



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

PRD

CHANGE 53  
7950.1-M  
JANUARY 15, 2008

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:** OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS)  
PHASE II - SYSTEM UPDATE

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

**SUMMARY OF CHANGE(S):** This change implements coding changes for the  
January 2008 OPSS update.

**EFFECTIVE DATE:** January 1, 2008.

**IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TPM, Change No. 68.

Evie Lammler

Director, Program Requirements Division

ATTACHMENT(S): 20 PAGES  
DISTRIBUTION: 7950.1-M

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

**CHANGE 53**  
**7950.1-M**  
**JANUARY 15, 2008**

**REMOVE PAGE(S)**

**INSERT PAGE(S)**

**CHAPTER 2**

Section 2.6, pages 3 through 6

Section 2.7, pages 29 and 30

Addendum I, pages 15, 16, 19 through  
22, 25, and 26

Addendum O, pages 7 through 12

Section 2.6, pages 3 through 6

Section 2.7, pages 29 and 30

Addendum I, pages 15, 16, 19 through  
22, 25, and 26

Addendum O, pages 7 through 12

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

CHAPTER 2, SECTION 2.6

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

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-380	Up to 450	Yes
Non-Institutional	2-145	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Three (3) numeric digits.			
<b>DEFINITION</b> A unique number for each utilization/revenue data occurrence within the TED Record. Line item must be assigned in sequential ascending order.			
<b>CODE/VALUE SPECIFICATIONS</b> N/A			
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>		<b>GROUP</b>	
N/A		N/A	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b> N/A			

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CHAPTER 2, SECTION 2.6

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

DATA ELEMENT DEFINITION

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

RECORDS/LOCATOR NUMBERS

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

NOTES AND SPECIAL INSTRUCTIONS:

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

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

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CHAPTER 2, SECTION 2.6

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

DATA ELEMENT DEFINITION

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

**NOTES AND SPECIAL INSTRUCTIONS:**

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

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

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CHAPTER 2, SECTION 2.6

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

DATA ELEMENT DEFINITION

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

RECORDS/LOCATOR NUMBERS

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

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

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

CODE/VALUE SPECIFICATIONS		
	A	Eligible for Medicare. Eligibility began after age 65 (the person did not have enough quarters of Social Security contributions to qualify at age 65). This value applies to Medicare Part A.
	B	Enrollment in Medicare Part B; over or under age 65. Medicare Part B can only be obtained by payment of monthly premiums. This value applies to Medicare Part B.
	D	Eligible for Medicare under age 65 because of disability. This value applies to Medicare Part A.
	E	Eligible for Medicare at age 65. This value applies to Medicare Part A.
	F	Eligibility for Medicare defaulted at age 65; verification not received from Center for Medicare and Medicaid Services (CMS). Applies to Medicare Part A only.

**NOTES AND SPECIAL INSTRUCTIONS:**

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

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

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

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CHAPTER 2, SECTION 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PROCEDURE CODE MODIFIER

RECORDS/LOCATOR NUMBERS

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

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

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

**CODE/VALUE SPECIFICATIONS** Must be 21-27, 32, 47, 50-59, 62, 63, 66, 73-82, 90, 91, 99, 0A-0P, 0Z, 1A-1J, 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, EA-EE, EG-EJ, EM, EN, EP, ER-ET, EX, EY, F1-F9, FA-FC, 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, KV-KZ, LC, LD, LL, LR-LT, MS, MR, ND, NE, NG-NJ, NN, NP, NR-NU, P1-P6, PL, PN, Q0-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:

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

**NOTE:** Can report from 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.

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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 <sup>1</sup>

**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:**

<sup>1</sup> Required if applicable to TED Record conditions.

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

CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
056X	<b>Medical Social Services</b>
	Charges for services such as counseling patients, interviewing patients, and interpreting problems of social situation rendered to patients on any basis.
	<b>Subcategory</b>
	0   General Classification
	1   Visit Charge
	2   Hourly Charge
	9   Other Medical Social Services
057X	<b>Home Health Aide (Home Health)</b>
	Charges made by a home health agency for personnel that are primarily responsible for the personal care of the patient.
	<b>Subcategory</b>
	0   General Classification
	1   Visit Charge
	2   Hourly Charge
	9   Other Home Health Aide
058X	<b>Other Visits (Home Health)</b>
	Charges by a home health agency for visits other than physical therapy, occupational therapy or speech therapy, which must be specifically identified.
	<b>Subcategory</b>
	0   General Classification
	1   Visit Charge
	2   Hourly Charge
	3   Assessment
	9   Other Home Health Visit
059X	<b>Units of Service (Home Health)</b>
	Revenue code used by a home health agency that bills on the basis of units of service.
	<b>Subcategory</b>
	0   General Classification
	9   Home Health Other Units (Terminated 10/01/2007)

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CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

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

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CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
069X	RESERVED
070X	<b>Cast Room</b>
	Charges for services related to the application, maintenance and removal of casts.
	<b>Subcategory</b>
	0   General Classification
	9   Other Cast Room (Terminated 10/01/2007)
071X	<b>Recovery Room</b>
	<b>Subcategory</b>
	0   General Classification
	9   Other Recovery Room (Terminated 10/01/2007)
072X	<b>Labor Room/Delivery</b>
	Charges for labor and delivery room services provided by specially trained nursing personnel to patients including prenatal care during labor, assistance during delivery, postnatal care in the recovery room, and minor gynecologic procedures if they are performed in the delivery suite.
	<b>Subcategory</b>
	0   General Classification
	1   Labor
	2   Delivery
	3   Circumcision
	4   Birthing Center
	9   Other Labor Room/Delivery
073X	<b>EKG/ECG (Electrocardiogram)</b>
	Charges for operation of specialized equipment to record electromotive variations in actions of the heart muscle on an electrocardiography for diagnosis of heart ailments.
	<b>Subcategory</b>
	0   General Classification
	1   Holter Monitor
	2   Telemetry
	9   Other EKG/ECG

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CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
074X	<b>EEG (Electroencephalogram)</b>
	Charges for operation of specialized equipment to measure impulse frequencies and differences in electrical potential in various areas of the brain to obtain data for use in diagnosing brain disorders.
	<b>Subcategory</b>
0	General Classification
9	Other EEG (Terminated 10/01/2007)
075X	<b>Gastro-intestinal Services</b>
	Procedure room charges for endoscopic procedures not performed in the operating room.
	<b>Subcategory</b>
0	General Classification
9	Other Gastro-intestinal (Terminated 10/01/2007)
076X	<b>Treatment or Observation Room</b>
	Charges for the use of a treatment room; or for the room charge associated with outpatient observation services.
	Observation services are those services furnished by a hospital on the hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Such services are covered only when provided by the order of a physician or another individual authorized by State licensure law and hospital staff bylaws to admit patients to the hospital or order outpatient tests. The reason for observation must be stated in the orders for observation. Payers should establish written guidelines which identify coverage of observation.
	<b>Subcategory</b>
0	General Classification
1	Treatment Room
2	Observation Room
9	Other Treatment/Observation Room

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CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
077X	<b>Preventive Care Services</b>
	Revenue Code used to capture preventive services established by payers.
	<b>Subcategory</b>
0	General Classification
1	Vaccine Administration
9	Other (Terminated 10/01/2007)
078X	<b>Telemedicine</b>
	Facility telemedicine charges related to a three year Medicare demonstration project commencing 10/01/1996.
	<b>Subcategory</b>
0	General Classification
9	Other Telemedicine (Terminated 10/01/2007)
079X	<b>Lithotripsy</b>
	Extra-corporeal Shockwave Therapy (formerly Lithotripsy).
	<b>Subcategory</b>
0	General Classification
9	Other Lithotripsy (Terminated 10/01/2007)
080X	<b>Inpatient Renal Dialysis</b>
	A waste removal process performed in an inpatient setting, that uses an artificial kidney when the body's own kidneys have failed. The waste may be removed directly from the blood (hemodialysis) or indirectly from the blood by flushing a special solution between the abdominal covering and the tissue (peritoneal dialysis).
	<b>Subcategory</b>
0	General Classification
1	Inpatient Hemodialysis
2	Inpatient Peritoneal (non-CAPD)
3	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)
4	Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)
9	Other Inpatient Dialysis

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CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

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

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CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

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

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CHAPTER 2, ADDENDUM I

DATA REQUIREMENTS - REVENUE CODES

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

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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
<b>056X</b>	<b>Medical Social Services</b>	
0560	General Classification	T5999
0561	Visit Charge	
0562	Hourly Charge	
0569	Other Medical Social Services	
<b>057X</b>	<b>Home Health Aide (Home Health)</b>	
0570	General Classification	99499
0571	Visit Charge	
0572	Hourly Charge	
0579	Other Home Health Aide	
<b>058X</b>	<b>Other Visits (Home Health)</b>	
0580	General Classification	99499
0581	Visit Charge	
0582	Hourly Charge	
0583	Assessment	
0589	Other Home Health Visit	
<b>059X</b>	<b>Units of Service (Home Health)</b>	
0590	General Classification	99499
0599	Home Health Other Units (Terminated 10/01/2007)	
<b>060X</b>	<b>Oxygen (Home Health)</b>	
0600	General Classification	99499
0601	Oxygen - State/Equip/Supply/or Cont	
0602	Oxygen - State/Equip/Supply Under 1 LPM	
0603	Oxygen - State/Equip/Over 4 LPM	
0604	Oxygen - Portable Add-On	
0609	Other Oxygen	
<b>061X</b>	<b>Magnetic Resonance Technology (MRT)</b>	
0610	General Classification	99499
0611	Brain (including brainstem)	
0612	Spinal Cord (including spine)	
0614	MRI - Other	
0615	MRA - Head and Neck	
0616	MRA - Lower Extremities	
0618	MRA - Other	
0619	Other MRT	
<b>062X</b>	<b>Medical/Surgical Supplies and Devices - Other</b>	
0621	Supplies Incident to Radiology	99070
0622	Supplies Incident to Other Diagnostic Service	
0623	Surgical Dressings	
0624	FDA Investigational Devices	

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\*\* Must use appropriate CPT/HCPCS Codes.

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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
<b>063X</b>	<b>Pharmacy</b>	
0631	Single Source Drug	99070
0632	Multiple Source Drug	
0633	Restrictive Prescription	
0634	Erythropoietin (EPO) Less Than 10,000 Units	99499
0635	Erythropoietin (EPO) 10,000 or More Units	
0636	Drugs Requiring Detailed Coding (Blood Clotting Factor Only) <b>NOTE:</b> Detail is not required for TRICARE.	
0637	Self-Administrable Drugs	99070
<b>064X</b>	<b>Home IV Therapy Services</b>	
0640	General Classification	99499
0641	Non-Routine Nursing, Central Line	
0642	IV Site Care, Central Line	
0643	IV Site/Change, Peripheral Line	
0644	Non-Routine Nursing, Peripheral Line	
0645	Training Patient/Caregiver, Central Line	
0646	Training, Disabled Patient, Central Line	
0647	Training, Patient/Caregiver Peripheral Line	
0648	Training, Disabled Patient, Peripheral Line	
0649	Other IV Therapy Services	
<b>065X</b>	<b>Hospice Service</b>	
0650	General Classification	99499
0651	Routine Home Care	
0652	Continuous Home Care	
0655	Inpatient Respite Care	
0656	General Inpatient Care (Non-Respite)	
0657	Physician Services	
0658	Hospice Room and Board Nursing Facility	
0659	Other Hospice Services	
<b>066X</b>	<b>Respite Care (HHA Only)</b>	
0660	General Classification	99499
0661	Hourly Charge/Nursing	
0662	Hourly Charge/Home Health Aide/Home Maker/Companion	
0663	Daily Respite Charge	
0669	Other Respite Care	
<b>067X</b>	<b>Outpatient Special Residence Charge</b>	
0670	General Classification	99499
0671	Hospital Based	
0672	Contracted	
0679	Other Special Residence Charges	

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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
<b>068X</b>	<b>Trauma Response</b>	
0681	Level I	99499
0682	Level II	
0683	Level III	
0684	Level IV	
0689	Other Trauma Response	
<b>069X</b>	<b>RESERVED</b>	
<b>070X</b>	<b>Cast Room</b>	
0700	General Classification	99420
0709	Other Cast Room (Terminated 10/01/2007)	
<b>071X</b>	<b>Recovery Room</b>	
0710	General Classification	99420
0719	Other Recovery Room (Terminated 10/01/2007)	
<b>072X</b>	<b>Labor Room/Delivery</b>	
0720	General Classification	99420
0721	Labor	
0722	Delivery	99499
0723	Circumcision	
0724	Birthing Center	
0729	Other Labor Room/Delivery	
<b>073X</b>	<b>EKG/ECG (Electrocardiogram)</b>	
0730	General Classification	99499
0731	Holter Monitor	
0732	Telemetry	
0739	Other EKG/ECG	
<b>074X</b>	<b>EEG (Electroencephalogram)</b>	
0740	General Classification	99499
0749	Other EEG (Terminated 10/01/2007)	
<b>075X</b>	<b>Gastro-intestinal Services</b>	
0750	General Classification	99499
0759	Other Gastro-intestinal (Terminated 10/01/2007)	
<b>076X</b>	<b>Treatment or Observation Room</b>	
0760	General Classification	99499
0761	Treatment Room	
0762	Observation Room	99234
0769	Other Treatment Room/Observation Room	99499
<b>077X</b>	<b>Preventive Care Services</b>	
0770	General Classification	99420
0771	Vaccine Administration	
0779	Other (Terminated 10/01/2007)	
<b>078X</b>	<b>Telemedicine</b>	
0780	General Classification	99499
0789	Other Telemedicine (Terminated 10/01/2007)	

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>079X</b>	<b>Lithotripsy</b>	
0790	General Classification	99499
0799	Other Lithotripsy (Terminated 10/01/2007)	
<b>080X</b>	<b>Inpatient Renal Dialysis</b>	
0800	General Classification	99499
0801	Inpatient Hemodialysis	
0802	Inpatient Peritoneal (non-CAPD)	
0803	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	
0804	Inpatient Continuous Cycling Peritoneal Dialysis	
0809	Other Inpatient Dialysis	
<b>081X</b>	<b>Acquisition of Body Components</b>	
0810	General Classification	99070
0811	Living Donor	
0812	Cadaver Donor	
0813	Unknown Donor	
0814	Unsuccessful Organ Search - Donor Bank Charges	
0815	Cadaver Donor - Heart (Terminated 10/01/2000)	
0816	Other Heart Acquisition (Terminated 10/01/2000)	
0817	Donor - Liver (Terminated 10/01/2000)	
0819	Other Donor	
<b>082X</b>	<b>Hemodialysis - Outpatient or Home</b>	
0820	General Classification	99499
0821	Hemodialysis/Composite or Other Rate	
0822	Home Supplies	
0823	Home Equipment	
0824	Maintenance/100%	
0825	Support Services	
0829	Other Outpatient Hemodialysis	
<b>083X</b>	<b>Peritoneal Dialysis - Outpatient or Home</b>	
0830	General Classification	99499
0831	Peritoneal/Composite or Other Rate	
0832	Home Supplies	
0833	Home Equipment	
0834	Maintenance/100%	
0835	Support Services	
0839	Other Outpatient Peritoneal Dialysis	

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

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>091X</b>	<b>Behavioral Health Treatments/Services (cont)</b>	
0914	Individual Therapy	99499
0915	Group Therapy	
0916	Family Therapy	
0917	Biofeedback	
0918	Testing	
0919	Other Behavioral Health Treatments/Services	
<b>092X</b>	<b>Other Diagnostic Services</b>	
0920	General Classification	99499
0921	Peripheral Vascular Laboratory	
0922	Electromyogram	
0923	Pap Smear	
0924	Allergy Test	
0925	Pregnancy Test	
0929	Other Diagnostic Services	
<b>093X</b>	<b>Medical Rehabilitation Day Program</b>	
0931	Half Day	T5999
0932	Other Diagnostic Services	
<b>094X</b>	<b>Other Therapeutic Services</b>	
0940	General Classification	T5999
0941	Recreational Therapy	
0942	Education/Training	99499
0943	Cardiac Rehabilitation	T5999
0944	Drug Rehabilitation	
0945	Alcohol Rehabilitation	
0946	Complex Medical Equipment - Routine	
0947	Complex Medical Equipment - Ancillary	
0948	<b>Pulmonary Rehabilitation</b>	
0949	Other Therapeutic Service	
<b>095X</b>	<b>Other Therapeutic Services (cont)</b>	
0950	RESERVED for National Use	
0951	Athletic Training	T5999
0952	Kinesiotherapy	
<b>096X</b>	<b>Professional Fees</b>	
0960	General Classification	99499
0961	Psychiatric	
0962	Ophthalmology	
0963	Anesthesiologist (MD)	
0964	Anesthetist (CRNA)	
0969	Other Professional Fees	
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