



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

PCSIB

CHANGE 68  
7950.1-M  
OCTOBER 17, 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:** DIAGNOSIS RELATED GROUP (DRG) UPDATE FOR  
FISCAL YEAR (FY) 2009

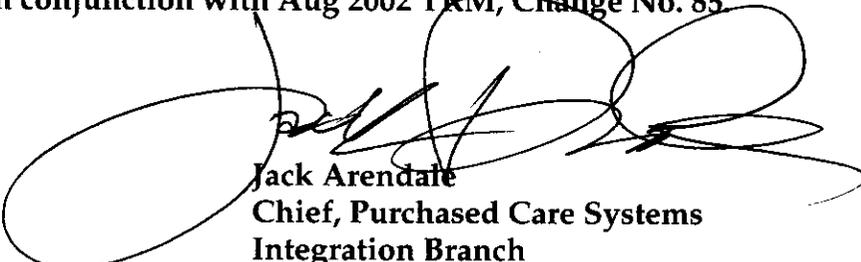
**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** This change provides the information necessary for  
the DRG FY 2009 update.

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

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

This change is made in conjunction with Aug 2002 TRM, Change No. 85.



Jack Arendale  
Chief, Purchased Care Systems  
Integration Branch

**ATTACHMENT(S):** 3 PAGES  
**DISTRIBUTION:** 7950.1-M

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

**CHANGE 68**  
**7950.1-M**  
**OCTOBER 17, 2008**

**REMOVE PAGE(S)**

**INSERT PAGE(S)**

**CHAPTER 2**

Section 2.4, page 31

Section 5.3, pages 15 through 18

Section 2.4, page 31

Section 5.3, pages 15 and 16

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

CHAPTER 2, SECTION 2.4

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (A - D)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: DRG NUMBER</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-290	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> Three (3) alphanumeric digits.			
<b>DEFINITION</b>	Number identifying the Diagnosis Related Group (DRG) determined for this care.		
<b>CODE/VALUE SPECIFICATIONS</b> N/A			
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>		<b>GROUP</b>	
N/A		N/A	

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Required if TED Record is processed under TRICARE/CHAMPUS DRG reimbursement methodology. See TRICARE Reimbursement Manual (TRM), [Chapter 6](#) for DRG **effective dates**.



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

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: DRG NUMBER (1-290)**

**VALIDITY EDITS**

**1-290-01V** MUST BE A VALID DRG NUMBER OR BLANK FILLED.

**RELATIONAL EDITS**

<b>1-290-01R</b>	IF PRICING RATE CODE =	<del>b</del>	NO SPECIAL RATE CODE OR
		K	HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM RATE OR
		L	REGIONAL-SPECIFIC PSYCHIATRIC PER DIEM RATE OR
		P	PER DIEM RATE AGREEMENT OR
		CA	CAH REIMBURSEMENT

**THEN DRG NUMBER MUST = BLANK**

<b>1-290-02R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	Y	NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES
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**THEN DRG NUMBER MUST = BLANK.**

<b>1-290-31R</b>	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER

**THEN DRG NUMBER MUST NOT BE BLANK.**

**AND DATE OF ADMISSION MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE.**

**ELEMENT NAME: HIPPS CODE (1-292)**

**VALIDITY EDITS**

**1-292-01V** MUST BE VALID HIPPS CODES REFER TO [SECTION 2.8](#).

**RELATIONAL EDITS**

<b>1-292-01R</b>	IF HIPPS CODE = BLANK		
	<b>THEN NO OCCURRENCE OF REVENUE CODE CAN =</b>	0022	SKILLED NURSING FACILITY OR
		0023	HOME HEALTH AGENCY

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: ADMISSION DIAGNOSIS (1-295)**

**VALIDITY EDITS**

<b>1-295-01V</b>	FOR FILING DATE PRIOR TO 10/01/2004 VALUE MUST BE VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.  <b>UNLESS</b> REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS = 0023 HOME HEALTH AGENCY  <b>THEN</b> VALUE MUST BE BLANK OR A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1
<b>1-295-02V</b>	FOR FILING DATE ON OR AFTER 10/01/2004 VALUE MUST BE VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.  <b>AND</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 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>UNLESS</b> REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS = 0023 HOME HEALTH AGENCY  <b>THEN</b> VALUE MUST BE BLANK <b>OR</b> VALUE MUST BE A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1  <b>AND</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 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**

NONE