



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY  
AURORA, COLORADO 80011-9066

TRICARE  
MANAGEMENT ACTIVITY

PCSIB

CHANGE 89  
7950.1-M  
MARCH 31, 2011

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE SYSTEMS MANUAL (TSM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

**CHANGE TITLE:** INTEGRATED DISABILITY EVALUATION SYSTEM (IDES) CHANGE

**CONREQ:** 15204

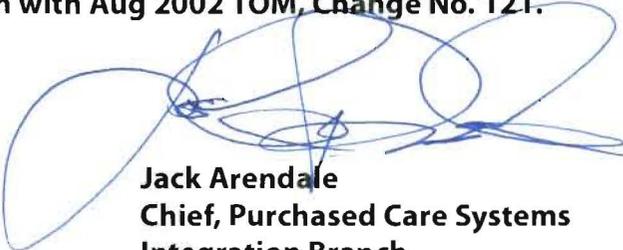
**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** This change requires the Managed Care Support Contractors (MCSCs) to reimburse the Department of Veterans Affairs (DVA) for services provided under the current national Department of Defense (DoD)/DVA Memorandum of Agreement (MOA), for Disability Compensation and Pension Examinations (DCPE).

**EFFECTIVE DATE:** January 1, 2011.

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

This change is made in conjunction with Aug 2002 TOM, Change No. 121.



**Jack Arendale**  
Chief, Purchased Care Systems  
Integration Branch

**ATTACHMENT(S):** 7 PAGES  
**DISTRIBUTION:** 7950.1-M

**CHANGE 89**  
**7950.1-M**  
**MARCH 31, 2011**

**REMOVE PAGE(S)**

**CHAPTER 2**

Section 2.8, pages 15 through 19

Section 6.4, pages 17 and 18

**INSERT PAGE(S)**

Section 2.8, pages 15 through 19

Section 6.4, pages 17 and 18

**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>	U	BRAC Medicare Pharmacy (Section 702) claim (Terminated 04/01/2001)
	V	Financially underwritten payment by claims processor
	W	Non-financially underwritten payment by financially underwritten claims processor
	X	Partial hospitalization - provider not contracted with or employed by the partial hospitalization program billing for psychotherapy services in a partial hospitalization program
	Y	Heart-lung transplant
	Z	Kidney transplant
	AB	Abused dependent of discharged or dismissed member (Effective 07/28/1999)
	AD	Foreign active duty claims (Effective 06/30/1996)
	AN	Supplemental Health Care Program (SHCP) - Non-MTF-Referral Care (Effective 10/01/1999 through 05/31/2004)
	AR	Supplemental Health Care Program (SHCP) - Referred Care (Effective 10/01/1999 through 05/31/2004)
	AU	Autism Demonstration (Effective 03/15/2008) <sup>3</sup>

**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), or 'AD' (Foreign Active Duty Claims) or 'GU' (ADSM Enrolled in TPR) 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)		
	BD	Bosnia Deductible (Effective 12/08/1995)
	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)
	DC	Disability Compensation and Pension Examinations-Department of Veterans Affairs (DCPE-DVA) - Compensation and Pension (C&P) exams used to determine fit for duty
	DE	Temporary Disability Retirement List (TDRL) physical exams (Effective 03/30/2009)

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), or 'AD' (Foreign Active Duty Claims) or 'GU' (ADSM Enrolled in TPR) 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**

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

**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), or 'AD' (Foreign Active Duty Claims) or 'GU' (ADSM Enrolled in TPR) 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)		
	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)
	PD	Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001)
	PF	Extended Care Health Option (ECHO) (formerly PFPWD)
	PO	TRICARE Prime - Point of Service
	RB	Respite Benefit for Seriously Injured or Ill ADSMs <sup>4</sup>
	RI	Resource Sharing - Internal
	RS	Medicare/TRICARE Dual Entitlement (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (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), or 'AD' (Foreign Active Duty Claims) or 'GU' (ADSM Enrolled in TPR) 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**

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)</b>		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>		
	SC	Supplemental Health Care Program (SHCP) - Non-TRICARE Eligible (Effective 10/01/1999)
	SE	Supplemental Health Care Program (SHCP) - TRICARE Eligible (Effective 10/01/1999)
	SM	Supplemental Health Care Program (SHCP) - Emergency (Effective 10/01/1999)
	SN	TRICARE Senior Supplement (TSS) (Non-Network) (Effective 04/01/2000 through 12/31/2002)
	SP	Special/Emergent Care (Effective 06/01/1999)
	SS	TRICARE Senior Supplement (TSS) (Network) (Effective 04/01/2000 through 12/31/2002)
	ST	Specialized Treatment (Effective 03/01/1997 through 05/31/2003)
	WR	Mental Health Wraparound Demonstration (Effective 01/01/1998 through 06/30/2001)
<b>ALGORITHM</b> N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>		
<b>SUBORDINATE</b>		<b>GROUP</b>
N/A		PROCESSING INFORMATION

**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), or 'AD' (Foreign Active Duty Claims) or 'GU' (ADSM Enrolled in TPR) must be present.



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

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)**

	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SE	SHCP - TRICARE ELIGIBLE
<b>2-305-36R</b>	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		
<b>2-305-37R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	DC	DCPE-DVA
	THEN BEGIN DATE OF CARE MUST BE ≥ 01/01/2011		
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	17	VA MEDICAL PROVIDER CLAIM
	AND ENROLLMENT/ HEALTH PLAN CODE MUST =	SR	SHCP - REFERRED CARE
	AND AT LEAST ONE PROCEDURE CODE <sup>2</sup> MUST = 99456		

<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, 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

<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

<sup>2</sup> MTF IS A 40 MILES CATCHMENT AREA.