



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

PCPB

CHANGE 6
6010.56-M
MAY 28, 2009

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM)**

The TRICARE Management Activity has authorized the following addition(s)/revision(s) to 6010.56-M, issued February 2008.

CHANGE TITLE: OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) UPDATES

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change brings this TRICARE Operations Manual up-to-date with published Change 74 (December 22, 2008) and Change 78 (May 8, 2009) to the Aug 2002 TRICARE Operations Manual 6010.51-M.

EFFECTIVE DATE: May 1, 2009.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TPM, Change No. 7, Feb 2008 TRM, Change No. 7, and Feb 2008 TSM, Change No. 6.


for Laura Sells
Chief, Purchased Care Procurement
Branch

ATTACHMENT(S): 2 PAGES
DISTRIBUTION: 6010.56-M

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

CHANGE 6
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REMOVE PAGE(S)

CHAPTER 9

Section 3, pages 7 and 8

INSERT PAGE(S)

Section 3, pages 7 and 8

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Chapter 9, Section 3 Duplicate Claims Data

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 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 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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2.5.2.2 Anesthesia Assistants: When comparing two line items which have the same CPT-4 value (all five positions), if either of the CPT-4 Modifiers (CPT_4_1 or CPT_4_2) on one line item has a value of "QK" and either of the CPT-4 Modifiers on the other line item has a value of "QX" or a value of "QS".

2.5.2.3 Assistant Surgeon Modifiers: When comparing two line items which have the same CPT-4 value (all five positions), if either of the CPT-4 Modifiers on one of the line items has a value of "80", "81", "82", or "AS" and neither of the CPT-4 Modifiers on the other line item has any of these values.

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2.5.2.4 Left/Right: When comparing two line items which have the same CPT-4 value (all five positions), if either of the CPT-4 Modifiers on one of the line items has a value of "RT" and either of the CPT-4 Modifiers on the other line item has a value of "LT".

2.5.2.5 Professional/Technical Components: When comparing two line items which have the same CPT-4 value (all five positions), if either of the CPT-4 Modifiers on one of the line items has a value of "26" and either of the CPT-4 Modifiers on the other line item has a value of "TC".

2.5.2.6 Ambulance Services: When comparing two line items which have the same CPT-4 value (all five positions) and that CPT-4 value is in the range of "A0021" through "A0999", if the values of the first CPT-4 Modifier (CPT_4_1) on the two line items are not equal.

2.5.3 Other Exclusions

After potential duplicate claims have been identified and grouped into claim sets, a final test is applied to exclude certain types of claim sets least likely to contain actual duplicate claims. Claim sets are excluded if they meet any of the following conditions:

2.5.3.1 The claim set contains less than two claims after the elimination of claims in the set due to any of the previously listed exclusion criteria.

2.5.3.2 The set is a "Mother-Baby" claim set and contains no more than two claims, where one claim has a "6..." series principal diagnosis code (mother) and the other claim has a "V..." series principal diagnosis code (baby). (Applies only to institutional claims.)

2.5.3.3 The set is a "Multiple Birth" claim set and contains no more than two claims, where both claims have "V31..." through "V39..." series principal diagnosis codes. (Applies only to institutional claims.)

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