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TRICARE  
MANAGEMENT ACTIVITY

IMTR

CHANGE 40  
7950.1-M  
JANUARY 16, 2007

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:** JANUARY 2007 CHANGES TO HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS)

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

**SUMMARY OF CHANGE(S):** Ongoing changes/clarifications to OPPS implementing instructions, revision to the TSM Chapter 2, Addendum O (Default HCPCS Codes), application of OPPS Bilateral Discounting, and including End Stage Renal Disease (ESRD) services under OPPS.

**EFFECTIVE AND IMPLEMENTATION DATE:** June 1, 2007.

This change is made in conjunction with Aug 2002 TOM, Change No. 43 and Aug 2002 TRM, Change No. 57.

Evie Lammle  
Director, Program Requirements Division

ATTACHMENT(S): 64 PAGES  
DISTRIBUTION: 7950.1-M

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**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**  
CHAPTER 2 - TRICARE ENCOUNTER DATA (TED)

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CHAPTER 2, SECTION 2.4

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (A - D)

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (CONTINUED)**

**SUBORDINATE AND/OR GROUP ELEMENTS**

<b>SUBORDINATE</b>	<b>GROUP</b>
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

If the DEERS response does not return an AGR SERVICE LEGAL AUTHORITY CODE, report 'Z' in this field.

If person not on DEERS but claim is payable (i.e., government liability), report 'Z' in this field.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (A - D)

DATA ELEMENT DEFINITION

**ELEMENT NAME:** AMBULATORY PAYMENT CLASSIFICATION CODE (APC)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-330	Up to 99	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Five (5) alphanumeric characters.

**DEFINITION** Grouping that categorizes outpatient visits according to the clinical characteristics, the typical resource use, and the costs associated with the diagnoses and the procedures performed when paid under the Outpatient Prospective Payment System (OPPS).

**CODE/VALUE SPECIFICATIONS** Refer to TMA's OPPS web site at <http://www.tricare.mil/>. Must be left justified and blank filled.

**ALGORITHM** N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Required on all TED records reimbursed under the OPPS.

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL  
 RECORD DATA ELEMENTS (M - O)

DATA ELEMENT DEFINITION

<b>ELEMENT NAME: NATIONAL DRUG CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Non-Institutional	2-170	Up to 99	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> Eleven (11) alphanumeric characters.			
<b>DEFINITION</b> Number assigned to pharmaceutical products by the Food and Drug Administration (FDA).			
<b>CODE/VALUE SPECIFICATIONS</b> Unique number assigned to include pharmaceutical by the FDA.			
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>		<b>GROUP</b>	
N/A		N/A	

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Only required for Outpatient Drug claim. For non-pharmacy claims blank fill.

This data element must be present for Mail Order Pharmacy and Retail Pharmacy.

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CHAPTER 2, SECTION 2.6

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: NUMBER OF SERVICES**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-175	Up to 99	Yes

**PRIMARY PICTURE (FORMAT)** Three (3) signed numeric digits.

**DEFINITION** Number of procedures performed/services or supplies rendered for medical, dental, and mental health care.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** Identical procedures must be combined when performed by the same provider, with the same charge for each, and within the same calendar month, provided the reason for allowance/denial is the same for each charge and combining procedures does not conflict with other TED record requirements (i.e., Number of Services field size). For ambulance services, allergy testing, DME rental, or POV mileage for the Extended Care Health Option (ECHO), enter 01 for each service regardless of number of units or mileage. When multiple units are used in a single episode of care, such as one box of twelve syringes, code only one (1) supply or service. Allowed prescription drugs must be combined separately from disallowed prescription drugs. For prescriptions report the number of prescriptions.

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

Number of Services should be reported as 999 for HCPCS J-codes when the actual quantity of the services on the claim form exceeds 999.

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CHAPTER 2, SECTION 2.6

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)

**DATA ELEMENT DEFINITION**

**ELEMENT NAME:** OCCURRENCE/LINE ITEM NUMBER

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-380	Up to 450	Yes
Non-Institutional	2-145	Up to 99	Yes

**PRIMARY PICTURE (FORMAT)** Three (3) numeric digits.

**DEFINITION** A unique number for each utilization/revenue data occurrence within the TED Record. Line item must be assigned in sequential ascending order.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

N/A

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CHAPTER 2, SECTION 2.6

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: OPPTS PAYMENT STATUS INDICATOR CODE**

**RECORDS/LOCATOR NUMBERS**

<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Non-Institutional	2-331	Up to 99	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> Two (2) alphanumeric characters.			
<b>DEFINITION</b> Identifies how a service or procedure is paid under the Outpatient Prospective Payment System (OPPS).			
<b>CODE/VALUE SPECIFICATIONS</b>	A	Services paid under some payment method other than OPPTS (i.e., DME, prosthetics, DMEPOS fee schedule, or CMAC).	
	B	More appropriate code required for TRICARE OPPTS.	
	C	Inpatient services not paid under the OPPTS.	
	E	Items or services not covered by TRICARE.	
	F	Acquisition of corneal tissue and certain CRNA services and Hepatitis B vaccines paid on an allowable charge basis.	
	G	Drug, biological pass-through paid in separate APCs under the OPPTS.	
	H	Pass-through device categories, brachytherapy sources, and radiopharmaceutical agents allowed on a cost basis.	
	K	Non-pass-through drugs and biologicals and blood and blood products paid in separate APCs under the OPPTS.	
	N	Incidental services, payment included in payment for another service or APC group.	

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Required on all TED records reimbursed under Outpatient Prospective Payment System (OPPTS).

Refer to the TRICARE Reimbursement Manual, Chapter 13, Section 3 for additional information and more complete definitions of the OPPTS Payment Status Indicator Codes. Must be left justified and blank filled.

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DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: OPPTS PAYMENT STATUS INDICATOR CODE (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>		
	P	Services paid only in partial hospitalization programs.
	Q	Paid under OPPTS; services either packaged or separately payable depending on the specific circumstances of the HCPCS billing. OCE logic will be applied in determining if the services will be packaged or separately payable.
	S	Significant procedures allowed under the OPPTS but multiple procedure reduction does not apply.
	T	Surgical services allowed under the OPPTS with multiple procedure payment reduction.
	V	Medical visits (including clinic or emergency department visits) allowed under the OPPTS.
	W	Invalid HCPCS or invalid revenue code with blank HCPCS.
	X	Ancillary services allowed under the OPPTS.
	Z	Valid revenue code with blank HCPCS and no other SI assigned.
<b>ALGORITHM</b> N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>		
<b>SUBORDINATE</b>		<b>GROUP</b>
N/A		N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Required on all TED records reimbursed under Outpatient Prospective Payment System (OPPS).

Refer to the TRICARE Reimbursement Manual, Chapter 13, Section 3 for additional information and more complete definitions of the OPPTS Payment Status Indicator Codes. Must be left justified and blank filled.

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CHAPTER 2, SECTION 2.6

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) BEGIN REASON CODE**

**RECORDS/LOCATOR NUMBERS**

<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-132	1	Yes <sup>1</sup>
Non-Institutional	2-192	Up to 99	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** One (1) alphanumeric character.

**DEFINITION** The code that indicates the reason that the person's period of eligibility for a non-DoD Other Government Program began. Download field from DEERS.

<b>CODE/VALUE SPECIFICATIONS</b>		
	A	Eligible for Medicare. Eligibility began after age 65 (the person did not have enough quarters of Social Security contributions to qualify at age 65). This value applies to Medicare Part A.
	B	Enrollment in Medicare Part B; over or under age 65. Medicare Part B can only be obtained by payment of monthly premiums. This value applies to Medicare Part B.
	D	Eligible for Medicare under age 65 because of disability. This value applies to Medicare Part A.
	E	Eligible for Medicare at age 65. This value applies to Medicare Part A.
	N	Not eligible for Medicare. Under age 65 this is the default value. At age 65 this indicates eligibility could not begin because the person did not have enough quarters of Social Security contributions to qualify. This value applies to Medicare Part A.

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> If the DEERS response does not contain an OGP BEGIN REASON CODE, report 'W' in this field.

If person not on DEERS but claim is payable (i.e., government liability), report 'W' in this field.

**NOTE:** For Mail Order Pharmacy use the data element Medicare A Begin Reason Code from the DEERS inquiry/response to report this information. If the DEERS response does not contain an OGP BEGIN REASON CODE, report 'W' in this field.

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CHAPTER 2, SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-300	1	Yes
Non-Institutional	2-115	1	Yes

**PRIMARY PICTURE (FORMAT)** Six (6) alphanumeric characters.

**DEFINITION** The condition established, after study, to be the major cause for the patient to obtain medical care as coded on the claim form or otherwise indicated by the provider.

**CODE/VALUE SPECIFICATIONS** Use the most current diagnosis code edition (ICD-9-CM), as directed by TMA. Must provide the most detailed code. Left justify and blank fill. Do not code the decimal point.

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

For Mail Order Pharmacy and Retail Pharmacy, if a more specific diagnosis code is not available, use 799.89.

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CHAPTER 2, SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PROCEDURE CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-160	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Five (5) alphanumeric characters.			
<b>DEFINITION</b> Code indicating the procedure which describes the care received.			
<b>CODE/VALUE SPECIFICATIONS</b> Refer to Physician's Current Procedure Terminology <sup>1</sup> (CPT-4), or HCPCS National Level II Medicare Codes or TMA approved codes (Figure 2-E-5). For Dental Services use HCPC or ADA Dental procedure codes.			
<b>ALGORITHM</b> N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	

**NOTES AND SPECIAL INSTRUCTIONS:**

For Mail Order Pharmacy: Procedure code<sup>1</sup> 98800 is to be used for all drug claims and Procedure code 99070 is to be used for all supplies. For Mail Order Pharmacy Records, the first line item must contain the information on the prescription being filled, the second line item will be used to report corresponding supplies that are issued such as alcohol pads, lancets, etc. The procedure code<sup>1</sup> on the 2nd occurrence/line item on Mail Order Pharmacy records must be 99070.

This data element must be 000PA or 000MN for Mail Order and Retail Pharmacy Prior Authorizations and Medical Necessity Reviews.

For the list of the No Government Pay Procedure Codes that are excluded from TRICARE coverage and are not payable under TRICARE, refer to the No Government Pay Procedure Code list on TMA's web site at <http://tricare.mil/nogovernmentpay>.

<sup>1</sup> CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

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CHAPTER 2, SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

**DATA ELEMENT DEFINITION**

**ELEMENT NAME:** PROCEDURE CODE MODIFIER

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-165	4/Up to 99	No

**PRIMARY PICTURE (FORMAT)** Four occurrences of two (2) alphanumeric characters per line item for non-institutional.

**DEFINITION** Two digit code which provides the means by which the health care professional can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. (Refer to Physician's Current Procedure Terminology<sup>1</sup> (CPT-4), or HCPCS National Level II Medicare Codes)

**CODE/VALUE SPECIFICATIONS** Must be 21-27, 32, 47, 50-59, 62, 63, 66, 73-82, 90, 91, 99, 0A-0P, 0Z, 1A-1J, 1Z, 2A-2O, 2Q-2T, 2Z, 3A-3I, 3K, 3Z, 4A-4O, 4Z, 5A-5O, 5Z, 6A-6F, 6Z, 7A-7F, 7Z, 8A, 8B, 8Z, 9A-9D, 9L-9Q, 9Z, D, E, G-J, N, P, R, S, X, A1-A9, AA, AD-AH, AJ, AK, AM, AP-AX, BA, BL, BO-BR, BU, CA-CG, E1-E4, EJ, EM, EP, ET, EY, F1-F9, FA, FB, FP, G1-G9, GA-GC, GE-GH, GJ-GQ, GT, GV, GW, GY, GZ, H9, HA-HZ, JW, K0-K4, KA-KD, KF, KH-KJ, KM-KS, KX, KZ, LC, LD, LL, LR-LT, MS, MR, NR, NU, P1-P6, PL, Q2-Q9, QA-QH, QJ- QQ, QS-QZ, RC, RD, RP-RT, SA-SH, SJ-SN, SQ, SS-SW, SY, T1-T9, TA, TC-TK, TL-TN, TP-TW, U1-U9, UA-UH, UJ-UK, UN, UP-US, VP, or blank.

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

**NOTE:** Can report from 0 to 4 codes. Left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters left justify and blank fill to right.

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CHAPTER 2, SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PROCESSING INFORMATION</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-155	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT) Group</b>			
<b>DEFINITION</b> Field containing multiple elements that describe processing related to the TED Record.			
<b>CODE/VALUE SPECIFICATIONS</b> N/A			
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>		<b>GROUP</b>	
OVERRIDE CODE		N/A	
TYPE OF SUBMISSION			
CA/NAS NUMBER			
CA/NAS REASON FOR ISSUANCE			
CA/NAS EXCEPTION REASON			
SPECIAL PROCESSING CODE			
PRICING RATE CODE			

**NOTES AND SPECIAL INSTRUCTIONS:**  
<sup>1</sup> Required if applicable to TED Record conditions.

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CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

<b>ELEMENT NAME: TYPE OF ADMISSION (1-255)</b>	
<b>VALIDITY EDITS</b>	
<b>1-255-01V</b>	VALUE MUST BE A VALID TYPE OF ADMISSIONS CODE.
<b>RELATIONAL EDITS</b>	
<b>1-255-02R</b>	IF CA/NAS EXCEPTION REASON = 2 EMERGENCY
	THEN TYPE OF ADMISSION MUST = 1 EMERGENCY <b>OR</b>
	4 NEWBORN
<b>1-255-03R</b>	IF TYPE OF ADMISSION = 4 NEWBORN
	THEN PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-1).

<b>ELEMENT NAME: SOURCE OF ADMISSION (1-260)</b>	
<b>VALIDITY EDITS</b>	
<b>1-260-01V</b>	VALUE MUST BE A VALID SOURCE OF ADMISSION.
<b>RELATIONAL EDITS</b>	
<b>1-260-01R</b>	IF TYPE OF ADMISSION = 4 NEWBORN
	THEN SOURCE OF ADMISSION MUST = 1 NORMAL DELIVERY <b>OR</b>
	2 PREMATURE DELIVERY <b>OR</b>
	3 SICK BABY <b>OR</b>
	4 EXTRAMURAL BIRTH
	<b>AND</b> PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-1).

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CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: ADMISSION DATE (1-265)**

**VALIDITY EDITS**

**1-265-01V** MUST BE A VALID GREGORIAN DATE.

**RELATIONAL EDITS**

**1-265-01R** ADMISSION DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION

**1-265-02R** ADMISSION DATE MUST BE ≤ END DATE OF CARE

**1-265-03R** IF FREQUENCY CODE = 1 ADMIN THRU DISCHARGE **OR**

2 INTERIM-INITIAL

**THEN** ADMISSION DATE MUST = BEGIN DATE OF CARE

**1-265-04R** IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**

B ADJUSTMENT OF NON-TED RECORD (HCSR) DATA **OR**

C COMPLETE CANCELLATION **OR**

E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

**THEN** ADMISSION DATE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED

**UNLESS** TED RECORD

CORRECTION INDICATOR =

1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) **SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD**

**AND** DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

## INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (1-300)	
VALIDITY EDITS	
1-300-01V	VALUE MUST BE A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.
RELATIONAL EDITS	
1-300-01R	IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9
	THEN TYPE OF SUBMISSION MUST = D COMPLETE DENIAL
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 1 MEDICAID
1-300-02R	IF ANY PRINCIPAL TREATMENT DIAGNOSIS CODE IS FOR FEMALE AND PERSON SEX (PATIENT) = MALE
	THEN AT LEAST ONE OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURE CODE FOR FEMALE: SEX INDICATES MALE
1-300-03R	IF ANY PRINCIPAL TREATMENT DIAGNOSIS CODE IS FOR MALE AND NOT FOR CIRCUMCISION (V50.2) AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-3) AND PERSON SEX (PATIENT) = FEMALE
	THEN AT LEAST ONE OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURE CODE FOR MALE: SEX INDICATES FEMALE
1-300-04R	IF PRINCIPAL TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS
	UNLESS AT LEAST ONE OVERRIDE CODE = R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/ DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY
1-300-05R	IF OP/NSP CODE IS CESAREAN SECTION OR REMOVAL OF FETUS (74.2, 74.0-74.99) THEN DIAGNOSIS CODE MUST BE 640 THROUGH 676.
1-300-06R	IF OP/NSP CODE IS ECTOPIC (74.3) THEN DIAGNOSIS CODE MUST BE 633.0-633.9.
1-300-07R	IF TYPE OF INSTITUTION = 72 RTC
<sup>1</sup> PATIENT AGE IS CALCULATED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.	

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CHAPTER 2, SECTION 5.4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (1-300) (CONTINUED)**

THEN PRINCIPAL TREATMENT DIAGNOSIS CODE MUST = 290-316

AND PATIENT AGE<sup>1</sup> MUST BE < 21

**1-300-08R** IF PRINCIPAL TREATMENT DIAGNOSIS = MATERNITY (630-676 OR V22-V24 OR V270-V289)

AND PATIENT AGE<sup>1</sup> < 12

THEN ONE OCCURRENCE  
OF OVERRIDE CODE  
MUST =

E DIAGNOSIS IS MATERNITY; PATIENT IS  
UNDER 12 YEARS OF AGE

<sup>1</sup> PATIENT AGE IS CALCULATED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS - 1-11 (1-305 THROUGH 1-342)**

**VALIDITY EDITS**

**1-XXX-01V<sup>1</sup>** MUST BE A VALID DIAGNOSIS CODE IF PRESENT, **OR** BLANK FILLED. ALL OCCURRENCES OF SECONDARY TREATMENT DIAGNOSIS MUST BE BLANK FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK FILLED SECONDARY TREATMENT DIAGNOSIS.

**RELATIONAL EDITS**

**1-XXX-01R<sup>1</sup>** IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR FEMALE  
**AND** PERSON SEX (PATIENT) = MALE  
**THEN** AT LEAST ONE  
 OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURE CODE FOR FEMALE: SEX INDICATES MALE

**1-XXX-02R<sup>1</sup>** IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR MALE  
**AND NOT** FOR CIRCUMCISION (V50.2)  
**AND** SECONDARY TREATMENT DIAGNOSIS IS **NOT** FOR DELIVERY (REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-3)  
**AND** PERSON SEX (PATIENT) = FEMALE  
**THEN** AT LEAST ONE  
 OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURE CODE FOR MALE: SEX INDICATES FEMALE

**1-XXX-03R<sup>1</sup>** IF SECONDARY TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION  
**THEN** PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS (i.e., NEWBORN) (REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-1).  
**UNLESS** AT LEAST ONE  
 OVERRIDE CODE = R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY

**1-XXX-04R<sup>1</sup>** IF SECONDARY TREATMENT DIAGNOSIS = MATERNITY (630-676 **OR** V22-V24 **OR** V270-V289)  
**AND** PATIENT AGE<sup>2</sup> < 12  
**THEN** ONE OCCURRENCE  
 OF OVERRIDE CODE  
 MUST = E DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE

<sup>1</sup> XXX EQUALS ELN (305 THROUGH 342) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.

<sup>2</sup> PATIENT AGE IS CALCULATED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE (1-345)**

**VALIDITY EDITS**

**1-345-01V** MUST BE A VALID OP/NSP CODE IF PRESENT, OR BLANK FILLED.

**RELATIONAL EDITS**

**1-345-01R** IF ANY OCCURRENCE OF REVENUE CODE = 036X OR 0722  
**THEN** PRINCIPAL OP/NSP PROCEDURE CODE IS REQUIRED.  
**UNLESS** DRG NUMBER = BLANK

**1-345-02R** IF DIAGNOSIS CODE FOR MATERNITY/OBSTETRICS (630-676)  
**EXCLUDING** PRENATAL AND POSTPARTUM (REFER TO CHAPTER 2, ADDENDUM E,  
 FIGURE 2-E-4)  
**THEN** PRINCIPAL OP/NSP PROCEDURE CODE MUST = 54.21, 65.0-75.99, 87.81, 88.03,  
 88.46, 88.78, OR 92.17.  
**ELSE** IF THE DIAGNOSIS CODE IS FOR DELIVERY (640-669)  
**THEN** CIRCUMCISION (OP/NSP CODE 64.0) IS ALLOWED

**1-345-03R** IF PRICING RATE CODE =

H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER

**THEN** PRINCIPAL OP/NSP PROCEDURE CODE **CANNOT** =

37.5	HEART TRANSPLANT <b>OR</b>
50.51	LIVER TRANSPLANT <b>OR</b>
50.59	LIVER TRANSPLANT

**AND** DATE OF ADMISSIONS < 10/01/1998

**1-345-04R** IF PERSON SEX (PATIENT) IS MALE  
**THEN** PRINCIPAL OP/NSP PROCEDURE CODE **CANNOT** BE FEMALE (RANGE 65.0-75.99 (OPERATIONS ON FEMALE GENITAL ORGANS/OBSTETRICS))  
**UNLESS** ONE OCCURRENCE OF OVERRIDE CODE =

G	DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
---	----------------------------------------------------------

**1-345-05R** IF PERSON SEX (PATIENT) IS FEMALE  
**THEN** PRINCIPAL OP/NSP PROCEDURE CODE **CANNOT** BE MALE (RANGE 60.0-64.99 (OPERATIONS ON MALE GENITAL ORGAN))  
**UNLESS** ONE OCCURRENCE OF OVERRIDE CODE =

H	DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
---	----------------------------------------------------------

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CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: OVERRIDE CODE (2-095)**

**VALIDITY EDITS**

<b>2-095-01V</b>	OCCURRENCE NUMBER 1--MUST BE A VALID OVERRIDE CODE <sup>2</sup>		
<b>2-095-02V</b>	OCCURRENCE NUMBER 2--MUST BE A VALID OVERRIDE CODE <sup>2</sup>		
<b>2-095-03V</b>	OCCURRENCE NUMBER 3--MUST BE A VALID OVERRIDE CODE <sup>2</sup>		
<b>2-095-04V</b>	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).		
<b>2-095-05V</b>	OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED		
<b>2-095-06V</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	<b>THEN TYPE OF SUBMISSION MUST ≠</b>	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
		I	INITIAL TED RECORD SUBMISSION <b>OR</b>
		O	ZERO PAYMENT TED RECORD DUE TO 100% OHI <b>OR</b>
		R	RESUBMISSION OF AN INITIAL TED RECORD

**RELATIONAL EDITS**

<b>2-095-03R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	B	PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE
	<b>THEN PATIENT AGE MUST BE &lt; 12</b>		
	<b>AND HCC MEMBER RELATIONSHIP CODE =</b>	B	SPOUSE <b>OR</b>
		G	SURVIVING SPOUSE
<b>2-095-04R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	D	PATIENT IS DEPENDENT 21 YEARS OF AGE
	<b>THEN PATIENT AGE<sup>1</sup> MUST BE ≥ 21</b>		
	<b>AND HCC MEMBER RELATIONSHIP CODE =</b>	C	CHILD OR STEPCHILD <b>OR</b>
		D	PRE-ADOPTIVE CHILD <b>OR</b>
		E	WARD (COURT ORDERED)
<b>2-095-05R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	I	PATIENT IS A FORMER SPOUSE UNDER 34 YEARS OF AGE
	<b>THEN PATIENT AGE<sup>1</sup> MUST BE &lt; 34</b>		

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

<sup>2</sup> AS STATED IN CHAPTER 2, SECTION 2.6.

<sup>3</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

<b>ELEMENT NAME: OVERRIDE CODE (2-095) (CONTINUED)</b>	
	<p align="center"><b>AND HCC MEMBER RELATIONSHIP CODE =</b></p> <p align="center">H FORMER SPOUSE (20/20/20) <b>OR</b></p> <p align="center">I FORMER SPOUSE (20/20/15) <b>OR</b></p> <p align="center">J FORMER SPOUSE (10/20/10) <b>OR</b></p> <p align="center">K FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))</p>
	<b>OR PATIENT AGE<sup>1</sup> MUST BE &lt; 34</b>
	<p align="center"><b>AND HCC MEMBER CATEGORY CODE =</b></p> <p align="center">W FORMER SPOUSE</p>
<b>2-095-06R</b>	<p>IF ANY OCCURRENCE OF OVERRIDE CODE =</p> <p align="center">M NATO</p>
	<p align="center"><b>THEN HCC MEMBER CATEGORY CODE MUST =</b></p> <p align="center">T FOREIGN MILITARY MEMBER</p>
<b>2-095-07R</b>	<p>IF ANY OCCURRENCE OF OVERRIDE CODE =</p> <p align="center">E DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE</p>
	<b>THEN PATIENT AGE<sup>1</sup> MUST BE &lt; 12</b>
	<b>AND AT LEAST ONE TREATMENT DIAGNOSIS MUST = MATERNITY</b>
<b>2-095-08R</b>	<p>IF ANY OCCURRENCE OF OVERRIDE CODE =</p> <p align="center">G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE</p>
	<b>THEN AT LEAST ONE PROCEDURE OR DIAGNOSIS CODE MUST BE FOR FEMALE</b>
	<b>AND PERSON SEX (PATIENT) MUST BE MALE.</b>
<b>2-095-09R</b>	<p>IF ANY OCCURRENCE OF OVERRIDE CODE =</p> <p align="center">H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE</p>
	<b>THEN AT LEAST ONE PROCEDURE OR DIAGNOSIS CODE MUST BE FOR MALE</b>
	<b>AND NOT FOR CIRCUMCISION (PROCEDURE CODE<sup>3</sup> 54150 OR 54160)</b>
	<b>AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-3)</b>
	<b>AND PERSON SEX (PATIENT) MUST BE FEMALE.</b>
<b>2-095-11R</b>	<p>IF ANY OCCURRENCE OF OVERRIDE CODE =</p> <p align="center">NC NON-CERTIFIED PROVIDER (DOES NOT INCLUDE SANCTIONED/SUSPENDED PROVIDERS)</p>
	<p align="center"><b>THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b></p> <p align="center">AD FOREIGN ACTIVE DUTY CLAIMS <b>OR</b></p> <p align="center">AN SHCP - NON-MTF REFERRED CARE <b>OR</b></p> <p align="center">AR SHCP - REFERRED CARE <b>OR</b></p>

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

<sup>2</sup> AS STATED IN CHAPTER 2, SECTION 2.6.

<sup>3</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: OVERRIDE CODE (2-095) (CONTINUED)**

	CE	SHCP COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	EU	EMERGENCY SERVICES RENDERED BY AN UNAUTHORIZED PROVIDER <b>OR</b>
	GU	ADSM ENROLLED IN TPR <b>OR</b>
	MN	TSP - NETWORK <b>OR</b>
	MS	TSP - NON-NETWORK <b>OR</b>
	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
	SM	SHCP - EMERGENCY
		<b>OR</b> ENROLLMENT/ HEALTH PLAN CODE MUST =
	SN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
	SR	SHCP - REFERRED CARE <b>OR</b>
	SU	SHCP - REFERRAL DESIGNATION UNKNOWN
<b>2-095-12R</b>		IF ANY OCCURRENCE OF OVERRIDE CODE =
	Z	ENHANCED BENEFIT
		<b>THEN</b> ENROLLMENT/ HEALTH PLAN CODE MUST =
	U	TRICARE PRIME, CIVILIAN PCM <b>OR</b>
	Z	TRICARE PRIME, MTF/PCM

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.  
<sup>2</sup> AS STATED IN CHAPTER 2, SECTION 2.6.  
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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-115) (CONTINUED)**

	A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT <b>OR</b>
	E0604	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED, PULSATILE VACUUM SUCTION/RELEASE CYCLES, VACUUM REGULATOR, SUPPLIES, TRANSFORMER, ELECTRIC (AC AND/OR DC)
<b>2-115-04R</b>	IF SECONDARY TREATMENT DIAGNOSIS = MATERNITY (630-676 <b>OR</b> V22-V24 <b>OR</b> V270-V289)	
	<b>AND</b> PATIENT AGE <sup>1</sup> < 12	
	<b>THEN</b> ONE OCCURRENCE OF OVERRIDE CODE	
	MUST =	E DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE
<b>2-115-05R</b>	IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9	
	<b>THEN</b> CALCULATED AMOUNT BILLED (TOTAL) MUST > ZERO <b>AND</b> ≤ \$200.00	
	<b>AND</b> TYPE OF SERVICE (FIRST POSITION) MUST =	
	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT (ADFM <sub>s</sub> ONLY) <b>OR</b>
	I	INPATIENT <b>OR</b>
	N	OUTPATIENT COST-SHARED AS INPATIENT <b>OR</b>
	O	OUTPATIENT, EXCLUDING M, P, OR N
	<b>AND</b> TYPE OF SERVICE (SECOND POSITION) MUST =	
	4	DIAGNOSTIC/THERAPEUTIC X-RAY <b>OR</b>
	5	DIAGNOSTIC LABORATORY <b>OR</b>
	7	ANESTHESIA
	<b>UNLESS</b> TYPE OF SUBMISSION =	
	D	COMPLETE DENIAL
	<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
	1	MEDICAID
<b>2-115-06R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
	PF	ECHO
	<b>THEN</b> PRINCIPAL DIAGNOSIS <b>CANNOT</b> = 799.9	
	<b>UNLESS</b> TYPE OF SUBMISSION =	
	D	COMPLETE DENIAL
	<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
	1	MEDICAID

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

<sup>2</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 - 7 (2-120 THROUGH 2-137)**

**VALIDITY EDITS**

**2-XXX-01V<sup>1</sup>** VALUE MUST BE VALID DIAGNOSIS CODE IF PRESENT, **OR** BLANK-FILLED. ALL OCCURRENCES OF SECONDARY TREATMENT DIAGNOSIS MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY TREATMENT DIAGNOSIS.

**RELATIONAL EDITS**

**2-XXX-01R<sup>1</sup>** IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR FEMALE  
AND PERSON SEX (PATIENT) IS MALE

THEN AT LEAST ONE  
OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE

**2-XXX-02R<sup>1</sup>** IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR MALE  
AND NOT FOR CIRCUMCISION (PROCEDURE CODE<sup>3</sup> 54150 OR 54160)

AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (CHAPTER 2, ADDENDUM E, FIGURE 2-E-3)

AND PERSON SEX (PATIENT) IS FEMALE

THEN AT LEAST ONE  
OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE

**2-XXX-03R<sup>1</sup>** IF SECONDARY TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION

THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS (i.e., NEWBORN (REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-1)

UNLESS AT LEAST ONE  
OVERRIDE CODE = R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY

OR TYPE OF SERVICE  
(SECOND POSITION) = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR

M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

OR AT LEAST ONE  
OCCURRENCE OF  
PROCEDURE CODE = A4281 TUBING FOR BREAST PUMP, REPLACEMENT OR

A4282 ADAPTER FOR BREAST PUMP, REPLACEMENT OR

<sup>1</sup> XXX EQUALS ELN (120 THROUGH 137) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.

<sup>2</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

<sup>3</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 - 7 (2-120 THROUGH 2-137)</b>	
A4283	CAP FOR BREAST PUMP, REPLACEMENT <b>OR</b>
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT <b>OR</b>
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT <b>OR</b>
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT <b>OR</b>
E0604	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED, PULSATILE VACUUM SUCTION/RELEASE CYCLES, VACUUM REGULATOR, SUPPLIES, TRANSFORMER, ELECTRIC (AC AND/OR DC)
2-XXX-04R <sup>1</sup>	IF SECONDARY TREATMENT DIAGNOSIS = MATERNITY (630-676 <b>OR</b> V22-V24 <b>OR</b> V270-V289)
	<b>AND PATIENT AGE<sup>2</sup> &lt; 12</b>
	<b>THEN ONE OCCURRENCE OF OVERRIDE CODE</b>
	<b>MUST =</b>
	<b>E DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE</b>

<sup>1</sup> XXX EQUALS ELN (120 THROUGH 137) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.  
<sup>2</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.  
<sup>3</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: PROCEDURE CODE (2-160)**

**VALIDITY EDITS**

**2-160-01V** MUST BE A VALID PROCEDURE CODE

**RELATIONAL EDITS**

**2-160-01R** IF PROCEDURE CODE DATABASE GOVERNMENT PAY CODE = 'Y' FOR THIS PROCEDURE CODE

**THEN** ON ONE OF THE RECORDS IN THE PROCEDURE CODE DATABASE THE DATED RECORD PROCESSED TO COMPLETION MUST BE ON **OR** AFTER THE PROCESSING EFFECTIVE DATE **AND** BEFORE THE PROCESSING TERMINATION DATE FOR THAT PROCEDURE CODE.

**AND** ON ONE OF THE RECORDS IN THE PROCEDURE CODE DATABASE THE BEGIN DATE OF CARE MUST BE ON OR AFTER THE CARE EFFECTIVE DATE **AND** BEFORE THE CARE TERMINATION DATE FOR THAT PROCEDURE CODE.

**ELSE** IF PROCEDURE CODE DATABASE GOVERNMENT PAY CODE = 'N' FOR THIS PROCEDURE CODE

**THEN** AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

**UNLESS** ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 **OR**

AN SHCP - NON-MTF-REFERRED CARE **OR**

AR SHCP - REFERRED CARE **OR**

CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**

CL CLINICAL TRIALS **OR**

FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) **OR**

FS TFL (SECOND PAYOR) **OR**

GU ADSM ENROLLED IN TPR **OR**

MN TSP - NETWORK **OR**

MS TSP - NON-NETWORK **OR**

SC SHCP - NON-TRICARE ELIGIBLE **OR**

SE SHCP - TRICARE ELIGIBLE **OR**

SM SHCP - EMERGENCY

**OR** ENROLLMENT/HEALTH PLAN CODE MUST =

SN SHCP - NON-MTF-REFERRED CARE **OR**

SR SHCP - REFERRED CARE

**OR** FILING STATE AND COUNTRY CODE MUST = A FOREIGN COUNTRY CODE (REFER TO CHAPTER 2, ADDENDUM A)

**2-160-02R** IF ANY PROCEDURE CODE IS FOR FEMALE

**AND** PERSON SEX (PATIENT) IS MALE

<sup>1</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)	
	THEN AT LEAST ONE OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
2-160-03R	IF ANY PROCEDURE CODE IS FOR MALE  AND NOT FOR CIRCUMCISION (PROCEDURE CODE <sup>1</sup> 54150 OR 54160)  AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (CHAPTER 2, ADDENDUM E, FIGURE 2-E-3)  AND PERSON SEX (PATIENT) IS FEMALE  THEN AT LEAST ONE OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
2-160-04R	IF PROCEDURE CODE HAS AN AGE PARAMETER RESTRICTION  THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS  UNLESS AT LEAST ONE OVERRIDE CODE = R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/ DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY
2-160-05R	IF PROCEDURE CODE <sup>1</sup> = A0100, A0110, A0120, A0130, A0140, A0170, L3000 - L3649, 99082  THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = PF ECHO  UNLESS ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2  OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AN SHCP - NON-MTF-REFERRED CARE OR AR SHCP - REFERRED CARE OR CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR GU ADSM ENROLLED IN TPR OR MN TSP - NETWORK OR MS TSP - NON-NETWORK OR SC SHCP - NON-TRICARE ELIGIBLE OR SE SHCP - TRICARE ELIGIBLE OR SM SHCP - EMERGENCY  OR ENROLLMENT/HEALTH PLAN CODE = X FOREIGN ADSM OR SN SHCP - NON-MTF-REFERRED CARE OR SR SHCP - REFERRED CARE OR WA TPR - FOREIGN ADSM
2-160-06R	IF TYPE OF SERVICE (FIRST POSITION) = I INPATIENT

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)**

THEN PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE (REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-2).

**2-160-07R** IF PROCEDURE CODE<sup>1</sup> = 90892-90898

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =

WR MENTAL HEALTH WRAPAROUND DEMONSTRATION

**2-160-08R** IF PROCEDURE CODE<sup>1</sup> =

98800 FOR DRUGS OR

000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR

000PA PRESCRIPTION PRIOR AUTHORIZATIONS

THEN TYPE OF SERVICE (SECOND POSITION) MUST =

B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS OR

M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS

AND NATIONAL DRUG CODE MUST ≠ BLANK

UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (CHAPTER 2, ADDENDUM A)

**2-160-10R** IF PROCEDURE CODE = A4281 - A4286 OR E0604

AND AMOUNT ALLOWED BY PROCEDURE CODE > ZERO.

THEN EITHER PRIMARY OR ANY OCCURRENCE OF SECONDARY DIAGNOSIS CODE MUST = 765.00 - 765.09, 765.10 - 765.19, OR 765.21 - 765.28.

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**ELEMENT NAME: PROCEDURE CODE MODIFIER (2-165)**

**VALIDITY EDITS**

**2-165-01V** MUST BE A VALID PROCEDURE CODE MODIFIER AS DEFINED IN CHAPTER 2, SECTION 2.7

**RELATIONAL EDITS**

NONE

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: NATIONAL DRUG CODE (2-170)</b>	
<b>VALIDITY EDITS</b>	
<b>2-170-01V</b>	MUST BE A VALID NATIONAL DRUG CODE <b>OR</b> BLANK
<b>RELATIONAL EDITS</b>	
<b>2-170-01R</b>	IF NATIONAL DRUG CODE = BLANK
	<b>THEN TYPE OF SERVICE (SECOND POSITION) MUST ≠</b>
	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS <b>OR</b>
	M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS
	<b>AND PROCEDURE CODE<sup>1</sup> MUST ≠</b> 98800 FOR DRUGS
	<b>UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (CHAPTER 2, ADDENDUM A)</b>
<b>2-170-02R</b>	IF NATIONAL DRUG CODE ≠ BLANK
	<b>THEN TYPE OF SERVICE (SECOND POSITION) MUST =</b>
	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS <b>OR</b>
	M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS
	<b>AND PROCEDURE CODE<sup>1</sup> MUST =</b> 98800 FOR DRUGS <b>OR</b>
	99070 FOR SUPPLIES <b>OR</b>
	000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS <b>OR</b>
	000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED)**

			261QR0401X (CLINIC/CENTER REHABILITATION, COMPREHENSIVE OUTPATIENT REHAB FACILITY (CORF)) <b>OR</b>
			2514H0200X (HOME HEALTH AGENCY) <b>OR</b>
			261QR0404X (CLINIC/CENTER REHAB CARDIAC FACILITIES) <b>OR</b>
			261QX0203X (CLINIC/CENTER ONCOLOGY, RADIATION) <b>OR</b>
			261QR0200X (CLINIC/CENTER RADIOLOGY)
<b>2-325-08R</b>	IF PRICING RATE CODE =	P1	OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) <b>OR</b>
		P2	OUTPATIENT PROSPECTIVE PAYMENT SYSTEM WITH COST OUTLIER <b>OR</b>
		P3	OUTPATIENT PROSPECTIVE PAYMENT SYSTEM WITH DISCOUNT <b>OR</b>
		P5	PARTIAL HOSPITALIZATION - PAID AS OPPTS
			<b>THEN AMBULATORY PAYMENT CLASSIFICATION CODE MUST ≠ BLANK OR ZEROES.</b>

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**ELEMENT NAME: AMBULATORY PAYMENT CLASSIFICATION CODE (APC) (2-330)**

**VALIDITY EDITS**

<b>2-330-01V</b>	MUST BE A VALID APC CODE AS LISTED ON TMA'S OPPTS WEB SITE AT <a href="http://www.tricare.mil/opps">HTTP://WWW.TRICARE.MIL/OPPS</a> , BLANK, <b>OR</b> ALL ZEROES
	<b>UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = ZERO</b>

**RELATIONAL EDITS**

<b>2-330-01R</b>	IF AMBULATORY PAYMENT CLASSIFICATION CODE = BLANK <b>OR</b> ZEROES.
	<b>THEN PRICING RATE CODE ≠</b>
	P1 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) <b>OR</b>
	P2 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM WITH COST OUTLIER <b>OR</b>
	P3 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM WITH DISCOUNT <b>OR</b>
	P5 PARTIAL HOSPITALIZATION - PAID AS OPPTS

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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**ELEMENT NAME: OPPTS PAYMENT STATUS INDICATOR CODE (2-331)**

**VALIDITY EDITS**

**2-331-01V** MUST BE A VALID OPPTS PAYMENT STATUS INDICATOR CODE (REFER TO CHAPTER 2, SECTION 2.6) **OR** BLANK.

**RELATIONAL EDITS**

**2-331-01R** IF OPPTS PAYMENT STATUS INDICATOR CODE = BLANK  
**THEN** AMBULATORY PAYMENT CLASSIFICATION CODE MUST = ALL ZEROES **OR**  
BLANK.

## DATA REQUIREMENTS - OTHER SPECIAL PROCEDURE CODES

**FIGURE 2-E-1 NEWBORN DIAGNOSIS CODES**

DESCRIPTION OF PROCEDURES	CODES
Fetus or newborn affected by complications of placenta, cord and membranes	762.0-779.9
Liveborn births	V30.0-V39.2

**FIGURE 2-E-2 OUTPATIENT PROCEDURE CODES**

DESCRIPTION OF PROCEDURES	CODES <sup>1</sup>
<i>NONINVASIVE CARDIAC DIAGNOSTIC TEST</i>	93025
<i>OFFICE/Outpatient Visit, New Patient</i>	99201-99205
<i>OFFICE/Outpatient Visit, Established Patient</i>	99211-99215
<i>OFFICE Consultation</i>	99241-99245
<i>VISIT, New Patient</i>	99341-99345
<i>VISIT, Established Patient</i>	99347-99350
<i>NEWBORN CARE, Not In Hospital</i>	99432
<i>HOME INFUSION THERAPY</i>	S5036-S5523
<sup>1</sup> CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.	

**FIGURE 2-E-3 DELIVERY DIAGNOSIS CODES**

DESCRIPTION OF PROCEDURES	CODES
Complications mainly related to pregnancy	640-649.6
Normal delivery and other indications for care in pregnancy, labor and delivery	650-659.9
Complications occurring mainly in the course of labor and delivery	660-669.9

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**FIGURE 2-E-4    PRENATAL AND POSTPARTUM DIAGNOSIS CODES**

DESCRIPTION OF PROCEDURES	CODES
Infections of the breast and nipple associated with childbirth	675
Normal pregnancy	V22
Supervision of high-risk pregnancy	V23
Postpartum care and examination	V24
Antenatal screening	V28

**FIGURE 2-E-5    TMA-APPROVED PROCEDURE CODES FOR RETAIL AND MAIL ORDER PHARMACY ONLY**

DESCRIPTION OF PROCEDURES	LEVEL III CODES
The following are special codes that are valid and payable.	
Drugs; the procedure code to be used for all Drug TED Records	98800
Prescription Medical Necessity Reviews	000MN
Prescription Prior Authorizations	000PA

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DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
050X	<b>Outpatient Services</b>
	Outpatient charges for services rendered to an outpatient who is admitted as an inpatient before midnight of the day following the date of service.
	<b>Subcategory</b>
0	General Classification
9	Other Outpatient Services
051X	<b>Clinic (to be submitted on Non-Institutional TED)</b>
	Clinic (non-emergency/scheduled outpatient visit) charges for providing diagnostic, preventive, curative, rehabilitative, and education services on a scheduled basis to ambulatory patients.
	<b>Subcategory</b>
0	General Classification
1	Chronic Pain Center
2	Dental Clinic
3	Psychiatric Clinic
4	OB-GYN Clinic
5	Pediatric Clinic
6	Urgent Care Clinic
7	Family Practice Clinic
9	Other Clinic
052X	<b>Free-Standing Clinic (to be submitted on Non-Institutional TED)</b>
	<b>Subcategory</b>
0	General Classification
1	Rural Health Clinic (RHC)/Federally Qualified Health Center (FQHC)
2	RHC/FQHC - Home
3	Family Practice Clinic
4	RHC/FQHC (SNF Stay Covered in Part A)
5	RHC/FQHC (SNF Stay Not Covered in Part A)
6	Urgent Care Clinic
7	RHC/FQHC Visiting Nurse Service - Home
8	RHC/FQHC Visit To Other Site
9	Other Free-Standing Clinic

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
053X	<b>Osteopathic Services (to be submitted on Non-Institutional TED)</b>
	Charges for a structural evaluation of the cranium, entire cervical, dorsal and lumbar spine by a doctor of osteopathy.
	<b>Subcategory</b>
	0   General Classification
	1   Osteopathic Therapy
	9   Other Osteopathic Services
054X	<b>Ambulance (to be submitted on Non-Institutional TED)</b>
	Charges for ambulance service, usually on an unscheduled basis to the ill and injured who require immediate medical attention.
	<b>Subcategory</b>
	0   General Classification
	1   Supplies
	2   Medical Transport
	3   Heart Mobile
	4   Oxygen
	5   Air Ambulance
	6   Neonatal Ambulance Service
	7   Pharmacy
	8   Telephone Transmission EKG
	9   Other Ambulance
055X	<b>Skilled Nursing</b>
	Charges for nursing services that must be provided under the direct supervision of a licensed nurse to assure the safety of the patient and to achieve the medically desired result. This code may be used for nursing home services, comprehensive outpatient rehabilitation facilities (CORFs), or a service charge for home health billing.
	<b>Subcategory</b>
	0   General Classification
	1   Visit Charge
	2   Hourly Charge
	9   Other Skilled Nursing

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<b>CODES</b>	<b>MAJOR/SUB-CATEGORY (CONTINUED)</b>
<b>056X</b>	<b>Medical Social Services</b>
	Charges for services such as counseling patients, interviewing patients, and interpreting problems of social situation rendered to patients on any basis.
	<b>Subcategory</b>
	0   General Classification
	1   Visit Charge
	2   Hourly Charge
	9   Other Medical Social Services
<b>057X</b>	<b>Home Health Aide (Home Health)</b>
	Charges made by a home health agency for personnel that are primarily responsible for the personal care of the patient.
	<b>Subcategory</b>
	0   General Classification
	1   Visit Charge
	2   Hourly Charge
	9   Other Home Health Aide
<b>058X</b>	<b>Other Visits (Home Health)</b>
	Charges by a home health agency for visits other than physical therapy, occupational therapy or speech therapy, which must be specifically identified.
	<b>Subcategory</b>
	0   General Classification
	1   Visit Charge
	2   Hourly Charge
	3   Assessment
	9   Other Home Health Visit
<b>059X</b>	<b>Units of Service (Home Health)</b>
	Revenue code used by a home health agency that bills on the basis of units of service.
	<b>Subcategory</b>
	0   General Classification
	9   Home Health Other Units

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>060X</b>	<b>Oxygen (Home Health)</b>
	Charges by a home health agency for oxygen equipment supplies or contents, excluding purchased equipment.
	<b>Subcategory</b>
	0   General Classification
	1   Oxygen - Stat. Equip/Supply or Cont.
	2   Oxygen - Stat. Equip/Supply Under 1 LPM
	3   Oxygen - Stat. Equip/Over 4 LPM
	4   Oxygen - Portable Add-On
	9   Other Oxygen
<b>061X</b>	<b>Magnetic Resonance Technology (MRT)</b>
	Charges for Magnetic Resonance Imaging (MRI) and Magnetic Resonance Angiography (MRA) of the Brain and other parts of the body
	<b>Subcategory</b>
	0   General Classification
	1   MRI - Brain (including brainstem)
	2   MRI - Spinal Cord (including spine)
	4   MRI - Other
	5   MRA - Head and Neck
	6   MRA - Lower Extremities
	8   MRA - Other
	9   Other MRT
<b>062X</b>	<b>Medical/Surgical Supplies and Devices - Other</b>
	Charges for supply items required for patient care. The category is an extension of 027X for reporting additional breakdown where needed. Subcode 1 is for providers that cannot bill supplies used for radiology procedures under radiology. Subcode 2 is for providers that cannot bill supplies used for other diagnostic procedures.
	<b>Subcategory</b>
	1   Supplies Incident to Radiology
	2   Supplies Incident to Other Diagnostic Service
	3   Surgical Dressings
	4   FDA Investigational Devices

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
063X	<b>Pharmacy</b>
	Charges for medication produced, manufactured, package, controlled, assayed, dispensed and distributed under the direction of a licensed pharmacist. The category is an extension of 025X for reporting addition breakdown where needed.
	<b>Subcategory</b>
	1   Single Source Drug
	2   Multiple Source Drug
	3   Restrictive Prescription
	4   Erythropoietin (EPO) Less than 10,000 Units
	5   Erythropoietin (EPO) 10,000 or More Units
	6   Drugs Requiring Detailed Coding (Blood Clotting Factor Only) (Note: Detail is not required for TRICARE.)
	7   Self-Administrable Drugs
064X	<b>Home IV Therapy Services</b>
	Charge for intravenous drug therapy services which are performed in the patient's residence. For Home IV providers the HCPCS code must be entered for all equipment, and all types of covered therapy.
	<b>Subcategory</b>
	0   General Classification
	1   Non-Routine Nursing, Central Line
	2   IV Site Care, Central Line
	3   IV Site/Change, Peripheral Line
	4   Non-Routine Nursing, Peripheral Line
	5   Training Patient/Caregiver, Central Line
	6   Training, Disabled Patient, Central Line
	7   Training, Patient/Caregiver Peripheral Line
	8   Training, Disabled Patient, Peripheral Line
	9   Other IV Therapy Services

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
065X	<b>Hospice Service</b>
	Charges for hospice care services for a terminally ill patient if he elects these services in lieu of other services for the terminal condition.
	<b>Subcategory</b>
0	General Classification
1	Routine Home Care
2	Continuous Home Care
5	Inpatient Respite Care
6	General Inpatient Care (non-respite)
7	Physician Services
8	Hospice Room & Board Nursing Facility
9	Other Hospice Services
066X	<b>Respite Care</b>
	Charges for hours of care under the Respite Care Benefit for services of a homemaker or home health aide, personal care services, and nursing care provided by a licensed professional nurse.
	<b>Subcategory</b>
0	General Classification
1	Hourly Charge/Nursing
2	Hourly Charge/Home Health Aide/Home Maker/Companion
3	Daily Respite Charge
9	Other Respite Care
067X	<b>Outpatient Special Residence Charges</b>
	Residence arrangements for patients requiring continuous outpatient care.
	<b>Subcategory</b>
0	General Classification
1	Hospital Based
2	Contracted
9	Other Special Residence Charges
068X	<b>Trauma Response</b>
	Charge for a trauma team activation.
	<b>Subcategory</b>
1	Level I
2	Level II
3	Level III
4	Level IV
9	Other Trauma Response

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<b>CODES</b>	<b>MAJOR/SUB-CATEGORY (CONTINUED)</b>
<b>069X</b>	<b>RESERVED</b>
<b>070X</b>	<b>Cast Room</b>
	Charges for services related to the application, maintenance and removal of casts.
	<b>Subcategory</b>
	0   General Classification
	9   Other Cast Room
<b>071X</b>	<b>Recovery Room</b>
	<b>Subcategory</b>
	0   General Classification
	9   Other Recovery Room
<b>072X</b>	<b>Labor Room/Delivery</b>
	Charges for labor and delivery room services provided by specially trained nursing personnel to patients including prenatal care during labor, assistance during delivery, postnatal care in the recovery room, and minor gynecologic procedures if they are performed in the delivery suite.
	<b>Subcategory</b>
	0   General Classification
	1   Labor
	2   Delivery
	3   Circumcision
	4   Birthing Center
	9   Other Labor Room/Delivery
<b>073X</b>	<b>EKG/ECG (Electrocardiogram)</b>
	Charges for operation of specialized equipment to record electromotive variations in actions of the heart muscle on an electrocardiography for diagnosis of heart ailments.
	<b>Subcategory</b>
	0   General Classification
	1   Holter Monitor
	2   Telemetry
	9   Other EKG/ECG

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
074X	<b>EEG (Electroencephalogram)</b>
	Charges for operation of specialized equipment to measure impulse frequencies and differences in electrical potential in various areas of the brain to obtain data for use in diagnosing brain disorders.
	<b>Subcategory</b>
0	General Classification
9	Other EEG
075X	<b>Gastro-intestinal Services</b>
	Procedure room charges for endoscopic procedures not performed in the operating room.
	<b>Subcategory</b>
0	General Classification
9	Other Gastro-intestinal
076X	<b>Treatment or Observation Room</b>
	Charges for the use of a treatment room; or for the room charge associated with outpatient observation services.
	Observation services are those services furnished by a hospital on the hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Such services are covered only when provided by the order of a physician or another individual authorized by State licensure law and hospital staff bylaws to admit patients to the hospital or order outpatient tests. The reason for observation must be stated in the orders for observation. Payers should establish written guidelines which identify coverage of observation.
	<b>Subcategory</b>
0	General Classification
1	Treatment Room
2	Observation Room
9	Other Treatment/Observation Room

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
077X	<b>Preventive Care Services</b>
	Revenue Code used to capture preventive services established by payers.
	<b>Subcategory</b>
	0   General Classification
	1   Vaccine Administration
	9   Other
078X	<b>Telemedicine</b>
	Facility telemedicine charges related to a three year Medicare demonstration project commencing 10/01/1996.
	<b>Subcategory</b>
	0   General Classification
	9   Other Telemedicine
079X	<b>Lithotripsy</b>
	Extra-corporeal Shockwave Therapy (formerly Lithotripsy).
	<b>Subcategory</b>
	0   General Classification
	9   Other Lithotripsy
080X	<b>Inpatient Renal Dialysis</b>
	A waste removal process performed in an inpatient setting, that uses an artificial kidney when the body's own kidneys have failed. The waste may be removed directly from the blood (hemodialysis) or indirectly from the blood by flushing a special solution between the abdominal covering and the tissue (peritoneal dialysis).
	<b>Subcategory</b>
	0   General Classification
	1   Inpatient Hemodialysis
	2   Inpatient Peritoneal (non-CAPD)
	3   Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)
	4   Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)
	9   Other Inpatient Dialysis

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
081X	<b>Acquisition of Body Components</b>
	The acquisition and storage costs of body tissue, bone marrow, organs and other components not otherwise identified used for transplantation.
	<b>Subcategory</b>
0	General Classification
1	Living Donor
2	Cadaver Donor
3	Unknown Donor
4	Unsuccessful Organ Search - Donor Bank Charges
5	Cadaver Donor - Heart (Terminated 10/01/2000)
6	Other Heart Acquisition (Terminated 10/01/2000)
7	Donor - Liver (Terminated 10/01/2000)
9	Other Donor
082X	<b>Hemodialysis - Outpatient or Home (To be submitted on Non-Institutional TED)</b>
	A waste removal process, performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed directly from the blood.
	<b>Subcategory</b>
0	General Classification
1	Hemodialysis/Composite or Other Rate
2	Home Supplies
3	Home Equipment
4	Maintenance/100%
5	Support Services
9	Other Outpatient Hemodialysis

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
083X	<b>Peritoneal Dialysis - Outpatient or Home (to be submitted on Non-Institutional TED)</b>
	A waste removal process, performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed indirectly by flushing a special solution between the abdominal covering and the tissue.
	<b>Subcategory</b>
	0   General Classification
	1   Peritoneal/Composite or Other Rate
	2   Home Supplies
	3   Home Equipment
	4   Maintenance/100%
	5   Support Services
	9   Other Outpatient Peritoneal Dialysis
084X	<b>Cont. Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home (To be submitted on Non-Institutional TED)</b>
	A continuous dialysis process performed in an outpatient or home setting which uses the patient peritoneal membrane as a dialyzer.
	<b>Subcategory</b>
	0   General Classification
	1   CAPD/Composite or Other Rate
	2   Home Supplies
	3   Home Equipment
	4   Maintenance/100%
	5   Support Services
	9   Other Outpatient CAPD
085X	<b>Cont. Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home (to be submitted on Non-Institutional TED)</b>
	A continuous dialysis process performed in an outpatient or home setting which uses a machine to make automatic exchanges at night.
	<b>Subcategory</b>
	0   General Classification
	1   CCPD/Composite or Other Rate
	2   Home Supplies
	3   Home Equipment
	4   Maintenance/100%
	5   Support Services
	9   Other Outpatient CCPD

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DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
086X	RESERVED for Dialysis (National Assignment)
087X	RESERVED for Dialysis (National Assignment)
088X	Miscellaneous Dialysis
	Charges for dialysis services not identified elsewhere.
	<b>Subcategory</b>
0	General Classification
1	Ultrafiltration
2	Home Dialysis Aid Visit
9	Other Miscellaneous Dialysis
089X	RESERVED (Other Donor Bank was terminated 04/01/1994)
090X	Behavioral Health Treatments/Services
	<b>Subcategory</b>
0	General Classification
1	Electroshock Treatment
2	Milieu Therapy
3	Play Therapy
4	Activity Therapy
5	Intensive Outpatient Services - Psychiatric (Effective 10/16/2003)
6	Intensive Outpatient Services - Clinical Dependency (Effective 10/16/2003)
7	Community Behavioral Health Program (Day Treatment) (Effective 10/16/2003)
8	RESERVED for National Use (Effective 10/16/2003)
9	RESERVED for National Use

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CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>091X</b>	<b>Behavioral Health Treatments/Services</b>
	Subcategories 0912 and 0913 are designed as zero-billed revenue codes (i.e., no dollars in the amount field) to be used as vehicle to supply program information as defined in the provider/payer contract.
	<b>Subcategory</b>
	0 RESERVED for National Use
	1 Rehabilitation
	2 Partial Hospitalization - Less Intensive
	3 Partial Hospitalization - Intensive
	4 Individual Therapy
	5 Group Therapy
	6 Family Therapy
	7 Biofeedback
	8 Testing
	9 Other Behavioral Health Treatments/Services
<b>092X</b>	<b>Other Diagnostic Services</b>
	<b>Subcategory</b>
	0 General Classification
	1 Peripheral Vascular Lab
	2 Electromyogram
	3 Pap Smear
	4 Allergy Test
	5 Pregnancy Test
	9 Other Diagnostic Services
<b>093X</b>	<b>Medical Rehabilitation Day Program</b>
	Medical rehabilitation services as contracted with a payer and/or certified by the state. Services may include physical therapy, occupational therapy and speech therapy.
	<b>Subcategory</b>
	1 Half Day
	2 Full Day

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DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
094X	<b>Other Therapeutic Services</b>
	Charges for other therapeutic services not otherwise categorized.
	<b>Subcategory</b>
	0 General Classification
	1 Recreational Therapy
	2 Education/Training
	3 Cardiac Rehabilitation
	4 Drug Rehabilitation
	5 Alcohol Rehabilitation
	6 Complex Medical Equipment - Routine
	7 Complex Medical Equipment - Ancillary
	9 Other Therapeutic Service
095X	<b>Other Therapeutic Services Extension of 094X</b>
	<b>Subcategory</b>
	0 RESERVED for National Use
	1 Athletic Training
	2 Kinesiotherapy
096X	<b>Professional Fees</b>
	Charges for medical professionals that the hospitals or third party payers required to be separately identified on the billing form.
	<b>Subcategory</b>
	0 General Classification
	1 Psychiatric
	2 Ophthalmology
	3 Anesthesiologist (MD)
	4 Anesthetist (CRNA)
	9 Other Professional Fees

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DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
097X	<b>Professional Fees (cont)</b>
	<b>Subcategory</b>
	1   Laboratory
	2   Radiology - Diagnostic
	3   Radiology - Therapeutic
	4   Radiology - Nuclear Medicine
	5   Operating Room
	6   Respiratory Therapy
	7   Physical Therapy
	8   Occupational Therapy
	9   Speech Pathology
098X	<b>Professional Fees (cont)</b>
	<b>Subcategory</b>
	1   Emergency Room
	2   Outpatient Services
	3   Clinic
	4   Medical Social Services
	5   EKG
	6   EEG
	7   Hospital Visit
	8   Consultation
	9   Private Duty Nursing
099X	<b>Patient Convenience Items</b>
	Charges for items that are generally considered by the third party payers to be strictly convenience items and, as such, are not covered.
	<b>Subcategory</b>
	0   General Classification
	1   Cafeteria/Guest Tray
	2   Private Linen Service
	3   Telephone/Telegraph
	4   TV/Radio
	5   Non-Patient Room Rentals
	6   Late Discharge Charge
	7   Admission Kits
	8   Beauty Shop/Barber
	9   Other Patient Convenience Items

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DATA REQUIREMENTS - REVENUE CODES

<b>CODES</b>	<b>MAJOR/SUB-CATEGORY (CONTINUED)</b>
<b>100X</b>	<b>Behavioral Health Accommodations</b>
	Routine service charges incurred for accommodations at specified behavior health facilities.
	<b>Subcategory</b>
	0   General Classification (Effective 10/16/2003)
	1   Residential Treatment - Psychiatric (Effective 10/16/2003)
	2   Residential Treatment - Chemical Dependency (Effective 10/16/2003)
	3   Supervised Living (Effective 10/16/2003)
	4   Halfway House (Effective 10/16/2003)
	5   Group Home (Effective 10/16/2003)
<b>101X TO 209X</b>	<b>RESERVED for National Assignment</b>
<b>210X</b>	<b>Alternative Therapy Services</b>
	Charges for therapies not elsewhere categorized under other therapeutic service revenue codes (042X, 043X, 044X, 091X, 094X, 095X) or services such as anesthesia or clinic (0374, 0511).
	<b>Subcategory</b>
	0   General Classification
	1   Acupuncture
	2   Acupressure
	3   Massage
	4   Reflexology
	5   Biofeedback
	6   Hypnosis
	9   Other Alternative Therapy Services
<b>211X TO 300X</b>	<b>RESERVED for National Assignment</b>
<b>310X</b>	<b>Adult Care</b>
	Charges for personal, medical, psycho-social, and/or therapeutic services in a special community setting for adults needing supervision and/or assistance with Activities of Daily Living (ADLs).
	<b>Subcategory</b>
	0   Not Used
	1   Adult Day Care, Medical and Social - Hourly
	2   Adult Day Care, Social - Hourly
	3   Adult Day Care, Medical and Social - Daily
	4   Adult Day Care, Social - Daily
	5   Adult Foster Care - Daily
	9   Other Adult Care
<b>311X TO 999X</b>	<b>RESERVED for National Assignment</b>

## UB-92 CONVERSION TABLE - TO BE USED FOR REPORTING NON-INSTITUTIONAL TED RECORDS

REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<p><b>NOTE:</b> Providers are <u>not</u> to use this addendum for billing purposes. The contractors shall use the following codes for reporting purposes only and only in those rare occurrences where an appropriate CPT/HCPCS code is not available. If a hospital outpatient claim is submitted by the provider with a level III HCPCS code, the claim shall be rejected as these codes are not HIPAA compliant.</p> <p>The revenue codes listed below are authorized by the National Uniform Billing Committee. See the National Uniform Billing Data Element specifications-Form Locator 42 for UB-92. The codes are required for reporting to TMA, but do not indicate TRICARE payment policy. Refer to the 32 CFR 199, the Policy Manual, the Reimbursement Manual, or Operations Manual to determine the TRICARE payment policy.</p>		
0001-0239	Not Valid For Reporting	
024X	All Inclusive Ancillary	
0240	General Classification	99499
0241	Basic	
0242	Comprehensive	
0243	Specialty	
0249	Other Inclusive Ancillary	
025X	Pharmacy	
0250	General Classification	99070
0251	Generic Drugs	
0252	Non-Generic Drugs	
0253	Take Home Drugs	
0254	Drugs Incident to Other Diagnostic Services	
0255	Drugs Incident to Radiology	
0256	Experimental Drugs	T5999
0257	Non-Prescription	99070
0258	IV Solutions	
0259	Other Pharmacy	
026X	IV Therapy	
0260	General Classification	99070
0261	Infusion Pump	99499
0262	IV Therapy/Pharmacy Services	99070
0263	IV Therapy/Drug/Supply Delivery	
0264	IV Therapy/Supplies	
0269	Other IV Therapy	
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UB-92 CONVERSION TABLE - TO BE USED FOR REPORTING NON-INSTITUTIONAL TED RECORDS

REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>027X</b>	<b>Medical/Surgical Supplies and Devices</b>	
0270	General Classification	99070
0271	Non-Sterile Supply	
0272	Sterile Supply	
0273	Take Home Supplies	
0274	Prosthetic/Orthotic Devices	99499
0275	Pacemaker	99070
0276	Intraocular Lens	
0277	Oxygen - Take Home	
0278	Other Implants	
0279	Other Supplies/Devices	
<b>028X</b>	<b>Oncology</b>	
0280	General Classification	99420
0289	Other Oncology	
<b>029X</b>	<b>Durable Medical Equipment (Other Than Renal)</b>	
0290	General Classification	99499
0291	Rental	
0292	Purchase of New DME	
0293	Purchase of Used DME	
0294	Supplies/Drugs for DME Effectiveness (Home Health Agency only)	
0299	Other Equipment	
<b>030X</b>	<b>Laboratory</b>	
0300	General Classification	99499
0301	Chemistry	
0302	Immunology	
0303	Renal Patient (home)	
0304	Non-Routine Dialysis	
0305	Hematology	
0306	Bacteriology & Microbiology	
0307	Urology	
0309	Other Laboratory	
<b>031X</b>	<b>Laboratory Pathological</b>	
0310	General Classification	99499
0311	Cytology	
0312	Histology	
0314	Biopsy	
0319	Other Laboratory Pathological	

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>032X</b>	<b>Radiology - Diagnostic</b>	
0320	General Classification	99499
0321	Angiocardiology	
0322	Arthrography	
0323	Arteriography	
0324	Chest X-Ray	
0329	Other Radiology - Diagnostic	
<b>033X</b>	<b>Radiology - Therapeutic</b>	
0330	General Classification	99499
0331	Chemotherapy - Injected	
0332	Chemotherapy - Oral	
0333	Radiation Therapy	
0335	Chemotherapy - IV	
0339	Other Radiology - Therapeutic	
<b>034X</b>	<b>Nuclear Medicine</b>	
0340	General Classification	99499
0341	Diagnostic Procedures	
0342	Therapeutic Procedures	
0343	Diagnostic Radiopharmaceuticals (Effective 10/01/2004)	
0344	Therapeutic Radiopharmaceuticals (Effective 10/01/2004)	
0349	Other Nuclear Medicine	
<b>035X</b>	<b>CT Scan</b>	
0350	General Classification	99499
0351	Head Scan	
0352	Body Scan	
0359	Other CT Scan	
<b>036X<sup>1</sup></b>	<b>Operating Room Services</b>	
0360	General Classification	99499
0361	Minor Surgery	
0362	Organ Transplant - Other than Kidney	
0367	Kidney Transplant	
0369	Other Operating Room Services	
<sup>1</sup> These must be reported as "Other Medical Services" in Type of Services, position 2.		
<b>037X<sup>2</sup></b>	<b>Anesthesia</b>	
0370	General Classification	01999
0371	Anesthesia Incident to Radiology	
0372	Anesthesia Incident to Other Diagnostic Services	
0374	Acupuncture	
0379	Other Anesthesia	
<sup>2</sup> These must be reported as "Other Medical Services" in Type of Services, position 2.		
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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>038X</b>	<b>Blood</b>	
0380	General Classification	99499
0381	Packed Red Cells	
0382	Whole Blood	
0383	Plasma	
0384	Platelets	
0385	Leukocytes	
0386	Other Components	
0387	Other Derivatives (cryoprecipitates)	
0389	Other Blood	
<b>039X</b>	<b>Blood Storage and Blood Component Administration, Storage, and Processing</b>	
0390	General Classification	85396
0391	Blood Administration (e.g., Transfusions)	99499
0399	Other Blood Storage and Processing	85396
<b>040X</b>	<b>Other Imaging Services</b>	
0400	General Classification	99499
0401	Diagnostic Mammography	
0402	Ultrasound	
0403	Screening Mammography	
0404	Positron Emission Tomography	
0409	Other Imaging Services	
<b>041X</b>	<b>Respiratory Services</b>	
0410	General Classification	99499
0412	Inhalation Services	
0413	Hyperbaric Oxygen Therapy	
0419	Other Respiratory Services	
<b>042X</b>	<b>Physical Therapy</b>	
0420	General Classification	99499
0421	Visit Charge	
0422	Hourly Charge	
0423	Group Rate	
0424	Evaluation or Re-Evaluation	
0429	Other Physical Therapy	
<b>043X</b>	<b>Occupational Therapy</b>	
0430	General Classification	99499
0431	Visit Charge	
0432	Hourly Charge	
0433	Group Rate	
0434	Evaluation or Re-Evaluation	
0439	Other Occupational Therapy	

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UB-92 CONVERSION TABLE - TO BE USED FOR REPORTING NON-INSTITUTIONAL TED RECORDS

REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>044X</b>	<b>Speech - Language Pathology</b>	
0440	General Classification	99499
0441	Visit Charge	
0442	Hourly Charge	
0443	Group Rate	
0444	Evaluation or Re-Evaluation	
0449	Other Speech - Language Pathology	
<b>045X</b>	<b>Emergency Room</b>	
0450	General Classification	99499
0451	Emergency Medical Treatment & Active Labor Act (EMTALA) Emergency Medical Screening Services	
0452	ER Beyond EMTALA Screening	
0456	Urgent Care	
0459	Other Emergency Room	
<b>046X</b>	<b>Pulmonary Function</b>	
0460	General Classification	99499
0469	Other Pulmonary Function	
<b>047X</b>	<b>Audiology</b>	
0470	General Classification	99499
0471	Diagnostic	
0472	Treatment	
0479	Other Audiology	
<b>048X</b>	<b>Cardiology</b>	
0480	General Classification	99499
0481	Cardiac Catheterization Laboratory	
0482	Stress Test	
0483	Echocardiology	
0489	Other Cardiology	
<b>049X</b>	<b>Ambulatory Surgical Care</b>	
0490	General Classification	99499
0499	Other Ambulatory Surgical Care	
<b>050X</b>	<b>Outpatient Services</b>	
0500	General Classification	99499
0509	Other Outpatient Services	
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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>051X</b>	<b>Clinic</b>	
0510	General Classification	99499
0511	Chronic Pain Center	
0512	Dental Clinic	
0513	Psychiatric Clinic	
0514	OB-GYN Clinic	
0515	Pediatric Clinic	
0516	Urgent Care Clinic	
0517	Family Practice Clinic	
0519	Other Clinic	
<b>052X</b>	<b>Freestanding Clinic</b>	
0520	General Classification	99499
0521	Rural Health Clinic (RHC)/Federally Qualified Health Center (FQHC)	
0522	RHC/FQHC - Home	
0523	Family Practice Clinic	
0524	RHC/FQHC (SNF Stay Covered in Part A)	
0525	RHC/FQHC (SNF Stay Not Covered in Part A)	
0526	Urgent Care Clinic	
0527	RHC/FQHC Visiting Nurse Service - Home	
0528	RHC/FQHC Visit To Other Site	
0529	Other Freestanding Clinic	
<b>053X</b>	<b>Osteopathic Services</b>	
0530	General Classification	99499
0531	Osteopathic Therapy	
0539	Other Osteopathic Services	
<b>054X</b>	<b>Ambulance</b>	
0540	General Classification	99499
0541	Supplies	
0542	Medical Transport	
0543	Heart Mobile	
0544	Oxygen	
0545	Air Ambulance	
0546	Neonatal Ambulance Service	
0547	Pharmacy	
0548	Telephone Transmission EKG	
0549	Other Ambulance	
<b>055X</b>	<b>Skilled Nursing</b>	
0550	General Classification	99499
0551	Visit Charge	
0552	Hourly Charge	
0559	Other Skilled Nursing	

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>056X</b>	<b>Medical Social Services</b>	
0560	General Classification	T5999
0561	Visit Charge	
0562	Hourly Charge	
0569	Other Medical Social Services	
<b>057X</b>	<b>Home Health Aide (Home Health)</b>	
0570	General Classification	99499
0571	Visit Charge	
0572	Hourly Charge	
0579	Other Home Health Aide	
<b>058X</b>	<b>Other Visits (Home Health)</b>	
0580	General Classification	99499
0581	Visit Charge	
0582	Hourly Charge	
0583	Assessment	
0589	Other Home Health Visit	
<b>059X</b>	<b>Units of Service (Home Health)</b>	
0590	General Classification	99499
0599	Home Health Other Units	
<b>060X</b>	<b>Oxygen (Home Health)</b>	
0600	General Classification	99499
0601	Oxygen - State/Equip/Supply/or Cont	
0602	Oxygen - State/Equip/Supply Under 1 LPM	
0603	Oxygen - State/Equip/Over 4 LPM	
0604	Oxygen - Portable Add-On	
0609	Other Oxygen	
<b>061X</b>	<b>Magnetic Resonance Technology (MRT)</b>	
0610	General Classification	99499
0611	Brain (including brainstem)	
0612	Spinal Cord (including spine)	
0614	MRI - Other	
0615	MRA - Head and Neck	
0616	MRA - Lower Extremities	
0618	MRA - Other	
0619	Other MRT	
<b>062X</b>	<b>Medical/Surgical Supplies and Devices - Other</b>	
0621	Supplies Incident to Radiology	99070
0622	Supplies Incident to Other Diagnostic Service	
0623	Surgical Dressings	
0624	FDA Investigational Devices	

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>063X</b>	<b>Pharmacy</b>	
0631	Single Source Drug	99070
0632	Multiple Source Drug	
0633	Restrictive Prescription	
0634	Erythropoietin (EPO) Less Than 10,000 Units	99499
0635	Erythropoietin (EPO) 10,000 or More Units	
0636	Drugs Requiring Detailed Coding (Blood Clotting Factor Only) <b>NOTE:</b> Detail is not required for TRICARE.	
0637	Self-Administrable Drugs	99070
<b>064X</b>	<b>Home IV Therapy Services</b>	
0640	General Classification	99499
0641	Non-Routine Nursing, Central Line	
0642	IV Site Care, Central Line	
0643	IV Site/Change, Peripheral Line	
0644	Non-Routine Nursing, Peripheral Line	
0645	Training Patient/Caregiver, Central Line	
0646	Training, Disabled Patient, Central Line	
0647	Training, Patient/Caregiver Peripheral Line	
0648	Training, Disabled Patient, Peripheral Line	
0649	Other IV Therapy Services	
<b>065X</b>	<b>Hospice Service</b>	
0650	General Classification	99499
0651	Routine Home Care	
0652	Continuous Home Care	
0655	Inpatient Respite Care	
0656	General Inpatient Care (Non-Respite)	
0657	Physician Services	
0658	Hospice Room and Board Nursing Facility	
0659	Other Hospice Services	
<b>066X</b>	<b>Respite Care (HHA Only)</b>	
0660	General Classification	99499
0661	Hourly Charge/Nursing	
0662	Hourly Charge/Home Health Aide/Home Maker/Companion	
0663	Daily Respite Charge	
0669	Other Respite Care	
<b>067X</b>	<b>Outpatient Special Residence Charge</b>	
0670	General Classification	99499
0671	Hospital Based	
0672	Contracted	
0679	Other Special Residence Charges	
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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>068X</b>	<b>Trauma Response</b>	
0681	Level I	99499
0682	Level II	
0683	Level III	
0684	Level IV	
0689	Other Trauma Response	
<b>069X</b>	<b>RESERVED</b>	
<b>070X</b>	<b>Cast Room</b>	
0700	General Classification	99420
0709	Other Cast Room	
<b>071X</b>	<b>Recovery Room</b>	
0710	General Classification	99420
0719	Other Recovery Room	
<b>072X</b>	<b>Labor Room/Delivery</b>	
0720	General Classification	99420
0721	Labor	
0722	Delivery	99499
0723	Circumcision	
0724	Birthing Center	
0729	Other Labor Room/Delivery	
<b>073X</b>	<b>EKG/ECG (Electrocardiogram)</b>	
0730	General Classification	99499
0731	Holter Monitor	
0732	Telemetry	
0739	Other EKG/ECG	
<b>074X</b>	<b>EEG (Electroencephalogram)</b>	
0740	General Classification	99499
0749	Other EEG	
<b>075X</b>	<b>Gastro-intestinal Services</b>	
0750	General Classification	99499
0759	Other Gastro-intestinal	
<b>076X</b>	<b>Treatment or Observation Room</b>	
0760	General Classification	99499
0761	Treatment Room	
0762	Observation Room	99234
0769	Other Treatment Room/Observation Room	99499
<b>077X</b>	<b>Preventive Care Services</b>	
0770	General Classification	99420
0771	Vaccine Administration	
0779	Other	
<b>078X</b>	<b>Telemedicine</b>	
0780	General Classification	99499
0789	Other Telemedicine	

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UB-92 CONVERSION TABLE - TO BE USED FOR REPORTING NON-INSTITUTIONAL TED RECORDS

REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>079X</b>	<b>Lithotripsy</b>	
0790	General Classification	99499
0799	Other Lithotripsy	
<b>080X</b>	<b>Inpatient Renal Dialysis</b>	
0800	General Classification	99499
0801	Inpatient Hemodialysis	
0802	Inpatient Peritoneal (non-CAPD)	
0803	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	
0804	Inpatient Continuous Cycling Peritoneal Dialysis	
0809	Other Inpatient Dialysis	
<b>081X</b>	<b>Acquisition of Body Components</b>	
0810	General Classification	99070
0811	Living Donor	
0812	Cadaver Donor	
0813	Unknown Donor	
0814	Unsuccessful Organ Search - Donor Bank Charges	
0815	Cadaver Donor - Heart (Terminated 10/01/2000)	
0816	Other Heart Acquisition (Terminated 10/01/2000)	
0817	Donor - Liver (Terminated 10/01/2000)	
0819	Other Donor	
<b>082X</b>	<b>Hemodialysis - Outpatient or Home</b>	
0820	General Classification	99499
0821	Hemodialysis/Composite or Other Rate	
0822	Home Supplies	
0823	Home Equipment	
0824	Maintenance/100%	
0825	Support Services	
0829	Other Outpatient Hemodialysis	
<b>083X</b>	<b>Peritoneal Dialysis - Outpatient or Home</b>	
0830	General Classification	99499
0831	Peritoneal/Composite or Other Rate	
0832	Home Supplies	
0833	Home Equipment	
0834	Maintenance/100%	
0835	Support Services	
0839	Other Outpatient Peritoneal Dialysis	

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>084X</b>	<b>Cont. Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home</b>	
0840	General Classification	99499
0841	CAPD/Composite or Other Rate	
0842	Home Supplies	
0843	Home Equipment	
0844	Maintenance/100%	
0845	Support Services	
0849	Other Outpatient CAPD	
<b>085X</b>	<b>Cont. Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home</b>	
0850	General Classification	99499
0851	CCPD/Composite or Other Rate	
0852	Home Supplies	
0853	Home Equipment	
0854	Maintenance/100%	
0855	Support Services	
0859	Other Outpatient CCPD	
<b>086X</b>	<b>RESERVED for Dialysis (National Assignment)</b>	
<b>087X</b>	<b>RESERVED for Dialysis (National Assignment)</b>	
<b>088X</b>	<b>Miscellaneous Dialysis</b>	
0880	General Classification	99499
0881	Ultrafiltration	
0882	Home Dialysis Aid Visit	
0889	Other Miscellaneous Dialysis	
<b>089X</b>	<b>RESERVED (Other Donor Bank was terminated on 04/01/1994)</b>	
<b>090X</b>	<b>Behavioral Health Treatments/Services</b>	
0900	General Classification	99499
0901	Electroshock Treatment	T5999
0902	Milieu Therapy	
0903	Play Therapy	
0904	Activity Therapy	99499
0905	Intensive Outpatient Services - Psychiatric (Effective 10/16/2003)	
0906	Intensive Outpatient Services - Clinical Dependency (Effective 10/16/2003)	
0907	Community Behavioral Health Program (Day Treatment) (Effective 10/16/2003)	
0908	RESERVED for National Use (Effective 10/16/2003)	
0909	RESERVED for National Use	
<b>091X</b>	<b>Behavioral Health Treatments/Services</b>	
0910	RESERVED for National Use	99499
0911	Rehabilitation	H0035
0912	Partial Hospitalization - Less Intensive	
0913	Partial Hospitalization - Intensive	

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>091X</b>	<b>Behavioral Health Treatments/Services (cont)</b>	
0914	Individual Therapy	99499
0915	Group Therapy	
0916	Family Therapy	
0917	Biofeedback	
0918	Testing	
0919	Other Behavioral Health Treatments/Services	
<b>092X</b>	<b>Other Diagnostic Services</b>	
0920	General Classification	99499
0921	Peripheral Vascular Laboratory	
0922	Electromyogram	
0923	Pap Smear	
0924	Allergy Test	
0925	Pregnancy Test	
0929	Other Diagnostic Services	
<b>093X</b>	<b>Medical Rehabilitation Day Program</b>	
0931	Half Day	T5999
0932	Other Diagnostic Services	
<b>094X</b>	<b>Other Therapeutic Services</b>	
0940	General Classification	T5999
0941	Recreational Therapy	
0942	Education/Training	99499
0943	Cardiac Rehabilitation	T5999
0944	Drug Rehabilitation	
0945	Alcohol Rehabilitation	
0946	Complex Medical Equipment - Routine	
0947	Complex Medical Equipment - Ancillary	
0949	Other Therapeutic Service	
<b>095X</b>	<b>Other Therapeutic Services (cont)</b>	
0950	RESERVED for National Use	
0951	Athletic Training	T5999
0952	Kinesiotherapy	
<b>096X</b>	<b>Professional Fees</b>	
0960	General Classification	99499
0961	Psychiatric	
0962	Ophthalmology	
0963	Anesthesiologist (MD)	
0964	Anesthetist (CRNA)	
0969	Other Professional Fees	

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>097X</b>	<b>Professional Fees (cont)</b>	
0971	Laboratory	99499
0972	Radiology - Diagnostic	
0973	Radiology - Therapeutic	
0974	Radiology - Nuclear Medicine	
0975	Operating Room	
0976	Respiratory Therapy	
0977	Physical Therapy	
0978	Occupational Therapy	
0979	Speech Pathology	
<b>098X</b>	<b>Professional Fees (cont)</b>	
0981	Emergency Room	99499
0982	Outpatient Services	
0983	Clinic	
0984	Medical Social Services	
0985	EKG	
0986	EEG	
0987	Hospital Visit	
0988	Consultation	
0989	Private Duty Nursing	T5999
<b>099X</b>	<b>Patient Convenience Items</b>	
0990	General Classification	T5999
0991	Cafeteria/Guest Tray	
0992	Private Linen Service	
0993	Telephone/Telegraph	
0994	TV/Radio	
0995	Non-Patient Room Rentals	
0996	Late Discharge Charge	
0997	Admission Kits	
0998	Beauty Shop/Barber	
0999	Other Patient Convenience Items	
<b>100X</b>	<b>Behavioral Health Accommodations</b>	
1000	General Classification (Effective 10/16/2003)	T5999
1001	Residential Treatment - Psychiatric (Effective 10/16/2003)	
1002	Residential Treatment - Chemical Dependency (Effective 10/16/2003)	
1003	Supervised Living (Effective 10/16/2003)	
1004	Halfway House (Effective 10/16/2003)	
1005	Group Home (Effective 10/16/2003)	
<b>101X to 209X</b>	<b>RESERVED for National Assignment</b>	

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
210X	Alternative Therapy Services	
2100	General Classification	T5999 (Outpatient)
2101	Acupuncture	
2102	Acupressure	
2103	Massage	
2104	Reflexology	
2105	Biofeedback	T5999 (Outpatient/ Inpatient)
2106	Hypnosis	
2109	Other Alternative Therapy Services	T5999 (Outpatient)
<b>211X to 300X</b>	<b>RESERVED for National Assignment</b>	
<b>310X</b>	<b>Adult Care</b>	
3101	Adult Day Care, Medical and Social - Hourly	T5999
3102	Adult Day Care, Social - Hourly	
3103	Adult Day Care, Medical and Social - Daily	
3104	Adult Day Care, Social - Daily	
3105	Adult Foster Care - Daily	
3109	Other Adult Care	
<b>311X to 999X</b>	<b>RESERVED for National Assignment</b>	
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