



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

PRD

CHANGE 44
7950.1-M
JUNE 4, 2007

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM)

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

CHANGE TITLE: STATE OF ALASKA CRITICAL ACCESS HOSPITAL (CAH)
DEMONSTRATION

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change implements the Critical Access Hospital
(CAH) portion of the State of Alaska Demonstration. The demonstration notice
applies a reimbursement method similar to Medicare's reimbursement for CAHs.
Federal Register Notice is pending publication.

EFFECTIVE DATE: July 1, 2007.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TOM, Change No. 50.

Evie Lammle
Director, Program Requirements Division

ATTACHMENT(S): 16 PAGES

DISTRIBUTION: 7950.1-M

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

CHANGE 44
7950.1-M
JUNE 4, 2007

REMOVE PAGE(S)

CHAPTER 2

Section 2.7, pages 21 through 26
Section 5.2, pages 35 and 36
Section 5.3, pages 15 through 18
Section 6.4, pages 25 and 26
Addendum D, pages 1 and 2

INSERT PAGE(S)

Section 2.7, pages 21 through 26
Section 5.2, pages 35 and 36
Section 5.3, pages 15 through 18
Section 6.4, pages 25 and 26
Addendum D, pages 1 and 2

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.7

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

DATA ELEMENT DEFINITION

| ELEMENT NAME: PLACE OF SERVICE (CONTINUED) | | |
|--|----|--|
| CODE/VALUE SPECIFICATIONS (CONTINUED) | 51 | Inpatient Psychiatric Facility |
| | 52 | Psychiatric Facility Partial Hospitalization |
| | 53 | Community Mental Health Center |
| | 54 | Intermediate Care Facility / Mentally Retarded |
| | 55 | Residential Substance Abuse Treatment Facility |
| | 56 | Psychiatric Residential Treatment Center |
| | 57 | Non-Residential Substance Abuse Treatment Facility |
| | 60 | Mass Immunization Center |
| | 61 | Comprehensive Inpatient Rehabilitation Facility |
| | 62 | Comprehensive Outpatient Rehabilitation Facility |
| | 65 | End Stage Renal Disease Treatment Facility |
| | 71 | Public Health Clinic |
| | 72 | Rural Health Clinic |
| | 81 | Independent Laboratory |
| | 99 | Other Unlisted Facility |

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

| SUBORDINATE | GROUP |
|-------------|-------|
| N/A | N/A |

NOTES AND SPECIAL INSTRUCTIONS:

This data element must be '19' for Mail Order Pharmacy.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING RATE CODE

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------------|----------|-------------|------------------|
| Institutional | 1-190 | 1 | Yes |
| Non-Institutional | 2-325 | Up to 99 | Yes ¹ |

PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.

DEFINITION The code indicating the contractor's pricing methodology used in determining the amount allowed for the service(s)/supplies.

| CODE/VALUE SPECIFICATIONS | INSTITUTIONAL CODES |
|---------------------------|---|
| | B No special rate |
| | D Discount rate agreement |
| | H TRICARE/CHAMPUS DRG reimbursement with SHORT STAY OUTLIER |
| | I TRICARE DRG reimbursement with COST OUTLIER |
| | J TRICARE DRG reimbursement with NO OUTLIER |
| | K Hospital-Specific psychiatric Per Diem Rate |
| | L Region-Specific psychiatric Per Diem Rate |
| | P Per diem rate |
| | U Supplemental Health Care Program Claim or Active Duty Member TPR claim Paid Outside Normal Limits |
| | V Medicare Reimbursement Rate |
| | CA Critical Access Hospital (CAH) Reimbursement |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (procedure code* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code* 90010).

Left justify and blank fill.

This data element must be '0' for Mail Order Pharmacy.

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.7

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

DATA ELEMENT DEFINITION

| ELEMENT NAME: PRICING RATE CODE (CONTINUED) | |
|--|---|
| CODE/VALUE SPECIFICATIONS (CONTINUED) | NON-INSTITUTIONAL CODES |
| 0 | Pricing not applicable (denied service/supplies and allowed drugs) |
| 1 | Priced Manually |
| 2 | Prevailing charge (state) |
| 3 | Conversion Amount (state) |
| 4 | Paid as billed |
| 5 | Paid on negotiated rate |
| A | National prevailing charge |
| B | National conversion factor |
| C | Ambulatory surgery-facility payment rate |
| D | Discounted ambulatory surgery-facility payment rate |
| E | Ambulatory surgery-paid as billed |
| F | Claim Auditing Software-added procedure, priced manually |
| G | Claim Auditing Software-added procedure, prevailing charge (State) |
| H | Claim Auditing Software-added procedure, conversion factor (Contractor) |
| I | Claim Auditing Software-added procedure, paid as billed |
| J | Claim Auditing Software-added procedure, paid on negotiated rate |
| N | Claim Auditing Software-added procedure, national prevailing charge |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (procedure code* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code* 90010).

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.7

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

DATA ELEMENT DEFINITION

| ELEMENT NAME: PRICING RATE CODE (CONTINUED) | | |
|---|----|--|
| CODE/VALUE SPECIFICATIONS (CONTINUED) | | |
| | O | Claim Auditing Software-added procedure, national conversion factor |
| | P | Claim Auditing Software-added procedure, ambulatory surgery-facility payment rate |
| | Q | Claim Auditing Software-added procedure, discounted ambulatory surgery-facility payment rate |
| | R | Claim Auditing Software-added procedure, ambulatory surgery-paid as billed |
| | T | Claim Auditing Software-added procedure, allowed as billed but paid less than billed |
| | U | SHCP or Active Duty Member TPR claim paid outside normal limits |
| | V | Medicare Reimbursement Rate |
| | W | Priced over CMAC (Effective 09/27/2001) |
| | CA | Critical Access Hospital (CAH) Reimbursement |
| | GG | Global Rate Agreement (used with corporate service providers only) (Effective 08/01/2003) |
| | GP | Per Diem Rate Agreement (used with corporate service providers only) (Effective 08/01/2003) |
| | LC | TRICARE Claim-added procedure, CMAC priced laboratory code |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (procedure code* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code* 90010).

Left justify and blank fill.

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.7

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

DATA ELEMENT DEFINITION

| ELEMENT NAME: PRICING RATE CODE (CONTINUED) | | |
|--|------------------------|---|
| CODE/VALUE SPECIFICATIONS (CONTINUED) | P1 | Outpatient Prospective Payment System (OPPS) |
| | P2 | OPPS with Cost Outlier |
| | P3 | OPPS with Discount |
| | P5 | Hospital Based Partial Hospitalization - paid as OPPS |
| ALGORITHM N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | |
| SUBORDINATE | GROUP | |
| N/A | PROCESSING INFORMATION | |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (procedure code* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code* 90010).

Left justify and blank fill.

This data element must be '0' for Mail Order Pharmacy.

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DATA ELEMENT DEFINITION

ELEMENT NAME: PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|---------------|----------|-------------|------------------|
| Institutional | 1-345 | 1 | Yes ¹ |

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

DEFINITION The code that identifies the principal procedure performed during the period covered by this TED Record as coded on the UB-92.

CODE/VALUE SPECIFICATIONS Use the most current procedure code edition (ICD-9-CM) as directed by TMA. Must provide the most detailed code. Must be left justified and blank filled. Do not code the decimal point.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

| SUBORDINATE | GROUP |
|-------------|-------|
| N/A | N/A |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if one of the following Revenue Codes are present **036X** or **072X**.

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CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

| ELEMENT NAME: PRICING RATE CODE (1-190) | | | |
|--|---|----|--|
| VALIDITY EDITS | | | |
| 1-190-01V | VALUE MUST BE A VALID INSTITUTIONAL PRICING RATE CODE. | | |
| RELATIONAL EDITS | | | |
| 1-190-01R | IF FILING STATE/COUNTRY CODE = | MD | MARYLAND |
| | THEN PRICING RATE CODE MUST ≠ | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
| 1-190-02R | IF DRG NUMBER IS CODED (OTHER THAN ZERO) | | |
| | THEN PRICING RATE CODE MUST = | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR |
| | | U | SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR |
| | | V | MEDICARE REIMBURSEMENT RATE |
| 1-190-03R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | 11 | HOSPICE |
| | THEN PRICING RATE CODE MUST = | D | DISCOUNT RATE AGREEMENT OR |
| | | P | PER DIEM RATE AGREEMENT OR |
| | | U | SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR |
| | | V | MEDICARE REIMBURSEMENT RATE |
| | UNLESS TYPE OF SUBMISSION = | D | COMPLETE DENIAL |
| 1-190-04R | IF PRICING RATE CODE = | V | MEDICARE REIMBURSEMENT RATE |
| | THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | T | MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR |
| | | FS | TFL (SECOND PAYOR) OR |
| | | MN | TSP - NON-NETWORK OR |
| | | MS | TSP - NETWORK |
| | OR TYPE OF INSTITUTION = | 70 | HOME HEALTH AGENCY OR |
| | | 76 | SKILLED NURSING FACILITY |

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CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

| ELEMENT NAME: PRICING RATE CODE (1-190) (CONTINUED) | | | |
|--|---|------|--|
| 1-190-05R | IF PRICING RATE CODE = | U | SHCP CLAIM OR ACTIVE DUTY MEMBER TPR CLAIM PAID OUTSIDE NORMAL LIMITS |
| | THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | 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 |
| | | 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 |
| 1-190-06R | IF ANY OCCURRENCE OF REVENUE CODE = | 0022 | SKILLED NURSING FACILITY CHARGE |
| | THEN PRICING RATE CODE MUST = | D | DISCOUNT RATE AGREEMENT OR |
| | | V | MEDICARE REIMBURSEMENT RATE |
| 1-190-07R | IF ANY OCCURRENCE OF REVENUE CODE = | 0023 | HOME HEALTH AGENCY (HHA-PPS) |
| | THEN PRICING RATE CODE MUST = | D | DISCOUNT RATE AGREEMENT OR |
| | | V | MEDICARE REIMBURSEMENT RATE |
| 1-190-08R | IF PRICING RATE CODE = | CA | CAH REIMBURSEMENT |
| | THEN PROVIDER STATE OR COUNTRY CODE MUST = | AK | ALASKA |
| | AND DRG NUMBER MUST = BLANK | | |
| | AND ADMISSION DATE MUST BE ≥ 07/01/2007 | | |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

| ELEMENT NAME: DRG NUMBER (1-290) | | | |
|---|---|--------------|--|
| VALIDITY EDITS | | | |
| 1-290-01V | MUST BE A VALID DRG NUMBER OR BLANK FILLED. | | |
| RELATIONAL EDITS | | | |
| 1-290-01R | IF PRICING RATE CODE = | B | NO SPECIAL RATE CODE OR |
| | | K | HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM RATE OR |
| | | L | REGIONAL-SPECIFIC PSYCHIATRIC PER DIEM RATE OR |
| | | P | PER DIEM RATE AGREEMENT |
| | | CA | CAH REIMBURSEMENT |
| | THEN DRG NUMBER MUST = BLANK | | |
| 1-290-02R | IF ANY OCCURRENCE OF OVERRIDE CODE = | Y | NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES |
| | THEN DRG NUMBER MUST = BLANK. | | |
| 1-290-08R | IF PRICING RATE CODE = | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
| | AND DATE OF ADMISSION ≥ 10/01/1996 AND < 10/01/1997 | | |
| | THEN DRG NUMBER MUST = 001-102, 104-108, 110-384, 391-434, 436-437, 439-473, 475-479, 481-495, 600-619, 621-624, 626-628, 630-636, OR 900-901. | | |
| 1-290-09R | IF PRICING RATE CODE = | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
| | AND DATE OF ADMISSION ≥ 10/01/1997 AND < 10/01/1998 | | |
| | THEN DRG NUMBER MUST = 001-102, 104-108, 110-213, 216-220, 223-384, 391-434, 436-437, 439-473, 475-479, 481-503, 600-619, 621-624, 626-628, 630-636, OR 900-901. | | |
| 1-290-10R | IF PRICING RATE CODE = | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
| | AND DATE OF ADMISSION ≥ 10/01/1998 AND < 10/01/1999 | | |
| | THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-471, 473, 475-511, 600-619, 621-624, 626-628, 630-636, OR 900-901. | | |
| 1-290-21R | IF PRICING RATE CODE = | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

| ELEMENT NAME: DRG NUMBER (1-290) (CONTINUED) | | | |
|---|------------------------|---|---|
| | | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
| AND DATE OF ADMISSION ≥ 10/01/1999 AND < 10/01/2000 | | | |
| THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-473, 475-511, 600-619, 621-624, 626-628, 630-636, OR 900-901. | | | |
| 1-290-23R | IF PRICING RATE CODE = | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
| AND DATE OF ADMISSION ≥ 10/01/2000 AND < 10/01/2001 | | | |
| THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-471, 473, 475-511, 600-619, 621-624, 626-628, 630-636, 900-901 | | | |
| 1-290-24R | IF PRICING RATE CODE = | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
| AND DATE OF ADMISSION ≥ 10/01/2001 AND ≤ 09/30/2002 | | | |
| THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-523, 600-619, 621-624, 626-628, 630-636, 900-901 | | | |
| 1-290-25R | IF PRICING RATE CODE = | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
| AND DATE OF ADMISSION ≥ 10/01/2002 AND ≤ 09/30/2003 | | | |
| THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-527, 600-619, 621-624, 626-628, 630-636, 900-901 | | | |
| 1-290-26R | IF PRICING RATE CODE = | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
| AND DATE OF ADMISSION ≥ 10/01/2003 AND < 10/01/2004 | | | |
| THEN DRG NUMBER MUST = 001-003, 006-111, 113-213, 216-220, 223-230, 232-384, 391-399, 401-433, 439-455, 461-471, 473, 475-513, 515-540, 600-619, 621-624, 626-628, 630-636, 900-901. | | | |
| 1-290-27R | IF PRICING RATE CODE = | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |

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CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: DRG NUMBER (1-290) (CONTINUED)

| | | |
|--|---|---|
| | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
|--|---|---|

| | | |
|--|---|---|
| | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
|--|---|---|

AND DATE OF ADMISSION ≥ 10/01/2004 AND < 10/01/2005

THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-482, 484-513, 515-543, 600-619, 621-624, 626-628, 630-636, 900-901.

| | | | |
|------------------|------------------------|---|---|
| 1-290-28R | IF PRICING RATE CODE = | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
|------------------|------------------------|---|---|

| | | |
|--|---|---|
| | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
|--|---|---|

| | | |
|--|---|---|
| | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
|--|---|---|

AND DATE OF ADMISSION ≥ 10/01/2005 AND < 10/01/2006

THEN DRG NUMBER MUST = 001-003, 006-106, 108, 110-111, 113-114, 117-208, 210-213, 216-220, 223-230, 232-384, 391-399, 401-433, 439-455, 461-471, 473, 475-477, 479-482, 484-513, 515, 518-525, 528-559, 600-619, 621-624, 626-628, 630-636, 900-901.

| | | | |
|------------------|------------------------|---|---|
| 1-290-29R | IF PRICING RATE CODE = | H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
|------------------|------------------------|---|---|

| | | |
|--|---|---|
| | I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
|--|---|---|

| | | |
|--|---|---|
| | J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
|--|---|---|

AND DATE OF ADMISSION ≥ 10/01/2006

THEN DRG NUMBER MUST = 001-003, 006-019, 021-023, 026-106, 108, 110-111, 113-114, 117-147, 149-153, 155-208, 210-213, 216-220, 223-230, 232-384, 391-399, 401-414, 417-433, 439-455, 461-471, 473, 476-477, 479-482, 484-513, 515, 518-522, 524-525, 528-579, 600-619, 621-624, 626-628, 630-636, 900-901.

ELEMENT NAME: HIPPS CODE (1-292)

VALIDITY EDITS

| | |
|------------------|---|
| 1-292-01V | MUST BE VALID HIPPS CODES REFER TO CHAPTER 2, SECTION 2.8 |
|------------------|---|

RELATIONAL EDITS

| | |
|------------------|-----------------------|
| 1-292-01R | IF HIPPS CODE = BLANK |
|------------------|-----------------------|

THEN NO OCCURRENCE OF REVENUE CODE CAN =

| | |
|------|------------------------------------|
| 0022 | SKILLED NURSING FACILITY OR |
|------|------------------------------------|

| | |
|------|--------------------|
| 0023 | HOME HEALTH AGENCY |
|------|--------------------|

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CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: ADMISSION DIAGNOSIS (1-295)

VALIDITY EDITS

1-295-01V FOR FILING DATE PRIOR TO 10/01/2004 VALUE MUST BE VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.

UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS =

0023 HOME HEALTH AGENCY

THEN VALUE MUST BE BLANK OR A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1

1-295-02V FOR FILING DATE ON OR AFTER 10/01/2004 VALUE MUST BE VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.

AND BEGIN DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD9 DIAGNOSIS REFERENCE TABLE

OR END DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD9 DIAGNOSIS REFERENCE TABLE

UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS =

0023 HOME HEALTH AGENCY

THEN VALUE MUST BE BLANK **OR** VALUE MUST BE A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1

AND BEGIN DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD9 DIAGNOSIS REFERENCE TABLE

OR END DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD9 DIAGNOSIS REFERENCE TABLE

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED) | |
|--|--|
| THEN PROVIDER SPECIALITY MUST = | 261QS1200X (CLINIC/CENTER - SLEEP DISORDER DIAGNOSTIC) OR 293D00000X (PHYSIOLOGICAL LAB) OR 261QE0700X (CLINIC/CENTER END STAGE RENAL DISEASE TREATMENT) OR 261QM1200X (CLINIC/CENTER MAGNETIC RESONANCE IMAGING) OR 261QR0401X (CLINIC/CENTER REHABILITATION, COMPREHENSIVE OUTPATIENT REHAB FACILITY (CORF)) OR 2514H0200X (HOME HEALTH AGENCY) OR 261QR0404X (CLINIC/CENTER REHAB CARDIAC FACILITIES) OR 261QX0203X (CLINIC/CENTER ONCOLOGY, RADIATION) OR 261QR0200X (CLINIC/CENTER RADIOLOGY) |
| 2-325-08R IF PRICING RATE CODE = | P1 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) OR P2 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM WITH COST OUTLIER OR P3 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM WITH DISCOUNT OR P5 PARTIAL HOSPITALIZATION - PAID AS OPPS |
| | THEN AMBULATORY PAYMENT CLASSIFICATION CODE MUST ≠ BLANK OR ZEROES. |
| 2-325-09R IF PRICING RATE CODE = | CA CAH REIMBURSEMENT |
| | THEN PROVIDER STATE OR COUNTRY CODE MUST = AK ALASKA |
| | AND BEGIN DATE OF CARE MUST BE ≥ 07/01/2007 |
| ¹ CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE. | |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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

VALIDITY EDITS

2-330-01V MUST BE A VALID APC CODE AS LISTED ON TMA'S OPPTS WEB SITE AT [HTTP://WWW.TRICARE.ML/OPPS](http://www.tricare.mil/opps), BLANK, OR ALL ZEROES
UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = ZERO

RELATIONAL EDITS

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

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 - TYPE OF INSTITUTION CODES

FIGURE 2-D-1 TYPE OF INSTITUTION

| SERVICE | SPECIALIZATION | DRG Non-Exempt |
|---------|--|----------------|
| 10 | General medical and surgical | |
| 11 | Hospital unit of an institution (prison hospital, college infirmary, etc.) | |
| 12 | Hospital unit within an institution for the mentally retarded | E |
| 22 | Psychiatric hospital or unit of | E |
| 33 | Tuberculosis and other respiratory disease | E |
| 44 | Obstetrics and gynecology | |
| 45 | Eye, ear, nose and throat | |
| 46 | Rehabilitation | E |
| 47 | Orthopedic | |
| 48 | Chronic disease | E |
| 49 | Other specialty ¹ | |
| 50 | Children's general | |
| 51 | Children's hospital unit of an institution | |
| 52 | Children's psychiatric hospital or unit of | E |
| 53 | Children's tuberculosis and other respiratory diseases | E |
| 55 | Children's eye, ear, nose, and throat | |
| 56 | Children's rehabilitation | E |
| 57 | Children's orthopedic | |
| 58 | Children's chronic | |
| 59 | Children's other specialty ¹ | |
| 62 | Institution for mental retardation | E |
| 70 | Home Health Agency | E |
| 71 | Specialized Treatment Facility | E |
| 72 | Residential Treatment Center | E |
| 73 | Extended Care Facility | E |

¹ When a hospital restricts its service to a specialty not defined by a specific code, it is coded 49 (59 if a children's hospital) and the specialty is indicated in parentheses following the name of the hospital.

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CHAPTER 2, ADDENDUM D

DATA REQUIREMENTS - TYPE OF INSTITUTION CODES

FIGURE 2-D-1 TYPE OF INSTITUTION

| SERVICE | SPECIALIZATION (CONTINUED) | DRG NON-EXEMPT |
|----------------------|---|----------------|
| 74 | Christian Science Facility | E |
| 75 | Hospital based Ambulatory Surgery Center (ASC) | E |
| 76 | Skilled Nursing Facility | E |
| 78 | Non-hospital based hospice | E |
| 79 | Hospital based hospice | E |
| 82 | Substance Use Disorders Rehabilitation Facility (SUDRF) | |
| 90 | Cancer | E |
| 91 | Sole Community Hospital (SCH)/Critical Access Hospital (CAH) | E |
| 92 | Freestanding Ambulatory Surgery Center (ASC) | |
| INSTITUTIONAL SUFFIX | | |
| S | Short-term - average length of stay for all patients is less than 30 days or over 50 percent of all patients are admitted to units where average length of stay is less than 30 days. | |
| L | Long-term - average length of stay for all patients is 30 days or more or over 50 percent of all patients are admitted to units where average length of stay is 30 days or more. | |

¹ When a hospital restricts its service to a specialty not defined by a specific code, it is coded 49 (59 if a children's hospital) and the specialty is indicated in parentheses following the name of the hospital.