



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

PCSIB

CHANGE 76  
7950.1-M  
AUGUST 31, 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:** NATIONAL DEFENSE AUTHORIZATION ACT (NDAA)  
FISCAL YEAR (FY) 2008, SECTION 1637, TRANSITIONAL  
CARE FOR SERVICE-RELATED CONDITIONS (TCSRC)

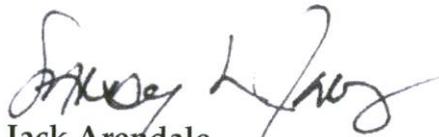
**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** This change provides extended Transitional Care For  
Service-Related Conditions (TCSRC) for former Active Duty Service Members  
(ADSMs) during the Transitional Assistance Management Program (TAMP).

**EFFECTIVE DATE:** January 28, 2008.

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

This change is made in conjunction with Aug 2002 TOM, Change No. 88.

  
Jack Arendale  
Chief, Purchased Care Systems  
Integration Branch

**ATTACHMENT(S):** 18 PAGES  
**DISTRIBUTION:** 7950.1-M

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

**CHANGE 76**  
**7950.1-M**  
**AUGUST 31, 2009**

**REMOVE PAGE(S)**

**CHAPTER 2**

Section 2.8, pages 15 and 16

Section 5.2, pages 7 through 12

Section 6.2, pages 5 through 8

Section 6.4, pages 7, 8, 15, and 16

Addendum M, pages 5 and 6

**INSERT PAGE(S)**

Section 2.8, pages 15 and 16

Section 5.2, pages 7 through 12

Section 6.2, pages 5 through 8

Section 6.4, pages 7 and 8

Addendum M, pages 5 and 6

**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>		
	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 03/30/2009)
	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:**

- <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

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

- <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 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (1-111)</b>		
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE
		<b>THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =</b>
	PF	ECHO
<b>1-111-03R</b>	<b>IF HCDP PLAN COVERAGE CODE =</b>	<b>417 TRANSITIONAL CARE FOR SERVICE-RELATED CONDITIONS (TCSRC)</b>
	<b>THEN ENROLLMENT/ HEALTH PLAN CODE MUST =</b>	<b>X FOREIGN ADSM <b>OR</b></b>
		<b>SR SHCP - REFERRED CARE</b>

<b>ELEMENT NAME: REGION INDICATOR (1-112)</b>		
<b>VALIDITY EDITS</b>		
<b>1-112-01V</b>	MUST BE VALID REGION INDICATOR (REFER TO <a href="#">CHAPTER 2, SECTION 2.8</a> )	
<b>1-112-02V</b>	IF TYPE OF SUBMISSION ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>AND REGION INDICATOR =</b>	NC NORTH CONTRACT <b>OR</b>
		SC SOUTH CONTRACT <b>OR</b>
		WC WEST CONTRACT
	<b>THEN ADJUSTMENT KEY MUST =</b>	0 BATCH <b>OR</b>
		5 VOUCHER
<b>RELATIONAL EDITS</b>		
NONE		

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (1-115)**

**VALIDITY EDITS**

<b>1-115-01V</b>	MUST BE A VALID <b>FOUR</b> DIGIT PCM LOCATION DMIS-ID.
<b>1-115-02V</b>	<ul style="list-style-type: none"> <li>REVISED FINANCING</li> </ul>
IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
	6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>	Z TRICARE PRIME, MTF/CLINIC
<b>AND TYPE OF SUBMISSION ≠</b>	B ADJUTMENT NON-TED RECORD (HCSR) DATA <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN PCM LOCATION DMIS-ID MUST EQUAL A VALID MTF/CLINIC DMIS-ID<sup>1</sup></b>	
<b>AND CANNOT = 6501, 6901-6915, 6917-6919, 7901-7912, 7916<sup>2</sup>-7919, 8000-8099, OR BLANK</b>	

**RELATIONAL EDITS**

<b>NO ERROR</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	S	ZIP CODE OVERRIDE TO BE USED WHEN A BENEFICIARY HAS MOVED OUT OF A REGION AND THE CONTRACTOR IS STILL RESPONSIBLE FOR THE CARE CLAIMED; OR IF A BENEFICIARY RESIDES IN A REGION DIFFERENT FROM THE REGION THEY ARE ENROLLED IN-- <b>WITHIN THE SAME CONTRACT JURISDICTION</b>
<b>THEN BYPASS ALL PCM LOCATION DMIS-ID RELATIONAL EDITING.</b>			
<b>1-115-01R</b>	IF DATE OF ADMISSION ≥ 10/01/1997		
	<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>	BB	TSP
<b>THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID<sup>1</sup></b>			
<b>AND CANNOT = 6501, 6901-6915, 6917-6919, 7901-7912, 7916<sup>2</sup>-7919, 8000-8099, OR BLANK.</b>			
<b>1-115-02R</b>	IF DATE OF ADMISSION ≥ 10/01/1999		
	<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>	SR	SHCP - REFERRED CARE
<b>THEN PCM LOCATION DMIS-ID MUST EQUAL A VALID MTF/CLINIC DMIS-ID<sup>1</sup></b>			
<b>AND CANNOT = 6501, 6901-6915, 6917-6919, 7901-7912, 7916<sup>2</sup>-7919, OR 8000-8099</b>			
	<b>UNLESS HCDP PLAN COVERAGE CODE =</b>	417	<b>TRANSITIONAL CARE FOR SERVICE-RELATED CONDITIONS (TCSRC)</b>
<b>THEN BYPASS THIS EDIT.</b>			
<b>1-115-04R</b>	IF DATE OF ADMISSION ≥ 10/01/1997 <b>AND</b> < 09/01/2002		

<sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

<sup>2</sup> 7916 IS THE DMIS-ID FOR ALASKA.

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

CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (1-115) (CONTINUED)</b>	
	AND ENROLLMENT/HEALTH PLAN CODE = U TRICARE PRIME, CIVILIAN PCM
	AND REGION INDICATOR = <del>b</del> BLANK OR
	NC NORTH CONTRACT
	THEN DMIS-ID MUST = 6901, 6902, 6905, OR 8000-8099
	OR REGION INDICATOR = <del>b</del> BLANK OR
	SC SOUTH CONTRACT
	THEN DMIS-ID MUST = 6903, 6904, 6906, 6913, 6914, OR 6915
	OR REGION INDICATOR = <del>b</del> BLANK OR
	WC WEST CONTRACT
	THEN DMIS-ID MUST = 6907, 6908, 6909, 6910, 6911, OR 6912
<b>1-115-05R</b>	IF DATE OF ADMISSION ≥ 10/01/1997 AND < 10/01/1999
	AND ENROLLMENT/HEALTH PLAN CODE = W TPR ADSM - USA
	AND REGION INDICATOR = <del>b</del> BLANK OR
	NC NORTH CONTRACT
	THEN DMIS-ID MUST = 7901, 7902, 7905, 8000-8099, OR BLANK
<b>1-115-06R</b>	IF DATE OF ADMISSION ≥ 10/01/1999 AND < 09/01/2002
	AND ENROLLMENT/HEALTH PLAN CODE = W TPR ADSM - USA
	AND REGION INDICATOR = <del>b</del> BLANK OR
	NC NORTH CONTRACT
	THEN DMIS-ID MUST = 7901, 7902, 7905, OR 8000-8099
	OR REGION INDICATOR = <del>b</del> BLANK OR
	SC SOUTH CONTRACT
	THEN DMIS-ID MUST = 7903, 7904, OR 7906
	OR REGION INDICATOR = <del>b</del> BLANK OR
	WC WEST CONTRACT
	THEN DMIS-ID MUST = 7907, 7908, 7909, 7910, 7911, 7912, OR 7916 <sup>2</sup>
<b>1-115-07R</b>	IF DATE OF ADMISSION ≥ 10/01/1997
	AND ENROLLMENT/HEALTH PLAN CODE ≠ U TRICARE PRIME, CIVILIAN PCM OR
	W TPR ADSM - USA OR
	X FOREIGN ADSM OR
	Z TRICARE PRIME, MTF/CLINIC OR
	BB TSP OR
	SN SHCP - NON-MTF REFERRED CARE OR
	SR SHCP - REFERRED CARE OR
	WA TPR FOREIGN ADSM OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM OR

<sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

<sup>2</sup> 7916 IS THE DMIS-ID FOR ALASKA.

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

CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (1-115) (CONTINUED)</b>	
	WO TPR FOREIGN ADFM <b>OR</b>
	XF FOREIGN ADFM
THEN PCM LOCATION DMIS-ID MUST =	<del>b</del> BLANK
UNLESS HCDP PLAN COVERAGE CODE =	140 TRICARE PLUS WITH CHC COVERAGE FOR ADFMs <b>OR</b>
	141 TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	142 TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	143 TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	144 TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	145 TRICARE PLUS COVERAGE FOR RETIRED SPONSORS, FAMILY MEMBERS AND MEDAL OF HONOR <b>OR</b>
	146 TRICARE PLUS WITH CHC COVERAGE FOR RETIRED SPONSORS, FAMILY MEMBERS AND MEDAL OF HONOR <b>OR</b>
	147 TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
	148 TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
	149 TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED <b>OR</b>
	150 TRICARE PLUS COVERAGE FOR ADFMs <b>OR</b>
	151 TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS
<b>1-115-08R</b>	IF DATE OF ADMISSION ≥ 09/01/2002
AND ENROLLMENT/HEALTH PLAN CODE =	U TRICARE PRIME, CIVILIAN PCM
AND REGION INDICATOR =	<del>b</del> BLANK <b>OR</b>
	NC NORTH CONTRACT
THEN DMIS-ID MUST =	6901, 6902, 6905, 6917, 8007, <b>OR</b> 8009
OR REGION INDICATOR =	<del>b</del> BLANK <b>OR</b>
	SC SOUTH CONTRACT
THEN DMIS-ID MUST =	6903, 6904, 6906, 6913, 6914, 6915, <b>OR</b> 6918

<sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

<sup>2</sup> 7916 IS THE DMIS-ID FOR ALASKA.

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

CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (1-115) (CONTINUED)**

	OR REGION INDICATOR =	<del>h</del>	BLANK OR
		WC	WEST CONTRACT
	THEN DMIS-ID MUST = 6907, 6908, 6909, 6910, 6911, 6912, OR 6919		
<b>1-115-09R</b>	IF DATE OF ADMISSION ≥ 09/01/2002		
	AND ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA OR
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND REGION INDICATOR =	<del>h</del>	BLANK OR
		NC	NORTH CONTRACT
	THEN DMIS-ID MUST = 7901, 7902, 7905, OR 7917		
	OR REGION INDICATOR =	<del>h</del>	BLANK OR
		SC	SOUTH CONTRACT
	THEN DMIS-ID MUST = 7903, 7904, 7906, OR 7918		
	OR REGION INDICATOR =	<del>h</del>	BLANK OR
		WC	WEST CONTRACT
	THEN DMIS-ID MUST = 7907, 7908, 7909, 7910, 7911, 7912, 7916 <sup>2</sup> , OR 7919		
<b>1-115-10R</b>	IF DATE OF ADMISSION ≥ 09/01/2003		
	AND ENROLLMENT/HEALTH PLAN CODE =	WA	TPR FOREIGN ADSM OR
		WO	TPR FOREIGN ADFM OR
		XF	FOREIGN ADFM
	THEN DMIS-ID MUST ≠ BLANK		

<sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

<sup>2</sup> 7916 IS THE DMIS-ID FOR ALASKA.

**ELEMENT NAME: AMOUNT BILLED (TOTAL) (1-120)**

**VALIDITY EDITS**

**1-120-01V** MUST BE NUMERIC.

**RELATIONAL EDITS**

<b>1-120-01R</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 BILLED (TOTAL) MUST BE > ZERO

UNLESS ANY OCCURRENCE/LINE ITEM REVENUE CODE = 0022 OR 0023

AND AMOUNT ALLOWED (TOTAL) = ZERO

**1-120-02R** AMOUNT BILLED (TOTAL) MUST = TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODE 0001

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: AMOUNT ALLOWED (TOTAL) (1-125)	
<b>VALIDITY EDITS</b>	
1-125-01V	MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
1-125-01R	IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION <b>OR</b> D COMPLETE DENIAL  THEN AMOUNT ALLOWED (TOTAL) MUST = ZERO  <b>AND ALL OCCURRENCE/LINE ITEMS (EXCLUDING REVENUE CODE 0001) MUST CONTAIN A DENIAL CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2</b>
1-125-02R	IF ALL DETAIL ADJUSTMENT/DENIAL REASON CODES CONTAIN A DENIAL CODE (REFER TO FIGURE 2-H-1 OR FIGURE 2-H-2)  AND TYPE OF SUBMISSION = B ADJUSTMENT NON-TED RECORD (HCSR) DATA <b>OR</b> E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA  THEN AMOUNT ALLOWED (TOTAL) MUST BE ≤ZERO
1-125-03R	IF TYPE OF SUBMISSION = A ADJUSTMENT <b>OR</b> I INITIAL SUBMISSION <b>OR</b> O ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b> R RESUBMISSION  THEN AMOUNT ALLOWED (TOTAL) MUST BE > ZERO  <b>UNLESS ALL OCCURRENCE/LINE ITEMS (EXCLUDING REVENUE CODE 0001) CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2</b>  <b>AND THE TED RECORD CORRECTION INDICATOR = 1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD <b>OR</b></b>  <b>3 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B C, OR E) TO CORRECT BOTH EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD AND TO CORRECT CLAIM PROCESSING ERRORS OR UPDATE PRIOR DATA WITH MORE CURRENT/ ACCURATE INFORMATION</b>
1-125-04R	IF AMOUNT ALLOWED (TOTAL) = ZERO  THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) MUST = ZERO  UNLESS TYPE OF SUBMISSION = B ADJUSTMENT NON-TED RECORD (HCSR) DATA <b>OR</b> E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

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

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110)</b>	
<b>VALIDITY EDITS</b>	
<b>2-110-01V</b>	MUST BE A VALID <b>FOUR</b> DIGIT DMIS-ID CODE.
<b>2-110-02V</b>	<ul style="list-style-type: none"> <li>REVISED FINANCING</li> </ul>
	IF HEADER TYPE INDICATOR = 5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6 VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	<b>AND</b> ENROLLMENT/HEALTH PLAN CODE = Z TRICARE PRIME, MTF/CLINIC
	<b>AND</b> TYPE OF SUBMISSION ≠ B ADJUSTMENT NON-TED RECORD (HCSR) DATA <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>THEN</b> PCM LOCATION DMIS-ID MUST EQUAL A VALID MTF/CLINIC DMIS-ID <sup>1</sup>
	<b>AND CANNOT</b> = 6501, 6901-6915, 6917-6919, 7901-7912, 79162-7919, 8000-8099, <b>OR</b> BLANK
<b>RELATIONAL EDITS</b>	
<b>NO ERROR</b>	IF ANY OCCURRENCE OF OVERRIDE CODE = S ZIP CODE OVERRIDE TO BE USED WHEN A BENEFICIARY HAS MOVED OUT OF A REGION AND THE CONTRACTOR IS STILL RESPONSIBLE FOR THE CARE CLAIMED; OR IF A BENEFICIARY RESIDES IN A REGION DIFFERENT FROM THE REGION THEY ARE ENROLLED IN-- <b>WITHIN THE SAME CONTRACT JURISDICTION</b>
	<b>THEN</b> BYPASS ALL PCM LOCATION DMIS-ID RELATIONAL EDITING.
<b>2-110-01R</b>	IF BEGIN DATE OF CARE ≥ 10/01/1997
	<b>AND</b> ENROLLMENT/HEALTH PLAN CODE = BB TSP
	<b>THEN</b> PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID <sup>1</sup>
	<b>AND CANNOT</b> = 6501, 6901-6915, 6917-6919, 7901-7912, 79162-7919, 8000-8099, <b>OR</b> BLANK
<b>2-110-02R</b>	IF BEGIN DATE OF CARE ≥ 10/01/1999
	<b>AND</b> ENROLLMENT/HEALTH PLAN CODE = SR SHCP - REFERRED CARE
	<b>THEN</b> PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID <sup>1</sup>
	<b>AND CANNOT</b> = 6501, 6901-6915, 6917-6919, 7901-7912, 79162-7919, <b>OR</b> 8000-8099
	<b>UNLESS</b> HCDP PLAN COVERAGE CODE = 417 <b>TRANSITIONAL CARE FOR SERVICE RELATED CONDITIONS (TCSRC)</b>
	<b>THEN</b> BYPASS THIS EDIT.
<b>2-110-04R</b>	IF BEGIN DATE OF CARE ≥ 10/01/1997 <b>AND</b> < 09/01/2002
<sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.	
<sup>2</sup> 7916 IS THE DMIS-ID FOR ALASKA.	

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

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110) (CONTINUED)</b>		
	AND ENROLLMENT/HEALTH PLAN CODE =	U TRICARE PRIME, CIVILIAN PCM
	AND REGION INDICATOR =	<del>b</del> BLANK OR NC NORTH CONTRACT
	THEN DMIS-ID MUST =	6901, 6902, 6905, OR 8000-8099
	OR REGION INDICATOR =	<del>b</del> BLANK OR SC SOUTH CONTRACT
	THEN DMIS-ID MUST =	6903, 6904, 6906, 6913, 6914, OR 6915
	OR REGION INDICATOR =	<del>b</del> BLANK OR WC WEST CONTRACT
	THEN DMIS-ID MUST =	6907, 6908, 6909, 6910, 6911, OR 6912
<b>2-110-05R</b>	IF BEGIN DATE OF CARE ≥ 10/01/1997 AND < 10/01/1999	
	AND ENROLLMENT/HEALTH PLAN CODE =	W TPR ADSM - USA
	AND REGION INDICATOR =	<del>b</del> BLANK OR NC NORTH CONTRACT
	THEN DMIS-ID MUST =	7901, 7902, 7905, OR 8000-8099 OR BLANK
	OR REGION INDICATOR =	<del>b</del> BLANK OR WC WEST CONTRACT
	THEN DMIS-ID MUST =	6911 OR BLANK
<b>2-110-06R</b>	IF BEGIN DATE OF CARE ≥ 10/01/1999 AND < 09/01/2002	
	AND ENROLLMENT/HEALTH PLAN CODE =	W TPR ADSM - USA
	AND REGION INDICATOR =	<del>b</del> BLANK OR NC NORTH CONTRACT
	THEN DMIS-ID MUST =	7901, 7902, 7905 OR 8000-8099
	OR REGION INDICATOR =	<del>b</del> BLANK OR SC SOUTH CONTRACT
	THEN DMIS-ID MUST =	7903, 7904 OR 7906
	OR REGION INDICATOR =	<del>b</del> BLANK OR WC WEST CONTRACT
	THEN DMIS-ID MUST =	7907, 7908, 7909, 7910, 7911, 7912 OR 7916 <sup>2</sup>
<b>2-110-07R</b>	IF BEGIN DATE OF CARE ≥ 10/01/1997	
	AND ENROLLMENT/HEALTH PLAN CODE ≠	U TRICARE PRIME, CIVILIAN PCM OR W TPR ADSM - USA OR X FOREIGN ADSM OR Z TRICARE PRIME, MTF/CLINIC OR BB TSP OR SN SHCP - NON-MTF REFERRED CARE OR

<sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

<sup>2</sup> 7916 IS THE DMIS-ID FOR ALASKA.

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110) (CONTINUED)</b>	
	SR SHCP - REFERRED CARE <b>OR</b>
	SU SHCP - REFERRAL DESIGNATION UNKNOWN <b>OR</b>
	WA TPR FOREIGN AD SM <b>OR</b>
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE AD SM <b>OR</b>
	WO TPR FOREIGN ADFM <b>OR</b>
	XF FOREIGN ADFM
<b>THEN PCM LOCATION DMIS-ID MUST = BLANK</b>	
<b>UNLESS HC DP PLAN COVERAGE CODE =</b>	140 TRICARE PLUS WITH CHC COVERAGE FOR AD FMs <b>OR</b>
	141 TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	142 TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	143 TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	144 TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	145 TRICARE PLUS COVERAGE FOR RETIRED SPONSORS, FAMILY MEMBERS AND MEDAL OF HONOR <b>OR</b>
	146 TRICARE PLUS WITH CHC COVERAGE FOR RETIRED SPONSORS, FAMILY MEMBERS AND MEDAL OF HONOR <b>OR</b>
	147 TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS <b>OR</b>
	148 TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
	149 TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED <b>OR</b>
	150 TRICARE PLUS COVERAGE FOR ADFMs <b>OR</b>
	151 TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS
<b>2-110-08R</b>	IF BEGIN DATE OF CARE ≥ 09/01/2002  AND ENROLLMENT/HEALTH PLAN CODE CODE = U TRICARE PRIME, CIVILIAN PCM  AND REGION INDICATOR = <del>b</del> BLANK <b>OR</b>

<sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

<sup>2</sup> 7916 IS THE DMIS-ID FOR ALASKA.

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

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110) (CONTINUED)</b>	
	NC NORTH CONTRACT
	THEN DMIS-ID MUST = 6901, 6902, 6917, 8007, 8009, OR 6905
	OR REGION INDICATOR = <del>h</del> BLANK OR
	SC SOUTH CONTRACT
	THEN DMIS-ID MUST = 6903, 6904, 6906, 6913, 6914, 6915, OR 6918
	OR REGION INDICATOR = <del>h</del> BLANK OR
	WC WEST CONTRACT
	THEN DMIS-ID MUST = 6907, 6908, 6909, 6910, 6911, 6912, OR 6919
<b>2-110-09R</b>	IF BEGIN DATE OF CARE ≥ 09/01/2002
	AND ENROLLMENT/HEALTH PLAN CODE CODE =
	W TPR ADSM - USA OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND REGION INDICATOR = <del>h</del> BLANK OR
	NC NORTH CONTRACT
	THEN DMIS-ID MUST = 7901, 7902, 7905, OR 7917
	OR REGION INDICATOR = <del>h</del> BLANK OR
	SC SOUTH CONTRACT
	THEN DMIS-ID MUST = 7903, 7904, 7906, OR 7918
	OR REGION INDICATOR = <del>h</del> BLANK OR
	WC WEST CONTRACT
	THEN DMIS-ID MUST = 7907, 7908, 7909, 7910, 7911, 7912, 7916 <sup>2</sup> , OR 7919
<b>2-110-10R</b>	IF BEGIN DATE OF CARE ≥ 09/01/2003
	AND ENROLLMENT/HEALTH PLAN CODE =
	WA TPR FOREIGN ADSM OR
	WO TPR FOREIGN ADFM OR
	XF FOREIGN ADFM
	THEN DMIS-ID MUST ≠ BLANK

<sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

<sup>2</sup> 7916 IS THE DMIS-ID FOR ALASKA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (2-301)**

**VALIDITY EDITS**

**2-301-01V** MUST BE A VALID HCDP PLAN COVERAGE CODE LISTED IN [CHAPTER 2, ADDENDUM M](#).

**RELATIONAL EDITS**

**2-301-01R** IF HCDP PLAN COVERAGE CODE =

401 **TRS** TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) **OR**

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

**THEN ENROLLMENT/  
HEALTH PLAN CODE MUST =**

T TRICARE STANDARD **OR**

V TRICARE EXTRA **OR**

FE TFL - EXTRA **OR**

FS TFL - STANDARD **OR**

PS TSRx **OR**

SR SHCP-REFERRED CARE

**2-301-02R** IF HCDP PLAN COVERAGE CODE =

401 **TRS** TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) **OR**

402 **TRS** TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) **OR**

405 **TRS** TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) **OR**

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (2-301)**

406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
414	TRS MEMBER AND FAMILY COVERAGE

THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =

PF ECHO

**2-301-03R** IF HCDP PLAN COVERAGE CODE =

417 TRANSITIONAL CARE FOR SERVICE-RELATED CONDITIONS (TCSRC)

THEN ENROLLMENT/ HEALTH PLAN CODE MUST =

X FOREIGN ADSM **OR**

SR SHCP - REFERRED CARE

**ELEMENT NAME: REGION INDICATOR (2-303)**

**VALIDITY EDITS**

2-303-01V	MUST BE A VALID REGION INDICATOR (REFER TO <a href="#">CHAPTER 2, SECTION 2.8</a> )
2-303-02V	IF TYPE OF SUBMISSION ≠
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND REGION INDICATOR =
	NC NORTH CONTRACT <b>OR</b>
	SC SOUTH CONTRACT <b>OR</b>
	WC WEST CONTRACT
	THEN ADJUSTMENT KEY MUST =
	0 BATCH <b>OR</b>
	5 VOUCHER

**RELATIONAL EDITS**

NONE

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)</b>	
	410 TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411 TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412 TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413 TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414 TRS MEMBER AND FAMILY COVERAGE
<b>2-305-31R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AU AUTISM DEMONSTRATION
	<b>THEN BEGIN DATE OF CARE MUST BE ≥ 03/15/2008</b>
	<b>AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = PF ECHO</b>
	<b>AND PATIENT AGE<sup>3</sup> MUST BE ≥ 18 MONTHS</b>
<b>2-305-32R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = RB RESPITE BENEFIT FOR ADMSs
	<b>THEN BEGIN DATE OF CARE MUST BE ≥ 01/01/2008</b>
	<b>AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = SE SHCP - TRICARE ELIGIBLE</b>
<b>2-305-33R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = EF TRICARE RESERVE AND NATIONAL GUARD FAMILY MEMBER BENEFITS
	<b>THEN BEGIN DATE OF CARE MUST BE ≥ 11/01/2009</b>
	<b>AND ENROLLMENT/HEALTH PLAN CODE MUST = T TRICARE STANDARD PROGRAM <b>OR</b> V TRICARE EXTRA</b>
	<b>AND HCDP SPECIAL ENTITLEMENT CODE MUST = 02 NOBLE EAGLE PARTICIPATION SPECIAL ENTITLEMENT <b>OR</b> 03 ENDURING FREEDOM PARTICIPATION SPECIAL ENTITLEMENT</b>
	<b>AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO</b>
<b>2-305-35R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = DE TDRL PHYSICAL EXAMS
	<b>THEN BEGIN DATE OF CARE MUST BE ≥ 03/30/2009</b>

<sup>1</sup> AS STATED IN SECTION 2.8 OR BLANK

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

<sup>3</sup> 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

<sup>1</sup> AS STATED IN [SECTION 2.8](#) OR BLANK

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

<sup>3</sup> 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

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

CHAPTER 2, ADDENDUM M

DATA REQUIREMENTS - HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE VALUES

<b>VALID VALUE</b>	<b>DESCRIPTION</b>
214	TRICARE Dental Plan Individual Coverage for Active Guard/Reserve (AGR) Family Members
215	TRICARE Dental Plan Family Coverage for Active Guard/Reserve (AGR) Family Members
216	TRICARE Dental Plan Individual Remote Coverage for Active Guard/Reserve (AGR) Family Members
217	TRICARE Dental Plan Family Remote Coverage for Active Guard/Reserve (AGR) Family Members
218	TRICARE Dental Plan Individual Coverage for Survivors of Active Guard/Reserve (AGR) Family Members
219	TRICARE Dental Plan Family Coverage for Survivors of Active Guard/Reserve (AGR) Family Members
220	TRICARE Dental Plan for Mobilization-Asset Individual Ready Reserve (IRR) Sponsors
221	TRICARE Dental Plan Individual Coverage for Mobilization-Asset Individual Ready Reserve (IRR) Family Member
222	TRICARE Dental Plan Family Coverage for Mobilization-Asset Individual Ready Reserve (IRR) Family Members
223	TRICARE Dental Plan Individual Remote Coverage for Mobilization-Asset Individual Ready Reserve (IRR) Family Members
224	TRICARE Dental Plan Family Remote Coverage for Mobilization-Asset Individual Ready Reserve (IRR) Family Members
225	TRICARE Dental Plan Individual Coverage for Survivors of Mobilization-Asset Individual Ready Reserve (IRR) Deceased Sponsors
226	TRICARE Dental Plan Family Coverage for Survivors of Mobilization-Asset Individual Ready Reserve (IRR) Deceased Sponsors
227	TRICARE Dental Plan for Non-Mobilization-Asset Individual Ready Reserve (IRR) Sponsors
228	TRICARE Dental Plan Individual Coverage for Non-Mobilization-Asset Individual Ready Reserve (IRR) Family Members
229	TRICARE Dental Plan Family Coverage for Non-Mobilization-Asset Individual Ready Reserve (IRR) Family Members
230	TRICARE Dental Plan Individual Remote Coverage for Non-Mobilization-Asset Individual Ready Reserve (IRR) Family Members
231	TRICARE Dental Plan Family Remote Coverage for Non-Mobilization-Asset Individual Ready Reserve (IRR) Family Members
301	BRAC Pharmacy
302	Pharmacy Redesign Pilot Project (PRPP)
400	TRICARE Extended Care Health Option (ECHO) Program

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CHAPTER 2, ADDENDUM M

DATA REQUIREMENTS - HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE VALUES

VALID VALUE	DESCRIPTION
401	TRICARE Reserve Select Tier 1 Member-Only Coverage (Contingency Operations)
402	TRICARE Reserve Select Tier 1 Member and Family Coverage (Contingency Operations)
403	Tobacco Cessation Demonstration Program
404	Weight Management Demonstration Program
405	TRICARE Reserve Select Tier 2 Member-Only Coverage (Certified Qualifications)
406	TRICARE Reserve Select Tier 2 Member and Family Coverage (Certified Qualifications)
407	TRICARE Reserve Select Tier 3 Member-Only Coverage (Service Agreement)
408	TRICARE Reserve Select Tier 3 Member and Family Coverage (Service Agreement)
409	TRICARE Reserve Select Survivor Continuing with Individual Coverage
410	TRICARE Reserve Select Survivor Continuing with Family Coverage
411	TRICARE Reserve Select Survivor New Individual Coverage
412	TRICARE Reserve Select Survivor New Family Coverage
413	TRICARE Reserve Select Member-Only Coverage
414	TRICARE Reserve Select Member and Family Coverage
415	Wounded, Ill, and Injured (e.g., Warrior Transition/MEDHOLD Unit (WTU))
416	Wounded, Ill, and Injured - Community-Based (e.g., Community-Based Health Care Organization (CBHCO))
417	Transitional Care For Service-Related Conditions (TCSRC)
602	Direct Care and TRICARE Mail Order Pharmacy (TMOP) and Retail Pharmacies
603	Direct Care Only
999	Unverified Newborn