



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 59
7950.1-M
APRIL 22, 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: AUTISM DEMONSTRATION

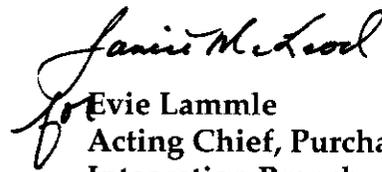
PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): 1) Revises the requirement for Tutor identification;
2) Revises the TRICARE Basic Program coverage of Demonstration services; and
3) Revises the reimbursement methods.

EFFECTIVE DATE: March 15, 2008.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TOM, Change No. 64.


Evie Lammler
Acting Chief, Purchased Care Systems
Integration Branch

ATTACHMENT(S): 10 PAGES
DISTRIBUTION: 7950.1-M

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

CHANGE 59
7950.1-M
APRIL 22, 2008

REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 2

Section 2.7, pages 37 and 38

Section 2.10, pages 21, 22, and 25 - 28

Section 7.2, pages 5 through 7

Section 2.7, pages 37 and 38

Section 2.10, pages 21, 22, and 25 - 28

Section 7.2, pages 5 and 6

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CHAPTER 2, SECTION 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER SUB-IDENTIFIER			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-205	1	Yes
Non-Institutional	2-245	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Four (4) alphanumeric characters.			
DEFINITION	Identification number that uniquely identifies multiple providers using the same Taxpayer Identification Number (TIN). Refer to provider filing instructions.		
CODE/VALUE SPECIFICATIONS	Assigned as per TRICARE instructions. Must be zero-filled if there are no multiple providers within the TIN.		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

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CHAPTER 2, SECTION 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER TAXPAYER NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-200	1	Yes
Non-Institutional	2-240	Up to 99	Yes

PRIMARY PICTURE (FORMAT) Nine (9) alphanumeric characters.

DEFINITION The IRS Taxpayer Identification Number (TIN) assigned to the institution/provider supplying the care.

CODE/VALUE SPECIFICATIONS For institutions must be **nine** digit Employer Identification Number (EIN). For individual providers should be the **nine** digit EIN or **Social Security Number (SSN)**, if available. If not available, report the contractor-assigned number. (Refer to Provider File Data Element PROVIDER TAXPAYER NUMBER 3-005 in the provider record for instructions.) Report all nines for transportation services.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

Claims for care rendered by an Autism Demonstration Tutor or Tutor-in-Training must be identified on the TED record using the billing Individual Corporate Services Provider (ICSP) (EIA Supervisor) Provider Taxpayer Number or the billing Organizational Corporate Services Provider (OCSP) Provider Taxpayer Number as appropriate.

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CHAPTER 2, SECTION 2.10

DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-090	1	Yes
PRIMARY PICTURE (FORMAT)	Ten (10) alphanumeric characters.		
DEFINITION	Code describing a provider's major specialty for non-institutional TEDs or a code describing the type of institution for institutional TEDs. Type of Institution must be left justified and blank filled to the right.		
CODE/VALUE SPECIFICATIONS	Refer to Chapter 2, Addendum C, Figure 2-C-1 for non-institutional provider specialty codes. Refer to Chapter 2, Addendum D, Figure 2-D-1 for type of institution codes for Institutional TEDs. Refer to Chapter 2, Addendum C, Figure 2-C-2 for assistance when assigning Provider Specialty Codes to Outpatient Hospital non-institutional provider records.		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		
NOTES AND SPECIAL INSTRUCTIONS:			
<p>Autism Demonstration EIA Supervisors will be assigned Provider Taxonomy Code 101YS0200X, School Counselor, if other Provider Taxonomy Codes have not already been assigned by CMS or the MCSC.</p> <p>Autism Demonstration Tutors or Tutors-in-Training will be assigned Provider Taxonomy Code 390200000X, Student in an Organized Health Care Education/Training Program, if other Provider Taxonomy Codes have not already been assigned by CMS or the MCSC.</p>			

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CHAPTER 2, SECTION 2.10

DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER NAME

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-035	1	Yes

PRIMARY PICTURE (FORMAT) Forty (40) alphanumeric characters.

DEFINITION Name of provider.

CODE/VALUE SPECIFICATIONS Must be left justified and blank filled. If this field is a person's name, it should be in the form of last name, first name, middle initial (each name should be separated by a comma with no space between the name). Do not use articles such as 'the,' 'A', 'An', etc. Use standard abbreviations such as 'St.' for Saint, 'Comm' for community, 'Hosp' for hospital, etc.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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CHAPTER 2, SECTION 2.10

DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER SUB-IDENTIFIER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-010	1	Yes

PRIMARY PICTURE (FORMAT) Four (4) alphanumeric characters.

DEFINITION Identification number that uniquely identifies multiple providers using the same Taxpayer Identification Number (TIN).

CODE/VALUE SPECIFICATIONS Must be zero-filled if there are no multiple providers within the TIN and zip code.

For non-institutional providers, including institutions that render non-institutional care (e.g., outpatient), no two Provider Sub-Identifiers may be the same within a TIN and zip code.

For clinics, Provider Sub-Identifier is assigned with an alpha character in the first position or first two positions followed by two or three numeric, sequentially assigned numbers with the clinic always assigned 01 or 001. Individual providers within the clinic would then begin with 02 or 002 having the same alpha character(s) in the first position as the clinic record.

For all other non-institutional providers, the Provider Sub-Identifier must be four numeric characters.

Institutional Provider Sub-Identifiers are to be numeric and sequentially assigned within the TIN. For requirements on reporting institutional providers as outpatient hospital non-institutional providers, see Provider Sub-Identifier Example 2.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

Autism Demonstration Tutors or Tutors-in-Training sub-identifiers must be alpha numeric and assigned the same alpha character(s) as the first position(s) of the billing Individual Corporate Services Provider (ICSP) (EIA Supervisor) sub-identifier or billing Organizational Corporate Services Provider (OCSP) sub-identifier.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.10

DATA REQUIREMENTS - PROVIDER RECORD DATA

PROVIDER SUB-IDENTIFIER EXAMPLE 1

EXAMPLE: City Wide Clinic with a TIN of 123456789 has three locations in an area. They would be submitted to TMA in the following format:

TIN	ZIP CODE	SUB-ID	NAME	SPEC
123456789	12345	A001	City Wide Clinic 1	193200000X
123456789	12345	A002	Doctor Jones	207KA0200X
123456789	12345	A003	Doctor Smith	208D00000X
123456789	12345	A004	Doctor Brown	207K00000X
123456789	12345	A005	Doctor Doe	207Q00000X
123456789	12345	B001	City Wide Clinic 2	193200000X
123456789	12345	B002	Doctor Watson	208D00000X
123456789	12345	B003	Doctor Allen	207RG0100X
123456789	54321	A001	City Wide Clinic 3	193200000X
123456789	54321	A002	Doctor Peterson	207QA0401X
123456789	54321	A003	Doctor Adams	2084P0802X

PROVIDER SUB-IDENTIFIER EXAMPLE 2

EXAMPLE: Township Hospital with a Taxpayer Identification Number (TIN) of 987654321 provides outpatient services (e.g., emergency room, etc.) and has two affiliated clinics in the area. These provider records should be reported to TMA in the following manner:

TIN	ZIP CODE	I/N-I IND	SUB-ID	NAME	SPEC
987654321	67890	N	0000	Township Hospital	282N00000X
987654321	67890	N	A001	Township Ear Nose & Throat Clinic	193400000X
987654321	67890	N	A002	Dr. Jones	207YX0602X
987654321	67890	N	A003	Dr. Smith	207YP0228X
987654321	69116	N	A001	Township Surgeons Group	193400000X
987654321	69116	N	A002	Dr. Cutter	207XX0004X
987654321	69116	N	A003	Dr. Suture	207XX0005X

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CHAPTER 2, SECTION 2.10

DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER TAXPAYER NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-005	1	Yes

PRIMARY PICTURE (FORMAT) Nine (9) alphanumeric characters.

DEFINITION The IRS Taxpayer Identification Number (TIN) assigned to the provider supplying the care.

CODE/VALUE SPECIFICATIONS For institutions must be a nine digit Employer Identification Number (EIN). For individual providers must be a nine digit TIN or **Social Security Number (SSN)** if TIN is not applicable. If not available, follow reporting requirements listed below.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

PROVIDER TAXPAYER NUMBER REPORTING REQUIREMENTS

1. The contractor who is responsible for certifying the provider shall assign an Assigned Provider Number (APN) as outlined below when the actual TIN of a provider is not available. The use of a contractor-assigned APN is restricted to the following situations:
 - a. The provider is located in a foreign country and does not have a TIN. If a foreign provider has a TIN, it is to be used. Otherwise, an APN is used regardless of whether the claim is to be paid or denied.
 - b. The provider does not meet TRICARE certification requirements or the contractor does not have substantial evidence that the provider meets the TRICARE certification requirements.
 - c. The contractor has substantial evidence that the provider meets the TRICARE certification requirements. In this case, the payment must be made to the beneficiary.

NOTES AND SPECIAL INSTRUCTIONS:

¹ Claims for care rendered by an institutional provider located in the United States must be processed with a valid EIN. Contractor-assigned provider numbers will not be allowed.

Autism Demonstration Tutors or Tutors-in-Training must be assigned the billing Individual Corporate Services Provider (ICSP) (EIA Supervisor) Provider Taxpayer Number or the billing Organizational Corporate Services Provider (OCSP) Provider Taxpayer Number as appropriate.

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (CONTINUED)

2. When neither the EIN nor the SSN is available for the provider and the provider is located in your contract area¹.

a. If the provider is located in a foreign country, the field is coded in the following manner.

Position 1 through 3 - The three character alpha abbreviation of the country in which the provider or institution is located ([Chapter 2, Addendum A](#)).

Position 4 through 9 - A six digit sequential contractor assigned number. These numbers are to be permanently assigned to the provider.

EXAMPLE: The first provider from Mexico will be coded MEX000001.

b. If the provider is not an institutional provider and is located in the United States, the field is coded in the following manner.

Position 1 through 3 - The two character abbreviation of the state (left justify and blank fill) in which the provider or facility is located ([Chapter 2, Addendum B](#)).

Position 4 through 9 - A six digit sequential contractor assigned number.

EXAMPLE: The first provider from Maryland would be coded MD-000001. Refer to instruction below, for exception.

c. For Extended Care Health Option (ECHO), if the TED record is for transportation via a privately owned vehicle (POV), assign a TIN of all nines and do not submit a provider record.

3. If it is necessary to assign a number for a provider that is outside of your contract area, the number is assigned following all the above rules except the fourth high order digit must be an "A".

EXAMPLE: If a beneficiary, whose care when traveling outside of your area is your responsibility, received care in Mexico, it will be coded MEXA00001.

NOTE: These numbers, once assigned, will not be reassigned to another provider. Upon receipt of a valid EIN or SSN, inactivate the APN provider record and submit an 'ADD' transaction for the actual TIN. After the TIN record is added, subsequent adjustments to the TEDs previously reported using an APN shall be reported with the current TIN and provider information.

NOTES AND SPECIAL INSTRUCTIONS:

¹ Claims for care rendered by an institutional provider located in the United States must be processed with a valid EIN. Contractor-assigned provider numbers will not be allowed.

Autism Demonstration Tutors or Tutors-in-Training must be assigned the billing Individual Corporate Services Provider (ICSP) (EIA Supervisor) Provider Taxpayer Number or the billing Organizational Corporate Services Provider (OCSP) Provider Taxpayer Number as appropriate.

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CHAPTER 2, SECTION 7.2

PROVIDER EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: TRANSACTION CODE (3-160)

VALIDITY EDITS

3-160-01V	TRANSACTION CODE MUST =	A	ADD A RECORD OR
		I	INACTIVATE A RECORD OR
		M	MODIFY A RECORD

RELATIONAL EDITS

3-160-01R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN ZIP CODE (FIRST 5 DIGITS)		
	AND PROVIDER MAJOR SPECIALTY /TYPE OF INSTITUTION MUST BE UNIQUE FOR THE PROVIDER TAXPAYER NUMBER.		

3-160-02R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND IF INSTITUTIONAL/ NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN PROVIDER TAXPAYER NUMBER		
	AND PROVIDER SUB-IDENTIFIER		
	AND ZIP CODE (FIRST 5 DIGITS)		
	MUST NOT ALREADY EXIST ON THE PROVIDER FILE.		

3-160-03R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	AND THE PROVIDER TAXPAYER NUMBER		
	AND ZIP CODE (FIRST 5 DIGITS) ARE THE SAME AS AN EXISTING RECORD ON THE PROVIDER FILE,		
	AND THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN 001		
	THEN THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER MUST MATCH AN EXISTING SUB-IDENTIFIER (WHICH ENDS IN '001') FOR THIS TAXPAYER NUMBER AND ZIP CODE (FIRST 5 DIGITS) ON THE PROVIDER FILE. THIS LEADING ALPHA PREFIX MUST BE FOLLOWED BY THREE UNIQUE NUMERIC DIGITS		
	OR THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER ARE ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN '01'.		
	THEN THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER MUST MATCH AN EXISTING SUB-IDENTIFIER (WHICH ENDS IN '01') FOR THIS TAXPAYER NUMBER AND ZIP CODE ON THE PROVIDER FILE. THE ALPHA PREFIX MUST BE FOLLOWED BY TWO UNIQUE NUMERIC DIGITS.		

3-160-06R	IF TRANSACTION CODE =	I	INACTIVATE A RECORD OR
		M	MODIFY A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL

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CHAPTER 2, SECTION 7.2

PROVIDER EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: TRANSACTION CODE (3-160) (CONTINUED)

THEN AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE, AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION. (IN THE CASE OF FOREIGN COUNTRY, ZIP WILL BE BLANK; ANY DUPLICATES ADDED WILL HAVE TO BE ASSIGNED ANOTHER PROVIDER TAXPAYER NUMBER.)

3-160-07R IF TRANSACTION CODE = I INACTIVATE A RECORD **OR**
M MODIFY A RECORD

AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

THEN AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE.

3-160-08R IF TRANSACTION CODE = I INACTIVATE A RECORD

AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION =

MULTI-SPECIALTY GROUP = 193200000X

SINGLE-SPECIALTY GROUP = 193400000X

THEN ALL ASSOCIATED RECORDS USING THE SAME PROVIDER TAXPAYER NUMBER AND PROVIDER ZIP CODE AND THE SAME ALPHA PREFIX OF THE SUB-IDENTIFIER MUST ALSO BE INACTIVATED.

ELEMENT NAME: RECORD EFFECTIVE DATE (3-165)

VALIDITY EDITS

3-165-01V MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.

RELATIONAL EDITS

NONE