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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 74
7950.1-M
AUGUST 19, 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: NEW REIMBURSEMENT METHODOLOGY FOR
CRITICAL ACCESS HOSPITALS (CAHs)

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): New reimbursement methodology for CAHs using a
modified version of the methodology used by Medicare.

EFFECTIVE AND IMPLEMENTATION DATE: December 1, 2009.

This change is made in conjunction with Aug 2002 TOM, Change No. 86 and Aug
2002 TRM, Change No. 98.

Jack Arendale
Chief, Purchased Care Systems
Integration Branch

ATTACHMENT(S): 9 PAGES
DISTRIBUTION: 7950.1-M

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

CHANGE 74
7950.1-M
AUGUST 19, 2009

REMOVE PAGE(S)

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CHAPTER 2

Section 2.8, pages 15 and 16

Section 5.2, pages 35 and 36

Section 6.4, pages 15, 16, 25, and 26

Addendum C, page 35

Section 2.8, pages 15 and 16

Section 5.2, pages 35 and 36

Section 6.4, pages 15, 16, 25, and 26

Addendum C, page 35

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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)		
	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 03/31/2009)
	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.

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)	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 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PRICING RATE CODE (1-190)			
VALIDITY EDITS			
1-190-01V	VALUE MUST BE A VALID INSTITUTIONAL PRICING RATE CODE.		
RELATIONAL EDITS			
1-190-01R	IF FILING STATE/COUNTRY CODE =	MD	MARYLAND
	THEN PRICING RATE CODE MUST ≠	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
1-190-02R	IF DRG NUMBER IS CODED (OTHER THAN ZERO)		
	THEN PRICING RATE CODE MUST =	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 OR
		U	SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR
		V	MEDICARE REIMBURSEMENT RATE
1-190-03R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	THEN PRICING RATE CODE MUST =	D	DISCOUNT RATE AGREEMENT OR
		P	PER DIEM RATE AGREEMENT OR
		U	SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR
		V	MEDICARE REIMBURSEMENT RATE
	UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL
1-190-04R	IF PRICING RATE CODE =	V	MEDICARE REIMBURSEMENT RATE
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR
		FS	TFL (SECOND PAYOR) OR
		MN	TSP - NON-NETWORK OR
		MS	TSP - NETWORK
	OR TYPE OF INSTITUTION =	70	HOME HEALTH AGENCY OR
		76	SKILLED NURSING FACILITY

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CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PRICING RATE CODE (1-190) (CONTINUED)			
1-190-05R	IF PRICING RATE CODE =	U	SHCP CLAIM OR ACTIVE DUTY MEMBER TPR CLAIM PAID OUTSIDE NORMAL LIMITS
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	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
		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
1-190-06R	IF ANY OCCURRENCE OF REVENUE CODE =	0022	SKILLED NURSING FACILITY CHARGE
	THEN PRICING RATE CODE MUST =	D	DISCOUNT RATE AGREEMENT OR
		V	MEDICARE REIMBURSEMENT RATE
1-190-07R	IF ANY OCCURRENCE OF REVENUE CODE =	0023	HOME HEALTH AGENCY (HHA-PPS)
	THEN PRICING RATE CODE MUST =	D	DISCOUNT RATE AGREEMENT OR
		V	MEDICARE REIMBURSEMENT RATE
1-190-08R	IF PRICING RATE CODE =	CA	CAH REIMBURSEMENT
			THEN ADMISSION DATE MUST BE ≥ 12/01/2009
	UNLESS PROVIDER STATE OR COUNTRY CODE =	AK	ALASKA
			THEN ADMISSION DATE MUST BE ≥ 07/01/2007

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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 ≥ 03/31/2009

¹ AS STATED IN SECTION 2.8 OR BLANK
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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

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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: 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 BEGIN DATE OF CARE MUST BE ≥ 12/01/2009		
	UNLESS PROVIDER STATE OR COUNTRY CODE =	AK	ALASKA
	THEN 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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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002
 CHAPTER 2, ADDENDUM C
 DATA REQUIREMENTS - PROVIDER'S MAJOR SPECIALTY CODES

FIGURE 2-C-2 PROVIDER MAJOR SPECIALTY CODES FOR USE ON NON-INSTITUTIONAL TED RECORDS FOR OUTPATIENT HOSPITAL CARE (CONTINUED)

TYPE OF INSTITUTION CODE	TYPE OF INSTITUTION DESCRIPTION	PROVIDER MAJOR SPECIALTY CODE	PROVIDER MAJOR SPECIALTY CODE DESCRIPTION
73	Extended Care Facility	313M00000X	Nursing Facility/Intermediate Care Facility
74	Christian Science Facility	287300000X	Christian Science Sanitarium (hospital services)
75	Hospital Based Ambulatory Surgery Center	261QA1903X	Ambulatory Surgical
76	Skilled Nursing Facility	314000000X	Skilled Nursing Facility
78	Non-hospital based Hospice	251G00000X	Hospice Care, Community Based
79	Hospital Based Hospice	315D00000X	Hospice, Inpatient
82	Substance Use Disorders Rehabilitation Facility (SUDRF)	276400000X	Rehabilitation, Substance Use Disorder Unit
90	Cancer	284300000X	Special Hospital
91	Sole Community Hospital (SCH)	282N00000X	General Acute Care Hospital
	Critical Access Hospital (CAH)	282NC0060X	
92	Freestanding Ambulatory Surgery Center	261QA1903X	Ambulatory Surgical

This table should be used as a reference when assigning Provider Major Specialty Codes to Outpatient Hospital Non-Institutional Provider Records and Outpatient Hospital Non-Institutional TED records.

