



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

IMTR

CHANGE 13  
7950.1-M  
JUNE 28, 2004

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE SYSTEMS MANUAL (TSM)

The Information Management Directorate has authorized the following addition(s)/revision(s) to 7950.1-M, reissued August 2002.

**CHANGE TITLE:** TSM CONSOLIDATED

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

**SUMMARY OF CHANGE(S):** Incorporates modifications to financial edits, DEERS values, and adds editing for unique contract requirements. See pages 4 through 16.

**EFFECTIVE AND IMPLEMENTATION DATE:** September 1, 2004.

This change is made in conjunction with Aug 2002 TOM, Change No. 13.

A handwritten signature in cursive script that reads "Evie Lammle".

Evie Lammle

Director, Program Requirements Division

ATTACHMENT(S): 350 PAGES  
DISTRIBUTION: 7950.1-M

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

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## SUMMARY OF CHANGES

### CHAPTER 1

1. **Section 1.1.**
  - a. **Paragraph 6.0:** Added "Purchased Care Web Application" to the list of PKI systems requiring certification.
  - b. **Paragraph 7.2.3.:** Added "TIER 2" to the ISP.
  - c. **Paragraph 7.7.3.2.5.2:** Added new paragraph clarifying the File Naming Convention for files sent from the TMA data processing site.

### CHAPTER 2

2. **Section 1.1.**
  - a. **Paragraph 3.6:** Removed requirement which stated that a Type of Submission "O" TED record could not be cancelled without a previous TED record adjusting the "O" submission to zero amount paid.
  - b. **Paragraph 5.2:** Added HCC Member Category codes 'F – Former Member' and 'W – Former Spouse to the Accrual Fund Algorithm for Retired Sponsors.
  - c. **Paragraph 6.0 through 6.2.4:** Added new paragraphs providing the selection criteria for BATCH/VOUCHER ASAP Account Number for the Regional Contractors.
  - d. **Paragraph 8.2.2.2.:** Removed denial reason code 'F' from paragraph.
3. **Section 1.3.** Deleted TMA requirement for submission of Pricing File records. This section has been deleted except for a paragraph which explains that the Pricing File is no longer a TMA requirement.
4. **Section 2.2.**
  - a. **Paragraph 5.0:** Deleted TMA requirement for submission of Pricing File records. This paragraph is deleted. All paragraphs following are renumbered.
  - b. **Paragraph 5.4:** Clarified Validation Rule for Error Code 1207.
  - c. **Paragraph 5.4:** Corrected typo in Validation Rule for Error Code 1290.
  - d. **Paragraph 6.2:** Changed paragraph reference from 4.7.3.2.5 to 7.7.3.2.5.
  - e. **Paragraph 6.4:** Deleted error codes and added new error code 1999.
5. **Section 2.3.**
  - a. **Data Element: BATCH/VOUCHER ASAP Account Number.** Added clarification to both footnotes in the Notes and Special Instructions.
  - b. **Data Element: BATCH/VOUCHER Sequence Number.** Added note clarifying sequence number assignment.
  - c. **Data Element: Header Type Indicator.** Removed "financially underwritten" and "non-financially underwritten" from the Code/Value Specifications.

**SUMMARY OF CHANGES (Continued)**

**CHAPTER 2 (Continued)**

6. **Section 2.4.**
  - a. **Data Element: AGR Service Legal Authority Code.** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
  - b. **Data Element: Date TED Record Processed to Completion.** Added clarification on what represents a resubmission.
  - c. **Data Element: DEERS Identifier (Patient).** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
  - d. **Data Element: DRG Number.** Added TRICARE Reimbursement Manual reference to footnote.
  
7. **Section 2.5.**
  - a. **Data Element: Frequency Code.** Added new frequency code for nonpayment claims.
  - b. **Data Element: Health Care Coverage Copayment Factor Code.** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
  - c. **Data Element: Health Care Coverage Member Category Code.** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
  - d. **Data Element: Health Care Coverage Member Relationship Code.** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
  - e. **Data Element: Health Care Delivery Program Plan Coverage Code.** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
  - f. **Data Element: Health Care Delivery Program Special Entitlement Code.** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
  - g. **Data Element: HIPPS Code.** Renamed "SNF HIPPS Code" to "HIPPS Code" and updated the Definition and the Code/Value Specifications in order to include the Home Health Agency PPS. Also, added a new note providing direction on which HIPPS Code to submit on the TED record when more than one HIPPS Code is submitted on the claim.
  
8. **Section 2.6.**
  - a. **Data Element: Number of Services.** Added note providing clarification on number of services for HCPCS J-codes.
  - b. **Data Element: Other Government Program Begin Reason Code.** Added note providing instruction on value to use when claim is payable but person is not on DEERS.

## SUMMARY OF CHANGES (Continued)

### CHAPTER 2 (Continued)

#### 8. Section 2.6 (Continued).

- c. **Data Element: Other Government Program Type Code.** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
- d. **Data Element: Override Code.** Added 2 new override codes which will be used to bypass certain financial edits when the contractor pays out of the incorrect fund in order to track the misappropriated monies but clear the TED record. Also, added a new note detailing the use of these new codes.

#### 9. Section 2.7.

- a. **Data Element: Patient Identifier (DoD).** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
- b. **Data Element: Pay Grade Code (Sponsor).** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
- c. **Data Element: Pay Plan Code (Sponsor).** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
- d. **Data Element: Person Identifier (Patient).** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
- e. **Data Element: Person Identifier Type Code (Patient).** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
- f. **Data Element: Person Identifier Type Code (Sponsor).** Added note providing instruction on value to use when claim is payable but person is not on DEERS.
- g. **Data Element: Person Sex (Patient).** Added note clarifying that person sex should be reported from the claim or claim history if DEERS returns a value of other than 'M' or 'F'.
- h. **Data Element: Provider Specialty.** Added Addendum C references for Provider Specialty Code assignment.
- i. **Data Element: Provider Taxpayer Number.** Removed direction to use all nines when provider is a non-participating pharmacy.

#### 10. Section 2.8.

- a. **Data Element: Region Indicator.** Modified note.
- b. **Data Element: Special Processing Code.** Changed definition for value "PF" and removed "non-financially underwritten payment of contractor" from the definition of value 'AB'.

#### 11. Section 2.9. Data Element: TED Record Correction Indicator. Modified footnote "1" to clarify the use of blanks.

**SUMMARY OF CHANGES (Continued)**

**CHAPTER 2 (Continued)**

**12. Section 2.10.**

- a. **Data Element: Area Wage Index.** Corrected typo.
- b. **Data Element: Provider Acceptance Date.** Numbered footnote.
- c. **Data Element: Provider Billing Address.** Changed footnote to clarify procedure for reporting provider billing address data elements when different from provider address data elements.
- d. **Data Element: Provider Billing City.** Changed footnote to clarify procedure for reporting provider billing address data elements when different from provider address data elements.
- e. **Data Element: Provider Billing State or Country Code.** Changed footnote to clarify procedure for reporting provider billing address data elements when different from provider address data elements.
- f. **Data Element: Provider Billing Street Address.** Changed footnote to clarify procedure for reporting provider billing address data elements when different from provider address data elements.
- g. **Data Element: Provider Billing Zip Code.** Changed footnote to clarify procedure for reporting provider billing address data elements when different from provider address data elements.
- h. **Data Element: Provider Major Specialty/Type of Institution.** Added Addendum C references for Provider Specialty Code assignment.
- i. **Data Element: Provider Street Address.** Corrected typos and removed obsolete provider specialty codes.
- j. **Data Element: Provider Sub-Identifier.** Clarified the Code/Value Specifications to align with the TRICARE Encounter Provider Record and updated examples with new Specialty codes.
- k. **Data Element: Provider Taxpayer Number.** Corrected typos; moved note in paragraph 2 under Notes and Special Instructions; corrected the character abbreviation for state in paragraph 2.b.; clarified that transportation provider records for PFPWD are to be assigned a TIN of all nines; and deleted paragraph 2-D since it no longer applies.
- l. **Data Element: Provider Zip Code.** Corrected typos.
- m. **Data Element: Transaction Code.** Clarified use of Transaction Code "A".
- n. **Data Element: Type of Institution Term Indicator Code.** Numbered footnote.

**13. Section 2.11.** Deleted TMA requirement for submission of Pricing File records.

**SUMMARY OF CHANGES (Continued)**

**CHAPTER 2 (Continued)**

**14. Section 4.1.**

- a. **Edit 0-030-02V.** Changed footnote to this edit for clarification.
- b. **Edit 0-030-01R.** Added new Batch/Voucher Date edit in header to ensure date is within ASAP Number begin and end dates and added footnote to this edit for clarification.

**15. Section 5.1.**

- a. **Edit 1-050-01V.** Added all blanks to validity requirements.
- b. **Edit 1-050-01V.** Removed zeroes, nines, and blanks from validity requirement.
- c. **Edit 1-050-01V.** Added new validity edit to prevent blank filled Patient Identifier (DoD).
- d. **Edit 1-050-01V.** Added new validity edit to allow all zeros only when claim is denied.
- e. **Edit 1-050-01V.** Deleted edit which prevented coding of authorizations for care outside the MTF catchment area in the CA/NAS field.

**16. Section 5.2.**

- a. **Edit 1-115-01V.** Added clarification that DMIS ID must be 4 digits.
- b. **Edit 1-115-02V.** Added new DMIS ID codes.
- c. **Edit 1-115-01R.** Added new DMIS ID codes.
- d. **Edit 1-115-02R.** Added new DMIS ID codes.
- e. **Edit 1-115-08R.** Added new DMIS ID codes.
- f. **Edit 1-115-09R.** Added new DMIS ID codes.
- g. **Edit 1-115-10R.** Added new relational edit to ensure that the DMIS ID code is not blank when Enrollment Codes are for TGRO and for foreign ADFM enrolled in Prime.
- h. **Edit 1-131-01R.** Modified edit to allow CHAMPVA TED records for non-TED records (HCSR) only.
- i. **Edit 1-160-06V.** Added new validity edit to ensure that new override codes H1 and H2 are only submitted on adjustment TED records.
- j. **Edit 1-160-05R.** Changed HCC Member Relationship to HCC Member Category.
- k. **Edit 1-160-13R.** Added Special Processing Code "AD" to allow foreign active duty claims to be accepted with a non-certified provider.
- l. **Edit 1-165-06R.** Modified edit to allow Home Health Agency TED records to be accepted with zero covered days.
- m. **Edit 1-170-01V.** Simplified CA/NAS Number validity edit to meet TRICARE requirement to code authorizations for care outside the MTF catchment area in the CA/NAS field.
- n. **Edit 1-170 No Error Statement.** Deleted duplicate PFPWD no error statement.

**SUMMARY OF CHANGES (Continued)**

**CHAPTER 2 (Continued)**

**16. Section 5.2 (Continued).**

- o. Edit 1-170-01R.** Deleted edit which prevented coding of authorizations for care outside the MTF catchment area in the CA/NAS field.
- p. Edit 1-175-01R.** Deleted edit which prevented coding of authorizations for care outside the MTF catchment area in the CA/NAS field.
- q. Edit 1-180 No Error Statement.** Deleted duplicate PFPWD no error statement.
- r. Edit 1-180-03R.** Added mental health diagnosis range to edit.
- s. Edit 1-180-06R.** Deleted edit.

**17. Section 5.3.**

- a. Edit 1-250-01R.** Added "Unless" statement to require specific frequency codes for Home Health Agency TED records.
- b. Edit 1-250-05R.** Added new edit to allow only Home Health Agency and Skilled Nursing Facility TED records to be submitted with frequency code "0".
- c. Edit 1-275-06R.** Modified edit to bypass provider editing for TRICARE second pay TFL claims.
- d. Edit 1-280-03R.** Modified edit to bypass provider editing for TRICARE second pay TFL claims.
- e. Edit 1-285-01R.** Modified edit to allow Home Health Agency TED records to be accepted with zero covered days.
- f. Edit 1-285-03R.** Modified edit to ensure that covered days are represented correctly. Also, added revenue code 019X and deleted revenue code 0762 from room and board revenue codes.
- g. Edit 1-292.** Element name changed from SNF HIPPS Code to HIPPS code.
- h. Edit 1-292-01R.** Modified edit to ensure a HIPPS code for Home Health Agency TED records.

**18. Section 5.4.**

- a. Edit 1-300-07R.** Expanded mental health diagnosis code range.
- b. Edit 2-374-04V.** Corrected edit number. Correct number is 1-374-04V.
- c. Edit 1-385-02R.** Deleted revenue code 002X and added revenue code 019X from room and board revenue codes.
- d. Edit 1-385-10R.** Deleted edit restricting Home Health Agency TED records to revenue code 0023.

**19. Section 5.5. Edit 1-400-06R.** Deleted edit which required a zero amount allowed when one or more line items were denied even if the TED record was not totally denied.

## SUMMARY OF CHANGES (Continued)

### CHAPTER 2 (Continued)

#### 20. Section 6.1.

- a. **Edit 2-050-01V.** Added all blanks to validity requirements.
- b. **Edit 2-065-01V.** Removed zeroes, nines, and blanks from validity requirement.
- c. **Edit 2-080-01V.** Added new validity edit to prevent blank filled Patient Identifier (DoD).
- d. **Edit 2-080-02V.** Added new validity edit to allow all zeros only when claim is denied.
- e. **Edit 2-090-02R.** Deleted edit which prevented coding of authorizations for care outside the MTF catchment area in the CA/NAS field.
- f. **Edit 2-095-06V.** Added new validity edit to ensure that new override codes H1 and H2 are only submitted on adjustment TED records.
- g. **Edit 2-095-11R.** Added Special Processing Code "AD" to allow foreign active duty claims to be accepted with a non-certified provider.

#### 21. Section 6.2.

- a. **Edit 2-110-01V.** Added clarification that DMIS ID must be 4 digits.
- b. **Edit 2-110-02V.** Added new DMIS ID codes.
- c. **Edit 2-110-01R.** Added new DMIS ID codes.
- d. **Edit 2-110-02R.** Added new DMIS ID codes.
- e. **Edit 2-110-07R.** Deleted Enrollment Code "SN" since SHCP-Non-MTF Referred TED records may be submitted with a blank DMIS ID.
- f. **Edit 2-110-08R.** Added new DMIS ID codes.
- g. **Edit 2-100-09R.** Added new DMIS ID codes.
- h. **Edit 2-110-10R.** Added new validity edit to ensure that the DMIS ID code is not blank when Enrollment Codes are for TGRO and for foreign ADFM enrolled in Prime.
- i. **Edit 2-150-06R.** Modified edit to bypass provider editing for TRICARE second pay TFL claims.
- j. **Edit 2-155-05R.** Modified edit to bypass provider editing for TRICARE second pay TFL claims.
- k. **Edit 2-160-05R.** Added Enrollment code to allow acceptance of TGRO ADSM TED records with procedure codes normally limited to PFPWD and deleted procedure code 06896.
- l. **Edit 2-160-08R.** Modified edit to allow blank NDC code on foreign pharmacy TED records.
- m. **Edit 2-170-01R.** Modified edit to allow blank NDC code on foreign pharmacy TED records.
- n. **Edit 2-175-06R.** Deleted procedure codes 99551-99568. Numbers of services for these procedure codes are already edited in 2-175-04R.

## SUMMARY OF CHANGES (Continued)

### CHAPTER 2 (Continued)

#### **21. Section 6.2 (Continued).**

- o.** Edit 2-185-05R. Modified edit to only accept amount allowed less than zero on cancelled non-TED records (HCSR).
- p.** Edit 2-191-01R. Modified edit to allow CHAMPVA TED records for non-TED records (HCSR) only.

#### **22. Section 6.3.**

- a.** **Edit 2-235-01R.** Modified edit to bypass provider file editing for TRICARE second pay TFL claims.
- b.** **Edit 2-240 No Error Statement.** Deleted no error statement to prevent non-participating pharmacies to bypass the provide check.
- c.** **Edit 2-280-08R.** Modified edit to allow blank NDC code on foreign pharmacy TED records.
- d.** **Edit 2-280-09R.** Modified edit to allow for submission of prescription medical necessity and prior authorization reviews.
- e.** **Edit 2-280-10R.** Modified edit to allow blank NDC code on foreign pharmacy TED records.
- f.** **Edit 2-285-02R.** Deleted HHC Member Category Code 'N. National Guard not active duty' and added HHC Member Category code 'G. National Guard Active Duty'.
- g.** **Edit 2-285-04R.** Added Medal of Honor Recipient to list of HCC Member Category codes that are to be treated as retiree.

#### **23. Section 6.4.**

- a.** **Edit 2-305-13R.** Added pricing rate codes that are allowable for ambulatory surgery TED records and deleted an expired pricing rate code. Also, corrected typo by changing Pricing Rate Code from "U" to "V".\
- b.** **Edit 2-310-01V.** Simplified CA/NAS Number validity edit to meet TRICARE requirement to code authorizations for care outside the MTF catchment area in the CA/NAS field.
- c.** **Edit 2-310 No Error Statement.** Deleted duplicate PFPWD no error statement.
- d.** **Edit 2-310-01R.** Deleted edit which prevented coding of authorizations for care outside the MTF catchment area in the CA/NAS field.
- e.** **Edit 2-215-01R.** Deleted edit which prevented coding of authorizations for care outside the MTF catchment area in the CA/NAS field.
- f.** **Edit 2-320 No Error Statement.** Deleted duplicate PFPWD no error statement.
- g.** **Edit 2-320-04R.** Added new edit to ensure that CA/NAS Exception Reason is coded when appropriate.
- h.** **Edit 2-325-01R.** Deleted Medicare Pricing Rate code from the list of Pricing Rate codes for ambulatory surgery facility.

**SUMMARY OF CHANGES (Continued)**

**CHAPTER 2 (Continued)**

**24. Section 7.1.**

- a. **Edit 3-005-02R.** Changed the "OR" statement to a "THEN" statement.
- b. **Edit 3-010-02R.** Deleted edit which prevented submission of corporate providers.
- c. **Edit 3-015-01R.** Modified edit to clarify foreign country.
- d. **Edit 3-020-01V.** Added new edit to ensure correct contract number on TEPRV.
- e. **Edit 3-035-01V.** Modified validity edit to exclude all spaces from provider name and deleted footnote.
- f. **Edit 3-045-01V.** Modified edit to clarify foreign country.
- g. **Edit 3-055-01V.** Clarified provider state and country code references.
- h. **Edit 3-060-01R.** Modified edit to allow the foreign contractor to submit foreign pharmacy TEPRVs.
- i. **Edit 3-090-03R.** Added new edit to ensure only the TMOP contractor submits provider major specialty 183500000X.

**25. Section 7.2.**

- a. **Edit 3-125-01R.** Moved statement "third position" from the middle of the statement to the front of the statement.
- b. **Edit 3-130-01R.** Changed "0" to "Zeroes".
- c. **Edit 3-135-01R.** Changed "0" to "Zeroes".
- d. **Edit 3-140-01R.** Changed "0" to "Zeroes".
- e. **Edit 3-140-02R.** Changed "0" to "Zeroes".
- f. **Edit 3-145-01V.** Changed "0" to "all Zeroes".
- g. **Edit 3-145-01R.** Changed "0" to "Zeroes".
- h. **Edit 3-150-03R.** Moved statement "third position" from the middle of the statement to the front of the statement.
- i. **Edit 3-150-04R.** Modified edit to allow DRG Exempt Maryland Institutional providers.
- j. **Edit 3-155-01V.** Changed "0" to "all Zeroes".
- k. **Edit 3-155-01R.** Changed "0" to "Zeroes" and deleted "ELSE" statement.
- l. **Edit 3-160-04R.** Added new edit which edits sub-identifier against provider major specialty codes.
- m. **Edit 3-160-05R.** Added new edit to ensure correct submission of outpatient facility TEPRVs.
- n. **Edit 3-160-05R.** Corrected Home Health Agency provider major specialty code.
- o. **Edit 3-160-08R.** Deleted Ambulatory Surgery provider major specialty code and added multi-specialty group and single specialty group.

**SUMMARY OF CHANGES (Continued)**

**CHAPTER 2 (Continued)**

26. **Section 8.1.** Deleted TMA requirement for submission of Pricing File records. This section is deleted.
27. **Section 8.1 (Formerly Section 9.1) (Continued).**
- a. **Edit 0-025-01F.** Added new financial edit to validate ASAP Account Number for the accrual fund.
  - b. **Edit 0-025-02F.** Added new financial edit to validate ASAP Account Number for the North Contract.
  - c. **Edit 0-025-03F.** Added new financial edit to validate ASAP Account Number for the South Contract.
  - d. **Edit 0-025-04F.** Added new financial edit to validate ASAP Account Number for the West Contract.
  - e. **Edit 0-060-01F.** Modified Foreign Edit for Active Duty Members.
  - f. **Edit 1-060-02F.** Modified TPR Foreign Edit for Active Duty Members.
  - g. **Edit 1-060-08F.** Deleted edit.
  - h. **Edit 1-060-11F.** Modified edit to require listed HCC Member Category Code and removed statement that amount paid must be greater than zero.
  - i. **Edit 1-060-16F.** Modified edit to include special processing codes for TRICARE second pay TFL TED records and Former Reserve Members and Former Spouses.
  - j. **Edit 1-060-18F.** Modified edit to include enrollment and special processing codes for SHCP and to require listed HCC Member Category Codes and HCC Member Relationship codes.
  - k. **Edit 1-060-19F.** Modified edits to require listed HCC Member Category Codes and HCC Member Relationship codes.
  - l. **Edit 1-060-20F.** Added special processing codes for TRICARE second pay TFL TED records and added Other Government Program Type Code for Medicare Part A.
  - m. **Edit 1-060-21F.** Deleted edit.
  - n. **Edit 1-060-22F.** Deleted edit.
  - o. **Edit 1-060-23F.** Modified edit for CONUS Bank Account Validation.
  - p. **Edit 1-060-24F.** Deleted Edit.
  - q. **Edit 1-060-25F.** Deleted Edit.
  - r. **Edit 1-060-26F.** Added new financial edit to validate payment of Foreign Active Duty TED Records.
  - s. **Edit 1-060-27F.** Added new financial edit to validate payment of TPR Foreign Active Duty Family Member TED Records.
  - t. **Edit 1-060-28F.** Added new financial edit to validate payment of Navy Line of Duty TED records.

**SUMMARY OF CHANGES (Continued)**

**CHAPTER 2 (Continued)**

**27. Section 8.1 (Formerly Section 9.1) (Continued).**

- u. **Edit 1-060-29F.** Added new financial edit to validate payment of Marine Line of Duty TED records.
- v. **Edit 1-283-01F.** Deleted edit.
- w. **Edit 1-283-02R.** Modified edit and added footnote associated with this edit.
- x. **Edit 1-283-03F.** Deleted edit.
- y. **Edit 1-283-04F.** Deleted edit.
- z. **Edit 1-283-05F.** Deleted edit.
- aa. **Edit 1-283-06F.** Deleted edit.
- ab. **Edit 1-283-07F.** Deleted edit.
- ac. **Edit 1-283-08F.** Added new financial edit to validate option period.
- ad. **Edit 1-283-09F.** Added new financial edit to validate CLIN to Appropriation Type.
- ae. **Edit 1-283-10F.** Added new financial edit to validate CLIN to Claim Form Type.
- af. **Edit 2-055-01F.** Modified edit for Foreign Active Duty Members.
- ag. **Edit 2-055-02F.** Modified edit for foreign TPR Service Members.
- ah. **Edit 2-055-08F.** Deleted edit.
- ai. **Edit 2-055-11F.** Modified edit for TPR Active Duty Service Member.
- aj. **Edit 2-055-16F.** Modified edit for TRICARE Senior Pharmacy for Active Duty Family Members.
- ak. **Edit 2-055-17F.** Modified edit for TRICARE Senior Pharmacy for Retirees and Family Members.
- al. **Edit 2-055-18F.** Modified edit for TFL for Retiree and Family Members.
- am. **Edit 2-055-20F.** Modified edit for SHCP Vouchers for Active Duty Service Members.
- an. **Edit 2-055-21F.** Modified edit for TPR Active Duty Family Members.
- ao. **Edit 2-055-22F.** Modified edit for TFL for Active Duty Family Members.
- ap. **Edit 2-055-23F.** Deleted edit.
- aq. **Edit 2-055-24F.** Deleted edit.
- ar. **Edit 2-055-25F.** Modified edit for CONUS bank account validation.
- as. **Edit 2-055-26F.** Deleted edit.
- at. **Edit 2-055-27F.** Deleted edit.
- au. **Edit 2-055-28F.** Added new financial payment edit to validate payment of Foreign Active Duty Family Members TED records.
- av. **Edit 2-055-29F.** Added new financial edit to validate payment of TPR Foreign Active Duty Family Members TED records.
- aw. **Edit 2-055-30F.** Added new financial edit to validate payment of Navy Line of Duty TED records.

**SUMMARY OF CHANGES (Continued)**

**CHAPTER 2 (Continued)**

**27. Section 8.1 (Formerly Section 9.1) (Continued).**

- ax. Edit 2-055-31F. Added new financial edit to validate payment of Marine Line of Duty TED records.
- ay. Edit 2-108-01F. Deleted edit.
- az. Edit 2-108-02F. Modified duplicate CLIN edit.
- ba. Edit 2-108-03F. Deleted edit.
- bb. Edit 2-108-04F. Deleted edit.
- bc. Edit 2-108-05F. Deleted edit.
- bd. Edit 2-108-06F. Deleted edit.
- be. Edit 2-108-07F. Deleted edit.
- bf. Edit 2-108-08F. Deleted edit.
- bg. Edit 2-108-09F. Deleted edit.
- bh. Edit 2-108-10F. Deleted edit.
- bi. Edit 2-108-11F. Modified edit for Base Administrative Payment on denied services.
- bj. Edit 2-108-12F. Deleted edit.
- bk. Edit 2-108-13F. Deleted edit.
- bl. Edit 2-108-14F. Deleted edit.
- bm. Edit 2-108-15F. Deleted edit.
- bn. Edit 2-108-16F. Added new financial edit to validate Option Period.
- bo. Edit 2-108-17F. Added new financial edit to validate CLIN against Appropriation Type.
- bp. Edit 2-108-18F. Added new financial edit to validate CLIN against claim form type.
- bq. Edit 2-108-19F. Added new financial edit to validate Base Administrative Payment per episode of care (batch).
- br. Edit 2-108-20F. Added new financial edit to validate Base Administrative Payment per episode of care (voucher).
- bs. Edit 2-112-01F. Added new financial edit to validate the Amount of Interest Payment.
- bt. Edit 2-112-01F. Added new financial edit to validate the Amount of Patient Cost-Share.

**28. Addendum C.** Updated Version from 3.1 to 4.0 in footnote.

**29. Addendum H.**

- a. **Figure 2-H-1.** Deleted Adjustment Denial Reason Code 23 and changed description for code 149.
- b. **Figure 2-H-2.** Added Adjustment Denial Reason Code 23.
- c. **Figure 2-H-3.** Added 2 new Adjustment Denial Reason Codes.

**SUMMARY OF CHANGES (Continued)**

**CHAPTER 2 (Continued)**

- 30. Addendum J.** Corrected typos for Maryland and Minnesota state codes.
- 31. Addendum K.** Added new Pay Plan Code Value.
- 32. Addendum M.** Added 6 new Health Care Delivery Program Plan Coverage Code values for Overseas Prime and Global Remote Overseas and 1 new code for Unverified Newborns.
- 33. Addendum O.** Changed the CPT/HCPCS procedure codes for 065X and 068X.
- 34. Addendum P.** Added new Addendum for MTF Enrolling DMIS IDS. This Addendum is to be used in conjunction with Chapter 2, Section 1.1, paragraph 6.0 through 6.2.4.