



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY  
AURORA, COLORADO 80011-9066

TRICARE  
MANAGEMENT ACTIVITY

PCSIB

CHANGE 65  
7950.1-M  
SEPTEMBER 18, 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:** RESPITE CARE BENEFIT

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

**SUMMARY OF CHANGE(S):** This change includes the requirements necessary to  
extend respite care benefits and other extended care benefits to members of the  
Uniformed Services who incur a serious injury or illness while on active duty.

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

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

This change is made in conjunction with Aug 2002 TOM, Change No. 70 and Aug  
2002 TPM, Change No. 89.

  
Reta Michak  
Chief, Purchased Care Systems  
Integration Branch

**ATTACHMENT(S):** 15 PAGES  
**DISTRIBUTION:** 7950.1-M

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

**CHANGE 65**  
**7950.1-M**  
**SEPTEMBER 18, 2008**

**REMOVE PAGE(S)**

**INSERT PAGE(S)**

**CHAPTER 2**

Section 2.8, pages 11 through 17

Section 6.4, pages 9 through 16

Section 2.8, pages 11 through 17

Section 6.4, pages 9 through 16

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.8

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

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SOURCE OF ADMISSION (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>	A Transfer from a Critical Access Hospital (CAH)	The patient was admitted to this facility as a transfer from a Critical Access Hospital where he or she was an inpatient.
	B Transfer from Another HHA	The patient was admitted to this home health agency as a transfer from another home health agency.
	C Readmission to the Same Home Health Agency	The patient was readmitted to this home health agency within the existing 60 day payment.
	D Transfer from Hospital Inpatient	Transfer from Hospital Inpatient in same facility resulting in a separate claim to the payer.
<b>CODE STRUCTURE FOR NEWBORN<sup>1</sup></b>		
	1 Normal Delivery	A baby delivered without complications.
	2 Premature Delivery	A baby delivered with time and/or weight factors qualifying it for premature status.
	3 Sick Baby	A baby delivered with medical complications, other than those relating to premature status.
	4 Extramural Birth	A newborn born in a non-sterile environment.
<b>ALGORITHM N/A</b>		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>		
<b>SUBORDINATE</b>	<b>GROUP</b>	
N/A	N/A	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>		
<sup>1</sup> Use this coding structure when the TYPE OF ADMISSION = '4' (newborn).		

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CHAPTER 2, SECTION 2.8

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

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-185	4	Yes <sup>1</sup>
Non-Institutional	2-305	4/Up to 99	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> Four occurrences of two (2) alphanumeric characters per line items for non-institutional.			
<b>DEFINITION</b> Code indicating care that requires special processing.			
<b>CODE/VALUE SPECIFICATIONS</b>	0	Hospice non-affiliated provider	
	1	Medicaid	
	3	Allogeneic bone marrow recipient (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)	
	4	Allogeneic bone marrow donor (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)	
	5	Liver transplant (effective for care before 03/01/1997, or between 02/20/1998 and 08/31/1999 and after 05/31/2003)	
	6	Home Health Care (non-institutional only)	
	7	Heart Transplant	
	10	Active duty cost-share ambulatory surgery taken from professional claim	
	11	Hospice	
	12	Capitated Arrangements	

NOTES AND SPECIAL INSTRUCTIONS:

- <sup>1</sup> Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- <sup>2</sup> Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- <sup>4</sup> Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) must be present.

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CHAPTER 2, SECTION 2.8

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

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	14	Bone marrow transplants - TMA approved
	16	Ambulatory Surgery Facility charge
	17	VA medical provider claim (care rendered by a VA provider)
	A	Partnership Program (internal providers with signed agreements)
	E	Home Health Care/Case Management (HHC/CM) Demonstration (After 03/15/1999, grandfathered into the Individual Case Management Program) <sup>2</sup>
	Q	Active Duty Delayed Deductible
	R	Medicare/TRICARE Dual Entitlement First Payor - not a Medicare Benefit (Effective 10/01/2001)
	S	Resource Sharing - External
	T	Medicare/TRICARE Dual Entitlement (Formally normal COB processing (Effective 10/01/2001 process as Second Payor))
	U	BRAC Medicare Pharmacy (Section 702) claim (Terminated 04/01/2001)
	V	Financially underwritten payment by claims processor
	W	Non-financially underwritten payment by financially underwritten claims processor

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<sup>2</sup> Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.

<sup>3</sup> Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.

<sup>4</sup> Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) must be present.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.8

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

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	X	Partial hospitalization - provider not contracted with or employed by the partial hospitalization program billing for psychotherapy services in a partial hospitalization program
	Y	Heart-lung transplant
	Z	Kidney transplant
	AB	Abused dependent of discharged or dismissed member (Effective 07/28/1999)
	AD	Foreign active duty claims (Effective 06/30/1996)
	AN	Supplemental Health Care Program (SHCP) - Non-MTF-Referral Care (Effective 10/01/1999 through 05/31/2004)
	AR	Supplemental Health Care Program (SHCP) - Referred Care (Effective 10/01/1999 through 05/31/2004)
	AU	Autism Demonstration (Effective 03/15/2008) <sup>3</sup>
	BD	Bosnia Deductible (Effective 12/08/1995)
	CA	Civil Action Payment (Effective 07/01/1999)
	CE	Supplemental Health Care Program (SHCP) - Comprehensive Clinical Evaluation Program (CCEP) (Effective 10/01/1999)

NOTES AND SPECIAL INSTRUCTIONS:

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<sup>2</sup> Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.

<sup>3</sup> Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.

<sup>4</sup> Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) must be present.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.8

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

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)		
	CL	Clinical Trials Demonstration (Enrollment Effective 03/17/2003 through 03/31/2008)
	CM	Individual Case Management Program (ICMP) claims (Effective 03/15/1999)
	CP	Cancer Clinical Trials (Enrollment Effective on or after 04/01/2008)
	CT	Custodial Care Transitional Policy (CCTP) (Effective 12/28/2001)
	EU	Emergency services rendered by an unauthorized provider (Effective 06/01/1999)
	FF	TRICARE for Life (TFL) (First Payor - Not A Medicare Benefit) (Effective 10/01/2001)
	FG	TRICARE for Life (TFL) (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)
	FS	TRICARE for Life (TFL) (Second Payor) (Effective 10/01/2001)
	GF	TRICARE Prime Remote (TPR) for eligible Active Duty Family Member (ADFM) residing with a TPR Eligible ADSM (Effective 10/30/2000 through 08/31/2002)
	GU	ADSM enrolled in TRICARE Prime Remote (TPR) (Effective 10/01/1999)

NOTES AND SPECIAL INSTRUCTIONS:

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- <sup>2</sup> Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- <sup>4</sup> Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) must be present.

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CHAPTER 2, SECTION 2.8

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

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)		
	KO	Allied Forces - Kosovo (Effective 06/01/1999)
	MH	Mental Health Active Duty Cost-Share
	MN	TRICARE - Senior Prime (TSP) (Non-Network) (Effective 01/01/1998 through 12/31/2001)
	MS	TRICARE - Senior Prime (TSP) (Network) (Effective 01/01/1998 through 12/31/2001)
	NE	Operation Noble Eagle/Operation Enduring Freedom (reservist called to active duty under Executive Order 13223) (Effective 09/14/2001 through 10/31/2008)
	PD	Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001)
	PF	Extended Care Health Option (ECHO) (formerly PFPWD)
	PO	TRICARE Prime - Point of Service
	RB	Respite Benefit for Seriously Injured or Ill ADSMs <sup>4</sup>
	RI	Resource Sharing - Internal
	RS	Medicare/TRICARE Dual Entitlement (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)

NOTES AND SPECIAL INSTRUCTIONS:

- <sup>1</sup> Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- <sup>2</sup> Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- <sup>4</sup> Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) must be present.

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CHAPTER 2, SECTION 2.8

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

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>		
	SC	Supplemental Health Care Program (SHCP) - Non-TRICARE Eligible (Effective 10/01/1999)
	SE	Supplemental Health Care Program (SHCP) - TRICARE Eligible (Effective 10/01/1999)
	SM	Supplemental Health Care Program (SHCP) - Emergency (Effective 10/01/1999)
	SN	TRICARE Senior Supplement (TSS) (Non-Network) (Effective 04/01/2000 through 12/31/2002)
	SP	Special/Emergent Care (Effective 06/01/1999)
	SS	TRICARE Senior Supplement (TSS) (Network) (Effective 04/01/2000 through 12/31/2002)
	ST	Specialized Treatment (Effective 03/01/1997 through 05/31/2003)
	WR	Mental Health Wraparound Demonstration (Effective 01/01/1998 through 06/30/2001)
<b>ALGORITHM</b> N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>		
<b>SUBORDINATE</b>		<b>GROUP</b>
N/A		PROCESSING INFORMATION

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- <sup>2</sup> Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- <sup>4</sup> Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible) must be present.





**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>		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	S RESOURCE SHARING - EXTERNAL
<b>2-305-05R</b>	(LIVER TRANSPLANT)	
	IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODES <sup>2</sup> 47133, 47135, OR 47136	
	AND BEGIN DATE OF CARE < 03/01/1997	
	OR (> 02/19/1998 AND < 09/01/1999)	
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5 LIVER TRANSPLANT
	ELSE IF BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤ 02/19/1998)	
	OR (≥ 09/01/1999 AND ≤ 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 OR
		A PARTNERSHIP PROGRAM OR
		E HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP) OR
		S RESOURCE SHARING - EXTERNAL OR
		CM ICMP OR
		CT CCTP OR
		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, OR 90855	

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<sup>3</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

**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>2-305-12R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	BRAC MEDICARE PHARMACY
	<b>THEN TYPE OF SERVICE (SECOND POSITION) MUST =</b>	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
<b>AND BEGIN DATE OF CARE MUST BE &lt; 04/01/2001</b>			
<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
<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>

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)</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
<b>2-305-21R</b>	<b>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	MN TSP - NON-NETWORK <b>OR</b>
		MS TSP - NETWORK
	<b>THEN ENROLLMENT/ HEALTH PLAN CODE MUST =</b>	BB TSP
<b>2-305-22R</b>	<b>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	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
	<b>THEN ENROLLMENT/ HEALTH PLAN CODE MUST =</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>2-305-23R</b>	<b>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	SN TSS - NON-NETWORK <b>OR</b>
		SS TSS - NETWORK
	<b>THEN ENROLLMENT/ HEALTH PLAN CODE MUST =</b>	TS TSS
<b>2-305-24R</b>	<b>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	E HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP)
	<b>THEN BEGIN DATE OF CARE MUST BE ≥ 03/15/1999</b>	
	<b>AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	CM ICMP
<b>2-305-25R</b>	<b>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM

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<sup>3</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

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

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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

THEN BEGIN DATE OF CARE IS ≥ 10/30/2000 AND < 09/01/2002

AND HHC MEMBER

CATEGORY CODE MUST =

A ACTIVE DUTY OR

G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR

S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)

AND HCC MEMBER

RELATIONSHIP CODE

MUST =

B SPOUSE OR

C CHILD OR STEPCCHILD OR

D PRE-ADOPTIVE CHILD OR

E WARD (COURT ORDERED)

**2-305-26R**

- TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001. FOR EACH LINE ITEM WHERE DATE OF CARE IS < 10/01/2001, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT.

IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

FF TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) OR

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

FS TFL (SECOND PAYOR)

ELSE IF BEGIN DATE OF CARE IS < 10/01/2001

THEN ADJUSTMENT/DENIAL

REASON CODE FOR THAT

DETAILED LINE MUST =

15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR

26 EXPENSES INCURRED PRIOR TO COVERAGE OR

27 EXPENSES INCURRED AFTER COVERAGE TERMINATED OR

30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR

31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR

32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR

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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)	
	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
<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 $\geq$ 12/28/2001
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	CT CCTP
	THEN AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	V FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR <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 $\neq$
	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>

<sup>1</sup> AS STATED IN SECTION 2.8 OR BLANK

<sup>2</sup> CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.

<sup>3</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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

	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

**2-305-31R** IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AU AUTISM DEMONSTRATION  
**THEN BEGIN DATE OF CARE MUST BE ≥ 03/15/2008**

**AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = PF ECHO**  
**AND PATIENT AGE<sup>3</sup> MUST BE ≥ 18 MONTHS**

**2-305-32R** IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = RB RESPITE BENEFIT FOR AD<sup>SM</sup>s  
**THEN BEGIN DATE OF CARE MUST BE ≥ 01/01/2008**

**AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = SE SHCP - TRICARE ELIGIBLE**

<sup>1</sup> AS STATED IN SECTION 2.8 OR BLANK  
<sup>2</sup> CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.  
<sup>3</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

**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 SECTION 2.5

**RELATIONAL EDITS**

NONE

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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

**VALIDITY EDITS**

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

**RELATIONAL EDITS**

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

**THEN BYPASS ALL CA/NAS NUMBER RELATIONAL EDITING.**

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

**THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA**

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

T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR

AN SHCP - NON-MTF-REFERRED CARE OR

AR SHCP - REFERRED CARE OR

CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR

PF ECHO

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

SC SHCP - NON-TRICARE ELIGIBLE OR

SE SHCP - TRICARE ELIGIBLE OR

SM SHCP - EMERGENCY OR

ST SPECIALIZED TREATMENT OR

WR MENTAL HEALTH WRAP AROUND

**THEN BYPASS ALL CA/NAS NUMBER EDITING.**

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

W TPR ADSM - USA OR

X FOREIGN ADSM OR

Y CHCBP - STANDARD OR

Z TRICARE PRIME, MTF/PCM OR

AA CHCBP - EXTRA OR

BB TSP OR

FE TFL - EXTRA OR

FS TFL - STANDARD OR

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

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