 | A-numeric |  | The CDT version that was used to determine the procedure code. Coded as follows: First position: last digit of year (e.g., 5 for 2005) Second position: reserved for future use. |
| 33 | Tooth Code | 2 | 233 - 234 | A-numeric | 01-32, A-T, LL, LR, UL, UR, SN, TH, LA, UA, UK | The Universal Tooth Numbering identification of the tooth associated with the procedure. MetLife to make child value 2 digits (trailing zero to alpha value) when sending over to the MDRSee Appendix B-4 |
| 34 | Anterior/Posterior Indicator | 1 | 235 | A-numeric | A, P | The tooth type code identifies if the location of the treatment is Anterior, Posterior or undetermined (when for general checkup).A = Anterior P = Posterior |
| 35 | Buccal Surface Indicator | 1 | 236 | A-numeric | N, Y | The primary surface that the treatment was performed on Indicates buccal surface. Coded as follows: N = No Y = Yes |
| 36 | Distal Surface Indicator | 1 | 237 | A-numeric | N, Y | The primary and secondary surfaces that the treatment was performed on.Indicates Distal surface. Coded as follows: N = No Y = Yes |
| 37 | Facial Surface Indicator | 1 | 238 | A-numeric | N, Y | The primary and secondary surfaces that the treatment was performed on.Indicates Facial surface. Coded as follows: N = No Y = Yes |
| 38 | Incisal Surface Indicator | 1 | 239 | A-numeric | N, Y | The primary, secondary, and tertiary surfaces that the treatment was performed on.Indicates Incisal surface. Coded as follows: N = No Y = Yes |
| 39 | Lingual Surface Indicator | 1 | 240 | A-numeric | N, Y | The primary, secondary, tertiary, and quaternary surfaces that the treatment was performed on.Indicates Lingual surface. Coded as follows: N = No Y = Yes |
| 40 | Mesial Surface Indicator | 1 | 241 | A-numeric | N, Y | The primary, secondary, tertiary, and quaternary surfaces that the treatment was performed on.Indicates Mesial surface. Coded as follows: N = No Y = Yes |
| 41 | Occlusal Surface Indicator | 1 | 242 | A-numeric | N, Y | The primary, secondary, tertiary, and quaternary surfaces that the treatment was performed on.Indicates Occlusal surface. Coded as follows: N = No Y = Yes |
| 42 | Mouth Area Code | 2 | 243 - 244 | A-numeric | LL, LR, UL, UR, SN, TH | The quadrant of the tooth that the procedure was performed againstLL = Lower Left Quadrant LR = Lower Right QuadrantUL = Upper Left QuadrantUR = Upper Right QuadrantSN = No quadrant is requiredTH = No tooth is required |
| 43 | Provider Charge | 9 | 245 - 253 | Numeric |  | The amount of charges submitted by the provider for the procedure. Format: “dddddd.cc” |
| 44 | Allowed Amount | 9 | 254 - 262 | Numeric |  | The amount, in dollars, allowed under the plan for the specified services. Format: “dddddd.cc” |
| 45 | Approved Amount | 9 | 263 - 271 | Numeric |  | Benefit amount for the procedure (after the application of co-insurance and deductible)Format: “dddddd.cc” |
| 46 | Other Carrier Payment | 9 | 272 - 280 | Numeric |  | Amount Paid by Other Insurance Carrier for this procedure (claim level, allocated to the procedure level)Format: “dddddd.cc” |
| 47 | Prior Placement Date | 8 | 281 - 288 | Date |  | The date of initial placement of a prosthesis (captured at the procedure level). Format: YYYYMMDD. |
| 48 | Replacement Reason | 1 | 289  | A-numeric | 1, 2, 3, 4 | Code indicating the reason a specific crown, prosthesis, inlay or onlay is to be replaced. Coded as follows: 1 = Lost 2 = Broken 3 = Accident 4 = No longer serviceable.  |
| 49 | Length of Ortho Treatment | 2 | 290 - 291 | A-numeric |  | Orthodontia Treatment Months (on initial claim). When an ortho claim is initially created, it contains the approved number of months treatment. |
| 50 | Ortho Indicator | 1 | 292 | A-numeric | N. Y | Indicates that the procedure is related to ortho.Coded as follows: Y = Yes, the service line items associated with the claim are related to the orthodontic care of the patient. N = No, service line items are not related to orthodontic care. |
| 51 | Ortho Amount | 9 | 293 - 301 | Numeric |  | The amount of charges submitted by the provider for the full course of approved orthodontic treatment.Format: “dddddd.cc” |
| 52 | Treatment Type | 1 | 302 | A-numeric | I, P | Code indicating the status of a restorative prosthetic treatment. Coded as follows: I = Initial placement P = Prior placement |
| 53 | Dental Readiness Classification | 1 | 303 | A-numeric | 1, 2, 3 | DoD Code that indicates the readiness of the claimant. Coded as follows: 1 = Class 12 = Class 23 = Class 3 |

Table A‑2 TDP Provider Data Elements

| **Field #** | **Field Name** | **Field Length** | **Position** | **Data Type** | **Value Range** | **Functional Description** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Provider Tax Identifier | 9 | 1 - 9 | A-Numeric |   | The Internal Revenue Service assigned Taxpayer Identification Number (TIN) of the provider  |
| 2 | Provider Identifier | 18 | 10 - 27 | A-Numeric |   | The unique set of business attributes that uniquely identify a provider.The Provider Key is 18 bytes and made up of:\* Phone number (last 7 digits)\* Short Name (1 character initial and 1st 5 characters of the last name)\* State (2 characters)\* Unique Breaker (3 byte numeric) |
| 3 | Provider / Group Name | 53 | 28 - 80  | A-Numeric |   |  The first and last name of the provider (dentist) concatenated in one field. A comma will separate the first from the last name on the extract. |
| 4 | Performing Provider Specialty | 3 | 81 -83 | A-Numeric | 010, 015, 020, 030, 040, 050, 060, 070, 080, 400, 500, 600, 700, 800 | A numeric coded value that identifies the primary specialty of the provider.See Appendix B-1 |
| 5 | Provider network Status | 1 | 84 | A-Numeric | 1, 2 | Indicates if the provider is currently an in network provider. 1 = Network provider 2 = Non-network provider  |
| 6 | Provider Telephone Number | 23 | 85 - 107 | A-Numeric |   | For U.S. providers, the full 10 digit US area code and number of the provider. This will be right justified with leading spaces. For Foreign providers, the full 23 digit (telephone and extension numbers) number of the provider.  |
| 7 | Provider Street Address Line 1 | 50 | 108 - 157 | A-Numeric |   | Provider’s business street address line 1 |
| 8 | Provider Street Address Line 2 | 50 | 158 - 207 | A-Numeric |   | Provider’s business street address line 2.  |
| 9 | State | 2 | 208 - 209 | A-Numeric |   | The abbreviation of the state/province of provider.If the state is unknown, then the code ZZ will be added to the extract.See Appendix B-5 |
| 10 | Provider Zip Code | 9 | 210 - 218 | A-Numeric |   | The full 9 digit zip code of the provider. This can be the actual zip location where services are rendered or the zip location of the bill. If the plus 4 digits are not available, only the first 5 will be populated with trailing spaces. If unknown, will be populated with 0's |
| 11 | Country Code | 3 | 219 - 221 | A-Numeric |   | The 3 digit country code of the provider (i.e., ISO3166)See Appendix B-6 |
| 12 | National Provider Identifier | 10 | 222 - 231 | A-Numeric |   | National Provider Identification (NPI) number of the provider rendering the dental services. |

**Appendix B: Table A-1 and A-2 Data Set Descriptions**

Table B‑1: PERFORMING PROVIDER SPECIALTY CODES

|  |  |
| --- | --- |
| **CODE**  | **DESCRIPTION** |
| 000 | Other / Unknown |
| 010 | Oral Surgery |
| 015 | Endodontist |
| 020 | Orthodontist |
| 030 | Pediatric |
| 040 | Periodontist |
| 050 | Prosthodontist |
| 060 | Oral Pathologist |
| 070 | Public Health |
| 080 | General Dentist |
| 400 | CRNA |
| 500 | Multi-Specialty |
| 600 | Anesthesia |
| 700 | Dental Hygienist |
| 800  | Oral Radiology |

**Table B‑2: CLAIM REJECTION REASON CODES**

|  |  |
| --- | --- |
| **CODE** | **DESCRIPTION** |
| 01 | Charge incurred - employee insurance not in effect |
| 02 | Charge incurred – plan not in effect |
| 03 | Charge incurred – patient insurance not in effect |
| 04 | PCAS error |
| 05 | PCAS group cancelled |
| 06 | PCAS coverage cancelled |
| 07 | Active ortho (rep) on history |
| 08 | Ineligible dependent |
| 09 | Lump charges span split claims |
| 10 | Dependent over maximum dependent age |
| 11 | Charge prior to birth |
| 12 | Plan Master procedure not present |
| 13 | Duplicate charge |
| 14 | Potential duplicate today |
| 15 | Charge within limitation period |
| 16 | Prosthetic device already exists |
| 17 | Charge exceeds profile or R&C |
| 18 | Procedure not on R&C file |
| 19 | Procedure not on R&C file (special schedules) |
| 20 | Pay code 2 or 9 – amount undetermined |
| 21 | Surviving spouse – charges not allowed on employee |
| 22 | Unknown |
| 23 | Pay as medical |
| 24 | Refer |
| 25 | Refer accident |
| 26 | Refer accident as medical |
| 27 | Procedure not covered |
| 28 | Consecutive period invalid |
| 29 | Procedure age limit exceeded |
| 30 | Ortho (rep.) on history – not active (displayed 1st time only) |
| 31 | Expense period limitation manually verify |
| 32 | No prior periodical therapy |
| 33 | Ineligible dependent (plan coverage only) |
| 34 | Possible duplicate (same provider, same date of service, not necessarily same procedure code) |
| 35 | Charge incurred during strike period |
| 36 | Deny charge – hospital not covered |
| 37 | Entered covered expense on a lumped procedure greater than the prorated charge |
| 38 | According to Plan Master this procedure cannot be lumped |
| 39 | Fluorides not covered on Employee or Spouse |
| 40 | Space maintainers not covered on Employee or Spouse |
| 41 | R&C amount of zeroes and charge is to be paid |
| 42 | Single extraction not covered |
| 43 | Complete denture on toothmap; charge has service date later than date on toothmap |
| 44 | Relines/rebase/adjustment has date of service prior to date on tooth map |
| 45 | Partial denture on toothmap; complete denture has date of service prior to date of partial |
| 46 | Prior pontic on arch |
| 47 | No prior prosthodontic on history toothmap |
| 48 | All teeth in arch are not extracted |
| 49 | Complete denture has date of service prior to one of the dates on the toothmap |
| 50 | Tooth previously extracted |
| 51 | Tooth previously crowned |
| 52 | Tooth had previous root canal |
| 53 | Tooth previously pontic |
| 54 | Not covered – adult tooth not extracted |
| 55 | Pontic/extraction on toothmap; charge incurred with service date later than date on toothmap |
| 56 | Crown indicated on toothmap; extraction charge incurred with service date prior to crown |
| 57 | Root canal on toothmap; extraction charge incurred with service date prior to root canal |
| 58 | Tooth previous inlay/onlay |
| 59 | Baby tooth indicated on toothmap; adult tooth charge incurred with service date prior to date on toothmap |
| 60 | Adult tooth indicated on toothmap; baby tooth charge incurred with service date prior to date on toothmap |
| 61 | Extraction indicated on toothmap; date of pontic prior to date of extraction |
| 62 | Pontic indicated on toothmap; extraction has service date later than date on toothmap |
| 63 | Inlay/onlay on toothmap; extraction charge incurred with service date prior to inlay/onlay |
| 64 | Inlay/onlay on toothmap; crown charge incurred with service date prior to date on toothmap |
| 65 | Crown on toothmap; prostho crown incurred with service date prior to date on tooth map |
| 66 | Crown on toothmap; inlay/onlay had date of service later than date on toothmap |
| 67 | Inlay/onlay on toothmap; prostho inlay/onlay incurred with service date prior to date on toothmap |
| 68 | Prostho crown/inlay/onlay on toothmap; crown has date of service later than date on toothmap |
| 69 | Prostho inlay/onlay on toothmap; inlay/onlay has date of service later than date on toothmap |
| 70 | Patient too young for adult cleaning |
| 71 | Bypassing paycode 3 or 1 situation and did not enter the minimum required info. (deduction type, covered expense) |
| 72 | Service date of charge too old (charge goes back more than 2 expense periods from the present) |
| 73 | Period and or lifetime maximums have been reached |
| 74 | Procedure max has been met |
| 75 | Refer to procedure code manual for correct procedure code |
| 76 | For multi-schedule procedures no associated area schedule number can be found |
| 77 | Ortho not covered on Employee |
| 78 | Ortho not covered on Spouse |
| 79 | Ortho not covered on Child |
| 80 | Maximum ortho age exceeded |
| 81 | Coverage in effect under another AT&T group # |
| 82 | Less than 12 units appear with ortho 8400 |
| 83 | No continuing treatment letter received (used by adjud.) |
| 84 | Lost payment on this ortho claim (used by adjud.) |
| 85 | Covered expense = 0 prior to last payment (used by adjud.) |
| 86 | Charge fee = 0 prior to last payment (used by adjud.) |
| 87 | Charge incurred when the EE was on leave of absence |
| 88 | Charge incurred for ortho-patient below minimum age |
| 89 | Non-dup amount greater than or equal to benefit amount (used by adjud.) |
| 90 | Coverage in effect under another customer number |
| 91 | Spouse eligible under own coverage |
| 92 | Ortho charge is paid in full (set by adjud.) |
| 93 | No ortho on history - either active or finalized |
| 94 | Date of service of retention is prior to last ortho payment |
| 95 | No minor ortho appliance on history |
| 96 | Date of office visit is prior to date of 1st minor ortho appliance |
| 97 | Dependent younger than minimum age |
| 98 | Temporary crown on tooth map |
| 99 | Temporary crown on tooth map with date of service later than charge date |
| 1Z | Once MEC is established it cannot be overlaid (no override) |
| 3S | Filling procedure possible duplicate. Not necessarily same procedure code |
| 9A | Overtype with NC in error status field (for MCR only) |
| AC | Inforce and Plan Master both cancelled |
| CD | ClaimCheck invalid procedure code |
| CR | Previous crown/inlay/onlay on the tooth (combined cast restorations) |
| IE | PDP downcode for initial exam to a periodic exam |
| NF | PDP - charge > 120 days |
| PA | MEC undetermined (PPO) |
| PB | Covered expense undetermined (PPO) |
| PC | MEC and covered expense undetermined (PPO) |
| PL | Exceeds 120 day PDP filing limit for GE #83538 |
| PU | Unknown |
| RP | Marine Midland prior year history does not support (2) office visits |
| WE | Procedure code 460; exam already on history or current claim. Pulp virtality and exam included in the charge. |
| ZA | There is 8400 non-rep ortho charge on history (displayed 1st time only) |
| ZB | Maryland bridge abutment exists |
| ZC | Procedure OT covered by medical or dental |
| ZD | Office visits exceed (2) per calendar year |
| ZE | $25 office visit maximum exceeded |
| ZF | Active ortho on history |
| ZG | Fissure sealants on molars (declined in conj. w/ N-H2) |
| ZH | Inconjunction decline (GM) |
| ZI | Duplicate restoration (GM) |
| ZJ | Bacteriological culture, no perio history within last (6) months |
| ZK | $50 office visit exceeded |
| ZL | Extraction indicated on toothmap; date of implant Prior to date of extraction |
| ZM | (Replacement) Partial with recent extraction |
| ZN | Provider inactive for this date of service |
| ZO | Informational only provider (never active - Suspends to Provider queue) |

**Table B‑3: BENEFIT CATEGORY DESCRIPTIONS**

|  |
| --- |
| **DESCRIPTION** |
| ADJUNCTIVE GENERAL SERVICES |
| CONVERSION |
| DIAGNOSTIC |
| ENDODONTICS |
| IMPLANT SERVICES |
| MAXILLOFACIAL PROSTHETICS |
| ORAL AND MAXILLOFACIAL SURGERY |
| ORTHODONTICS |
| PERIODONTICS |
| PREVENTIVE |
| PROSTHODONTICS, FIXED |
| PROSTHODONTICS, REMOVABLE |
| RESTORATIVE |
| UNASSIGNED |

**Table B‑4: UNIVERSAL TOOTH CODES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ADULT****CODES** | **DESCRIPTION** |  | **CHILD****CODES** | **DESCRIPTION** |  | **ADULT****and****CHILD****CODES** | **DESCRIPTION** |
| 01 | Tooth 1 - Posterior |  | A | Tooth A – Posterior |  | LL | Lower Left |
| 02 | Tooth 2 - Posterior |  | B | Tooth B - Posterior |  | LR | Lower Right |
| 03 | Tooth 3 - Posterior |  | C | Tooth C - Anterior |  | UL | Upper Left |
| 04 | Tooth 4 - Posterior |  | D | Tooth D - Anterior |  | UR | Upper Right |
| 05 | Tooth 5 - Posterior |  | E | Tooth E - Anterior |  | SN | No quadrant is required |
| 06 | Tooth 6 - Anterior |  | F | Tooth F - Anterior |  | TH | No tooth is required |
| 07 | Tooth 7 - Anterior |  | G | Tooth G - Anterior |  | LA | Lower Arch |
| 08 | Tooth 8 - Anterior |  | H | Tooth H - Anterior |  | UA | Upper Arch |
| 09 | Tooth 9 - Anterior |  | I | Tooth I – Posterior |  | UK | Unknown |
| 10 | Tooth 10 - Anterior |  | J | Tooth J – Posterior |  |  |  |
| 11 | Tooth 11 - Anterior |  | K | Tooth K – Posterior |  |  |  |
| 12 | Tooth 12 - Posterior |  | L | Tooth L - Posterior |  |  |  |
| 13 | Tooth 13 - Posterior |  | M | Tooth M – Anterior |  |  |  |
| 14 | Tooth 14 - Posterior |  | N | Tooth N – Anterior |  |  |  |
| 15 | Tooth 15 - Posterior |  | O | Tooth O – Anterior |  |  |  |
| 16 | Tooth 16 - Posterior |  | P | Tooth P – Anterior |  |  |  |
| 17 | Tooth 17 - Posterior |  | Q | Tooth Q – Anterior |  |  |  |
| 18 | Tooth 18 - Posterior |  | R | Tooth R – Anterior |  |  |  |
| 19 | Tooth 19 - Posterior |  | S | Tooth S – Posterior |  |  |  |
| 20 | Tooth 20 - Posterior |  | T | Tooth T – Posterior |  |  |  |
| 21 | Tooth 21 - Posterior |  |  |  |  |  |  |
| 22 | Tooth 22 – Anterior |  |  |  |  |  |  |
| 23 | Tooth 23 – Anterior |  |  |  |  |  |  |
| 24 | Tooth 24 – Anterior |  |  |  |  |  |  |
| 25 | Tooth 25 – Anterior |  |  |  |  |  |  |
| 26 | Tooth 26 – Anterior |  |  |  |  |  |  |
| 27 | Tooth 27 - Anterior |  |  |  |  |  |  |
| 28 | Tooth 28 – Posterior |  |  |  |  |  |  |
| 29 | Tooth 29 – Posterior |  |  |  |  |  |  |
| 30 | Tooth 30 – Posterior |  |  |  |  |  |  |
| 31 | Tooth 31 - Posterior |  |  |  |  |  |  |
| 32 | Tooth 32 - Posterior |  |  |  |  |  |  |

**Table B‑5: STATE / PROVINCE CODES**

**United States**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STATE** | **CODE** |  | **STATE** | **CODE** |  | **STATE** | **CODE** |
| ALABAMA | AL |  | MAINE | ME |  | PENNSYLVANIA | PA |
| ALASKA | AK |  | MARYLAND | MD |  | RHODE ISLAND | RI |
| ARIZONA | AZ |  | MASSACHUSETTS | MA |  | SOUTH CAROLINA | SC |
| ARKANSAS | AR |  | MICHIGAN | MI |  | SOUTH DAKOTA | SD |
| CALIFORNIA | CA |  | MINNESOTA | MN |  | TENNESSEE | TN |
| COLORADO | CO |  | MISSISSIPPI | MS |  | TEXAS | TX |
| CONNECTICUT | CT |  | MISSOURI | MO |  | UTAH | UT |
| DELAWARE | DE |  | MONTANA | MT |  | VERMONT | VT |
| DISTRICT OF COLUMBIA | DC |  | NEBRASKA | NE |  | VIRGINIA | VA |
| FLORIDA | FL |  | NEVADA | NV |  | WASHINGTON | WA |
| GEORGIA | GA |  | NEW HAMPSHIRE | NH |  | WEST VIRGINIA | WV |
| HAWAII | HI |  | NEW JERSEY | NJ |  | WISCONSIN | WI |
| IDAHO | ID |  | NEW MEXICO | NM |  | WYOMING | WY |
| ILLINOIS | IL |  | NEW YORK | NY |  | UNKNOWN | ZZ |
| INDIANA | IN |  | NORTH CAROLINA | NC |  |  |  |
| IOWA | IA |  | NORTH DAKOTA | ND |  |  |  |
| KANSAS | KS |  | OHIO | OH |  |  |  |
| KENTUCKY | KY |  | OKLAHOMA | OK |  |  |  |
| LOUISIANA | LA |  | OREGON | OR |  |  |  |

**United States Territories (considered as CONUS for TDP)**

|  |  |
| --- | --- |
| **TERRITORY** | **CODE** |
| GUAM | GU |
| PUERTO RICO | PR |
| VIRGIN ISLANDS, U.S. | VI |

**Canadian Provinces (considered as OCONUS for TDP)**

|  |  |
| --- | --- |
| **PROVINCE** | **CODE** |
| Alberta | AB |
| British Columbia | BC |
| Manitoba | MB |
| New Brunswick | NB |
| New Foundland & Labrador | NL |
| Nova Scotia | NS |
| Northwest Territories | NT |
| Nunavut | NU |
| Ontario | ON |
| Prince Edward Island | PE |
| Quebec | QC |
| Saskatchewan | SK |
| Yukon Territory | YT |

**Table B‑6: COUNTRY CODES**

|  |  |
| --- | --- |
| **COUNTRY AND/OR ISLAND** | **CODE** |
| Afghanistan | AFG |
| Aland Islands | ALA |
| Albania | ALB |
| Algeria | DZA |
| American Samoa | ASM |
| Andorra | AND |
| Angola | AGO |
| Anguilla | AIA |
| Antarctica | ATA |
| Antigua and Barbuda | ATG |
| Argentina | ARG |
| Armenia | ARM |
| Aruba | ABW |
| Australia | AUS |
| Austria | AUT |
| Azerbaijan | AZE |
| Bahamas | BHS |
| Bahrain | BHR |
| Bangladesh | BGD |
| Barbados | BRB |
| Belarus | BLR |
| Belgium | BEL |
| Belize | BLZ |
| Benin | BEN |
| Bermuda | BMU |
| Bhutan | BTN |
| Bolivia | BOL |
| Bosnia and Herzegowina | BIH |
| Botswana | BWA |
| Bouvet Island | BVT |
| Brazil | BRA |
| British Indian Ocean Territory | IOT |
| British Virgin Islands | VGB |
| Brunei Darussalam | BRN |
| Bulgaria | BGR |
| Burkina Faso (formerly Upper Volta) | BFA |
| Burundi | BDI |
| Cambodia (formerly Khmer Republic/Kampuchea, Democratic) | KHM |
| Cameroon | CMR |
| Canada | CAN |
| Cape Verde | CPV |
| Cayman Islands | CYM |
| Central African Republic | CAF |
| Chad | TCD |
| Chile | CHL |
| China | CHN |
| Christmas Island | CXR |
| Cocos (Keeling) Islands | CCK |
| Colombia | COL |
| Comoros | COM |
| Congo (formerly Zaire) | COG |
| Congo, the Democratic republic of the  | COD |
| Cook Islands | COK |
| Costa Rica | CRI |
| Cote D’Ivoire | CIV |
| Cuba | CUB |
| Croatia | HRV |
| Cyprus | CYP |
| Czech Republic | CZE |
| Denmark | DNK |
| Djibouti (formerly French Afars and Issass) | DJI |
| Dominica | DMA |
| Dominican Republic | DOM |
| Ecuador | ECU |
| Egypt | EGY |
| El Salvador | SLV |
| Equatorial Guinea | GNQ |
| Eritrea | ERI |
| Estonia | EST |
| Ethiopia | ETH |
| Falkland Islands (Malvinas) | FLK |
| Faroe Island | FRO |
| Fiji | FJI |
| Finland | FIN |
| France | FRA |
| French Guiana | GUF |
| French Polynesia | PYF |
| French Southern Territories | ATF |
| Gabon | GAB |
| Gambia | GMB |
| Georgia | GEO |
| Germany | DEU |
| Ghana | GHA |
| Gibraltar | GIB |
| Greece | GRC |
| Greenland | GRL |
| Grenada | GRD |
| Guadeloupe | GLP |
| Guatemala | GTM |
| Guernsey | GGY |
| Guinea | GIN |
| Guinea-Bissau (formerly Portuguese Guinea) | GNB |
| Guyana | GUY |
| Haiti | HTI |
| Heard Island and McDonald Islands | HMD |
| Holy See (formerly Vatican City State) | VAT |
| Honduras | HND |
| Hong Kong | HKG |
| Hungary | HUN |
| Iceland | ISL |
| India | IND |
| Indonesia | IDN |
| Iran, Islamic Republic of | IRN |
| Iraq | IRQ |
| Ireland | IRL |
| Isle of Man | IMN |
| Israel | ISR |
| Italy | ITA |
| Jamaica | JAM |
| Japan | JPN |
| Jersey | JEY |
| Jordan | JOR |
| Kazakhstan | KAZ |
| Kenya | KEN |
| Kiribati (formerly Gilbert Islands) | KIR |
| Korea, Democratic People’s Republic of | PRK |
| Korea, Republic of | KOR |
| Kuwait | KWT |
| Kyrgyzstan | KGZ |
| Lao People’s Democratic Republic | LAO |
| Latvia | LVA |
| Lebanon | LBN |
| Lesotho | LSO |
| Liberia | LBR |
| Libyan Arab Jamahiriya | LBY |
| Liechtenstein | LIE |
| Lithuania | LTU |
| Luxembourg | LUX |
| Macao | MAC |
| Macedonia, the Former Yugoslav Republic of | MKD |
| Madagascar | MDG |
| Malawi | MWI |
| Malaysia | MYS |
| Maldives | MDV |
| Mali | MLI |
| Malta | MLT |
| Marshall Islands | MHL |
| Martinique | MTZ |
| Mauritania | MRT |
| Mauritius | MUS |
| Mayotte | MYT |
| Mexico | MEX |
| Micronesia, Federated States of  | FSM |
| Moldova, Republic of | MDA |
| Monaco | MCO |
| Mongolia | MNG |
| Montenegro | MNE |
| Montserrat | MSR |
| Morocco | MAR |
| Mozambique | MOZ |
| Myanmar (formerly Burma) | MMR |
| Namibia | NAM |
| Nauru | NRU |
| Nepal | NPL |
| Netherlands | NLD |
| Netherlands Antilles | ANT |
| New Caledonai | NCL |
| New Zealand | NZL |
| Nicaragua | NIC |
| Niger | NER |
| Nigeria | NGA |
| Niue | NIU |
| Norfolk Island | NFK |
| Northern Mariana Islands | MNP |
| Norway | NOR |
| Oman (formerly Muscat and Oman) | OMN |
| Pakistan | PAK |
| Palau | PLW |
| Palestinian Territory, Occupied | PSE |
| Panama | PAN |
| Papua New Guinea | PNG |
| Paraguay | PRY |
| Peru | PER |
| Philippines | PHL |
| Pitcairn | PCN |
| Poland | POL |
| Portugal | PRT |
| Qatar | QAT |
| Reunion | REU |
| Romania | ROU |
| Russian Federation | RUS |
| Rwanda | RWA |
| Saint Helena | SHN |
| Saint Kitts and Nevis | KNA |
| Saint Lucia | LCA |
| Saint Pierre and Miquelon | SPM |
| Saint Vincent and the Grenadines | VCT |
| Samoa | WSM |
| San Marino | SMR |
| Sao Tome and Principe | STP |
| Saudi Arabia | SAU |
| Sengal | SEN |
| Serbia | SRB |
| Serbia and Montenegro (formerly Yugoslavia) | SCG |
| Seychelles | SYC |
| Sierra Leone | SLE |
| Singapore | SGP |
| Slovakia | SVK |
| Slovenia | SVN |
| Solomon Islands (formerly British Solomon Islands) | SLB |
| Somalia | SOM |
| South Africa | ZAF |
| South Georgia and the South Sandwich Islands | SGS |
| Spain | ESP |
| Sri Lanka (formerly Ceylon) | LKA |
| Sudan | SDN |
| Suriname | SUR |
| Svalbard and Jan Mayen | SJM |
| Swaziland | SWZ |
| Sweden | SWE |
| Switzerland | CHE |
| Syrian Arab Republic | SYR |
| Taiwan, Province of China | TWN |
| Tajikistan | TJK |
| Tanzania, United Republic of | TZA |
| Thailand | THA |
| Timor-Leste, Democratic Republic of | TLS |
| Togo | TGO |
| Tokelau | TKL |
| Tonga | TON |
| Trinidad and Tobago | TTO |
| Tunisia | TUN |
| Turkey | TUR |
| Turkmenistan | TKM |
| Turks and Caicos Islands | TCA |
| Tuvalu | TUV |
| Uganda | UGA |
| Ukraine | UKR |
| United Arab Emirates (formerly Trucial States) | ARE |
| United Kingdom | GBR |
| Uraguay | URY |
| Uzbekistan | UZB |
| Vanuatu (formerly New Hebrides) | VUT |
| Venezuela | VEN |
| Viet Nam | VNM |
| Virgin Islands, British | VGB |
| Wallis and Futuna | WLF |
| Western Sahara (formerly Spanish Sahara) | ESH |
| Yemen | YEM |
| Zambia | ZMB |
| Zimbabwe (formerly Southern Rhodesia) | ZWE |

In accordance with HIPAA requirements, TRICARE utilizes the International Organization for Standardization (ISO) 3166 for country and island code determination. The ISO 3166 can also be used if more detailed information is required to assign territories and islands into these countries.

**Appendix C: Acronyms**

|  |  |
| --- | --- |
| CCB | Configuration Control Board |
| DHSS | Defense Health Services Systems |
| DoD | Department of Defense |
| ICD | Interface Control Document |
| MDR | MHS Data Repository |
| MHS | Military Health System |
| PHI | Protected Health Information |
| SFTP | Secure File Transfer Protocol |
| TMA | TRICARE Management Activity |