



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

PRD

CHANGE 52
7950.1-M
NOVEMBER 6, 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: FINAL IMPLEMENTING INSTRUCTIONS FOR PHASE I
(DEVELOPMENT AND IMPLEMENTATION) TO THE
OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS)

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): Ongoing changes/clarifications to TRICARE
Hospital OPPS.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting
Officer.

This change is made in conjunction with Aug 2002 TOM, Change No. 56, Aug 2002
TPM, Change No. 63, and Aug 2002 TRM, Change No. 69.

Evie Lammle
Director, Program Requirements Division

ATTACHMENT(S): 30 PAGES
DISTRIBUTION: 7950.1-M

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

CHANGE 52
7950.1-M
NOVEMBER 6, 2007

REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 2

Section 2.7, pages 29 and 30

Section 6.2, pages 21 through 26

Section 6.4, pages 11 through 16

Addendum E, pages 1 and 2

Addendum F, pages 3 and 4

Addendum I, pages 15, 16, and 19 - 22

Addendum O, pages 3, 4, and 7 - 10

Section 2.7, pages 29 and 30

Section 6.2, pages 21 through 26

Section 6.4, pages 11 through 16

Addendum E, pages 1 and 2

Addendum F, pages 3 and 4

Addendum I, pages 15, 16, and 19 - 22

Addendum O, pages 3, 4, and 7 - 10

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: 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 Terminology¹ (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, 1P, 1Z, 2A-2O, 2Q-2T, 2Z, 3A-3I, 3K, 3P, 3Z, 4A-4O, 4Z, 5A-5O, 5Z, 6A-6F, 6Z, 7A-7E, 7Z, 8A, 8B, 8P, 8Z, 9A-9D, 9L-9Q, 9Z, A1-A9, AA, AD-AH, AJ, AK, AM, AP-AX, BA, BL, BO-BR, BU, CA-CG, CR, DE, DG, DI, DJ, DN, DR, DS, DX, E1-E4, ED, EG-EJ, EM, EN, EP, ER-ET, EX, EY, F1-F9, FA, FB, FP, G1-G9, GA-GT, GV-GZ, H9, HA-HZ, ID, IE, IG, IH, IJ, IN, IR, IS, IX, J1-J3, JD, JE, JG-JI, JN, JR, JS, JW, JX, K0-K4, KA-KD, KF, KH-KJ, KM-KS, KX, KZ, LC, LD, LL, LR-LT, MS, MR, ND, NE, NG-NJ, NN, NP, NR-NU, P1-P6, PL, PN, Q2-Q9, QA-QH, QJ-QZ, RC-RE, RG-RJ, RN, RP-RT, RX, SA-SN, SQ-SY, T1-T9, TA, TC-TK, TL-TN, TP-TW, U1-U9, UA-UH, UJ-UK, UN, UP-US, VP, XD, XE, XG-XJ, XN, XR, XS, or blank.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

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.

NOTE: Can report from zero to four codes. Left justify and blank fill. Do not duplicate. Each occurrence consists of two characters left justify and blank fill to right.

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: PROCESSING INFORMATION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-155	1	Yes ¹

PRIMARY PICTURE (FORMAT) Group

DEFINITION Field containing multiple elements that describe processing related to the TED Record.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
OVERRIDE CODE TYPE OF SUBMISSION CA/NAS NUMBER CA/NAS REASON FOR ISSUANCE CA/NAS EXCEPTION REASON SPECIAL PROCESSING CODE PRICING RATE CODE	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if applicable to TED Record conditions.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: END DATE OF CARE (2-155) (CONTINUED)

OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 **OR**

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

FS TFL (SECOND PAYOR) **OR**

RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) **AND** BEGIN DATE OF CARE ≥ 10/01/2001

THEN DO NOT CHECK PROVIDER FILE

2-155-06R END DATE OF CARE MUST BE IN THE SAME FISCAL YEAR AS THE BEGIN DATE OF CARE

¹ **"AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER MAJOR SPECIALTY, PROVIDER ZIP CODE, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (2-240-04R).**

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160)

VALIDITY EDITS

2-160-01V² FOR FILING DATE PRIOR TO 01/01/2005, VALUE MUST BE A VALID PROCEDURE CODE
AND PROCEDURE CODE MUST MATCH ONE OF THE RECORDS IN THE PROCEDURE CODE DATABASE USING THE FOLLOWING DATE LOGIC:

- | | | |
|--------------------------|---|--|
| FOR TYPE OF SUBMISSION = | D | COMPLETE DENIAL OR |
| | I | INITIAL TED RECORD SUBMISSION OR |
| | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | R | RESUBMISSION OF AN INITIAL TED RECORD (TYPE OF SUBMISSION WAS 'I') THAT WAS REJECTED DUE TO ERRORS |

THE DATE TED RECORD PROCESSED TO COMPLETION MUST BE ON OR AFTER THE PROCESSING EFFECTIVE DATE **AND** BEFORE THE PROCESSING TERMINATION DATE

AND THE BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE CARE EFFECTIVE DATE **AND** BEFORE THE CARE TERMINATION DATE

- | | | |
|--------------------------|---|---|
| FOR TYPE OF SUBMISSION = | A | ADJUSTMENT TO TED RECORD DATA OR |
| | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | C | COMPLETE CANCELLATION OR |
| | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |

THE DATE TED RECORD PROCESSED TO COMPLETION MUST BE ON **OR** AFTER THE PROCESSING EFFECTIVE DATE

AND THE BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE CARE EFFECTIVE DATE **AND** BEFORE THE CARE TERMINATION DATE

2-160-02V² FOR FILING DATE ON OR AFTER 01/01/2005 VALUE MUST BE A VALID PROCEDURE CODE

AND PROCEDURE CODE MUST MATCH ONE OF THE RECORDS IN THE PROCEDURE CODE REFERENCE TABLE USING THE FOLLOWING DATE LOGIC:

BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE PROCEDURE CODE EFFECTIVE DATE **AND** NOT LATER THAN THE PROCEDURE CODE TERMINATION DATE.

RELATIONAL EDITS

2-160-01R³ IF ON THE MATCHING RECORD THE PROCEDURE CODE DATABASE GOVERNMENT PAY CODE = 'N'

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 |

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² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R.

³ BYPASS EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R IF RECORD FAILS EDIT 2-160-01V OR 2-160-01-2V.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)	
	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)
2-160-02R³	IF ANY PROCEDURE 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
2-160-03R³	IF ANY PROCEDURE CODE IS FOR MALE AND NOT FOR CIRCUMCISION (PROCEDURE CODE¹ 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
2-160-04R³	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
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.	
² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R.	
³ BYPASS EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R IF RECORD FAILS EDIT 2-160-01V OR 2-160-01-2V.	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)	
2-160-05R	IF PROCEDURE CODE ¹ = A0100, A0110, A0120, A0130, A0140, A0170, E0170 - E0172, E0241-E0245, E0270, E0273, E0625, E0701, E0911, E0912, L3000 - L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3160, L3201 - L3207, L3212 - L3219, L3221 - L3223, L3230, L3250 - L3255, L3257, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3630, S1040, S9122 - S9124, 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
	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 ¹ = 90892-90898
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = WR MENTAL HEALTH WRAPAROUND DEMONSTRATION
2-160-08R	IF PROCEDURE CODE ¹ = 98800 FOR DRUGS OR
	000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR

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² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R.

³ BYPASS EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R IF RECORD FAILS EDIT 2-160-01V OR 2-160-01-2V.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

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

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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APPLY TO GOVERNMENT USE.

² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDITS
2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R.

³ BYPASS EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R IF RECORD FAILS EDIT 2-160-01V OR
2-160-01-2V.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

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

ELEMENT NAME: NATIONAL DRUG CODE (2-170)

VALIDITY EDITS

2-170-01V MUST BE A VALID NATIONAL DRUG CODE OR BLANK

RELATIONAL EDITS

2-170-01R IF NATIONAL DRUG CODE = BLANK

**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 PROCEDURE CODE¹
MUST ≠**

98800

FOR DRUGS

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

2-170-02R IF NATIONAL DRUG CODE ≠ BLANK

**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 PROCEDURE CODE¹
MUST =**

98800

FOR DRUGS **OR**

99070

FOR SUPPLIES **OR**

000MN

PRESCRIPTION MEDICAL NECESSITY
REVIEWS **OR**

000PA

PRESCRIPTION PRIOR AUTHORIZATIONS

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)			
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND BEGIN DATE OF CARE MUST BE < 04/01/2001			
2-305-13R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	16	AMBULATORY SURGERY FACILITY CHARGE
	THEN PRICING RATE CODE MUST =	0	PRICING NOT APPLICABLE (DENIED SERVICE/SUPPLIES AND ALLOWED DRUGS) OR
		1	PRICED MANUALLY OR
		C	AMBULATORY SURGERY FACILITY PAYMENT RATE OR
		D	DISCOUNTED AMBULATORY SURGERY - FACILITY PAYMENT RATE OR
		E	AMBULATORY SURGERY-PAID AS BILLED OR
		P	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY- FACILITY PAYMENT RATE OR
		Q	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
		R	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY- PAID AS BILLED OR
		V	MEDICARE REIMBURSEMENT RATE OR
		P1	OPPS OR
		P2	OPPS WITH COST OUTLIER OR
		P3	OPPS WITH DISCOUNT
2-305-14R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PO	TRICARE PRIME - POINT OF SERVICE
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	U	TRICARE PRIME, CIVILIAN PCM OR
		Z	TRICARE PRIME, MTF/PCM OR
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM OR
		XF	FOREIGN ADFM
2-305-15R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	FOREIGN ACTIVE DUTY CLAIMS OR
		GU	ADSM ENROLLED IN TPR
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	W	TPR ADSM - USA OR

¹ AS STATED IN CHAPTER 2, SECTION 2.8 OR BLANK

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)			
		X	FOREIGN AD SM OR
		WA	TPR FOREIGN AD SM
2-305-21R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	MN	TSP - NON-NETWORK OR
		MS	TSP - NETWORK
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	BB	TSP
2-305-22R	IF 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
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF-REFERRED CARE OR
		SO	SHCP - NON-TRICARE ELIGIBLE OR
		SR	SHCP - REFERRED CARE OR
		ST	SHCP - TRICARE ELIGIBLE OR
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN
2-305-23R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SN	TSS - NON-NETWORK OR
		SS	TSS - NETWORK
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	TS	TSS
2-305-24R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	E	HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP)
	THEN BEGIN DATE OF CARE MUST BE ≥ 03/15/1999		
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	CM	ICMP
2-305-25R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE AD SM
	THEN BEGIN DATE OF CARE IS ≥ 10/30/2000 AND < 09/01/2002		
	AND HHC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR

¹ AS STATED IN CHAPTER 2, SECTION 2.8 OR BLANK

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)	
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	B SPOUSE OR
	C CHILD OR STEPCHILD OR
	D PRE-ADOPTIVE CHILD OR
	E WARD (COURT ORDERED)
2-305-26R	<ul style="list-style-type: none"> TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001. FOR EACH LINE ITEM WHERE DATE OF CARE IS < 10/01/2001, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT.
IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FF TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) OR
	FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR
	FS TFL (SECOND PAYOR)
ELSE IF BEGIN DATE OF CARE IS < 10/01/2001	
THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAILED LINE MUST =	
	15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
	26 EXPENSES INCURRED PRIOR TO COVERAGE OR
	27 EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
	30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
	31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
	32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
	33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR

¹ AS STATED IN CHAPTER 2, SECTION 2.8 OR BLANK

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)	
	34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
	62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
	141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
2-305-29R	<ul style="list-style-type: none"> SPECIAL PROCESSING CODE "V" IS USED FOR CARE PROVIDED WITHIN NORMAL LIMITS - WHILE SPECIAL PROCESSING CODE "W" IS USED FOR CARE OVER AND ABOVE THOSE NORMAL LIMITS
	IF BEGIN DATE OF CARE IS \geq 12/28/2001
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	CT CCTP
	THEN AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	V FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR OR
	W NON-FINANCIALLY UNDERWRITTEN PAYMENT BY FINANCIALLY UNDERWRITTEN CLAIMS PROCESSOR
2-305-30R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PF ECHO
	THEN HCDP PLAN COVERAGE CODE MUST \neq
	401 TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
	402 TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405 TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406 TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407 TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408 TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409 TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410 TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)

411 TRS SURVIVOR NEW INDIVIDUAL
COVERAGE OR

412 TRS SURVIVOR NEW FAMILY COVERAGE
OR

413 TRS MEMBER-ONLY COVERAGE OR

414 TRS MEMBER AND FAMILY COVERAGE

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ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE (2-306)

VALIDITY EDITS

2-306-01V MUST BE A VALID HCDP SPECIAL ENTITLEMENT CODE LISTING IN [CHAPTER 2,](#)
[SECTION 2.5](#)

RELATIONAL EDITS

NONE

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310)

VALIDITY EDITS

2-310-01V IF CA/NAS NUMBER IS NOT BLANK THEN MUST BE 1 TO 11 OR 1 TO 15 ALPHANUMERIC CHARACTERS.

RELATIONAL EDITS

NO ERROR IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION OR
D COMPLETE DENIAL

THEN BYPASS ALL CA/NAS NUMBER RELATIONAL EDITING.

NO ERROR IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS

THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR

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

PF ECHO

RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR

SC SHCP - NON-TRICARE ELIGIBLE OR

SE SHCP - TRICARE ELIGIBLE OR

SM SHCP - EMERGENCY OR

ST SPECIALIZED TREATMENT OR

WR MENTAL HEALTH WRAP AROUND

THEN BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR IF ENROLLMENT/HEALTH PLAN CODE = U TRICARE PRIME, CIVILIAN PCM OR

W TPR ADSM - USA OR

X FOREIGN ADSM OR

Y CHCBP - STANDARD OR

Z TRICARE PRIME, MTF/PCM OR

AA CHCBP - EXTRA OR

BB TSP OR

FE TFL - EXTRA OR

FS TFL - STANDARD OR

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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 ¹
<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

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FIGURE 2-E-3 DELIVERY DIAGNOSIS CODES

DESCRIPTION OF PROCEDURES	CODES
Complications mainly related to pregnancy	640-649.64
Normal delivery and other indications for care in pregnancy, labor and delivery	650-659.93
Complications occurring mainly in the course of labor and delivery	660-669.94

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 - PROCEDURE CODE FOR TYPE OF SERVICE

PROCEDURE CODE FOR TYPE OF SERVICE ¹ (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 ³	HCPCS	CHAMPUS ASSIGNED
DIAGNOSTIC LAB	5	0004T, 0010T, 0022T, 0023T, 0026T, 0030T, 0041T, 0043T, 0046T, 0058T, 0059T 80048-89399	C1010-C1018, C9503, C9723 G0001, G0026, G0027, G0101, G0103, G0107, G0123, G0124, G0141-G0148, G0265, G0266, G0306, G0307 P2028-P9615 Q0091, Q0111-Q0115 S3600, S3601, S3620, S3625, S3626, S3630, S3645-S3652, S3701, S3708, S3818-S3820, S3822, S3823, S3828-S3831, S3833-S3835, S3837, S3840-S3853, S3855 , S3890, S3900, S4011, S4015, S4016, S4018, S4020-S4022, S4025-S4031	84999, 90593 W0002-W0019
DIAGNOSTIC X-RAY	4	0003T, 0008T, 0012T, 0013T, 0025T, 0028T, 0040T, 0042T, 0144T-0152T, 0154T 31632, 31633 70010-76999, 77001-77003, 77011-77014, 77021, 77022, 77031, 77032, 77051-77059, 77071-77084 , 78000-79999 91110, 91111	A9500-A9700 C1064-C1066, C1079, C1080, C1082, C1088, C1092 , C1122, C1188-C1202, C1348, C1770, C1775, C8900-C8914, C8918-C8920, C9013, C9100-C9103, C9400-C9405 E2000, E2100, E2101 G0030-G0050, G0117, G0118, G0125, G0130-G0132, G0193-G0196, G0202-G0236, G0242, G0243, G0252-G0254, G0259, G0260, G0262, G0275-G0278, G0288, G0296, G0347, G0348 Q0092, Q3000, Q3002-Q3012, Q9945-Q9964	76499

¹ This table is used in type of service edits 2-280-01R and does not determine government pay status.

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 DATA REQUIREMENTS - PROCEDURE CODE FOR TYPE OF SERVICE

PROCEDURE CODE FOR TYPE OF SERVICE¹ (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 ³	HCPCS	CHAMPUS ASSIGNED
DIAGNOSTIC X-RAY (Continued)			R0070-R0076 S0820, S8035-S8092, S9022-S9024	
DME RENTAL/ PURCHASE	A	95991	A4369, A6530-A6549, A8000-A8004, A9270, A9275, A9279, A9282, A9300, A9901, A9999 B9000-B9006 C1170, C1175-C1177, C1179, C1300, C1321- C1324, C1329, C1368, C1713, C1721, C1722, C1760, C1764, C1767, C1768, C1771-C1773, C1776, C1780-C1782, C1784-C1789, C1813- C1821, C1874-C1884, C1891, C1895-C1900, C2617-C2622, C2625, C2626, C2631, C8514, C8515, C8517, C9351, C9708, C9711 E0100-E2621, E8000- E8002 G0329 K0001-K0547, K0549- K0559, K0600-K0609, K0618-K0620, K0627- K0669, K0671, K0733- K0738, K0800-K0802, K0806-K0808, K0812- K0816, K0820-K0831, K0835-K0843, K0848- K0864, K0868-K0871, K0877-K0880, K0884- K0886, K0890, K0891, K0898, K0899 L0100-L9900	

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CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
056X	Medical Social Services
	Charges for services such as counseling patients, interviewing patients, and interpreting problems of social situation rendered to patients on any basis.
	Subcategory
0	General Classification
1	Visit Charge
2	Hourly Charge
9	Other Medical Social Services
057X	Home Health Aide (Home Health)
	Charges made by a home health agency for personnel that are primarily responsible for the personal care of the patient.
	Subcategory
0	General Classification
1	Visit Charge
2	Hourly Charge
9	Other Home Health Aide
058X	Other Visits (Home Health)
	Charges by a home health agency for visits other than physical therapy, occupational therapy or speech therapy, which must be specifically identified.
	Subcategory
0	General Classification
1	Visit Charge
2	Hourly Charge
3	Assessment
9	Other Home Health Visit
059X	Units of Service (Home Health)
	Revenue code used by a home health agency that bills on the basis of units of service.
	Subcategory
0	General Classification
9	Home Health Other Units (Terminated 04/01/2007)

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DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
060X	Oxygen (Home Health)
	Charges by a home health agency for oxygen equipment supplies or contents, excluding purchased equipment.
	Subcategory
	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
061X	Magnetic Resonance Technology (MRT)
	Charges for Magnetic Resonance Imaging (MRI) and Magnetic Resonance Angiography (MRA) of the Brain and other parts of the body
	Subcategory
	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
062X	Medical/Surgical Supplies and Devices - Other
	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.
	Subcategory
	1 Supplies Incident to Radiology
	2 Supplies Incident to Other Diagnostic Service
	3 Surgical Dressings
	4 FDA Investigational Devices

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DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
069X	RESERVED
070X	Cast Room
	Charges for services related to the application, maintenance and removal of casts.
	Subcategory
	0 General Classification
	9 Other Cast Room (Terminated 04/01/2007)
071X	Recovery Room
	Subcategory
	0 General Classification
	9 Other Recovery Room (Terminated 10/01/2007)
072X	Labor Room/Delivery
	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.
	Subcategory
	0 General Classification
	1 Labor
	2 Delivery
	3 Circumcision
	4 Birthing Center
	9 Other Labor Room/Delivery
073X	EKG/ECG (Electrocardiogram)
	Charges for operation of specialized equipment to record electromotive variations in actions of the heart muscle on an electrocardiography for diagnosis of heart ailments.
	Subcategory
	0 General Classification
	1 Holter Monitor
	2 Telemetry
	9 Other EKG/ECG

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DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
074X	EEG (Electroencephalogram)
	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.
	Subcategory
0	General Classification
9	Other EEG (Terminated 04/01/2007)
075X	Gastro-intestinal Services
	Procedure room charges for endoscopic procedures not performed in the operating room.
	Subcategory
0	General Classification
9	Other Gastro-intestinal (Terminated 04/01/2007)
076X	Treatment or Observation Room
	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.
	Subcategory
0	General Classification
1	Treatment Room
2	Observation Room
9	Other Treatment/Observation Room

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DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
077X	Preventive Care Services
	Revenue Code used to capture preventive services established by payers.
	Subcategory
	0 General Classification
	1 Vaccine Administration
	9 Other (Terminated 04/01/2007)
078X	Telemedicine
	Facility telemedicine charges related to a three year Medicare demonstration project commencing 10/01/1996.
	Subcategory
	0 General Classification
	9 Other Telemedicine (Terminated 04/01/2007)
079X	Lithotripsy
	Extra-corporeal Shockwave Therapy (formerly Lithotripsy).
	Subcategory
	0 General Classification
	9 Other Lithotripsy (Terminated 04/01/2007)
080X	Inpatient Renal Dialysis
	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).
	Subcategory
	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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DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
081X	Acquisition of Body Components
	The acquisition and storage costs of body tissue, bone marrow, organs and other components not otherwise identified used for transplantation.
	Subcategory
	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	Hemodialysis - Outpatient or Home (To be submitted on Non-Institutional TED)
	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.
	Subcategory
	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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CHAPTER 2, ADDENDUM O

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
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	T5999
0379	Other Anesthesia	01999
² These must be reported as "Other Medical Services" in Type of Services, position 2.		

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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
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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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
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 (Terminated 04/01/2007)	
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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** Must use appropriate CPT/HCPCS Codes.

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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
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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CHAPTER 2, ADDENDUM O

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
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 (Terminated 04/01/2007)	
071X	Recovery Room	
0710	General Classification	99420
0719	Other Recovery Room (Terminated 10/01/2007)	
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 (Terminated 04/01/2007)	
075X	Gastro-intestinal Services	
0750	General Classification	99499
0759	Other Gastro-intestinal (Terminated 04/01/2007)	
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 (Terminated 04/01/2007)	
078X	Telemedicine	
0780	General Classification	99499
0789	Other Telemedicine (Terminated 04/01/2007)	

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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
079X	Lithotripsy	
0790	General Classification	99499
0799	Other Lithotripsy (Terminated 04/01/2007)	
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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