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TRICARE
MANAGEMENT ACTIVITY

IMTR

CHANGE 35
6010.50-M
APRIL 17, 2003

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
AUTOMATED DATA PROCESSING AND REPORTING MANUAL

The Information Management Directorate has authorized the following addition(s)/revision(s) to 6010.50-M, reissued May 1999.

CHANGE TITLE: CONSOLIDATED PRIORITY MANUALS CHANGE

PAGE CHANGE(S): See pages 2 and 3.

SUMMARY OF CHANGE(S): The attached package is a consolidation of six separate change orders previously coordinated with the Managed Care Support Contractors (MCSCs) as part of the bilateral contracting process. They include the: 1) High Priority 7 Change Package; 2) Consolidated Policy Manual Update; 3) Consolidated TRICARE Reimbursement Manual Update; 4) Cost Operations Manual Update; 5) No-Cost Operations Manual Update; and 6) ADP Manual Update. These consolidated manual changes will be issued as a single unilateral change order.

IMPLEMENTATION DATE: The Implementation Date is August 1, 2003.

This change is made in conjunction with Mar 2001 MCSC Operations Manual, Change No. 24; Mar 2002 Policy Manual, Change No. 6; and Mar 2002 Reimbursement Manual, Change No. 14.


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ATTACHMENT(S): 535 PAGES
DISTRIBUTION: 6010.50-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

REMOVE PAGE(S)

CHAPTER 1

Section 1, pages 1 and 2
Section 2, pages 3 through 8
Section 3, pages 1 - 5, 9 & 10

CHAPTER 2

Section 2, pages 1 through 12
Section 3, pages 7 through 28
Section 4, pages 3, 4, 7, 8, 19 & 20
Section 5, pages 3 through 6
Section 6, pages 5 - 8 & 13 - 15
Section 7, pages 1 - 6 & 11 - 32
Section 8, pages 3, 4, 11, 12 & 15 - 20

Section 9, pages 7 through 10
Section 10, pages 5 through 38
Section 11, pages 5 and 6
Addendum A, pages 1 through 6
Addendum C, pages 1 through 3
Addendum E, pages 1 through 6
Addendum K, pages 3 and 4

CHAPTER 4

Section 1, pages 1 through 9

CHAPTER 5

Section 1, pages 1 through 18
Section 2, pages 1 through 44
Section 3, pages 3 through 28
Section 4, pages 1 through 36

INSERT PAGE(S)

Section 1, pages 1 and 2
Section 2, pages 3 through 8
Section 3, pages 1 - 6, 9 & 10

Section 2, pages 1 through 12
Section 3, pages 7 through 30
Section 4, pages 3, 4, 7, 8, 19 & 20
Section 5, pages 3 through 6
Section 6, pages 5 - 8 & 13 - 15
Section 7, pages 1 - 6 & 11 - 33
Section 8, pages 3, 4, 11, 12
& 15 - 20

Section 9, pages 7 through 10
Section 10, pages 5 through 39
Section 11, pages 5 and 6
Addendum A, pages 1 through 10
Addendum C, pages 1 through 3
Addendum E, pages 1 through 7
Addendum K, pages 3 and 4

Section 1, pages 1 through 9

Section 1, pages 1 through 19
Section 2, pages 1 through 42
Section 3, pages 3 through 27
Section 4, pages 1 through 34

REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 5 (Continued)

Section 5, pages 1 through 22
Section 6, pages 1 - 8, 13 - 28, 31 & 32

Section 5, pages 1 through 23
Section 6, pages 1 - 8, 13 - 28, 31 & 32

CHAPTER 6

Section 1, pages 1 through 18
Section 2, pages 1 through 53
Section 3, pages 3 through 31
Section 4, pages 1 - 4 and 7 - 22
Section 5, pages 3 through 37
Section 6, pages 5 through 16
Addendum A, pages 9 through 12

Section 1, pages 1 through 19
Section 2, pages 1 through 51
Section 3, pages 3 through 29
Section 4, pages 1 - 4 and 7 - 21
Section 5, pages 3 through 36
Section 6, pages 5 through 16
Addendum A, pages 9 through 13

CHAPTER 7

Section 1, pages 3 through 8
Section 2, pages 1, 2, and 7

Section 1, pages 3 through 8
Section 2, pages 1, 2, and 7

CHAPTER 9

Addendum C, pages 3 and 4
Addendum E, pages 13, 14, 55 & 56

Addendum C, pages 3 and 4
Addendum E, pages 13, 14, 55, 56

CHAPTER 10

Section 3, pages 1 and 2

Section 3, pages 1 and 2

SUMMARY OF CHANGES

1. Globalled the following for clarification:
 - a. Changed ~~Ø~~ to ~~Ø~~;
 - b. Type of submission "Z" (Zero Payment) changed to Type of submission "Z" (Zero Payment) with 100% OHI/TPL;
 - c. Supplemental Health Care Program changed to SHCP;
 - d. Added Then, Add and OR where an edit was being changed for clarification;
 - e. Changed "ACTIVE DUTY" to "ACTIVE DUTY CLAIMS".

CHAPTER 1

2. Section 1, paragraph 1.1. Deleted reference to Chapter 10 - PRO Reporting Specifications.
3. Section 2:
 - a. Paragraph 3.1.4. Clarified transmission size requirements.
 - b. Paragraph 7.1. Corrected a typo (changed 24 to should).
4. Section 3:
 - a. Paragraph 1.1. Lower cased the "I" in institutional.
 - b. Added Paragraph 3.3.7. To explain how to process claims when health care has been charged to the wrong risk category.
 - c. Paragraph 6.2.1. Removed a comma.

CHAPTER 2

5. Section 2:
 - a. Paragraph 1.0. Changed EIN to ELN, deleted FI from 0-005.
 - b. Paragraph 2.0. Changed EIN to ELN.
 - c. Paragraph 3.0. Changed EIN to ELN.
 - d. Paragraph 4.0. Changed EIN to ELN and added "R" to provider in element 3-025.
 - e. Paragraph 5.0. Changed EIN to ELN.
6. Section 3:
 - a. **Data Element:** Contractor Number. Added terminations dates to Contractor Numbers no longer active on the COMs database.
 - b. **Data Element:** OCHAMPUS Batch/Voucher Processing Date renamed OCHAMPUS to TMA in the Data Element Name.

SUMMARY OF CHANGES (Continued)

CHAPTER 2 (Continued)

6. Section 3 (Continued):
 - c. **Data Element:** Voucher Branch of Service:
 - (1) Added replaced “&” with a “,” to Voucher Branch of Service codes to 05, 71, 72, and 73;
 - (2) Added new Voucher Branch of Service codes of E1, E2, E3, E5 and E6 for Supplemental Health Care Program - Non-Emergency/non-MTF Referred; and
 - (3) Added “Kitsap Mental Health Services ≤ to 03/01/95)” to Voucher Branch of Service codes to 05, 71, 72, and 73.
7. Section 4:
 - a. **Data Element:** Amount Allowed. Removed note.
 - b. **Data Element:** Amount Applied toward Deductible. Removed note.
 - c. **Data Element:** Date HCSR Processed to Completion. Added a clarification sentence.
8. Section 5. **Data Element:** Enrollment Status: Added abbreviations, effective and termination dates.
9. Section 6:
 - a. **Data Element:** NAS Exception Reason. Added termination dates to values “I” and “J”.
 - b. **Data Element:** Override Code
 - (1) Corrected number of occurrences from “1” to “3”;
 - (2) Clarified the definition;
 - (3) Value 15. Added “& over” to 60 calendar days and Kitsap Mental Health Services prior to 05/15/2000 to the definition;
 - (4) Value D. Added “or older” to 21 years and clarified that 18 for VA was no longer valid;
 - (5) Values J, L N and Y. Added “Institutional Only”;
 - (6) Value S. Expanded the use of this value to include “beneficiary resides in a region different from region they are enrolled in but, are within the same contract jurisdiction”;
 - (7) Modified the 2 digit years to reflect the 4 digit year; and
 - (8) Added new value of “NC” for non-certified providers.
10. Section 7:
 - a. **Data Element:** Patient Co-Insurance. Removed note.

SUMMARY OF CHANGES (Continued)

CHAPTER 2 (Continued)

10. Section 7 (Continued):

- b. **Data Element:** Patient Co-Payment. Modified definition and removed note.
- c. **Data Element:** Patient Cost-Share. Removed note.
- d. **Data Element:** Place of Service. One digit Place of Service were inadvertently deleted, they are being added back in with a termination date for historical purposes. Note was added to explain that adjustment could be used with the 1 digit value until 11/01.
- e. **Data Element:** Procedure Code. Removed Note.
- f. **Data Element:** Procedure Text Identifier. Removed Note.
- g. **Data Element:** Provider Contract Affiliation Code. Added value "5" for the non-certified providers.
- h. **Data Element:** Provider Sub-Identifier. Corrected the ELN locator #'s to reflect the correct number.

11. Section 8:

- a. **Data Element:** Reason for Payment Reduction. Changed "space" to "blank" and removed the "ed" from filled in the notes and special instruction area.
- b. **Data Element:** Special Processing Code.
 - (1) Value CA. Is a new value being added;
 - (2) Added effective & terminations dates; and
 - (3) Added value "MN" which was inadvertently deleted;
- c. **Data Element:** Special Rate Code. "GG" and "GP" were added for corporate providers.

12. Section 9:

- a. **Data Element:** Type of Service.
 - (1) Added "Type of Service Code" to the "First Position Value for Clarification" for Clarification;
 - (2) Modified locations of footnotes for clarified.
- b. **Data Element:** Type of Submission. Added footnote 3 to help clarify the use of type of submissions B/E.

13. Section 10:

- a. **Data Element:** FI/Contractor Number. Deleted "FI" from "FI/Contractor Number", added contractor numbers and description to "Code/Value Specification" for easy reference.

SUMMARY OF CHANGES (Continued)

CHAPTER 2

13. Section 10 (Continued):
 - b. **Data Element:** Provider Contractor Affiliation Code. "5" was added for the non-certified provider.
14. Section 11. **Data Element:** Medicare Economic Index Price. Added footnote number to the special instructions, which was inadvertently removed.
15. Addendum A. Country and/or Island codes. Updated, reformatted and alphabetized table.
16. Chapter 2, Addendum C. Provider's Speciality Code. Added new values pertaining to corporate providers.
17. Addendum E. Other Special Procedure Codes.
 - a. Figure 2-E-3. Added 3 new special procedural codes that were missed during a publication of a Policy change.
 - b. Figure 2-E-6. Added Case Management Services - 90898.
18. Addendum K. Other Coordinated Care Program new Orleans and Base Realignment and Closure (BRAC) site, Figure 2-K-3-modified "73270" to "75270".

CHAPTER 4

19. Section 1:
 - a. Edit 0-010-01: Modified alpha "O" to zero "0" in data element and edit 0-010-01.
 - b. Edit 0-025-03R: Add "P" to period in second THEN statement.
 - c. Edit 0-035-06R: This edit was modified to allow WPS to update foreign providers.
 - d. Edit 0-045-02: Add "R" behind the 02 portion of this edit number.
 - e. Edit 0-082-01: Modified the validity paragraph for easier maintenance.
 - f. Edit 0-085-03R: This edit was deleted.

CHAPTER 5

20. Section 1:
 - a. Edits 1-015-03R and 1-015-04R: Modified to reflect current business practice and for clarification.
 - b. Edit 1-016-01: Added reference for clarification.

SUMMARY OF CHANGES (Continued)

CHAPTER 5 (Continued)

20. Section 1 (Continued):

- c. Edit 1-016-04R: Is being deleted.
- d. Edit 1-040-02R: Modified type of submission "O" definition.
- e. Edit 01-055-01: Modified the validity paragraph for easier maintenance.
- f. Edits 1-055-03R, 1-055-04R and 1-055-06R: Were modified to reflect the addition of Supplemental Health Care Program - Non-Emergency/Non-MTF and Kitsap mental health services.
- g. Edit 1-065-08R: Added unless statement to allow SHCP-Referred claims through for this edit.
- h. Edit 1-070-04R: Was inadvertently deleted in C-79 it is being reactivated in this change.
- i. Edits 1-070-07R and 1-070-08R, 1-070-10R: Patient Relationship to Sponsor "W" was added to these edits.
- j. Footnote 1 of Element Name: Patient Date of Birth (1-085): Alpha "O" was changed to numeric "0".
- k. Edit 1-090-04R: Was inadvertently deleted in C-79 it is being reactivated in this change.
- l. Edit 1-090-06R: Has been modified for clarification.
- m. Edits 1-090-07R: These edits were modified to handle claims for the foreign military sponsor vs. family members.

21. Section 2:

- a. Added footnote and "No Error" condition to Patient Zip Code (1-100) data element, providing the ability to skip this group of edits if the admission date is older than 6 years.
- b. Edit 1-100-04R: Removed values from the unless statement.
- c. Added clarification footnotes to NAS Number (1-110) edits. Modified "No Error" modified edit 1-110-04R. Deleted 1-100-09R.
- d. Edit 1-113-02R: Provided ability to bypass this edit if the claim is for civil action payment.
- e. Edit 1-113-03R: Enrollment status of "BB" was inadvertently missed during the publication of C-79. It is being added at this time so that the code and manual will match.
- f. Edit 1-115-06R: The date check was moved to the beginning to this edit.

SUMMARY OF CHANGES (Continued)

CHAPTER 5 (Continued)

21. Section 2 (Continued):

- g. Edit 1-133-02R: Added the ability to bypass this edit if the claim is for civil action payment.
- h. Edit 1-140-39R: Clarified the edit description. Modified the edit to allow PFPWD to bypass the edit, and changed the = sign to \leq .

22. Section 3:

- a. Edit 1-145-06R: Added enrollment status of U and Z.
- b. Edit 1-145-07R: Corrected typo & removed special rate code values of M, N, O, and Q.
- c. Edit 1-145-08R: Added missing footnote indicator, data element date "Sponsor Status" and sponsor status value of "H" (medal of honor).
- d. Edit 1-140-09R: Deleted Duplicate sentence.
- e. Edit 1-145-29R: Deleted duplicate element name (special processing code).
- f. Edit 1-145-30R: Added dependent to clarify this edit.
- g. Edit 1-145-32R: Clarified the edit description. Modified the edit to allow PFPWD to bypass the edit, and changed the = sign to \leq .
- h. Edit 1-155-04R: Moved the \geq to the correct location in this edit.
- i. Edits 1-155-05R: Add "OR SPECIAL PROCESSING CODE = "#" [HOSPICE]" to this edit and removed "TYPE OF SUBMISSION G & O".
- j. Edit 1-155-06R: Removed the "and amount billed" statement from this edit to allow claims with an amount allowed larger than amount billed.
- k. Edit 1-155-08R: Removed "TYPE OF SUBMISSION O AND G" from this edit.
- l. Edits 1-155-10R & 11R,: Corrected this edit for "TYPE OF SUBMISSION A & C".

23. Section 4:

- a. Edit 1-170-03: Modified validity edit for easier updating in the future.
- b. Edit 1-170-07R: Was inadvertently commented out in C-79 it is being reactivated in this change.
- c. Edit 1-170-09R: This edit was deleted because it was a duplicate.
- d. Edit 1-170-18R: This edit is being deleted.
- e. Edit 1-170-20R: Is a new edit for the non-certified provider.
- f. Edit 1-175-17R: During the reformatting of the manual this edit number was deleted. This change will correct this oversight.
- g. Edit 1-175-18R: Added "TYPE OF SUBMISSION OF C" to this edit.

SUMMARY OF CHANGES (Continued)

CHAPTER 5 (Continued)

23. Section 4 (Continued):

- h. Edit 1-180-01: During the reformatting of the manual this edit number was deleted. This change will correct this oversight.
- i. Added clarification footnotes to NAS Exception Reason (1-180) edits. Modified "No Error" conditions. Modified 1-180-02R, 1-180-04R, 1-180-05R, 1-180-06R.
- j. Edit 1-185-23R: Took the "MUST" out of the unless statement.
- k. Edit 1-197-16R: Is being deleted
- l. Edit 1-197-38R: Corrected Data element name for enrollment status.
- m. 10198-10R: Expanded the description for special rate code of V for clarity.

24. Section 5:

- a. Edit 1-209-01: Modified validity edit for easier updating in the future.
- b. Edit 1-209-02R: Is a new edit for non-certified providers.
- c. Edit 1-210-02R: Removed "Care dates and".
- d. Edit 1-212-02R: This edit was rewritten to allow non-certified providers on the database.
- e. Edit 1-212-04R: Removed footnote number 2.
- f. Edit 1-265-03R: Corrected typo of edit number 1-235-03R to 1-265-03R.
- g. Edit 1-280-06R: Added the override code of NC to this edit.
- h. Edit 1-290-05R: This edit was change to reflect the current business practices.
- i. Edit 1-295-03R: Added additional revenue code.

25. Section 6:

- a. Added No Error condition for Government authorized bed days (1-300). Modified 1-300-03R, 1-300-04R, 1-300-05R.
- b. 1-300 edits: Modified the type of submission values for these edits, to make them match code.
- c. Edit 1-315-07R: Updated diagnosis codes.
- d. Edit 1-350-05R: Rewrote this edit for clarification.
- e. Edit 1-355: Removed footnote.
- f. Edit 1-355-08R: Changed "0" for "O".
- g. Edit 1-355-12R: Added new DRG number.

SUMMARY OF CHANGES (Continued)

CHAPTER 5 (Continued)

25. Section 6 (Continued):

- h. Edit 1-355-19R: This specialized treatment center edit is being modified to reflect correct business rules.
- i. Edit 1-356-01: Modified validity edit for easier updating in the future.
- j. Edit 1-356-02R: Added unless statement to prevent DRG Group check if the Admission date is > than 10 years old.
- k. Edit 1-356-06R: DRG Grouper years 90 through 92, were inadvertently removed in C-79.
- l. Edit 1-357-01: Modified validity edit for easier updating in the future.
- m. Edit 1-357-02R: Added unless statement to prevent DRG Pricer check if the Admission date is > than 10 years old.
- n. Edit 1-357-05R: DRG Pricer edition 04 through 08, were inadvertently removed in C-79. Also, added "AND DRG GROUP ≠ 000" to Pricer edition 11 through 18.
- o. Edit 1-365-01: Added "UNLESS DENIAL REASON CODE ≠ BLANK", to allow denied revenue codes through this edit.

CHAPTER 6

26. Section 1:

- a. Edit 2-001-03R: Deleted extra "AND".
- b. Edits 2-015-03R and 2-015-04R: Modified to reflect current business practice and for clarification.
- c. Edit 2-016-01: Added reference.
- d. Edit 2-016-04R: Is deleted.
- e. Edit 2-045-02R, 2-250-03R, 2-250-04R, and 2-250-05R: Added "=" for clarification.
- f. Edit 2-055-01: Modified validity edit for easier updating in the future.
- g. Edits 2-055-03R, 2-055-04R and 2-055-06R: Were modified to reflect the addition of SHCP – Non-Emergency/Non-MTF and Kitsap Mental Health Services.
- h. Edit 2-065-08R: Added unless statement to allow SHCP-Referred claims through this edit.
- i. Edit 2-070-04R, 2-090-04R: Was inadvertently commented out in C-79 it is being reactivated in this change.
- j. Edits 2-070-07R, 2-070-08R, 2-070-12R, 2-090-06R: Patient Relationship to Sponsor "W" was added to these edits.

SUMMARY OF CHANGES (Continued)

CHAPTER 6 (Continued)

26. Section 1 (Continued):

- k. Edits 2-070-07R and 2-090-07R: Updated these edits to handle the foreign sponsor as well as his family.

27. Section 2:

- a. Added footnote and "No Error" condition to Patient Zip Code (2-100) data element, providing the ability to skip this group of edits if the admission date is older than 6 years.
- b. Edits 2-100-04R: Removed values from the unless statement.
- c. Edit 2-105-16R: Is being deleted.
- d. Added clarification footnotes to NAS Number (2-110) edits. Modified "No Error" edits conditions
- e. Edits 2-110-04R; 2-110-07R: Are modified to reflect the changes that were placed in the no error conditions.
- f. Edit 2-110-06: Correct the element number.
- g. Edit 2-110-11R: Was deleted.
- h. Edit 2-113-02R: Provided ability to bypass this edit if the claim is for civil action payment.
- i. Edit 2-120-04R: Corrected this edit for "TYPE OF SUBMISSION A & C".
- j. Edit 1-120-06R: Is being deleted.
- k. Edit 2-133-02R: Added the ability to bypass this edit if the claim is for civil action payment.
- l. Edits 2-140-08R, 2-140-09R, 2-140-10R, 2-140-11R, 2-140-15R, 2-140-26R, 2-140-29R, 2-145-29R, 2-140-32R: Modified edit to reflect current business practices.
- m. Edit 2-140-34R: Is being deleted.

28. Section 3:

- a. Edit 2-145-06R: Added enrollment status of U and Z and removed Y.
- b. Edit 2-145-08R, 2-145-09R, 2-145-20R, 2-145-22R: Modified edit to reflect current business practices.
- c. Edit 2-145-16R: Deleted footnote indicator.
- d. Edit 2-150-05R, 2-150-07R: Corrected typo.
- e. Edit 2-155-06R: Added an else part to this edit to handle the Ambulatory Surgery.
- f. Edits 1-155-11R: Corrected this edit for "TYPE OF SUBMISSION A & C".

SUMMARY OF CHANGES (Continued)

CHAPTER 6 (Continued)

29. Section 4:

- a. Edit 2-170-03: Modified validity edit for easier updating in the future.
- b. Edit 2-170-07R: Was inadvertently commented out in C-79 it is being reactivated in this change.
- c. Edit 2-170-09R: This edit was deleted because it was a duplicate.
- d. Edit 2-170-14R: This edit is being deleted.
- e. Edit 2-170-16R: Is a new edit to handle non-certified providers.
- f. Edit 2-175-17R: Added "TYPE OF SUBMISSION OF C" to this edit.
- g. Added clarification footnotes to NAS Exception Reason (2-180) edits. Modified "No Error" Added new No Error condition. Modified 1-180-04R, 1-180-05R, 1-180-07R. Added 1-180-03R which was inadvertently deleted during the reformatting of the ADP Manual.
- h. Edit 1-185-12R: Correct typos.
- i. Edit 2-195-05R: Correct typos.

30. Section 5:

- a. Edit 2-202-17R: Removed the 2nd if statement.
- b. Edit 2-202-18R: Modified this edit to reflect current business practices.
- c. Edit 2-202-19R: This edit is only used for initial submissions.
- d. Edit 2-202-20R: Added Special Rate Code of "V" to handle the medicare cross-over claims.
- e. Edit 2-202-40R, 2-202-41R, and 2-211-08R: Corrected typos.
- f. Edit 2-203-01: Modified validity edit for easier updating in the future.
- g. Edit 2-203-04R: Added Special Rate Code of "V" to handle the medicare cross-over claims.
- h. Edit 2-203-05R: Added Special Processing code value of "?" for ambulatory surgery.
- i. Edit 2-203-07R: Is a new edit to handle the non-certified providers.
- j. Edit 2-205-04R: This edit is being deleted.
- k. Edit 2-214-01: Modified validity edit for easier updating in the future.
- l. Edit 2-214-02R: Is a new edit for non-certified providers.
- m. Edit -2-215-02R: Removed "CARE DATES AND" from this edit.
- n. Edit 2-217-02R: This edit was rewritten to for the non-certified provider.

SUMMARY OF CHANGES (Continued)

CHAPTER 6 (Continued)

30. Section 5 (Continued):

- o. Edit 2-217-04R: Removed footnote "2".
- p. Edits 2-235-08R, 2-290-04R, 2-290-05R, 2-290-10R: Modified this edit to reflect current business practices.
- q. Edit 2-290-11R: Added reference to table containing procedure codes.
- r. Edit 2-290-12R: Added procedure code.

31. Section 6:

- a. Edit 2-309-01: Added reference for easier lookup.
- b. Edit 2-310-06R, 2-315-06R: Added override code "NC" for non-certified provider
- c. Edit 2-320-01: Modified validity edit for easier updating in the future.
- d. Edit 2-320-05R: Corrected typo
- e. Edit 2-325-06R: Spelled blank out.
- f. Edit 2-330-01: Modified validity edit for easier updating in the future.
- g. Edit 2-331-01: Modified validity edit for easier updating in the future.
- h. Edit 2-331-04R: Various modifications to pricing edit.

32. Addendum A. Figure 6-A-3: Modified the Place of Service/Type of Service values.

CHAPTER 7

33. Section 1:

- a. Edit 3-025-01: Modified validity edit for easier updating in the future.
- b. Edit 3-025-02R: Is a new edit for non-certified providers.
- c. Edit 3-030-01: Modified validity edit for easier updating in the future.
- d. Edit 3-085-03R: Is being deleted.

34. Section 2:

- a. Modified 3-105-01, 3-105-02R, 3-105-03R, and 3-155-07R.
- b. Edit 3-105-04R: Is a new edit being added to force a medicare number when DRG is non-exempt.
- c. Deleted 3-155-09R.

SUMMARY OF CHANGES (Continued)

CHAPTER 9

35. Addendum C. Changed OCHAMPUS to TMA under Thelma Harrison's name.
36. Addendum E:
 - a. Data Element: NAS Required Indicator: Corrected a typo dat to data
 - b. Data Element: Reason for Issuance: Added footnotes that were forgotten during the republishing of this manual.
 - c. Data Element: Access Counter: Added footnotes that were forgotten during the republishing of this manual.

CHAPTER 10

37. Section 3. Deleted a sentence from 1.5.

