



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

PCSIB

CHANGE 75  
7950.1-M  
AUGUST 21, 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: COVERED DAYS DATA REPORTING

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): Number of inpatient covered days reported on the  
TRICARE Encounter Data (TED) record is being overstated. This change adds a new  
TED record edit which ensures that the correct number of covered days is reported.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting  
Officer.



Jack Arendale  
Chief, Purchased Care Systems  
Integration Branch

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

CHANGE 75  
7950.1-M  
AUGUST 21, 2009

**REMOVE PAGE(S)**

**INSERT PAGE(S)**

**CHAPTER 2**

Section 5.3, pages 13 through 16

Section 5.3, pages 13 through 15

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: COVERED DAYS (1-285)**

**VALIDITY EDITS**

<b>1-285-01V</b>	MUST BE NUMERIC.	
<b>1-285-02V</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
	11	HOSPICE
	<b>OR</b> TYPE OF SUBMISSION =	
	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>OR</b> TYPE OF INSTITUTION =	
	78	NON-HOSPITAL BASED HOSPICE <b>OR</b>
	79	HOSPITAL BASED HOSPICE
	<b>THEN BYPASS THIS EDIT</b>	
	<b>ELSE</b> IF AMOUNT ALLOWED (TOTAL) ≤ ZERO	
	<b>OR</b> TYPE OF INSTITUTION =	
	70	HHA
	<b>OR</b> THE SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES THAT INDICATE THAT A ROOM WAS USED (010X-021X, <b>OR</b> 0724) = ZERO	
	<b>THEN COVERED DAYS MUST = ZERO</b>	
	<b>ELSE</b> IF TYPE OF SUBMISSION =	
	A	ADJUSTMENT TO TED RECORD DATA <b>OR</b>
	I	INITIAL TED RECORD SUBMISSION <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI <b>OR</b>
	R	RESUBMISSION OF AN INITIAL TED RECORD
	<b>AND</b> FREQUENCY CODE =	
	2	INTERIM - INITIAL TED RECORD <b>OR</b>
	3	INTERIM - INTERIM TED RECORD
	<b>OR</b> BEGIN DATE OF CARE = END DATE OF CARE	
	<b>THEN COVERED DAYS MUST BE</b> ≤ END DATE OF CARE - BEGIN DATE OF CARE +1	
	<b>ELSE COVERED DAYS MUST BE</b> ≤ END DATE OF CARE - BEGIN DATE OF CARE	
<b>RELATIONAL EDITS</b>		
NONE		

**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

