



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

PCSIB

CHANGE 67  
7950.1-M  
SEPTEMBER 29, 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.

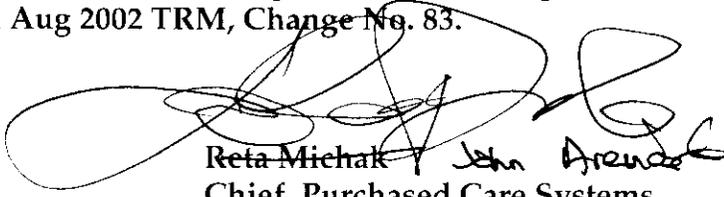
CHANGE TITLE: MAY 2007 CONSOLIDATED CHANGE

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change consists primarily of administrative changes and clarifications. Also included are the following: removal of requirement to send annual renewal letters to Active Duty Service Members (ADSMs) without dependents; revises DD2642 claim form; adds language regarding NASA Astronauts; extends Noble Eagle/Enduring Freedom Reserve Family Demonstration to 2009; excludes the use of the sponsor's Social Security Number (SSN) on the Monthly Health Insurance Portability and Accountability Act (HIPAA) Complaint Report; and clarifies preauthorized requirements for TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC) claims.

EFFECTIVE AND IMPLEMENTATION DATE: October 1, 2008.

This change is made in conjunction with Aug 2002 TOM, Change No. 72, Aug 2002 TPM, Change No. 90, and Aug 2002 TRM, Change No. 83.



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 67**  
**7950.1-M**  
**SEPTEMBER 29, 2008**

**REMOVE PAGE(S)**

**INSERT PAGE(S)**

**CHAPTER 1**

Section 1.1, pages 11 and 12

Section 1.1, pages 11 and 12

**CHAPTER 2**

Section 2.8, pages 11 through 17

Section 2.8, pages 11 through 17

Section 6.2, pages 31 and 32

Section 6.2, pages 31 and 32

Section 6.4, pages 23 through 26

Section 6.4, pages 23 through 26

## SUMMARY OF CHANGES

### CHAPTER 1

1. Section 1.1, page 12. In paragraph 6.6.2., deleted reference to “Next Generation” in paragraph text.

### CHAPTER 2

2. Section 2.8, page 16. Extends the Noble Eagle/Enduring Freedom Reserve Family Demonstration to 2009. Pages 12 through 15 and page 17 effected due to change bar indication being removed from footnote.
3. Section 6.2, page 32. Extends the Noble Eagle/Enduring Freedom Reserve Family Demonstration to 2009.
4. Section 6.4, page 24. Extends the Noble Eagle/Enduring Freedom Reserve Family Demonstration to 2009. Pages 23 and 25 effected due to change bar indication being removed from footnote.



**6.5.2. Interim Assignment: (U.S. Citizens Working In The U.S. Only)**

**6.5.2.1.** Contractor personnel who are U.S. Citizens will receive an OPM Investigation Schedule Notice (ISN) from the TMA Privacy Office once the OPM has scheduled the investigation. TMA sends the ISN to the contracting security officer as validation for interim access. The contractor security officer may use receipt of the ISN as their authority to grant interim access to DoD IS/networks until a Trustworthiness Determination is made.

**6.5.2.2.** Contractor personnel undergoing the process to upgrade their current Trustworthiness Determination level (e.g., ADP/IT-III to ADP/IT-II) who maintain continuous employment with the contractor, or have had no lapse in employment with the contractor of greater than 24 months, shall continue to have the current access level during the upgrade process.

**6.5.3. Temporary Assignments (U.S. Citizens Only)**

Temporary employees include intermittent, volunteers, and seasonal workers. Efforts shall be taken to obtain an approved ADP/IT-II Trustworthiness Determination for those positions requiring access to DoD SI. Interim access is allowed as outlined in [paragraph 6.5.2.](#)

**6.5.4. Preferred/Partnership Providers At OCONUS MHS Facilities (U.S. Citizens Only)**

To obtain an ADP Trustworthiness Determination for a preferred/partnership provider the Security Officer of the MTF will contact the TMA Privacy Officer for instructions and guidance on completing and submitting the SF85P User Form, fingerprint cards and system access. The TMA Privacy Officer will provide guidance on system access upon contact by the Security Officer of the MTF.

**6.5.5. ADP/IT Level Trustworthiness Determination Upgrades**

**6.5.5.1.** Contact the TMA Privacy Office if a higher ADP/IT level is required than what was submitted for an employee. In addition, the contractor's security officer must contact the OPM Federal Investigations Processing Center to determine the status of the investigation. OPM can upgrade the level of investigation only if the investigation has not been closed/completed. If the NAC is pending, you may fax a request to upgrade the NAC to a NACLIC in writing to OPM, Attention: Corrections Technician. You must provide the name, SSN, and Case Number on your request (Case Number can be found on the ISN). If the SF85P User Form is missing information, the Correction Technician will call the requester for missing information. Addresses for each organization are shown below.

- TMA Privacy Office, Skyline Five, 5111 Leesburg Pike, Suite 810, Falls Church, Virginia, 22041
- OPM Federal Investigations Processing Center, P.O. Box 618, Boyers, Pennsylvania, 16018-0618
- OPM Corrections Department, Federal Investigations Processing Center, P.O. Box 618, Boyers, Pennsylvania, 16018-0618

**6.5.5.2.** If the investigation has been closed/completed, the original SF85P Agency User Form (coversheet) must be submitted for the higher ADP/IT level. The SF85P may be re-used within 120 days of the case closed date, with corrected ADP level code (ADP/IT-II=O8B). The letter "I" must be inserted in the Codes box located above C and D on the SF85P Agency User Form and no fingerprint card is needed. The contractor's Security Officer must update the SF85P Agency User Form, re-sign and re-date the form in Block P. The individual must line through any obsolete information, replacing it with corrected information and initial all changes made to the SF85P. The individual must the re-sign and re-date the certification section of the form.

**6.5.5.3.** If it is beyond the 120 day period, the old SF85P may be used if all the information is updated and the certification part of the form is re-dated, and re-signed by the individual. A new SF85P Agency User Form (coversheet) showing the correct ADP/IT (O8B) level code is required at this time. Each correction/change made to the form must be initialed and dated by the individual. Fingerprint cards must be submitted if the case has been closed for more than 120 days.

## **6.6. Assignment Of Non-U.S. Citizens**

### **6.6.1. Policy**

**Interim Access at CONUS locations for Non-U.S. Citizens is Not Authorized.** Non-U.S. citizen contractor employees are not being adjudicated for any Trustworthiness positions.

### **6.6.2. Grandfathering Of Non-U.S. Citizens**

Earlier guidance authorized the grandfathering (continuation) of certain CONUS non-U.S. Citizens who previously were working on a TMA contract. Grandfathered contractor personnel are authorized to continue working under the existing contract until contract expiration date. This provision is not applicable to contractor employees who opt to transition employment from a contractor holding a legacy TRICARE contract to a contractor awarded a contract under the TRICARE series of contracts.

### **6.6.3. End Date Of CONUS Non-U.S. Citizen Access**

Access to DoD IS/networks or data will end on December 31, 2004 for all CONUS non-U.S. Citizen contractor personnel, or in accordance with the guidance provided in [paragraph 6.6.2.](#)

### **6.6.4. Non-U.S. Citizens/Foreign Nationals Working At OCONUS MHS Facilities**

Non-U.S. Citizens/Foreign Nationals employed by DoD organizations overseas, whose duties do not require access to classified information, shall be the subject of record checks that include host-government law enforcement and security agency checks at the city, state (province), and national level, whenever permissible by the laws of the host government, initiated by the appropriate Military Department investigative organization prior to employment.

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).		

**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**

**RECORDS/LOCATOR NUMBERS**

<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
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.

**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: SPECIAL PROCESSING CODE (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>		
	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

**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 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>	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:**

- <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 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>		
	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:**

- <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 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>		
	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 10/31/2009)
	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.

**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: 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 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185) (CONTINUED)**

THEN TYPE OF SUBMISSION MUST =		A	ADJUSTMENT OR
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		I	INITIAL SUBMISSION OR
		O	ZERO PAYMENT WITH 100% OHI/TPL OR
		R	RESUBMISSION
<b>2-185-07R</b>	IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO		
THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO			
UNLESS TYPE OF SUBMISSION =		B	ADJUSTMENT NON-TED DATA (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

**ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (OHI) (2-190)**

**VALIDITY EDITS**

**2-190-01V** MUST BE NUMERIC.

**RELATIONAL EDITS**

**2-190-00R** TOTAL OF ALL OCCURRENCES OF AMOUNT PAID BY OHI FOR THIS TED RECORD  
EXCEEDS TMA LIMIT OF \$1,000,000.00.

<b>2-190-01R</b>	IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		C	COMPLETE CANCELLATION OR
		D	COMPLETE DENIAL OR
		I	INITIAL SUBMISSION OR
		O	ZERO PAYMENT WITH 100% OHI/TPL OR
		R	RESUBMISSION

THEN AMOUNT PAID BY OHI MUST BE ≥ ZERO.

**2-190-02R** IF ANY OCCURRENCE OF  
OVERRIDE CODE = U BENEFICIARY INDEMNIFICATION PAYMENT

THEN AMOUNT PAID BY OHI MUST EQUAL ZERO.

**ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) TYPE CODE (2-191)**

**VALIDITY EDITS**

**2-191-01V** MUST BE A VALID OGP TYPE CODE LISTING IN SECTION 2.6.

**RELATIONAL EDITS**

<b>2-191-01R</b>	IF OGP TYPE CODE =	V	CHAMPVA
		THEN TYPE OF SUBMISSION MUST =	
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		C	COMPLETE CANCELLATION OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA



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

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

CHAPTER 2, SECTION 6.4

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; 11/01/2009</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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**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

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.