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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 73
7950.1-M
JULY 15, 2009

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: PERIODIC PHYSICAL EXAMS FOR MEMBERS ON THE
TEMPORARY DISABILITY RETIREMENT LIST (TDRL)

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change allows members on the TDRL to obtain
periodic physical examinations under Supplemental Health Care Program (SHCP).

EFFECTIVE DATE: March 30, 2009.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with ~~Aug 2002 TOM~~, Change No. 83.

Jack Arendale
Chief, Purchased Care Systems
Integration Branch

ATTACHMENT(S): 19 PAGES
DISTRIBUTION: 7950.1-M

CHANGE 73
7950.1-M
JULY 15, 2009

REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 2

Section 2.8, pages 15 and 16

Section 6.2, pages 31 and 32

Section 6.3, pages 1 and 2

Section 6.4, pages 15 through 26

Section 2.8, pages 15 and 16

Section 6.2, pages 31 and 32

Section 6.3, pages 1 and 2

Section 6.4, pages 15 through 27

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)		
	CA	Civil Action Payment (Effective 07/01/1999)
	CE	Supplemental Health Care Program (SHCP) - Comprehensive Clinical Evaluation Program (CCEP) (Effective 10/01/1999)
	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)
	DE	Temporary Disability Retirement List (TDRL) physical exams (Effective 12/12/2008)
	EF	TRICARE Reserve and National Guard Family Member Benefits (Reservists and National Guard members called to active duty for more than 30 days in support of a contingency operation) (Effective 11/01/2009)
	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)

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ 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.
- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- ³ Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- ⁴ 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)	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)
	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 Demonstration (Reservists called to active duty under Executive Order 13223) (Effective 09/14/2001 through 10/31/2009)

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ 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.
- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- ³ Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- ⁴ 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 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
2-185-07R	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.

2-190-01R	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

2-191-01R	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

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: AMOUNT PATIENT COST-SHARE (2-200)	
VALIDITY EDITS	
2-200-01V	MUST BE NUMERIC.
RELATIONAL EDITS	
2-200-00R	TOTAL OF ALL OCCURRENCES OF AMOUNT PATIENT COST-SHARE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.
2-200-01R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
	THEN AMOUNT PATIENT COST-SHARE MUST BE ≥ ZERO
2-200-02R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL
	THEN AMOUNT PATIENT COST-SHARE MUST BE = ZERO
2-200-03R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	DE TDRL PHYSICAL EXAMS
	THEN AMOUNT PATIENT COST-SHARE MUST BE = ZERO
ELEMENT NAME: HEALTH CARE COVERAGE (HCC) COPAYMENT FACTOR CODE (2-201)	
VALIDITY EDITS	
2-201-01V	MUST BE A VALID HCC COPAYMENT FACTOR CODE LISTED IN CHAPTER 2, SECTION 2.5 .
RELATIONAL EDITS	
	NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE (2-205)

VALIDITY EDITS

2-205-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-205-00R TOTAL OF ALL OCCURRENCES OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.

2-205-01R IF TYPE OF SUBMISSION =

A	ADJUSTMENT OR
I	INITIAL SUBMISSION OR
O	ZERO PAYMENT WITH 100% OHI/TPL OR
R	RESUBMISSION

THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE ≥ ZERO

2-205-02R IF TYPE OF SUBMISSION =

C	COMPLETE CANCELLATION OR
D	COMPLETE DENIAL

THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE = ZERO

ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE (2-220)

VALIDITY EDITS

2-220-01V VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO [CHAPTER 2, ADDENDUM H](#)).

RELATIONAL EDITS

2-220-01R IF TYPE OF SUBMISSION =

C	COMPLETE CANCELLATION OR
D	COMPLETE DENIAL

THEN ALL OCCURRENCE/LINE ITEMS MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN [FIGURE 2-H-1](#) OR [FIGURE 2-H-2](#)

2-220-02R IF ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN [FIGURE 2-H-1](#), FOR THAT OCCURRENCE/LINE ITEM

AND 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 ALLOWED BY PROCEDURE CODE MUST = ZERO

2-220-03R IF TYPE OF SUBMISSION =

B	ADJUSTMENT TO NON-TED (HCSR) DATA OR
E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

AND ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN [FIGURE 2-H-1](#), FOR THAT OCCURRENCE/LINE ITEM

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

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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 OR
	411 TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412 TRS SURVIVOR NEW FAMILY COVERAGE OR
	413 TRS MEMBER-ONLY COVERAGE OR
	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 AGE³ MUST BE ≥ 18 MONTHS
2-305-32R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = RB RESPITE BENEFIT FOR ADMSs
	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
2-305-33R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = EF TRICARE RESERVE AND NATIONAL GUARD FAMILY MEMBER BENEFITS
	THEN BEGIN DATE OF CARE MUST BE ≥ 11/01/2009
	AND ENROLLMENT/HEALTH PLAN CODE MUST = T TRICARE STANDARD PROGRAM OR V TRICARE EXTRA
	AND HCDP SPECIAL ENTITLEMENT CODE MUST = 02 NOBLE EAGLE PARTICIPATION SPECIAL ENTITLEMENT OR 03 ENDURING FREEDOM PARTICIPATION SPECIAL ENTITLEMENT
	AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO
2-305-35R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = DE TDRL PHYSICAL EXAMS
	THEN BEGIN DATE OF CARE MUST BE ≥ 12/12/2008

¹ AS STATED IN SECTION 2.8 OR BLANK
² CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.
³ 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)

AND ENROLLMENT/
HEALTH PLAN CODE

MUST =

SR

SHCP REFERRED CARE

AND AT LEAST ONE
OTHER OCCURRENCE OF
SPECIAL PROCESSING
CODE MUST =

SE

SHCP - TRICARE ELIGIBLE

¹ AS STATED IN [SECTION 2.8](#) OR BLANK

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

³ 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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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

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310) (CONTINUED)	
	PS TSRx OR
	SN SHCP - NON-MTF-REFERRED CARE OR
	SR SHCP - REFERRED CARE OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE AD5M
THEN BYPASS ALL CA/NAS NUMBER EDITING.	
NO ERROR	IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER
THEN BYPASS ALL CA/NAS NUMBER EDITING.	
NO ERROR	IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE =
	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
	33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
	34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
	62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
	141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
THEN BYPASS ALL CA/NAS NUMBER EDITING	
NO ERROR	IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO
THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS NUMBER EDITING.	
NO ERROR	IF HCDP PLAN COVERAGE CODE = 401 TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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

	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE
2-310-02R	IF CA/NAS EXCEPTION REASON ≠ BLANK THEN CA/NAS NUMBER MUST = BLANK	
2-310-03R	<ul style="list-style-type: none"> • MENTAL HEALTH CHECK IF CA/NAS EXCEPTION REASON = BLANK AND TYPE OF SERVICE (FIRST POSITION) = I INPATIENT AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316 AND PATIENT ZIP CODE IS IN AN MTF² CATCHMENT AREA¹ THEN CA/NAS NUMBER MUST BE CODED UNLESS ANY OCCURRENCE OF OVERRIDE CODE = C GOOD FAITH PAYMENT THEN CA/NAS NUMBER MUST = BLANK	
2-310-04R	IF CA/NAS NUMBER IS CODED THEN CA/NAS EXCEPTION REASON MUST = BLANK	

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS REASON FOR ISSUANCE (2-315)	
VALIDITY EDITS	
2-315-01V	VALUE MUST A VALID CA/NAS REASON FOR ISSUANCE.
RELATIONAL EDITS	
2-315-02R	IF CA/NAS NUMBER = BLANK THEN CA/NAS REASON FOR ISSUANCE MUST = BLANK.
2-315-03R	IF CA/NAS REASON FOR ISSUANCE =
	7 ENROLLEE NETWORK CARE AUTHORIZATION/RESTRICTED CA/NAS OR
	8 ENROLLEE NON-NETWORK CARE AUTHORIZATIONS/RESTRICTED CA/NAS OR
	9 NOT ENROLLED, AUTHORIZED NETWORK CARE ONLY
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =
	T TRICARE STANDARD PROGRAM OR
	U TRICARE PRIME, CIVILIAN PCM OR
	V TRICARE EXTRA OR
	Z TRICARE PRIME, MTF/PCM OR
	XF FOREIGN ADFM

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320)	
VALIDITY EDITS	
2-320-01V	VALUE MUST BE A VALID CA/NAS EXCEPTION REASON.
RELATIONAL EDITS	
NO ERROR	IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION OR D COMPLETE DENIAL THEN BYPASS ALL CA/NAS EXCEPTION REASON 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-NOT A MEDICARE BENEFIT) 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 EXCEPTION REASON 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

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320) (CONTINUED)

	PS	TSRx	OR
	SN	SHCP - NON-MTF-REFERRED CARE OR	
	SR	SHCP - REFERRED CARE OR	
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE AD5M	

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
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THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR	IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE =	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
		33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
		34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
		62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING

NO ERROR	IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO		
	THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS EXCEPTION REASON EDITING		

NO ERROR	IF HCDP PLAN COVERAGE CODE =	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
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¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320) (CONTINUED)	
402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
412	TRS SURVIVOR NEW FAMILY COVERAGE OR
413	TRS MEMBER-ONLY COVERAGE OR
414	TRS MEMBER AND FAMILY COVERAGE
2-320-01R	IF PATIENT ZIP CODE IS NOT IN AN MTF ² CATCHMENT AREA ¹ THEN CA/NAS EXCEPTION REASON MUST = BLANK
2-320-02R	IF CA/NAS NUMBER IS CODED THEN CA/NAS EXCEPTION REASON MUST = BLANK
2-320-04R	IF PATIENT ZIP CODE IS IN AN MTF CATCHMENT AREA AND TYPE OF SERVICE (FIRST POSITION) = I INPATIENT AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316 AND CA/NAS NUMBER NOT CODED THEN CA/NAS EXCEPTION REASON MUST BE CODED
¹	CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.
²	MTF IS A 40 MILES CATCHMENT AREA.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED)	
	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
	FS TFL (SECOND PAYOR) OR
	MN TSP - NON-NETWORK OR
	MS TSP - NETWORK
2-325-05R	IF PRICING RATE CODE = U SHCP CLAIM OR ACTIVE DUTY MEMBER TPR PAID OUTSIDE NORMAL LIMITS
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	AR SHCP - REFERRED CARE OR
	AN SHCP - NON-MTF-REFERRED CARE OR
	CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU ADSM ENROLLED IN TPR 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
	SR SHCP - REFERRED CARE
2-325-06R	IF PRICING CODE = W PRICED OVER CMAC
	AND ENROLLMENT/HEALTH PLAN CODE =
	T TRICARE STANDARD PROGRAM
	AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE =
	NE OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM DEMONSTRATION
	AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2009
	THEN PROVIDER PARTICIPATING INDICATOR MUST =
	N NO
2-325-07R	IF PRICING RATE CODE = GG GLOBAL RATE AGREEMENT (USED WITH CORPORATE SERVICE PROVIDERS ONLY) OR
	GP PER DIEM RATE AGREEMENT (USED WITH CORPORATE SERVICE PROVIDERS ONLY)
	THEN PROVIDER SPECIALITY MUST =
	261QS1200X (CLINIC/CENTER - SLEEP DISORDER DIAGNOSTIC) OR
	293D00000X (PHYSIOLOGICAL LAB) OR
	261QE0700X (CLINIC/CENTER END STAGE RENAL DISEASE TREATMENT) OR

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED)

			261QM1200X (CLINIC/CENTER MAGNETIC RESONANCE IMAGING) OR
			261QR0401X (CLINIC/CENTER REHABILITATION, COMPREHENSIVE OUTPATIENT REHAB FACILITY (CORF)) OR
			2514H0200X (HOME HEALTH AGENCY) OR
			261QR0404X (CLINIC/CENTER REHAB CARDIAC FACILITIES) OR
			261QX0203X (CLINIC/CENTER ONCOLOGY, RADIATION) OR
			261QR0200X (CLINIC/CENTER RADIOLOGY)
2-325-08R	IF 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 OPPS
	THEN AMBULATORY PAYMENT CLASSIFICATION CODE MUST ≠ BLANK OR ZEROES.		
2-325-09R	IF PRICING RATE CODE =	CA	CAH REIMBURSEMENT
	THEN PROVIDER STATE OR COUNTRY CODE MUST =	AK	ALASKA
	AND BEGIN DATE OF CARE MUST BE ≥ 07/01/2007		
2-325-10R	IF PRICING CODE =	W	PRICED OVER CMAC
	AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE =	EF	TRICARE RESERVE AND NATIONAL GUARD FAMILY MEMBER BENEFITS
	AND ENROLLMENT/HEALTH PLAN CODE =	T	TRICARE STANDARD PROGRAM
	THEN PROVIDER PARTICIPATING INDICATOR MUST =	N	NO

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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 , 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.

