



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

PCPB

CHANGE 74  
6010.51-M  
DECEMBER 22, 2008

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:** TRICARE OUTPATIENT PROSPECTIVE PAYMENT  
SYSTEM (OPPS) UPDATE FOR CALENDAR YEAR (CY)  
2008

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** This change incorporates all of the TRICARE OPPS  
changes for CY 2008; i.e., those CMS/Medicare changes adopted as part of the  
maintenance and updating up through December 31, 2008.

**EFFECTIVE AND IMPLEMENTATION DATE:** May 1, 2009

This change is made in conjunction with Aug 2002 TPM, Change No. 91 and Aug  
2002 TRM, Change No. 88.

*for*   
Laura Sells  
Chief, Purchased Care Procurement Branch

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

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

**CHANGE 74**  
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**REMOVE PAGE(S)**

**INSERT PAGE(S)**

**CHAPTER 10**

Section 3, pages 7 and 8

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**FIGURE 10-3-4 DATA FIELD MATCH CRITERIA FOR NON-INSTITUTIONAL CLAIMS ON OR AFTER NPI IMPLEMENTATION**

FIELD NAME	OTHER	OTHER	CPT-4 CODE	CPT-4 CODE	NEAR MATCH	NEAR MATCH	EXACT MATCH
<b>CLAIM LEVEL</b>							
PATIENT ID	✓	✓	✓	✓	✓	✓	✓
PATIENT DOB							✓
PROVIDER ID							✓
PROVIDER SUB ID							✓
NPI - TYPE II	✓		✓		✓		✓
NPI - TYPE I		✓		✓		✓	✓
PRIN DIAGNOSIS							✓
<b>LINE ITEM LEVEL</b>							
PLACE OF SERVICE							✓
TYPE OF SERVICE							✓
CARE BEGIN DATE	✓	✓	✓	✓	✓	✓	✓
CARE END DATE					✓	✓	✓
BILLED AMOUNT			✓	✓	± 10% **	± 10% **	✓
ALLOWED AMOUNT							✓
PROCED CODE	✓	✓	posn 1-3*	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.

**2.5. Exclusions**

**2.5.1. Exclusion Of Certain Claims**

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

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

**2.5.1.2.** The total allowed amount is less than \$30.00.

**2.5.1.3.** 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).

**TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002**

CHAPTER 10, SECTION 3

DUPLICATE CLAIMS DATA

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

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

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

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

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

**2.5.2. Exclusion Of Certain Line Items**

**2.5.2.1.** *On or before May 1, 2009* (implementation of the Outpatient Prospective Payment System (OPPS)), the 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 <sup>1</sup>	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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