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TRICARE
MANAGEMENT ACTIVITY

PRD

CHANGE 47
7950.1-M
JULY 17, 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: REVISED PAPER CLAIMS FORMS

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): Changes to the TSM, TPM, TOM, & TRM in
accordance with the MCSC contracts (paragraph C-7.21.3) and the TDEFIC contract
(paragraph C-3.1). TRICARE requires that contractors and their claims processors
accept and process the nationally recognized paper claims forms and their
successors.

EFFECTIVE AND IMPLEMENTATION DATE: August 31, 2007.

This change is made in conjunction with Aug 2002 TOM, Change No. 52, Aug 2002
TPM, Change No. 60, and Aug 2002 TRM, Change No. 63.

Evie Lammle
Director, Program Requirements Division

ATTACHMENT(S): 29 PAGES
DISTRIBUTION: 7950.1-M

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

CHANGE 47
7950.1-M
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CHAPTER 2, SECTION 2.4

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

DATA ELEMENT DEFINITION

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-240	1	Yes
Non-Institutional	2-105	1	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code associated with the primary claim form submitted.			
CODE/VALUE SPECIFICATIONS	B	DD Form 2642	
	C	HCFA/CMS 1500	
	F	UB-04/UB-92	
	G	Electronic Institutional Claim Submission	
	H	Electronic Non-Institutional Claim Submission	
	I	Electronic Drug Claim Submission	
	J	Other	
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:

This data element must be 'I' for Mail Order Pharmacy Prescriptions.
 This data element must be 'J' for Mail Order Pharmacy and Retail Pharmacy Prior Authorizations and Medical Necessity Reviews.

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CHAPTER 2, SECTION 2.4

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

DATA ELEMENT DEFINITION

ELEMENT NAME: COVERED DAYS			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-285	1	Yes
PRIMARY PICTURE (FORMAT) Three (3) signed numeric digits			
DEFINITION Number of hospital days authorized for all services within the TED Record.			
CODE/VALUE SPECIFICATIONS Enter the number of hospital days where there was any allowance by the contractor. For admit through discharge statements, enter the number of hospital days where there was any allowance by the contractor. For initial, interim or final statement enter the number of allowed days in the period covered by the TED Record.			
ALGORITHM The day of admission is to be counted as a hospital day. The day of discharge is not to be counted as a hospital day.			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		
NOTES AND SPECIAL INSTRUCTIONS: N/A			

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CHAPTER 2, SECTION 2.7

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.

* 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 2.7

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

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-04/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 2.8

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: REVENUE CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-385	Up to 450	Yes
PRIMARY PICTURE (FORMAT) Four (4) alphanumeric characters.			
DEFINITION Code which identifies revenue categories associated with the type of service rendered. Denied and non-denied revenue codes cannot be summarized on the same occurrence. Like revenue codes must be summarized to one occurrence for reporting on the TED Record. Denied revenue codes with the same Adjustment/Denial Reason Code must be summarized to one occurrence for reporting on the TED record. Room and board revenue codes can be summarized if the code and rate are the same.			
CODE/VALUE SPECIFICATIONS Use UB-04/UB-92 revenue codes (see Chapter 2, Addendum I).			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS: Should be right-justified and zero-filled.			

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CHAPTER 2, SECTION 2.8

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: **SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODES**

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-350 -- 1-373	11	Yes ¹

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

DEFINITION *Secondary Operation/Non-Surgical Procedure (OP/NSP) Codes* - Codes identifying the procedures, other than the principal procedure, performed during the period covered by the TED Record. *The secondary OP/NSP code(s) shall not match the primary OP/NSP code and the secondary OP/NSP codes shall not be repeated on the TED record.*

CODE/VALUE SPECIFICATIONS Refer to International Classification of Diseases - Clinical Modification, Edition 9, Volume 3, for valid ICD-9-CM Operation/Non-surgical codes. Must code the most detailed procedure. 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:

¹ Required if available.

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (1-283)

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 5.3](#).

RELATIONAL EDITS

1-283-02F • NO DUPLICATE CLINS ON TED RECORD

IF HEADER TYPE INDICATOR = 6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**

9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)

THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-6) MUST HAVE NO DUPLICATE IN ANY OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)

1-283-08F¹ • OPTION PERIOD

IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER **OR**

9 CLAIM RATE BATCH

AND CLIN FIELD ON TED RECORD NOT = BLANK

AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0

AND TYPE OF SUBMISSION = A ADJUSTMENT **OR**

B ADJUSTMENT TO NON-TED RECORD **OR**

E COMPLETE CANCELLATION NON-TED RECORD

THEN THE CLIN MUST BE VALID IN THE CURRENT OR PRIOR OPTION PERIOD FOR THAT CONTRACT ON THE TMA DATABASE BASED ON THE DATE TED RECORD PROCESSED TO COMPLETION

ELSE THE CLIN MUST BE VALID IN THE CURRENT OPTION PERIOD FOR THAT CONTRACT ON THE TMA DATABASE BASED ON THE DATE TED RECORD PROCESSED TO COMPLETION

1-283-09F¹ • CLIN MATCHES APPROPRIATION TYPE

IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER **OR**

9 CLAIM RATE BATCH

AND CLIN FIELD ON TED RECORD NOT = BLANK

AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0

THEN THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER (CLIN CAN BE FOUND IN CURRENT OR ANY PRIOR OPTION PERIOD).

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-08F.

BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-08F OR 1-283-09F.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (1-283) (CONTINUED)

1-283-10F¹	•	CLIN MATCHES APPROPRIATION TYPE
IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER OR
	9	CLAIM RATE BATCH
AND CLIN FIELD ON TED RECORD NOT = BLANK		
AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0		
THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =		
	D	SINGLE OR
	S	DISPENSING FEE
OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		
	E	ELECTRONIC
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =		
	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR
	H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR
	I	ELECTRONIC DRUG CLAIM SUBMISSION
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		
	P	PAPER
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =		
	B	DD FORM 2642 OR
	C	HCFA/ CMS FORM 1500 OR
	F	UB-04/UB 92 OR
	J	OTHER
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		
	F	FOREIGN
THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED ≠ A SPACE		

1-283-11F	•	CLAIM SUBMITTED UNDER WRONG HEADER TYPE INDICATOR
IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER OR
	9	CLAIM RATE BATCH
THEN AT LEAST ONE OCCURRENCE OF ADMINISTRATIVE CLIN ≠ BLANK		

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-08F.
 BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-08F OR 1-283-09F.

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (2-056)

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 6.1](#)

RELATIONAL EDITS

2-056-01F	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND HCC MEMBER CATEGORY CODE =	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT NON-TED RECORD (HCSR) DATA OR
		D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
		O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
	THEN AGR SERVICE LEGAL AUTHORITY CODE MUST =	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) OR
		B	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) OR
		C	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) OR
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) OR
		E	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) OR
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) OR
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) OR
		H	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) OR
		I	AGR: 14 U.S.C. 276 OR
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) OR
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) OR
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) OR
		X	AGR: OTHER OR
		Z	UNKNOWN/NOT APPLICABLE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1
FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108)

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 5.2](#)

RELATIONAL EDITS

2-108-02F	• NO DUPLICATE CLINS ON TED RECORD
IF HEADER TYPE INDICATOR =	6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
	9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-6) MUST HAVE NO DUPLICATE IN ANY OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)	
2-108-11F	• NO BASE ADMINISTRATIVE PAYMENT FOR DENIAL OF SERVICES
IF HEADER TYPE INDICATOR =	6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
	9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
AND CONTRACT NUMBER = MDA906-02-C-0002 (TMOP)	
AND TYPE OF SUBMISSION =	D COMPLETE DENIAL
THEN RATE TYPE FOR CLIN IN THE TMA DATABASE MUST ≠	D DISPENSING FEE
2-108-16F¹	• OPTION PERIOD
IF HEADER TYPE INDICATOR =	6 CLAIM RATE VOUCHER OR
	9 CLAIM RATE BATCH
AND CLIN FIELD ON TED RECORD NOT = BLANK	
AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0	
THEN IF TYPE OF SUBMISSION =	A ADJUSTMENT OR
	B ADJUSTMENT NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.
BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (CONTINUED)

	THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	B	DD FORM 2642 OR
		C	HCFA/CMS 1500 OR
		F	UB-04/UB 92 OR
		J	OTHER
	OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =	F	FOREIGN
	THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED MUST ≠ A SPACE.		
2-108-19F	• ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE		
	IF CONTRACT NUMBER =	MDA906-02-C-0002 (TMOP) OR	
		MDA906-03-C-0019 (TRRx)	
	AND HEADER TYPE INDICATOR =	9	CLAIM RATE ELIGIBLE BATCH
	AND CLIN NOT = BLANK		
	THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST ≠	D	DISPENSING FEE OR
		E	ELECTRONIC OR
		P	PAPER
2-108-20F	• ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE		
	IF CONTRACT NUMBER =	MDA906-02-C-0002 (TMOP) OR	
		MDA906-03-C-0019 (TRRx)	
	AND HEADER TYPE INDICATOR =	6	CLAIM RATE ELIGIBLE VOUCHER
	THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE ≠	S	SINGLE RATE

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.

BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

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CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
097X	Professional Fees (cont)
	Subcategory
	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	Professional Fees (cont)
	Subcategory
	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	Patient Convenience Items
	Charges for items that are generally considered by the third party payers to be strictly convenience items and, as such, are not covered.
	Subcategory
	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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CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
100X	Behavioral Health Accommodations
	Routine service charges incurred for accommodations at specified behavior health facilities.
	Subcategory
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)
101X TO 209X	RESERVED for National Assignment
210X	Alternative Therapy Services
	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).
	Subcategory
0	General Classification
1	Acupuncture
2	Acupressure
3	Massage
4	Reflexology
5	Biofeedback
6	Hypnosis
9	Other Alternative Therapy Services
211X TO 309X	RESERVED for National Assignment
310X	Adult Care
	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).
	Subcategory
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
311X TO 999X	RESERVED for National Assignment

UB-04/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>NOTE: 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-04/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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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
027X	Medical/Surgical Supplies and Devices	
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	
028X	Oncology	
0280	General Classification	99420
0289	Other Oncology	
029X	Durable Medical Equipment (Other Than Renal)	
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	
030X	Laboratory	
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	
031X	Laboratory Pathological	
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
032X	Radiology - Diagnostic	
0320	General Classification	99499
0321	Angiocardiology	
0322	Arthrography	
0323	Arteriography	
0324	Chest X-Ray	
0329	Other Radiology - Diagnostic	
033X	Radiology - Therapeutic	
0330	General Classification	99499
0331	Chemotherapy - Injected	
0332	Chemotherapy - Oral	
0333	Radiation Therapy	
0335	Chemotherapy - IV	
0339	Other Radiology - Therapeutic	
034X	Nuclear Medicine	
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	
035X	CT Scan	
0350	General Classification	99499
0351	Head Scan	
0352	Body Scan	
0359	Other CT Scan	
036X¹	Operating Room Services	
0360	General Classification	99499
0361	Minor Surgery	
0362	Organ Transplant - Other than Kidney	
0367	Kidney Transplant	
0369	Other Operating Room Services	
¹ These must be reported as "Other Medical Services" in Type of Services, position 2.		
037X²	Anesthesia	
0370	General Classification	01999
0371	Anesthesia Incident to Radiology	
0372	Anesthesia Incident to Other Diagnostic Services	
0374	Acupuncture	
0379	Other Anesthesia	
² 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
038X	Blood	
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	
039X	Blood Storage and Blood Component Administration, Storage, and Processing	
0390	General Classification	85396
0391	Blood Administration (e.g., Transfusions)	99499
0399	Other Blood Storage and Processing	85396
040X	Other Imaging Services	
0400	General Classification	99499
0401	Diagnostic Mammography	
0402	Ultrasound	
0403	Screening Mammography	
0404	Positron Emission Tomography	
0409	Other Imaging Services	
041X	Respiratory Services	
0410	General Classification	99499
0412	Inhalation Services	
0413	Hyperbaric Oxygen Therapy	
0419	Other Respiratory Services	
042X	Physical Therapy	
0420	General Classification	99499
0421	Visit Charge	
0422	Hourly Charge	
0423	Group Rate	
0424	Evaluation or Re-Evaluation	
0429	Other Physical Therapy	
043X	Occupational Therapy	
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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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
044X	Speech - Language Pathology	
0440	General Classification	99499
0441	Visit Charge	
0442	Hourly Charge	
0443	Group Rate	
0444	Evaluation or Re-Evaluation	
0449	Other Speech - Language Pathology	
045X	Emergency Room	
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	
046X	Pulmonary Function	
0460	General Classification	99499
0469	Other Pulmonary Function	
047X	Audiology	
0470	General Classification	99499
0471	Diagnostic	
0472	Treatment	
0479	Other Audiology	
048X	Cardiology	
0480	General Classification	99499
0481	Cardiac Catheterization Laboratory	
0482	Stress Test	
0483	Echocardiology	
0489	Other Cardiology	
049X	Ambulatory Surgical Care	
0490	General Classification	99499
0499	Other Ambulatory Surgical Care	
050X	Outpatient Services	
0500	General Classification	99499
0509	Other Outpatient Services	
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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
051X	Clinic	
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	
052X	Freestanding Clinic	
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	
053X	Osteopathic Services	
0530	General Classification	99499
0531	Osteopathic Therapy	
0539	Other Osteopathic Services	
054X	Ambulance	
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	
055X	Skilled Nursing	
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
056X	Medical Social Services	
0560	General Classification	T5999
0561	Visit Charge	
0562	Hourly Charge	
0569	Other Medical Social Services	
057X	Home Health Aide (Home Health)	
0570	General Classification	99499
0571	Visit Charge	
0572	Hourly Charge	
0579	Other Home Health Aide	
058X	Other Visits (Home Health)	
0580	General Classification	99499
0581	Visit Charge	
0582	Hourly Charge	
0583	Assessment	
0589	Other Home Health Visit	
059X	Units of Service (Home Health)	
0590	General Classification	99499
0599	Home Health Other Units	
060X	Oxygen (Home Health)	
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	
061X	Magnetic Resonance Technology (MRT)	
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	
062X	Medical/Surgical Supplies and Devices - Other	
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
063X	Pharmacy	
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) NOTE: Detail is not required for TRICARE.	
0637	Self-Administrable Drugs	99070
064X	Home IV Therapy Services	
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	
065X	Hospice Service	
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	
066X	Respite Care (HHA Only)	
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	
067X	Outpatient Special Residence Charge	
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
068X	Trauma Response	
0681	Level I	99499
0682	Level II	
0683	Level III	
0684	Level IV	
0689	Other Trauma Response	
069X	RESERVED	
070X	Cast Room	
0700	General Classification	99420
0709	Other Cast Room	
071X	Recovery Room	
0710	General Classification	99420
0719	Other Recovery Room	
072X	Labor Room/Delivery	
0720	General Classification	99420
0721	Labor	
0722	Delivery	99499
0723	Circumcision	
0724	Birthing Center	
0729	Other Labor Room/Delivery	
073X	EKG/ECG (Electrocardiogram)	
0730	General Classification	99499
0731	Holter Monitor	
0732	Telemetry	
0739	Other EKG/ECG	
074X	EEG (Electroencephalogram)	
0740	General Classification	99499
0749	Other EEG	
075X	Gastro-intestinal Services	
0750	General Classification	99499
0759	Other Gastro-intestinal	
076X	Treatment or Observation Room	
0760	General Classification	99499
0761	Treatment Room	
0762	Observation Room	99234
0769	Other Treatment Room/Observation Room	99499
077X	Preventive Care Services	
0770	General Classification	99420
0771	Vaccine Administration	
0779	Other	
078X	Telemedicine	
0780	General Classification	99499
0789	Other Telemedicine	

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
079X	Lithotripsy	
0790	General Classification	99499
0799	Other Lithotripsy	
080X	Inpatient Renal Dialysis	
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	
081X	Acquisition of Body Components	
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	
082X	Hemodialysis - Outpatient or Home	
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	
083X	Peritoneal Dialysis - Outpatient or Home	
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
084X	Cont. Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home	
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	
085X	Cont. Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home	
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	
086X	RESERVED for Dialysis (National Assignment)	
087X	RESERVED for Dialysis (National Assignment)	
088X	Miscellaneous Dialysis	
0880	General Classification	99499
0881	Ultrafiltration	
0882	Home Dialysis Aid Visit	
0889	Other Miscellaneous Dialysis	
089X	RESERVED (Other Donor Bank was terminated on 04/01/1994)	
090X	Behavioral Health Treatments/Services	
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	
091X	Behavioral Health Treatments/Services	
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
091X	Behavioral Health Treatments/Services (cont)	
0914	Individual Therapy	99499
0915	Group Therapy	
0916	Family Therapy	
0917	Biofeedback	
0918	Testing	
0919	Other Behavioral Health Treatments/Services	
092X	Other Diagnostic Services	
0920	General Classification	99499
0921	Peripheral Vascular Laboratory	
0922	Electromyogram	
0923	Pap Smear	
0924	Allergy Test	
0925	Pregnancy Test	
0929	Other Diagnostic Services	
093X	Medical Rehabilitation Day Program	
0931	Half Day	T5999
0932	Other Diagnostic Services	
094X	Other Therapeutic Services	
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	
095X	Other Therapeutic Services (cont)	
0950	RESERVED for National Use	
0951	Athletic Training	T5999
0952	Kinesiotherapy	
096X	Professional Fees	
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
097X	Professional Fees (cont)	
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	
098X	Professional Fees (cont)	
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
099X	Patient Convenience Items	
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	
100X	Behavioral Health Accommodations	
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)	
101X to 209X	RESERVED for National Assignment	

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
210X	Alternative Therapy Services	
2100	General Classification	
2101	Acupuncture	T5999 (Outpatient)
2102	Acupressure	
2103	Massage	
2104	Reflexology	
2105	Biofeedback	
2106	Hypnosis	T5999 (Outpatient/ Inpatient)
2109	Other Alternative Therapy Services	T5999 (Outpatient)
211X to 309X	RESERVED for National Assignment	
310X	Adult Care	
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	
311X to 999X	RESERVED for National Assignment	
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