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TRICARE
MANAGEMENT ACTIVITY

PRD

CHANGE 49
6010.51-M
MAY 22, 2007

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to 6010.51-M, reissued August 2002.

CHANGE TITLE: ADMINISTRATIVE CHANGE FOR OUTPATIENT
PROSPECTIVE PAYMENT SYSTEM (OPPS)
IMPLEMENTATION

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change revises the implementation date of the
OPPS to 60 days after publication of the Interim Final Rule (IFR). Upon publication of
the IFR, another change will be published to reflect the effective date of OPPS.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting
Officer.

This change is made in conjunction with Aug 2002 TPM, Change No. 56 and Aug
2002 TRM, Change No. 60.

Evie Lammler
Director, Program Requirements Division

ATTACHMENT(S): 2 PAGES
DISTRIBUTION: 6010.51-M

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CHAPTER 10

Section 3, pages 5 and 6

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, SECTION 3

DUPLICATE CLAIMS DATA

FIGURE 10-3-2 DATA FIELD MATCH CRITERIA FOR NON-INSTITUTIONAL CLAIMS

FIELD NAME	OTHER	CPT-4 CODE	NEAR MATCH	EXACT MATCH
CLAIM LEVEL				
SPONSOR SSAN	✓	✓	✓	✓
PATIENT ID	✓	✓	✓	✓
PATIENT DOB				✓
PROVIDER TAX ID	✓	✓	✓	✓
PROVIDER SUB ID	✓	✓	✓	✓
PRIN DIAGNOSIS				✓
LINE ITEM LEVEL				
PLACE OF SERVICE				✓
TYPE OF SERVICE				✓
CARE BEGIN DATE	✓	✓	✓	✓
CARE END DATE			✓	✓
BILLED AMOUNT		✓	± 10% **	✓
ALLOWED AMOUNT				✓
PROCED CODE	✓	posn 1-3 *	✓	✓

* The procedure code of one line item is not equal to the procedure code of the other line item but the first three characters of the procedure codes are equal.

** The system calculates ± 10% of the Billed Amount as follows: (a) the system takes the higher of the billed amounts and multiplies it by 90%; (b) the system then compares the lower billed amount from the other claim(s) to the 90% figure; (c) the lower billed amount(s) must be ≥ 90% of the higher billed amount.

2.3. Exclusions

2.3.1. Exclusion Of Certain Claims

The Duplicate Claims System excludes claims from the extract if they do not meet specific minimum dollar thresholds and other criteria. An individual claim is excluded if:

2.3.1.1. The Government paid amount at the claim level is \$0.00.

2.3.1.2. The total allowed amount is less than \$30.00.

2.3.1.3. The second byte of the claim's type of service code is 'B' (Retail Drugs & Supplies) or 'M' (Mail Order Pharmacy Drugs & Supplies).

2.3.1.4. The claim's type of submission code is 'B', 'D', 'E', or 'O' (adjustment or cancellation to a prior non-TED claim or 100% paid by other health insurance).

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CHAPTER 10, SECTION 3

DUPLICATE CLAIMS DATA

2.3.1.5. The claim level allowed amount on a non-financially underwritten institutional potential duplicate is less than \$30.00.

2.3.1.6. The claim level allowed amount on an financially underwritten institutional potential duplicate is less than \$50.00.

2.3.1.7. The sum of the line item level allowed amounts on a non-financially underwritten non-institutional potential duplicate is less than \$30.00.

2.3.1.8. The sum of the line item level allowed amounts on an financially underwritten non-institutional potential duplicate is less than \$50.00.

2.3.2. Exclusion Of Certain Line Items

2.3.2.1. Prior to the implementation of the Outpatient Prospective Payment System (OPPS), the Duplicate Claims System (DCS) excludes line items from the extract if the line item procedure code (HCPCS or CPT-4) is one of the following:

HCPCS	CPT-4 ¹	DESCRIPTION
A4000 - A4999	06888	Nutrition Equipment/Supplies - Purchase
A5000 - A6500	06942	Other Equipment/Supplies - Purchase
R _ _ _ _	76499	Radiographic Procedure
P _ _ _ _	84999	Clinical Chemistry Test
P _ _ _ _	88305	Tissue Exam By Pathologist
	90593	Whole Blood Charges
	90594	Professional Components Charge
	90595	Outpatient Hospital - Physician's Charge
	90596	Outpatient Hospital - Recovery Room Charge
	90597	Outpatient Hospital - Operating Room Charge
	90599	Outpatient Hospital - Emergency Room Charge
J _ _ _ _	90782	Injection (SC)/(IM)
J _ _ _ _	90784	Injection (IV)
	94799	Unlisted Pulmonary Service Or Procedures
	99070	Special Supplies
	99088	Other Room, Ancillary and Drug Charges
	99592	Hospital Outpatient Birthing Room Charges

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2.3.2.2. Upon implementation of OPPS, the DCS excludes line items from the extract if the line item procedure code (HCPCS or CPT-4) is listed in paragraph 2.3.2.1. or in the TRICARE Systems Manual (TSM), Chapter 2, Addendum O.