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TRICARE  
MANAGEMENT ACTIVITY

PCSIB

CHANGE 60  
7950.1-M  
MAY 1, 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:** AMA LICENSE AGREEMENT UPDATE

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

**SUMMARY OF CHANGE(S):** This change updates the footnote for the AMA  
License Agreement for 2006 and future publications.

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

This change is made in conjunction with Aug 2002 TOM, Change No. 65, Aug 2002  
TPM, Change No. 78, and Aug 2002 TRM, Change No. 77.

Evie Lammlé  
Acting Chief, Purchased Care Systems  
Integration Branch

**ATTACHMENT(S):** 75 PAGES  
**DISTRIBUTION:** 7950.1-M

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

**CHANGE 60**  
**7950.1-M**  
**MAY 1, 2008**

**REMOVE PAGE(S)**

**INSERT PAGE(S)**

**CHAPTER 2**

Section 2.7, pages 21 through 30  
Section 6.1, pages 9 through 12  
Section 6.2, pages 11 - 16 and 21 - 28  
Section 6.3, pages 9 through 19  
Section 6.4, pages 9 - 16 and 23 - 26  
Addendum E, pages 1 and 2  
Addendum F, pages 1 through 8  
Addendum N, page 5  
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Section 2.7, pages 21 through 30  
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Addendum E, pages 1 and 2  
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CHAPTER 2, SECTION 2.7

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

DATA ELEMENT DEFINITION

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

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

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

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING RATE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-190	1	Yes
Non-Institutional	2-325	Up to 99	Yes <sup>1</sup>

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

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

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

NOTES AND SPECIAL INSTRUCTIONS:

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

Left justify and blank fill.

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

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

DATA ELEMENT DEFINITION

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

NOTES AND SPECIAL INSTRUCTIONS:

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

Left justify and blank fill.

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

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

DATA ELEMENT DEFINITION

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

NOTES AND SPECIAL INSTRUCTIONS:

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

Left justify and blank fill.

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

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DATA 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:

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

Left justify and blank fill.

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

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DATA 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 <sup>1</sup>

**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:**

<sup>1</sup> Required if one of the following Revenue Codes are present 036X or 072X.

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

DATA ELEMENT DEFINITION

**ELEMENT NAME:** PRINCIPAL TREATMENT DIAGNOSIS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-300	1	Yes
Non-Institutional	2-115	1	Yes

**PRIMARY PICTURE (FORMAT)** Six (6) alphanumeric characters.

**DEFINITION** The condition established, after study, to be the major cause for the patient to obtain medical care as coded on the claim form or otherwise indicated by the provider.

**CODE/VALUE SPECIFICATIONS** Use the most current diagnosis code edition (ICD-9-CM), as directed by TMA. Must provide the most detailed code. Left justify and blank fill. Do not code the decimal point.

**ALGORITHM** N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

For Mail Order Pharmacy **and Retail Pharmacy**, if a more specific diagnosis code is not available, use 799.89.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PROCEDURE CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-160	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Five (5) alphanumeric characters.			
<b>DEFINITION</b> Code indicating the procedure which describes the care received.			
<b>CODE/VALUE SPECIFICATIONS</b> Refer to Physician's Current Procedure Terminology <sup>1</sup> (CPT-4), or HCPCS National Level II Medicare Codes or TMA approved codes (Figure 2-E-5). For Dental Services use HCPC or ADA Dental procedure codes.			
<b>ALGORITHM</b> N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	

**NOTES AND SPECIAL INSTRUCTIONS:**

For Mail Order Pharmacy: Procedure code<sup>1</sup> 98800 is to be used for all drug claims and Procedure code 99070 is to be used for all supplies. For Mail Order Pharmacy Records, the first line item must contain the information on the prescription being filled, the second line item will be used to report corresponding supplies that are issued such as alcohol pads, lancets, etc. The procedure code<sup>1</sup> on the 2nd occurrence/line item on Mail Order Pharmacy records must be 99070.

This data element must be 000PA or 000MN for Mail Order and Retail Pharmacy Prior Authorizations and Medical Necessity Reviews.

For the list of the No Government Pay Procedure Codes that are excluded from TRICARE coverage and are not payable under TRICARE, refer to the No Government Pay Procedure Code list on TMA's web site at <http://tricare.mil/nogovernmentpay>.

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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
<b>PRIMARY PICTURE (FORMAT)</b>	Four occurrences of two (2) alphanumeric characters per line item for non-institutional.		
<b>DEFINITION</b>	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.)		
<b>CODE/VALUE SPECIFICATIONS</b>	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.		
<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:**  
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**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.

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CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: PATIENT ZIP CODE (2-090)**

**VALIDITY EDITS**

**2-090-01V** MUST BE 9 DIGITS OR 5 DIGITS WITH 4 BLANKS

MUST BE A VALID ZIP CODE (BASED ON BEGIN DATE OF CARE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE OR

MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE<sup>1</sup>) FOLLOWED BY 6 BLANKS

**RELATIONAL EDITS**

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

**THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA<sup>3</sup>**

**2-090-01R** IF CA/NAS EXCEPTION REASON IS CODED

**THEN PATIENT ZIP CODE MUST BE WITHIN AN MTF<sup>2</sup> CATCHMENT AREA<sup>3</sup>**

<sup>1</sup> WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST [CHAPTER 2, ADDENDUM A](#).

<sup>2</sup> MTF IS A 40 MILES CATCHMENT AREA.

<sup>3</sup> CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

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CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: OVERRIDE CODE (2-095)**

**VALIDITY EDITS**

2-095-01V	OCCURRENCE NUMBER 1--MUST BE A VALID OVERRIDE CODE <sup>2</sup>
2-095-02V	OCCURRENCE NUMBER 2--MUST BE A VALID OVERRIDE CODE <sup>2</sup>
2-095-03V	OCCURRENCE NUMBER 3--MUST BE A VALID OVERRIDE CODE <sup>2</sup>
2-095-04V	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).
2-095-05V	OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED

**RELATIONAL EDITS**

2-095-03R	IF ANY OCCURRENCE OF OVERRIDE CODE =	B	PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE
	<b>THEN PATIENT AGE MUST BE &lt; 12</b>		
	<b>AND HCC MEMBER RELATIONSHIP CODE =</b>	B	SPOUSE <b>OR</b>
		G	SURVIVING SPOUSE
2-095-04R	IF ANY OCCURRENCE OF OVERRIDE CODE =	D	PATIENT IS DEPENDENT 21 YEARS OF AGE OR OLDER
	<b>THEN FOR EACH LINE OCCURRENCE PATIENT AGE<sup>1</sup> MUST BE ≥ 21</b>		
	<b>AND HCC MEMBER RELATIONSHIP CODE =</b>	C	CHILD OR STEPCHILD <b>OR</b>
		D	PRE-ADOPTIVE CHILD <b>OR</b>
		E	WARD (COURT ORDERED) <b>OR</b>
		Z	UNKNOWN
	<b>UNLESS AMOUNT ALLOWED BY PROCEDURE CODE FOR THAT OCCURRENCE = 0</b>		
2-095-05R	IF ANY OCCURRENCE OF OVERRIDE CODE =	I	PATIENT IS A FORMER SPOUSE UNDER 34 YEARS OF AGE
	<b>THEN PATIENT AGE<sup>1</sup> MUST BE &lt; 34</b>		
	<b>AND HCC MEMBER RELATIONSHIP CODE =</b>	H	FORMER SPOUSE (20/20/20) <b>OR</b>
		I	FORMER SPOUSE (20/20/15) <b>OR</b>
		J	FORMER SPOUSE (10/20/10) <b>OR</b>
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
	<b>OR PATIENT AGE<sup>1</sup> MUST BE &lt; 34</b>		
	<b>AND HCC MEMBER CATEGORY CODE =</b>	W	FORMER SPOUSE
2-095-06R	IF ANY OCCURRENCE OF OVERRIDE CODE =	M	NATO

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

<sup>2</sup> AS STATED IN [CHAPTER 2, SECTION 2.6](#).

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

<b>ELEMENT NAME: OVERRIDE CODE (2-095) (CONTINUED)</b>			
	THEN HCC MEMBER CATEGORY CODE MUST =	T	FOREIGN MILITARY MEMBER
<b>2-095-07R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	E	DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE
	THEN PATIENT AGE <sup>1</sup> MUST BE < 12		
	AND AT LEAST ONE TREATMENT DIAGNOSIS MUST = MATERNITY		
<b>2-095-08R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	G	DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
	THEN AT LEAST ONE PROCEDURE OR DIAGNOSIS CODE MUST BE FOR FEMALE		
	AND PERSON SEX (PATIENT) MUST BE MALE.		
<b>2-095-09R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	H	DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
	THEN AT LEAST ONE PROCEDURE OR DIAGNOSIS CODE MUST BE FOR MALE		
	AND NOT FOR CIRCUMCISION (PROCEDURE CODE <sup>3</sup> 54150 OR 54160)		
	AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-3)		
	AND PERSON SEX (PATIENT) MUST BE FEMALE.		
<b>2-095-11R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	NC	NON-CERTIFIED PROVIDER (DOES NOT INCLUDE SANCTIONED/SUSPENDED PROVIDERS)
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		
		AD	FOREIGN ACTIVE DUTY CLAIMS OR
		AN	SHCP - NON-MTF REFERRED CARE OR
		AR	SHCP - REFERRED CARE OR
		CE	SHCP COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		EU	EMERGENCY SERVICES RENDERED BY AN UNAUTHORIZED PROVIDER 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

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

<sup>2</sup> AS STATED IN CHAPTER 2, SECTION 2.6.

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CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: OVERRIDE CODE (2-095) (CONTINUED)**

		SR	SHCP - REFERRED CARE OR
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN
<b>2-095-12R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	Z	ENHANCED BENEFIT
	<b>THEN ENROLLMENT/ HEALTH PLAN CODE MUST =</b>	U	TRICARE PRIME, CIVILIAN PCM OR
		Z	TRICARE PRIME, MTF/PCM

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

<sup>2</sup> AS STATED IN [CHAPTER 2, SECTION 2.6](#).

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-115)**

**VALIDITY EDITS**

**2-115-01V** FOR FILING DATE PRIOR TO 10/01/2004 VALUE MUST BE A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.

**2-115-02V** FOR FILING DATE ON OR AFTER 10/01/2004 VALUE MUST BE A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1

**AND FOR AT LEAST ONE LINE ITEM**

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

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

**RELATIONAL EDITS**

**2-115-01R** IF ANY PRINCIPAL TREATMENT DIAGNOSIS 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

**2-115-02R** IF ANY PRINCIPAL TREATMENT DIAGNOSIS CODE IS FOR MALE

**AND NOT** FOR CIRCUMCISION (PROCEDURE CODE<sup>2</sup> 54150 **OR** 54160)

**AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY** (REFER TO [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

**2-115-03R** IF PRINCIPAL TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION

**THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS** (i.e., NEWBORN (REFER TO [CHAPTER 2, ADDENDUM E, FIGURE 2-E-1](#))

**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

**OR TYPE OF SERVICE**  
(SECOND POSITION) = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS **OR**

M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-115) (CONTINUED)	
OR AT LEAST ONE OCCURRENCE OF PROCEDURE CODE =	A4281 TUBING FOR BREAST PUMP, REPLACEMENT OR
	A4282 ADAPTER FOR BREAST PUMP, REPLACEMENT OR
	A4283 CAP FOR BREAST PUMP, REPLACEMENT OR
	A4284 BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT OR
	A4285 POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT OR
	A4286 LOCKING RING FOR BREAST PUMP, REPLACEMENT OR
	E0604 BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED, PULSATILE VACUUM SUCTION/RELEASE CYCLES, VACUUM REGULATOR, SUPPLIES, TRANSFORMER, ELECTRIC (AC AND/OR DC)
2-115-04R	IF SECONDARY TREATMENT DIAGNOSIS = MATERNITY (630-676 OR V22-V24 OR V270-V289)
	AND PATIENT AGE <sup>1</sup> < 12
	THEN ONE OCCURRENCE OF OVERRIDE CODE MUST =
	E DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE
2-115-05R	IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9
	THEN CALCULATED AMOUNT BILLED (TOTAL) MUST > ZERO AND ≤ \$200.00
	AND TYPE OF SERVICE (FIRST POSITION) MUST =
	A AMBULATORY SURGERY COST-SHARED AS INPATIENT (ADFMs ONLY) OR
	I INPATIENT OR
	N OUTPATIENT COST-SHARED AS INPATIENT OR
	O OUTPATIENT, EXCLUDING M, P, OR N
	AND TYPE OF SERVICE (SECOND POSITION) MUST =
	4 DIAGNOSTIC/THERAPEUTIC X-RAY OR
	5 DIAGNOSTIC LABORATORY OR
	7 ANESTHESIA
	UNLESS TYPE OF SUBMISSION =
	D COMPLETE DENIAL

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-115) (CONTINUED)</b>	
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 1 MEDICAID
<b>2-115-06R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF ECHO
	<b>THEN PRINCIPAL DIAGNOSIS CANNOT = 799.9</b>
	<b>UNLESS TYPE OF SUBMISSION = D COMPLETE DENIAL</b>
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 1 MEDICAID
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.	
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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 - 7 (2-120 THROUGH 2-137)**

**VALIDITY EDITS**

2-XXX-01V <sup>1</sup>	FOR FILING DATES PRIOR TO 10/01/2004, VALUE IF PRESENT, MUST BE VALID DIAGNOSIS CODE OR BLANK-FILLED.
2-XXX-02V <sup>1</sup>	FOR FILING DATE ON OR AFTER 10/01/2004 VALUE IF PRESENT MUST BE A VALID DIAGNOSIS CODE
	<b>AND FOR AT LEAST ONE LINE ITEM</b>
	<b>EITHER</b> BEGIN DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD9 DIAGNOSIS REFERENCE TABLE
	<b>OR</b> END DATE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD9 DIAGNOSIS REFERENCE TABLE
2-XXX-03V <sup>1</sup>	ALL OCCURRENCES OF SECONDARY TREATMENT DIAGNOSIS MUST BE BLANK FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK FILLED SECONDARY TREATMENT DIAGNOSIS

**RELATIONAL EDITS**

2-XXX-01R <sup>1</sup>	IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR FEMALE <b>AND</b> PERSON SEX (PATIENT) IS MALE  <b>THEN</b> AT LEAST ONE OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
2-XXX-02R <sup>1</sup>	IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR MALE <b>AND NOT</b> FOR CIRCUMCISION (PROCEDURE CODE <sup>3</sup> 54150 <b>OR</b> 54160) <b>AND</b> SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY ( <a href="#">CHAPTER 2, ADDENDUM E, FIGURE 2-E-3</a> ) <b>AND</b> PERSON SEX (PATIENT) IS FEMALE  <b>THEN</b> AT LEAST ONE OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
2-XXX-03R <sup>1</sup>	IF SECONDARY TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION  <b>THEN</b> PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS (i.e., NEWBORN (REFER TO <a href="#">CHAPTER 2, ADDENDUM E, FIGURE 2-E-1</a> )  <b>UNLESS</b> 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  <b>OR</b> TYPE OF SERVICE (SECOND POSITION) = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b>

<sup>1</sup> XXX EQUALS ELN (120 THROUGH 137) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.

<sup>2</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 - 7 (2-120 THROUGH 2-137)**

	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
<b>OR AT LEAST ONE OCCURRENCE OF PROCEDURE CODE =</b>	A4281	TUBING FOR BREAST PUMP, REPLACEMENT <b>OR</b>
	A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT <b>OR</b>
	A4283	CAP FOR BREAST PUMP, REPLACEMENT <b>OR</b>
	A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT <b>OR</b>
	A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT <b>OR</b>
	A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT <b>OR</b>
	E0604	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED, PULSATILE VACUUM SUCTION/RELEASE CYCLES, VACUUM REGULATOR, SUPPLIES, TRANSFORMER, ELECTRIC (AC AND/OR DC)
<b>2-XXX-04R<sup>1</sup></b>	IF SECONDARY TREATMENT DIAGNOSIS = MATERNITY (630-676 <b>OR</b> V22-V24 <b>OR</b> V270-V289)	
	<b>AND PATIENT AGE<sup>2</sup> &lt; 12</b>	
	<b>THEN ONE OCCURRENCE OF OVERRIDE CODE MUST =</b>	
	E	DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE

<sup>1</sup> XXX EQUALS ELN (120 THROUGH 137) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.  
<sup>2</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.  
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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: TED RECORD CORRECTION INDICATOR (2-139)**

**VALIDITY EDITS**

2-139-01V	VALUE MUST BE A VALID TED RECORD CORRECTION INDICATOR		
2-139-02V	IF TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) <b>SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD OR</b>
		2	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT CLAIM PROCESSING ERRORS OR TO UPDATE PRIOR DATA WITH MORE CURRENT/ACCURATE INFORMATION. <b>(NOT TO BE USED TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD) OR</b>
		3	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT <b>BOTH</b> CLAIM PROCESSING ERRORS AND EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD
	<b>THEN</b> TYPE OF SUBMISSION MUST =	A	ADJUSTMENT <b>OR</b>
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		C	COMPLETE CANCELLATION OF TED RECORD DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
2-139-03V	IF TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) <b>SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD OR</b>
		3	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT <b>BOTH</b> CLAIM PROCESSING ERRORS AND EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD
	<b>THEN</b> A MATCH TO A PROVISIONALLY ACCEPTED TED RECORD <b>MUST</b> BE PRESENT ON THE TMA DATABASE.		
2-139-04V	IF TED RECORD CORRECTION INDICATOR =	2	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT CLAIM PROCESSING ERRORS OR TO UPDATE PRIOR DATA WITH MORE CURRENT/ACCURATE INFORMATION
	<b>THEN</b> A CORRESPONDING PROVISIONALLY ACCEPTED TED RECORD <b>MUST NOT</b> BE PRESENT ON THE TMA DATABASE.		

**RELATIONAL EDITS**

NONE

**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

<sup>1</sup> **"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**

**2-160-01V<sup>2</sup>** 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 <b>OR</b>                                                                          |
|                          | I | INITIAL TED RECORD SUBMISSION <b>OR</b>                                                            |
|                          | O | ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>                                                           |
|                          | 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 <b>OR</b>             |
|                          | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>  |
|                          | C | COMPLETE CANCELLATION <b>OR</b>                     |
|                          | 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

**2-160-02V<sup>2</sup>** 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**

**2-160-01R<sup>3</sup>** 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 <b>OR</b> |
| AN | SHCP - NON-MTF-REFERRED CARE <b>OR</b>                                                         |

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<sup>2</sup> 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.

<sup>3</sup> 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.

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)</b>	
	AR SHCP - REFERRED CARE <b>OR</b>
	CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	CL CLINICAL TRIALS <b>OR</b>
	FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) <b>OR</b>
	FS TFL (SECOND PAYOR) <b>OR</b>
	GU ADSM ENROLLED IN TPR <b>OR</b>
	MN TSP - NETWORK <b>OR</b>
	MS TSP - NON-NETWORK <b>OR</b>
	SC SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SE SHCP - TRICARE ELIGIBLE <b>OR</b>
	SM SHCP - EMERGENCY
	<b>OR ENROLLMENT/HEALTH PLAN CODE MUST =</b>
	SN SHCP - NON-MTF-REFERRED CARE <b>OR</b>
	SR SHCP - REFERRED CARE
	<b>OR FILING STATE AND COUNTRY CODE MUST = A FOREIGN COUNTRY CODE (REFER TO CHAPTER 2, ADDENDUM A)</b>
<b>2-160-02R<sup>3</sup></b>	IF ANY PROCEDURE CODE IS FOR FEMALE <b>AND PERSON SEX (PATIENT) IS MALE</b>  <b>THEN AT LEAST ONE OVERRIDE CODE MUST =</b>
	G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
<b>2-160-03R<sup>3</sup></b>	IF ANY PROCEDURE CODE IS FOR MALE <b>AND NOT FOR CIRCUMCISION (PROCEDURE CODE<sup>1</sup> 54150 <b>OR</b> 54160)</b> <b>AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (CHAPTER 2, ADDENDUM E, FIGURE 2-E-3)</b> <b>AND PERSON SEX (PATIENT) IS FEMALE</b>  <b>THEN AT LEAST ONE OVERRIDE CODE MUST =</b>
	H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
<b>2-160-04R<sup>3</sup></b>	IF PROCEDURE CODE HAS AN AGE PARAMETER RESTRICTION <b>THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS</b>  <b>UNLESS AT LEAST ONE OVERRIDE CODE =</b>
	R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/ DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY
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<b><sup>2</sup> 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.</b>	
<b><sup>3</sup> 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.</b>	

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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 <sup>1</sup> = 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 <sup>1</sup> = 90892-90898
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = WR MENTAL HEALTH WRAPAROUND DEMONSTRATION
2-160-08R	IF PROCEDURE CODE <sup>1</sup> = 98800 FOR DRUGS OR
	000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR

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<sup>2</sup> 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.

<sup>3</sup> 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.

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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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<sup>2</sup> **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.**

<sup>3</sup> **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.**

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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 CODE<sup>1</sup>  
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 CODE<sup>1</sup>  
MUST =

98800 FOR DRUGS OR

99070 FOR SUPPLIES OR

000MN PRESCRIPTION MEDICAL NECESSITY  
REVIEWS OR

000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: NUMBER OF SERVICES (2-175)**

**VALIDITY EDITS**

**2-175-01V** MUST BE NUMERIC.

**RELATIONAL EDITS**

**2-175-01R** IF TYPE OF SUBMISSION =

A	ADJUSTMENT <b>OR</b>
C	COMPLETE CANCELLATION <b>OR</b>
D	COMPLETE DENIAL <b>OR</b>
I	INITIAL SUBMISSION <b>OR</b>
O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
R	RESUBMISSION

**THEN NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE > ZERO**

**UNLESS TYPE OF SERVICE  
(SECOND POSITION) =**

M MAIL ORDER PHARMACY DRUGS,  
SUPPLIES, PRESCRIPTION,  
AUTHORIZATIONS, AND REVIEWS

**AND OCCURRENCE/LINE ITEM NUMBER = 002**

**THEN NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO**

**2-175-02R** • SURGERY PROCEDURE CODES

IF PROCEDURE CODE<sup>1</sup> = 10000-36399 **OR** 36800-69999 (SURGERY)

**THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT  
EXCEED 10**

**2-175-03R** • E/M PROCEDURE CODES

IF PROCEDURE CODE<sup>1</sup> =

99201-99205 (OFFICE VISITS - NEW PATIENTS)	<b>OR</b>
99211-99215 (OFFICE VISITS - ESTABLISHED PATIENTS)	<b>OR</b>
99217 (DISCHARGE SERVICES)	<b>OR</b>
99221-99233 (HOSPITAL CARE PER DAY)	<b>OR</b>
99234-99236 (OBSERVATION OR IMPATIENT CARE SERVICES)	<b>OR</b>
99238-99239 (HOSPITAL DISCHARGE SERVICES)	<b>OR</b>
99241-99245 (OFFICE CONSULTATIONS)	<b>OR</b>
99251-99255 (INITIAL INPATIENT CONSULTATIONS)	<b>OR</b>
99261-99263 (FOLLOW-UP INPATIENT CONSULTATIONS)	<b>OR</b>
99271-99275 (CONFIRMATORY CONSULTATIONS)	<b>OR</b>
99281-99285 (EMERGENCY DEPARTMENT VISIT)	<b>OR</b>

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: NUMBER OF SERVICES (2-175) (CONTINUED)</b>	
	99291 (CRITICAL CARE) (NOTE: CODE 99292 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 15 MINUTES OF CARE) <b>OR</b>
	99295-99298 (NEONATAL INTENSIVE CARE) <b>OR</b>
	99301-99315 (NURSING FACILITY CHARGES) <b>OR</b>
	99321-99333 (DOMICILIARY, REST HOME, OR CUSTODIAL CARE SERVICES) <b>OR</b>
	99341-99350 (HOME SERVICES) <b>OR</b>
	99354 (PROLONGED SERVICES) (NOTE: CODE 99355 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 30 MINUTES OF CARE) <b>OR</b>
	99356 (PROLONGED SERVICES) (NOTE: CODE 99357 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 30 MINUTES OF CARE) <b>OR</b>
	99361-99373 (CASE MANAGEMENT SERVICES) <b>OR</b>
	99374-99380 (CARE PLAN OVERSIGHT) <b>OR</b>
	99381-99429 (PREVENTIVE MEDICINE SERVICES) <b>OR</b>
	99431-99440 (NEWBORN CARE) <b>OR</b>
	99450-99456 (SPECIAL EVALUATION AND MANAGEMENT SERVICES)
	<b>THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 3 PER DAY</b>
<b>2-175-04R</b>	• MEDICAL PROCEDURE CODES
	IF PROCEDURE CODE <sup>1</sup> = 99500-99512 (HOME HEALTH VISIT) <b>OR</b>
	99551-99568 (HOME INFUSION PER DIEM CODES)
	<b>THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 3 PER DAY</b>
<b>2-175-05R</b>	• ANESTHESIOLOGY PROCEDURE CODES
	IF PROCEDURE CODE <sup>1</sup> = 00100-01999 (ANESTHESIA)
	<b>THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 10</b>
<b>2-175-06R</b>	• VACCINES (VACCINE PRODUCT ONLY) PROCEDURE CODES
	IF PROCEDURE CODE <sup>1</sup> = 90476-90479 (VACCINES, TOXOIDS) <b>OR</b>
	<b>THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 3 PER DAY</b>

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

<b>ELEMENT NAME: TYPE OF SERVICE (2-280)</b>	
<b>VALIDITY EDITS</b>	
<b>2-280-01V</b>	FIRST POSITION MUST BE = 'A', 'C', 'I', 'K', 'M', 'N', 'O', OR 'P'. SECOND POSITION MUST BE = 1-9; A-M. IF FIRST POSITION = 'A'; SECOND POSITION MUST ≠ 'C'. IF FIRST POSITION = 'P'; SECOND POSITION MUST = 'H'. IF FIRST POSITION = 'N'; SECOND POSITION MUST = 'I'.
<b>RELATIONAL EDITS</b>	
<b>2-280-01R</b>	IF AMOUNT ALLOWED BY PROCEDURE CODE > 0. <b>THEN</b> TYPE OF SERVICE (SECOND POSITION) MUST BE CONSISTENT WITH PROCEDURE CODE (REFER TO <a href="#">CHAPTER 2, ADDENDUM F</a> ).
<b>2-280-02R</b>	IF PROCEDURE CODE <sup>1</sup> = 92891, 92892, 92893, 92895, 92898, 92899, H0035, OR H0037. <b>AND</b> ADJUSTMENT/ DENIAL REASON CODE <b>CANNOT</b> EQUAL ANY CODE LISTED IN <a href="#">CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2</a> <b>THEN</b> TYPE OF SERVICE (FIRST POSITION) MUST =
	P PARTIAL PSYCHIATRIC OUTPATIENT
<b>2-280-04R</b>	IF PROVIDER SPECIALTY = 261QB0400X (AMBULATORY HEALTH CARE FACILITIES/CLINIC/CENTER BIRTHING) <b>THEN</b> TYPE OF SERVICE (FIRST POSITION) MUST =
	M MATERNITY <b>OR</b>
	O OUTPATIENT
<b>2-280-05R</b>	IF TYPE OF SERVICE (FIRST POSITION) = M OUTPATIENT MATERNITY CARE COST-SHARED AS INPATIENT <b>THEN</b> PRINCIPAL <b>OR</b> SECONDARY TREATMENT DIAGNOSIS MUST BE MATERNITY (630-676 <b>OR</b> V22-V24 <b>OR</b> V270-289)
<b>2-280-06R</b>	IF TYPE OF SERVICE (SECOND POSITION) = C AMBULATORY SURGERY <b>THEN</b> HCC MEMBER CATEGORY CODE MUST ≠
	A ACTIVE DUTY <b>OR</b>
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J ACADEMY STUDENT <b>OR</b>
	P TAMP MEMBER <b>OR</b>
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	T FOREIGN MILITARY MEMBER
<b>2-280-07R</b>	IF TYPE OF SERVICE (FIRST POSITION) = A AMBULATORY SURGERY COST-SHARED AS INPATIENT (ACTIVE DUTY DEPENDENTS ONLY) <b>OR</b>
	M OUTPATIENT MATERNITY COST-SHARED AS INPATIENT <b>OR</b>

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

<b>ELEMENT NAME: TYPE OF SERVICE (2-280) (CONTINUED)</b>	
	N OUTPATIENT COST-SHARED AS INPATIENT <b>OR</b>
	O OUTPATIENT, EXCLUDING M, P, <b>OR N OR</b>
	P OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST-SHARED AS INPATIENT
	<b>THEN PLACE OF SERVICE CANNOT =</b> 21 INPATIENT HOSPITAL
<b>2-280-08R</b>	IF TYPE OF SERVICE (SECOND POSITION) = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>THEN NATIONAL DRUG CODE MUST ≠ BLANK</b>
	<b>UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (CHAPTER 2, ADDENDUM A)</b>
<b>2-280-09R</b>	IF TYPE OF SERVICE (SECOND POSITION) = M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>THEN TYPE OF SUBMISSION MUST ≠</b> B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO</b>
	<b>AND CA/NAS EXCEPTION REASON MUST = BLANK</b>
	<b>AND CA/NAS NUMBER MUST = BLANK</b>
	<b>AND CA/NAS REASON FOR ISSUANCE MUST = BLANK</b>
	<b>AND CONTRACT NUMBER MUST = MDA90602C0013</b>
	<b>AND NATIONAL DRUG CODE MUST ≠ BLANK</b>
	<b>AND PLACE OF SERVICE MUST =</b> 19 PHARMACY
	<b>AND PRICING RATE CODE MUST = 0</b>
	<b>AND PROVIDER NETWORK STATUS INDICATOR MUST =</b> 1 NETWORK PROVIDER
	<b>AND PROVIDER PARTICIPATING INDICATOR MUST =</b> Y YES
	<b>AND PROVIDER SPECIALTY MUST = 183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)</b>
	<b>AND IF PROCEDURE CODE =</b> 000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS <b>OR</b>
	000PA PRESCRIPTION PRIOR AUTHORIZATIONS
	<b>THEN AMOUNT BILLED BY PROCEDURE CODE MUST BE &gt; ZERO</b>

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

<b>ELEMENT NAME: TYPE OF SERVICE (2-280) (CONTINUED)</b>	
	AND AMOUNT PATIENT COST-SHARE MUST = ZERO
	AND CLAIM FORM TYPE/EMC INDICATOR MUST = J OTHER
	ELSE IF OCCURRENCE/LINE ITEM NUMBER = 002
	THEN AMOUNT BILLED BY PROCEDURE CODE ON THIS LINE ITEM MUST = ZERO
	AND AMOUNT PATIENT COST-SHARE ON THIS LINE ITEM MUST = ZERO
	AND NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO
	ELSE AMOUNT BILLED BY PROCEDURE CODE MUST BE ≥ \$10.20 AND ≤ \$11.48
	AND CLAIM FORM TYPE/EMC INDICATOR MUST = I ELECTRONIC DRUG CLAIM SUBMISSION
	AND NUMBER OF SERVICES = 1
<b>2-280-10R</b>	IF TYPE OF SERVICE (SECOND POSITION) = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN REGION INDICATOR MUST = BLANK
	UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (CHAPTER 2, ADDENDUM A)
<b>2-280-11R</b>	IF TYPE OF SERVICE (SECOND POSITION) = M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND OCCURRENCE/LINE ITEM COUNT = 002
	THEN PROCEDURE CODE <sup>1</sup> MUST = 99070 SUPPLIES
<b>2-280-12R</b>	IF TYPE OF SERVICE (SECOND POSITION) = G DENTAL
	THEN PROCEDURE CODE <sup>1</sup> ≠ 00100 - 09999
<b>2-280-13R</b>	IF TYPE OF SERVICE (SECOND POSITION) = B RETAIL PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND CLAIM FORM TYPE/EMC INDICATOR = J OTHER
	THEN PROCEDURE CODE MUST = 000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR 000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)**

**VALIDITY EDITS**

**2-285-01V** MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO [CHAPTER 2, SECTION 2.5](#))

**RELATIONAL EDITS**

<b>2-285-01R</b>	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	<b>THEN HCC MEMBER CATEGORY MUST ≠</b>	A	ACTIVE DUTY <b>OR</b>
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		J	ACADEMY STUDENT <b>OR</b>
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		T	FOREIGN MILITARY MEMBER <b>OR</b>
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	<b>UNLESS ENROLLMENT/HEALTH PLAN CODE =</b>	W	TPR AD SM - USA <b>OR</b>
		X	FOREIGN AD SM <b>OR</b>
		Y	CHCBP - STANDARD <b>OR</b>
		AA	CHCBP - EXTRA <b>OR</b>
		SN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
		SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SR	SHCP - REFERRED CARE <b>OR</b>
		ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN <b>OR</b>
		WA	TPR FOREIGN AD SM
	<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
		SM	SHCP - EMERGENCY
	<b>OR HCDP PLAN COVERAGE CODE =</b>	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (CONTINUED)</b>	
	406 TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	407 TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	408 TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	409 TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410 TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411 TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412 TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413 TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414 TRS MEMEBER AND FAMILY COVERAGE
<b>2-285-02R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF ECHO
	<b>THEN HHC MEMBER CATEGORY CODE MUST =</b>
	A ACTIVE DUTY <b>OR</b>
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J ACADEMY STUDENT <b>OR</b>
	P TAMP MEMBER <b>OR</b>
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
<b>2-285-03R</b>	IF TYPE OF SERVICE (FIRST POSITION) = A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	<b>THEN HCC MEMBER CATEGORY CODE MUST =</b>
	A ACTIVE DUTY <b>OR</b>
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J ACADEMY STUDENT <b>OR</b>
	P TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM (TAMP) MEMBER <b>OR</b>
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	T FOREIGN MILITARY MEMBER <b>OR</b>
	Z UNKNOWN

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = 0

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (CONTINUED)**

2-285-04R	IF TYPE OF SERVICE (SECOND POSITION) =	C	AMBULATORY SURGERY
	<b>THEN HCC MEMBER CATEGORY CODE MUST =</b>	D	DISABLED AMERICAN VETERAN <b>OR</b>
		F	FORMER MEMBER <b>OR</b>
		H	MEDAL OF HONOR RECIPIENT <b>OR</b>
		R	RETIRED <b>OR</b>
		W	FORMER SPOUSE <b>OR</b>
		Z	UNKNOWN
	<b>UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = 0</b>		
2-285-05R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	<b>THEN ONE OCCURRENCE OF OVERRIDE CODE =</b>	M	NATO

**ELEMENT NAME: PAY GRADE CODE (SPONSOR) (2-291)**

**VALIDITY EDITS**

2-291-01V MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO [CHAPTER 2, SECTION 2.7](#))

**RELATIONAL EDITS**

NONE

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CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

<b>ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292)</b>	
<b>VALIDITY EDITS</b>	
<b>2-292-01V</b>	MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO <a href="#">CHAPTER 2, SECTION 2.7</a> )
<b>RELATIONAL EDITS</b>	
<b>2-292-01R</b>	IF HCC MEMBER CATEGORY CODE =
	T FOREIGN MILITARY MEMBER
	<b>THEN PAY PLAN CODE (SPONSOR) MUST =</b>
	FA FOREIGN SERVICE CHIEFS OF MISSION <b>OR</b>
	FC FOREIGN COMPENSATION AGENCY FOR INTERNATIONAL DEVELOPMENT <b>OR</b>
	FD FOREIGN DEFENSE <b>OR</b>
	FE SENIOR FOREIGN SERVICE <b>OR</b>
	FO FOREIGN SERVICE OFFICERS <b>OR</b>
	FP FOREIGN SERVICE PERSONNEL <b>OR</b>
	FZ CONSULAR AGENT DEPARTMENT OF STATE <b>OR</b>
	MC CADET <b>OR</b>
	ME ENLISTED <b>OR</b>
	MO OFFICER <b>OR</b>
	MW WARRANT OFFICER <b>OR</b>
	ZZ NOT APPLICABLE
<b>2-292-02R</b>	IF SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) =
	H PHS <b>OR</b>
	O NOAA
	<b>THEN PAY PLAN CODE (SPONSOR) MUST ≠</b>
	ME ENLISTED
<b>2-292-03R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PF ECHO
	<b>THEN PAY PLAN CODE (SPONSOR) MUST =</b>
	ME ENLISTED <b>OR</b>
	MO OFFICER <b>OR</b>
	MW WARRANT OFFICER <b>OR</b>
	ZZ NOT APPLICABLE

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)**

**VALIDITY EDITS**

**2-295-01V** MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO [CHAPTER 2, SECTION 2.5](#))

**RELATIONAL EDITS**

**2-295-01R** IF PATIENT AGE<sup>1</sup> < 17.

THEN HCC MEMBER  
RELATIONSHIP CODE MUST ≠ A SELF

**2-295-02R** IF PATIENT AGE<sup>1</sup> < 12

THEN HCC MEMBER  
RELATIONSHIP CODE MUST ≠ B SPOUSE **OR**  
G SURVIVING SPOUSE

**UNLESS** ONE OCCURRENCE OF  
OVERRIDE CODE = B PATIENT IS A SPOUSE UNDER 12 YEARS OF  
AGE

**2-295-03R** IF PATIENT AGE<sup>1</sup> ≥ 21

**AND** PERSON BIRTH CALENDAR DATE (PATIENT) ≠ 19111111

THEN HCC MEMBER  
RELATIONSHIP CODE  
MUST ≠ C CHILD OR STEPCHILD **OR**  
D PRE-ADOPTIVE CHILD **OR**  
E WARD (COURT ORDERED)

**UNLESS** ONE OCCURRENCE OF  
OVERRIDE CODE MUST = D PATIENT IS DEPENDENT 21 YEARS OF AGE

**2-295-04R** IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE<sup>1</sup> < 34

THEN HCC MEMBER  
RELATIONSHIP CODE ≠ H FORMER SPOUSE (20/20/20) **OR**  
I FORMER SPOUSE (20/20/15) **OR**  
J FORMER SPOUSE (10/20/10) **OR**  
K FORMER SPOUSE (TRANSITIONAL  
ASSISTANCE (COMPOSITE))

**AND** HCC MEMBER  
CATEGORY CODE ≠ W FORMER SPOUSE

**UNLESS** ONE OCCURRENCE OF  
OVERRIDE CODE = I PATIENT IS A FORMER SPOUSE UNDER 34  
YEARS OF AGE

**2-295-05R** IF HCC MEMBER CATEGORY  
CODE = T FOREIGN MILITARY MEMBER

**AND** HCC MEMBER  
RELATIONSHIP CODE ≠ A SELF

THEN HCC MEMBER  
RELATIONSHIP CODE  
MUST CODE MUST = B SPOUSE **OR**  
C CHILD OR STEPCHILD **OR**

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295) (CONTINUED)</b>	
	D PRE-ADOPTIVE CHILD <b>OR</b>
	E WARD (COURT ORDERED)
<b>2-295-06R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF ECHO
	<b>THEN HCC MEMBER RELATIONSHIP CODE MUST =</b>
	B SPOUSE <b>OR</b>
	C CHILD OR STEPCHILD <b>OR</b>
	D PRE-ADOPTIVE CHILD <b>OR</b>
	E WARD (COURT ORDERED) <b>OR</b>
	G SURVIVING SPOUSE
<b>2-295-07R</b>	IF TYPE OF SERVICE (FIRST POSITION) = A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	<b>THEN HCC MEMBER RELATIONSHIP CODE MUST =</b>
	A SELF <b>OR</b>
	B SPOUSE <b>OR</b>
	C CHILD OR STEPCHILD <b>OR</b>
	D PRE-ADOPTIVE CHILD <b>OR</b>
	E WARD (COURT ORDERED) <b>OR</b>
	G SURVIVING SPOUSE <b>OR</b>
	Z UNKNOWN
	<b>AND HCC MEMBER CATEGORY CODE ≠</b>
	W FORMER SPOUSE
	<b>UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>
	SC SHCP - NON-TRICARE ELIGIBLE
<b>2-295-08R</b>	IF HCC MEMBER CATEGORY CODE = H MEDAL OF HONOR RECIPIENT
	<b>THEN HCC MEMBER RELATIONSHIP CODE MUST =</b>
	A SELF <b>OR</b>
	B SPOUSE <b>OR</b>
	C CHILD OR STEPCHILD <b>OR</b>
	G SURVIVING SPOUSE
<b>2-295-10R</b>	IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER
	<b>AND HCC MEMBER RELATIONSHIP CODE =</b>
	A SELF
	<b>THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>
	AN SHCP - NON-REFERRED CARE <b>OR</b>
	AR SHCP - REFERRED CARE <b>OR</b>
	SC SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SM SHCP - EMERGENCY

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.

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

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE  
(2-295) (CONTINUED)**

OR ENROLLMENT/  
HEALTH PLAN CODE  
CODE MUST =

SN SHCP - NON-MTF REFERRED **OR**

SO SHCP - NON-TRICARE ELIGIBLE **OR**

SR SHCP - REFERRED **OR**

SU SHCP - REFERRAL DESIGNATION  
UNKNOWN

**UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = ZERO**

**THEN BYPASS THIS EDIT**

**<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND  
BEGIN CARE DATE.**

**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)**

**VALIDITY EDITS**

<b>2-305-01V</b>	OCCURRENCE NUMBER 1--MUST BE A VALID SPECIAL PROCESSING CODE <sup>1</sup>
<b>2-305-02V</b>	OCCURRENCE NUMBER 2--MUST BE A VALID SPECIAL PROCESSING CODE <sup>1</sup>
<b>2-305-03V</b>	OCCURRENCE NUMBER 3--MUST BE A VALID SPECIAL PROCESSING CODE <sup>1</sup>
<b>2-305-04V</b>	OCCURRENCE NUMBER 4--MUST BE A VALID SPECIAL PROCESSING CODE <sup>1</sup>
<b>2-305-05V</b>	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).
<b>2-305-06V</b>	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.
<b>2-305-07V</b>	<ul style="list-style-type: none"> <li>• SHCP REFERRED/NON-REFERRED</li> </ul>
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	AN SHCP - NON-MTF-REFERRED CARE <b>OR</b>
	AR SHCP - REFERRED CARE
	<b>THEN BEGIN DATE OF CARE MUST BE &lt; 06/01/2004</b>
<b>2-305-08V</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADMS
	<b>THEN BEGIN DATE OF CARE MUST BE &lt; 09/01/2002</b>
<b>2-305-09V</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	U BRAC PHARMACY
	<b>THEN BEGIN DATE OF CARE MUST BE &lt; 04/01/2001</b>
<b>2-305-10V</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	MN TSP - NON-NETWORK <b>OR</b>
	MS TSP - NETWORK
	<b>THEN BEGIN DATE OF CARE MUST BE &lt; 12/31/2001</b>
<b>2-305-11V</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	SN TSS - NON-NETWORK <b>OR</b>
	SS TSS - NETWORK
	<b>THEN BEGIN DATE OF CARE MUST BE &lt; 12/31/2002</b>
<b>2-305-13V</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PD PHARMACY REDESIGN PILOT PROGRAM
	<b>THEN BEGIN DATE OF CARE MUST BE &lt; 04/01/2001</b>
<b>2-305-14V</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	ST SPECIALIZED TREATMENT
	<b>THEN BEGIN DATE OF CARE MUST BE &lt; 10/01/2004</b>
<b>2-305-15V</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	WR MENTAL HEALTH WRAPAROUND DEMONSTRATION
	<b>THEN BEGIN DATE OF CARE MUST BE &lt; 06/30/2001</b>

**RELATIONAL EDITS**

<b>2-305-02R</b>	IF CA/NAS EXCEPTION REASON =	6	RESOURCE SHARING
	<b>THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =</b>	S	RESOURCE SHARING - EXTERNAL

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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)

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)</b>	
<b>2-305-05R</b>	(LIVER TRANSPLANT) IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODES <sup>2</sup> 47133, 47135, <b>OR</b> 47136 AND BEGIN DATE OF CARE < 03/01/1997 <b>OR</b> (> 02/19/1998 <b>AND</b> < 09/01/1999) THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 5 LIVER TRANSPLANT ELSE IF BEGIN DATE OF CARE (≥ 03/01/1997 <b>AND</b> ≤ 02/19/1998) <b>OR</b> (≥ 09/01/1999 <b>AND</b> ≤ 05/31/2003) THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = ST SPECIALIZED TREATMENT
<b>2-305-06R</b>	IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODE <sup>2</sup> 33945 THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 7 HEART TRANSPLANT
<b>2-305-07R</b>	IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODE <sup>2</sup> 90199 THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 6 HHC
<b>2-305-08R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF ECHO THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY = 6 HHC <b>OR</b> A PARTNERSHIP PROGRAM <b>OR</b> E HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP) <b>OR</b> S RESOURCE SHARING - EXTERNAL <b>OR</b> CM ICMP <b>OR</b> CT CCTP <b>OR</b> RI RESOURCE SHARING - INTERNAL
<b>2-305-09R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = X PARTIAL HOSPITALIZATION-PROVIDERS NOT CONTRACTED WITH OR EMPLOYED BY THE PARTIAL HOSPITALIZATION PROGRAM WHO BILL FOR PSYCHOTHERAPY SERVICES IN A PARTIAL HOSPITALIZATION PROGRAM THEN AT LEAST ONE PROCEDURE CODE <sup>2</sup> MUST = 90812, 90813, 90814, 90815, 90816, 90817, 90843, 90844, 90846, 90847, 90849, <b>OR</b> 90855
<b>2-305-12R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = U BRAC MEDICARE PHARMACY THEN TYPE OF SERVICE (SECOND POSITION) MUST = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

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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)

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

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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)

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)</b>			
		MS	TSP - NETWORK
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	BB	TSP
<b>2-305-22R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
		AR	SHCP - REFERRED CARE <b>OR</b>
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
		SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
		SM	SHCP - EMERGENCY
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
		SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SR	SHCP - REFERRED CARE <b>OR</b>
		ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN
<b>2-305-23R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SN	TSS - NON-NETWORK <b>OR</b>
		SS	TSS - NETWORK
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	TS	TSS
<b>2-305-24R</b>	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
<b>2-305-25R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	THEN BEGIN DATE OF CARE IS ≥ 10/30/2000 AND < 09/01/2002		
	AND HHC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)

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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)**

AND HCC MEMBER RELATIONSHIP CODE MUST =		B	SPOUSE <b>OR</b>
		C	CHILD OR STEPCHILD <b>OR</b>
		D	PRE-ADOPTIVE CHILD <b>OR</b>
		E	WARD (COURT ORDERED)
<b>2-305-26R</b>	<ul style="list-style-type: none"> <li>TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001. FOR EACH LINE ITEM WHERE DATE OF CARE IS &lt; 10/01/2001, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT.</li> </ul>		
IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =		FF	TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) <b>OR</b>
		FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) <b>OR</b>
		FS	TFL (SECOND PAYOR)
<b>ELSE IF BEGIN DATE OF CARE IS &lt; 10/01/2001</b>			
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 <b>OR</b>
		26	EXPENSES INCURRED PRIOR TO COVERAGE <b>OR</b>
		27	EXPENSES INCURRED AFTER COVERAGE TERMINATED <b>OR</b>
		30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS <b>OR</b>
		31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED <b>OR</b>
		32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED <b>OR</b>
		33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE <b>OR</b>
		34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS <b>OR</b>
		62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION <b>OR</b>
		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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

<b>2-305-29R</b>	<ul style="list-style-type: none"> <li>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</li> </ul>		
	IF BEGIN DATE OF CARE IS ≥ 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 <b>OR</b>
		W	NON-FINANCIALLY UNDERWRITTEN PAYMENT BY FINANCIALLY UNDERWRITTEN CLAIMS PROCESSOR
<b>2-305-30R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	ECHO
	THEN HCDP PLAN COVERAGE CODE MUST ≠	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
		406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
		407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
		408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
		409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
		410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
		411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
		412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
		413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
		414	TRS MEMBER AND FAMILY COVERAGE

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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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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CHAPTER 2, SECTION 6.4

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

<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

<sup>2</sup> MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

<b>ELEMENT NAME: PRICING RATE CODE (2-325)</b>			
<b>VALIDITY EDITS</b>			
<b>2-325-01V</b>	VALUE MUST A VALID NON-INSTITUTIONAL PRICING RATE CODE.		
<b>RELATIONAL EDITS</b>			
<b>2-325-01R</b>	IF PRICING RATE CODE =	C	AMBULATORY SURGERY FACILITY PAYMENT RATE <b>OR</b>
		D	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE <b>OR</b>
		E	AMBULATORY SURGERY-PAID AS BILLED <b>OR</b>
		P	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE <b>OR</b>
		Q	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE <b>OR</b>
		R	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	<b>THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	16	AMBULATORY SURGERY FACILITY CHARGE
<b>2-325-02R</b>	IF ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A CODE LISTED IN <a href="#">CHAPTER 2, ADDENDUM H, FIGURE 2-H-1</a> .		
	<b>THEN PRICING RATE CODE MUST = ZERO</b>	0	PRICING NOT APPLICABLE (DENIED SERVICE/SUPPLIES AND ALLOWED DRUGS)
<b>2-325-03R</b>	IF PRICING RATE CODE FOR THAT OCCURRENCE/LINE ITEM =	0	PRICING NOT APPLICABLE (DENIED SERVICE/SUPPLIES AND ALLOWED DRUGS)
	<b>THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO</b>		
	<b>UNLESS TYPE OF SERVICE (SECOND POSITION) =</b>	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b>
		M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>OR TYPE OF SUBMISSION =</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR)
<b>2-325-04R</b>	IF PRICING RATE CODE =	V	MEDICARE REIMBURSEMENT RATE
	<b>THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	16	AMBULATORY SURGERY FACILITY CHARGE <b>OR</b>

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

<b>ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED)</b>	
	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) <b>AND</b> BEGIN DATE OF CARE ≥ 10/01/2001 <b>OR</b>
	FS TFL (SECOND PAYOR) <b>OR</b>
	MN TSP - NON-NETWORK <b>OR</b>
	MS TSP - NETWORK
<b>2-325-05R</b>	IF PRICING RATE CODE = U SHCP CLAIM OR ACTIVE DUTY MEMBER TPR PAID OUTSIDE NORMAL LIMITS
	<b>THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>
	AR SHCP - REFERRED CARE <b>OR</b>
	AN SHCP - NON-MTF-REFERRED CARE <b>OR</b>
	CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	GU ADSM ENROLLED IN TPR <b>OR</b>
	SC SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SE SHCP - TRICARE ELIGIBLE <b>OR</b>
	SM SHCP - EMERGENCY
	<b>OR ENROLLMENT/HEALTH PLAN CODE MUST =</b>
	SN SHCP - NON-MTF-REFERRED CARE <b>OR</b>
	SR SHCP - REFERRED CARE
<b>2-325-06R</b>	IF PRICING CODE = W PRICED OVER CMAC
	<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>
	T TRICARE STANDARD PROGRAM
	<b>AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE =</b>
	NE OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
	<b>AND BEGIN DATE OF CARE ≥ 09/14/2001 AND &lt; 11/01/2008</b>
	<b>THEN PROVIDER PARTICIPATING INDICATOR MUST =</b>
	N NO
<b>2-325-07R</b>	IF PRICING RATE CODE = GG GLOBAL RATE AGREEMENT (USED WITH CORPORATE SERVICE PROVIDERS ONLY) <b>OR</b>
	GP PER DIEM RATE AGREEMENT (USED WITH CORPORATE SERVICE PROVIDERS ONLY)
	<b>THEN PROVIDER SPECIALITY MUST =</b>
	261QS1200X (CLINIC/CENTER - SLEEP DISORDER DIAGNOSTIC) <b>OR</b>
	293D00000X (PHYSIOLOGICAL LAB) <b>OR</b>
	261QE0700X (CLINIC/CENTER END STAGE RENAL DISEASE TREATMENT) <b>OR</b>

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

<b>ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED)</b>	
	261QM1200X (CLINIC/CENTER MAGNETIC RESONANCE IMAGING) <b>OR</b>
	261QR0401X (CLINIC/CENTER REHABILITATION, COMPREHENSIVE OUTPATIENT REHAB FACILITY (CORF)) <b>OR</b>
	2514H0200X (HOME HEALTH AGENCY) <b>OR</b>
	261QR0404X (CLINIC/CENTER REHAB CARDIAC FACILITIES) <b>OR</b>
	261QX0203X (CLINIC/CENTER ONCOLOGY, RADIATION) <b>OR</b>
	261QR0200X (CLINIC/CENTER RADIOLOGY)
<b>2-325-08R</b>	IF PRICING RATE CODE = P1 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) <b>OR</b>
	P2 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM WITH COST OUTLIER <b>OR</b>
	P3 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM WITH DISCOUNT <b>OR</b>
	P5 PARTIAL HOSPITALIZATION - PAID AS OPPTS
	<b>THEN AMBULATORY PAYMENT CLASSIFICATION CODE MUST ≠ BLANK OR ZEROES.</b>
<b>2-325-09R</b>	IF PRICING RATE CODE = CA CAH REIMBURSEMENT
	<b>THEN PROVIDER STATE OR COUNTRY CODE MUST =</b> AK ALASKA
	<b>AND BEGIN DATE OF CARE MUST BE ≥ 07/01/2007</b>
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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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

**VALIDITY EDITS**

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

**RELATIONAL EDITS**

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

**ELEMENT NAME: OPPTS PAYMENT STATUS INDICATOR CODE (2-331)**

**VALIDITY EDITS**

**2-331-01V** MUST BE A VALID OPPTS PAYMENT STATUS INDICATOR CODE (REFER TO [CHAPTER 2, SECTION 2.6](#)) OR BLANK.

**RELATIONAL EDITS**

**2-331-01R** IF OPPTS PAYMENT STATUS INDICATOR CODE = BLANK  
**THEN** AMBULATORY PAYMENT CLASSIFICATION CODE MUST = ALL ZEROES OR BLANK.

## DATA REQUIREMENTS - 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 <sup>1</sup>
<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

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 DATA REQUIREMENTS - OTHER SPECIAL PROCEDURE CODES

**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

CHAPTER 2  
ADDENDUM F

DATA REQUIREMENTS - PROCEDURE CODE FOR TYPE OF SERVICE

PROCEDURE CODE FOR TYPE OF SERVICE <sup>1</sup>				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 <sup>3</sup>	HCPCS	CHAMPUS ASSIGNED
AMBULANCE	I	93000-93041	A0021-A0999 C1744, C9000-C9010, C9105, C9227-C9230, C9232-C9235 J0120-J8999, J9261 Q3014, Q3017, Q3019, Q3020, Q4081, Q4083- Q4086	98305-98318, 98330-98338
AMBULATORY SURGERY	C	0001T, 0002T, 0005T- 0009T, 0014T-0017T, 0019T-0021T, 0027T, 0031T-0039T, 0048T- 0057T, 0090T-0100T, 0120T-0124T, 0133T- 0143T, 0153T, 0155T- 0170T 10000-69999, 88300, 88302, 88304, 88305, 88307, 88311-88313, 88331, 88342, 92950- 92998, 93015-93025, 93580, 93581, 96920- 96922	C1305, C1762, C1763, C1774, C9000-C9010, C9105, C9123, C9227- C9230, C9232-C9235, C9704, C9713, C9716, C9724, C9725 G0001, G0002, G0104- G0106, G0120-G0122, G0127, G0159, G0160, G0168, G0173, G0183- G0187, G0251, G0259, G0260, G0267-G0269, G0272, G0279, G0280, G0289-G0291, G0293, G0294, G0297-G0300, G0302-G0305, G0343- G0365, G0392, G0393 J0120-J9999 Q0068, Q0136, Q1001- Q1005, Q4081, Q4083- Q4086, Q9920-Q9940	36526, 38298, 47150 W0002-W0019

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

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<b>PROCEDURE CODE FOR TYPE OF SERVICE<sup>1</sup> (CONTINUED)</b>				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 <sup>3</sup>	HCPCS	CHAMPUS ASSIGNED
AMBULATORY SURGERY (Continued)			S0079-S0189, S0206, S0630, S0800-S1002, S1016-S2351, S2360-S2363, S2400-S2405, S2409, S2411, S2900, S8030	
ANESTHESIA	7	00100-01999, 99100, 99116, 99135, 99140-99150	C9000-C9010, C9105	
ASSIST AT SURGERY	8	0001T, 0002T, 0005T-0009T, 0014T-0017T, 0019T-0021T, 0027T, 0031T-0039T, 0048T-0057T, 0090T-0100T, 0120T-0124T, 0133T-0143T, 0153T, 0155T-0170T  10000-69999, 88300, 88302, 88304, 88305, 88307, 88311-88313, 88331, 88342, 92950-92998, 93015-93025, 93580, 93581, 96920-96922	C1305, C1762, C1763, C1774, C9000-C9010, C9105, C9123, C9227-C9230, C9232-C9235, C9704, C9713, C9716, C9724, C9725, C9727  G0001, G0002, G0104-G0106, G0120-G0122, G0127, G0159, G0160, G0168, G0173, G0183-G0187, G0251, G0259, G0260, G0267-G0269, G0272, G0279, G0280, G0289-G0291, G0293, G0294, G0297-G0300, G0302-G0305, G0343-G0365, G0392, G0393  J0120-J9999  Q0068, Q0136, Q1001-Q1005, Q4081, Q4083-Q4086, Q9920-Q9940  S0079-S0189, S0206, S0630, S0800-S1002, S1016-S2351, S2360-S2363, S2400-S2405, S2409, S2411, S2900, S8030	36526, 38298, 47150  W0002-W0019
CONSULTATION	3	76140, 77336-77370, 80500-80502, 88321-88332, 99241-99275	Q3014	
DENTAL <sup>2</sup>	G		D0120-D9999 <sup>2</sup>	

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

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PROCEDURE CODE FOR TYPE OF SERVICE <sup>1</sup> (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 <sup>3</sup>	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

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 DATA REQUIREMENTS - PROCEDURE CODE FOR TYPE OF SERVICE

PROCEDURE CODE FOR TYPE OF SERVICE <sup>1</sup> (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 <sup>3</sup>	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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 DATA REQUIREMENTS - PROCEDURE CODE FOR TYPE OF SERVICE

PROCEDURE CODE FOR TYPE OF SERVICE <sup>1</sup> (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 <sup>3</sup>	HCPCS	CHAMPUS ASSIGNED
DME RENTAL/ PURCHASE (Continued)			Q0101-Q0105, Q0132, Q0480-Q0512, Q1001- Q1005  S1030, S1031, S5036, S5497, S5498, S5501, S5502, S5517, S5518, S5520-S5523, S8095- S8300  T5001  V2020-V2799, V5030- V5299, V5336	
HOSPICE	D	All payable codes to be accepted.		
MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS	M	99070		98800  000MN, 000PA
MATERNITY CARE	F	0500F-0502F  59000-59899, 99201- 99215	G9011, G9012  H1000-H1005  Q3014  S3625, S3652, S9208, S9209, S9211-S9214, S9216-S9218, S3625, S3626	99590, 99591, 99592
MEDICAL CARE (EXCLUSIVE OF CONSULTATIONS, SECOND OPINION, MENTAL HEALTH, AMBULANCE, ECHO)	1	0001F-0012F, 0505F, 0507F, 1015F, 1018F, 1019F, 1022F, 1026F, 1030F, 1034F-1036F, 1038F-1040F, 2010F, 2014F, 2018F, 2022F, 2024F, 2026F, 2028F, 2030F, 2031F, 3006F, 3011F, 3014F, 3017F, 3020F-3023F, 3025F, 3027F, 3028F, 3035F, 3037F, 3040F, 3042F, 3046F-3050F, 3060F- 3062F, 3066F, 3072F,	A9150  C1178, C1300, C1166, C1167, C1207, C1762, C1763, C1768, C1771, C1773, C1774, C1776, C1781, C1782, C1784, C1787, C1788, C1819, C1821, C8899-C9010, C9105, C9109, C9113, C9202-C9218, C9223- C9225, C9227-C9235, C9350, C9351, C9399, C9410-C9439, C9704, C9727	90199, 90599, 92190, 94799, 98691, 99070, 99088

<sup>1</sup> 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 SERVICE <sup>1</sup> (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 <sup>3</sup>	HCPCS	CHAMPUS ASSIGNED
MEDICAL CARE (EXCLUSIVE OF CONSULTATIONS, SECOND OPINION, MENTAL HEALTH, AMBULANCE, ECHO) (Continued)		3076F-3080F, 3082F- 3085F, 3088F-3093F, 4025F, 4030F, 4033F, 4035F, 4037F, 4040F, 4045F, 4050F-4056F, 4058F, 4060F, 4062F, 4064F-4067F, 6005F  0018T, 0024T, 0029T, 0044T-0047T, 0101T- 0117T, 0124T, 0126T, 0130T, 0140T-0143T, 0149T  90201-90799, 90901- 92700, 92950-99602	G0004-G0025, G0101, G0102, G0108-G0118, G0122, G0128, G0151- G0156, G0166, G0167, G0175-G0182, G0192, G0197-G0201, G0237- G0241, G0244-G0250, G0255, G0257, G0258, G0263, G0264, G0270, G0271, G0281-G0283, G0292, G0295-G9020, G9050-G9139  J0120-J9999  L0100-L9900  M0064-M0302  P9612  Q0034, Q0035, Q0081, Q0083-Q0085, Q0092, Q0136, Q0137, Q0144, Q0163-Q0184, Q0187, Q0510, Q0515, Q1001- Q1005, Q2002-Q2022, Q3014, Q3021-Q3026, Q4052-Q4055, Q4075- Q4077, Q4079, Q4081, Q4083-Q4086, Q9920- Q9944  S0009-S0630, S1025, S1030, S1031, S2083, S2120, S2152, S2370, S2371, S3000, S3620- S5001, S5010-S5014, S5035, S5036, S5100- S5199, S5497, S5498, S5501, S5502, S5517, S5518, S5520-S5523, S8301, S8940, S8950- S9001, S9015, S9025, S9034, S9055-S9075, S9083, S9088, S9090- S9127, S9140-S9543,	

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 DATA REQUIREMENTS - PROCEDURE CODE FOR TYPE OF SERVICE

PROCEDURE CODE FOR TYPE OF SERVICE <sup>1</sup> (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 <sup>3</sup>	HCPCS	CHAMPUS ASSIGNED
MEDICAL CARE (EXCLUSIVE OF CONSULTATIONS, SECOND OPINION, MENTAL HEALTH, AMBULANCE, ECHO) (Continued)			S9558-S9562, S9590, S9800, S9810, S9981  T1000-T1005, T1013- T2007, T2010-T2046, T2101  V2790, V5008-V5020, V5095, V5298	
MENTAL HEALTH CARE	H	90801-90899, 96100- 96155	G0175-G0177 H0001-H2037 M0064 Q0082 S3005, S9475-S9495 T1006-T1012, T2048	90834, 90892- 90896, 92845- 92899
OTHER MEDICAL SERVICE & SUPPLIES	9	Any code that is considered a medical supply or which has not been assigned a type of service classification.		
ECHO CARE	J	All payable codes to be accepted.		
PHYSICAL/ OCCUPATIONAL THERAPY	K	4018F 97001-97799	G0129, G0151, G0152, G9041-G9044  Q0086, Q0103, Q0104, Q0109, Q0110  S8948, S8990, S9129, S9033, S9131	92845
RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS	B	99070	A9150 J8499, J8999 Q0513, Q0514	98800  000MN, 000PA
SECOND OPINION- ELECTIVE SURGERY	E	99271-99275		
SPEECH THERAPY	L	92506-92508	G0153 S9128 V5336, V5362-V5364	

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<b>PROCEDURE CODE FOR TYPE OF SERVICE<sup>1</sup> (CONTINUED)</b>				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 <sup>3</sup>	HCPCS	CHAMPUS ASSIGNED
SURGERY	2	0001T, 0002T, 0005T-0009T, 0014T-0017T, 0019T-0021T, 0027T, 0031T-0039T, 0048T-0057T, 0090T-0100T, 0120T-0124T, 0133T-0143T, 0153T, 0155T-0170T  10000-69999, 88300, 88302, 88304, 88305, 88307, 88311-88313, 88331, 88342, 92950-92998, 93015-93025, 93580, 93581, 96920-96922	C1305, C1762, C1763, C1774, C9000-C9010, C9105, C9123, C9227-C9230, C9232-C9235, C9704, C9713, C9716, C9724, C9725, C9727  G0001, G0002, G0104-G0106, G0120-G0122, G0127, G0159, G0160, G0168, G0173, G0183-G0187, G0251, G0259, G0260, G0267-G0269, G0272, G0279, G0280, G0289-G0291, G0293, G0294, G0297-G0300, G0302-G0305, G0343-G0365, G0392, G0393  J0120-J9999  Q0068, Q0136, Q1001-Q1005, Q4081, Q4083-Q4086, Q9920-Q9940  S0079-S0189, S0206, S0630, S0800-S1002, S1016-S2351, S2360-S2363, S2400-S2405, S2409, S2411, S2900, S8030	36526, 38298, 47150  W0002-W0019
THERAPEUTIC RADIOLOGY	6	0054T-0057T, 0060T, 0061T  77261-77799	C1081, C1083, C1715-C1720, C2616, C2632-C2637  G0173, G0179, G0251, G0256, G0261, G0273, G0274  J9000-J9999  Q3001  S8004-S8030, S8049	

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

<sup>2</sup> Only Dental HCPCS codes are used.

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 CHAPTER 2, ADDENDUM N  
 DATA REQUIREMENTS - DEFAULT VALUES FOR COMPLETE CLAIM DENIALS

**FIGURE 2-N-3 NON-INSTITUTIONAL-SPECIFIC ELEMENTS**

ELEMENT NAME	DEFAULT VALUE
Amount Allowed By Procedure Code	Zeroes
Amount Applied Toward Deductible	Zeroes
Amount Billed By Procedure Code	N/D
Amount Paid By Gov't Contractor By Procedure Code	Zeroes
DEERS Dependent Suffix	75
National Drug Code	Blanks
Number of Services	001
Physician Referral Number	Blanks
Place of Service	99
Procedure Code	See *NOTE
Procedure Code Modifier	N/D
Provider Specialty	N/D
Type of Service	Must agree with Place of Service and Procedure Code

**\*NOTE:** Defaults for procedure code must be the "Miscellaneous" code in the range for services provided. For example, a service shown only as "laboratory" or with a non-acceptable lab code should be coded 89399<sup>1</sup>. Any such defaults used by the contractor must still agree with Type of Service.

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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
<b>NOTE:</b> 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.		
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.		
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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** 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
<b>027X</b>	<b>Medical/Surgical Supplies and Devices</b>	
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	
<b>028X</b>	<b>Oncology</b>	
0280	General Classification	99420
0289	Other Oncology	
<b>029X</b>	<b>Durable Medical Equipment (Other Than Renal)</b>	
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	
<b>030X</b>	<b>Laboratory</b>	
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	
<b>031X</b>	<b>Laboratory Pathological</b>	
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
<b>032X</b>	<b>Radiology - Diagnostic</b>	
0320	General Classification	99499
0321	Angiocardiology	
0322	Arthrography	
0323	Arteriography	
0324	Chest X-Ray	
0329	Other Radiology - Diagnostic	
<b>033X</b>	<b>Radiology - Therapeutic</b>	
0330	General Classification	99499
0331	Chemotherapy - Injected	
0332	Chemotherapy - Oral	
0333	Radiation Therapy	
0335	Chemotherapy - IV	
0339	Other Radiology - Therapeutic	
<b>034X</b>	<b>Nuclear Medicine</b>	
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	
<b>035X</b>	<b>CT Scan</b>	
0350	General Classification	99499
0351	Head Scan	
0352	Body Scan	
0359	Other CT Scan	
<b>036X<sup>1</sup></b>	<b>Operating Room Services</b>	
0360	General Classification	99499
0361	Minor Surgery	
0362	Organ Transplant - Other than Kidney	
0367	Kidney Transplant	
0369	Other Operating Room Services	
<b>037X<sup>2</sup></b>	<b>Anesthesia</b>	
0370	General Classification	01999
0371	Anesthesia Incident to Radiology	
0372	Anesthesia Incident to Other Diagnostic Services	
0374	Acupuncture	T5999
0379	Other Anesthesia	01999

<sup>1</sup> These must be reported as "Other Medical Services" in Type of Services, position 2.

<sup>2</sup> 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
<b>038X</b>	<b>Blood</b>	
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	
<b>039X</b>	<b>Blood Storage and Blood Component Administration, Storage, and Processing</b>	
0390	General Classification	85396
0391	Blood Administration (e.g., Transfusions)	99499
0399	Other Blood Storage and Processing	85396
<b>040X</b>	<b>Other Imaging Services</b>	
0400	General Classification	99499
0401	Diagnostic Mammography	
0402	Ultrasound	
0403	Screening Mammography	
0404	Positron Emission Tomography	
0409	Other Imaging Services	
<b>041X</b>	<b>Respiratory Services</b>	
0410	General Classification	99499
0412	Inhalation Services	
0413	Hyperbaric Oxygen Therapy	
0419	Other Respiratory Services	
<b>042X</b>	<b>Physical Therapy</b>	
0420	General Classification	99499
0421	Visit Charge	
0422	Hourly Charge	
0423	Group Rate	
0424	Evaluation or Re-Evaluation	
0429	Other Physical Therapy	
<b>043X</b>	<b>Occupational Therapy</b>	
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
<b>044X</b>	<b>Speech - Language Pathology</b>	
0440	General Classification	99499
0441	Visit Charge	
0442	Hourly Charge	
0443	Group Rate	
0444	Evaluation or Re-Evaluation	
0449	Other Speech - Language Pathology	
<b>045X</b>	<b>Emergency Room</b>	
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	
<b>046X</b>	<b>Pulmonary Function</b>	
0460	General Classification	99499
0469	Other Pulmonary Function	
<b>047X</b>	<b>Audiology</b>	
0470	General Classification	99499
0471	Diagnostic	
0472	Treatment	
0479	Other Audiology	
<b>048X</b>	<b>Cardiology</b>	
0480	General Classification	99499
0481	Cardiac Catheterization Laboratory	
0482	Stress Test	
0483	Echocardiology	
0489	Other Cardiology	
<b>049X</b>	<b>Ambulatory Surgical Care</b>	
0490	General Classification	99499
0499	Other Ambulatory Surgical Care	
<b>050X</b>	<b>Outpatient Services</b>	
0500	General Classification	99499
0509	Other Outpatient Services	
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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>051X</b>	<b>Clinic</b>	
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	
<b>052X</b>	<b>Freestanding Clinic</b>	
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	
<b>053X</b>	<b>Osteopathic Services</b>	
0530	General Classification	99499
0531	Osteopathic Therapy	
0539	Other Osteopathic Services	
<b>054X</b>	<b>Ambulance</b>	
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	
<b>055X</b>	<b>Skilled Nursing</b>	
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
<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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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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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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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>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	Pulmonary Rehabilitation	
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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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/HCPCS CODE IS NOT AVAILABLE
<b>097X</b>	<b>Professional Fees (cont)</b>	
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	
<b>098X</b>	<b>Professional Fees (cont)</b>	
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
<b>099X</b>	<b>Patient Convenience Items</b>	
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	
<b>100X</b>	<b>Behavioral Health Accommodations</b>	
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)	
<b>101X to 209X</b>	<b>RESERVED for National Assignment</b>	
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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
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)
<b>211X to 309X</b>	<b>RESERVED for National Assignment</b>	
<b>310X</b>	<b>Adult Care</b>	
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	
<b>311X to 999X</b>	<b>RESERVED for National Assignment</b>	
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