



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

PCSIB

CHANGE 91  
7950.1-M  
SEPTEMBER 20, 2011

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

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

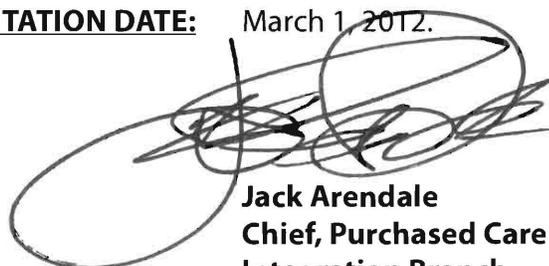
**CHANGE TITLE:** TRICARE ENCOUNTER DATA (TED) DISCOUNT DIAGNOSIS RELATED  
GROUP (DRG) PRICING RATE CODE

**CONREQ:** 15354

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

**SUMMARY OF CHANGE(S):** This change adds a new TED pricing rate code of 'DD' (Discounted DRG). Addition of this code will allow the government to identify claims reimbursed at a discounted DRG rate and will correct a problem identified with Aug 2002 TSM, Change No. 82. Aug 2002 TSM, Change No. 82 implemented a change to the interim hospital billing TED submission requirements and allowed interim-interim and interim-final billings, with the exception of interim billings reimbursed under DRG or Home Health Agency (HHA) payment methodology, as unique TED records rather than as adjustments to the TED record for the initial billing.

**EFFECTIVE AND IMPLEMENTATION DATE:** March 1, 2012.



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

**ATTACHMENT(S):** 22 PAGES  
**DISTRIBUTION:** 7950.1-M

**CHANGE 91**  
**7950.1-M**  
**SEPTEMBER 20, 2011**

**REMOVE PAGE(S)**

**CHAPTER 2**

Section 2.7, pages 21 - 26

Section 4.1, pages 1 and 2

Section 5.1, pages 1 and 2

Section 5.2, pages 31 - 34

Section 5.3, pages 3, 4, 13, 14

Section 5.4, pages 7 and 8

Section 5.5, pages 1 and 2

**INSERT PAGE(S)**

Section 2.7, pages 21 - 26

Section 4.1, pages 1 and 2

Section 5.1, pages 1 and 2

Section 5.2, pages 31 - 34

Section 5.3, pages 3, 4, 13, 14

Section 5.4, pages 7 and 8

Section 5.5, pages 1 and 2

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PLACE OF SERVICE (CONTINUED)		
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>	51	Inpatient Psychiatric Facility
	52	Psychiatric Facility Partial Hospitalization
	53	Community Mental Health Center
	54	Intermediate Care Facility / Mentally Retarded
	55	Residential Substance Abuse Treatment Facility
	56	Psychiatric Residential Treatment Center
	57	Non-Residential Substance Abuse Treatment Facility
	60	Mass Immunization Center
	61	Comprehensive Inpatient Rehabilitation Facility
	62	Comprehensive Outpatient Rehabilitation Facility
	65	End Stage Renal Disease Treatment Facility
	71	Public Health Clinic
	72	Rural Health Clinic
	81	Independent Laboratory
	99	Other Unlisted Facility

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

This data element must be '19' for Mail Order Pharmacy.

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: PRICING RATE CODE**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-190	1	Yes
Non-Institutional	2-325	Up to 99	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Two (2) alphanumeric characters.

**DEFINITION** The code indicating the contractor's pricing methodology used in determining the amount allowed for the service(s)/supplies.

CODE/VALUE SPECIFICATIONS	INSTITUTIONAL CODES
	<del>B</del> No special rate
	D Discount rate agreement
	H TRICARE/CHAMPUS DRG reimbursement with SHORT STAY OUTLIER
	I TRICARE DRG reimbursement with COST OUTLIER
	J TRICARE DRG reimbursement with NO OUTLIER
	K Hospital-specific psychiatric per diem rate
	L Region-specific psychiatric per diem rate
	P Per diem rate
	U Supplemental Health Care Program (SHCP) Claim or Active Duty Member TPR claim Paid Outside Normal Limits
	V Medicare Reimbursement Rate

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (procedure code\* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code\* 90010).

Left justify and blank fill.

This data element must be '0' for Mail Order Pharmacy.

To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes 49 or 50 should be used. See [Section 2.8](#).

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**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PRICING RATE CODE (CONTINUED)</b>	
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>	<b>INSTITUTIONAL CODES (CONTINUED)</b>
	CA Critical Access Hospital (CAH) Reimbursement
	DD <b>Discounted DRG</b>
<b>NON-INSTITUTIONAL CODES</b>	
0	Pricing not applicable (denied service/supplies and allowed drugs)
1	Priced Manually
2	Prevailing charge (state)
3	Conversion Amount (state)
4	Paid as billed
5	Paid on negotiated rate
A	National prevailing charge
B	National conversion factor
C	Ambulatory surgery-facility payment rate
D	Discounted ambulatory surgery-facility payment rate
E	Ambulatory surgery-paid as billed
F	Claim Auditing Software-added procedure, priced manually
G	Claim Auditing Software-added procedure, prevailing charge (State)
H	Claim Auditing Software-added procedure, conversion factor (Contractor)

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (procedure code\* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code\* 90010).

Left justify and blank fill.

This data element must be '0' for Mail Order Pharmacy.

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CHAPTER 2, SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING RATE CODE (CONTINUED)

CODE/VALUE SPECIFICATIONS (CONTINUED)	NON-INSTITUTIONAL CODES (CONTINUED)
	I Claim Auditing Software-added procedure, paid as billed
	J Claim Auditing Software-added procedure, paid on negotiated rate
	N Claim Auditing Software-added procedure, national prevailing charge
	O Claim Auditing Software-added procedure, national conversion factor
	P Claim Auditing Software-added procedure, ambulatory surgery-facility payment rate
	Q Claim Auditing Software-added procedure, discounted ambulatory surgery-facility payment rate
	R Claim Auditing Software-added procedure, ambulatory surgery-paid as billed
	T Claim Auditing Software-added procedure, allowed as billed but paid less than billed
	U SHCP or Active Duty Member TPR claim paid outside normal limits
	V Medicare Reimbursement Rate
	W Priced over CMAC (Effective 09/27/2001)

NOTES AND SPECIAL INSTRUCTIONS:

<sup>1</sup> Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (procedure code\* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code\* 90010).

Left justify and blank fill.

This data element must be '0' for Mail Order Pharmacy.

To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes 49 or 50 should be used. See [Section 2.8](#).

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

CHAPTER 2, SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PRICING RATE CODE (CONTINUED)</b>	
<b>CODE/VALUE SPECIFICATIONS (CONTINUED)</b>	<b>NON-INSTITUTIONAL CODES (CONTINUED)</b>
	CA Critical Access Hospital (CAH) Reimbursement
	GG Global Rate Agreement (used with corporate service providers only) (Effective 08/01/2003)
	GP Per Diem Rate Agreement (used with corporate service providers only) (Effective 08/01/2003)
	LC TRICARE Claim-added procedure, CMAC priced laboratory code
	P1 Outpatient Prospective Payment System (OPPS)
	P2 OPPS with Cost Outlier
	P3 OPPS with Discount
	P5 Hospital Based Partial Hospitalization - paid as OPPS
<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> Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (procedure code\* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code\* 90010).

Left justify and blank fill.

This data element must be '0' for Mail Order Pharmacy.

To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes 49 or 50 should be used. See [Section 2.8](#).

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

DATA ELEMENT DEFINITION

**ELEMENT NAME:** PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-345	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Five (5) alphanumeric characters.

**DEFINITION** The code that identifies the principal procedure performed during the period covered by this TED Record as coded on the UB-04/UB-92.

**CODE/VALUE SPECIFICATIONS** Use the most current procedure code edition (ICD-9-CM) as directed by TMA. Must provide the most detailed code. Must be left justified and blank filled. Do not code the decimal point.

**ALGORITHM** N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Required if one of the following Revenue Codes are present 036X or 072X.

## HEADER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: HEADER TYPE INDICATOR (0-001)		VALIDITY EDITS		
0-001-01V	HEADER TYPE INDICATOR MUST =	0	BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>	
		5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>	
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE <b>OR</b>	
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)	
RELATIONAL EDITS				
0-001-01R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>	
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>	
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)	
	THEN BATCH/VOUCHER IDENTIFIER MUST =	5	INSTITUTIONAL/NON-INSTITUTIONAL (BATCH/VOUCHER)	
0-001-02R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>	
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE	
		AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
			E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN ADJUSTMENT KEY MUST =	5	VOUCHER	

**IF THE FIRST POSITION OF EACH BATCH/VOUCHER HEADER RECORD IS NOT A '0', '5', '6', OR '9' THEN THE ENTIRE BATCH/VOUCHER WILL BE REJECTED.**

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

CHAPTER 2, SECTION 4.1

HEADER EDIT REQUIREMENTS (ELN 000 - 099)

<b>ELEMENT NAME: HEADER TYPE INDICATOR (0-001) (CONTINUED)</b>		
<b>0-001-03R</b>	IF HEADER TYPE INDICATOR =	0 BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>
		9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK ADMIN CLAIM RATE ELIGIBLE RED RECORDS)
	AND TYPE OF SUBMISSION ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND BATCH/VOUCHER IDENTIFIER =	5 INSTITUTIONAL/NON-INSTITUTIONAL
	THEN ADJUSTMENT KEY MUST =	0 BATCH
<b>0-001-04R</b>	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND TYPE OF SUBMISSION =	D COMPLETE DENIAL <b>OR</b>
		O ZERO PAYMENT TED RECORD DUE TO 100% OHI
	THEN AMOUNT INTEREST PAYMENT MUST =	ZERO
	AND FOR INSTITUTIONAL RECORDS AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) MUST =	ZERO
	FOR NON-INSTITUTIONAL RECORDS THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST =	ZERO
<b>0-001-05R</b>	IF DRG NUMBER IS NOT BLANK <b>OR</b>	
	TYPE OF INSTITUTION =	70 HOME HEALTH AGENCY (HHA)
	THEN BYPASS THIS EDIT	
	ELSE IF FILING DATE IS ≥ 03/01/2012	
	AND FREQUENCY CODE ON ANY INSTITUTIONAL RECORD =	3 INTERIM - INTERIM <b>OR</b>
		4 INTERIM - FINAL
	THEN HEADER TYPE INDICATOR MUST =	0 BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>
		5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE

**IF THE FIRST POSITION OF EACH BATCH/VOUCHER HEADER RECORD IS NOT A '0', '5', '6', OR '9' THEN THE ENTIRE BATCH/VOUCHER WILL BE REJECTED.**

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (1-001)	
VALIDITY EDITS	
1-001-01V	RECORD TYPE INDICATOR MUST = 1 INSTITUTIONAL
RELATIONAL EDITS	
1-001-01R	IF TYPE OF SUBMISSION = A ADJUSTMENT OR B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR C COMPLETE CANCELLATION OR E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND MATCH IS FOUND ON THE TMA DATABASE	
THEN THE RECORD TYPE FOR THE TED ON THE DATABASE MUST EQUAL THE RECORD TYPE ON THE ADJUSTMENT/CANCELLATION TED BEING SUBMITTED.	

ELEMENT NAME: FILING DATE (1-015)	
VALIDITY EDITS	
1-015-01V	MUST BE A VALID JULIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.
RELATIONAL EDITS	
1-015-01R	FILING DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION
1-015-02R	END DATE OF CARE PLUS ONE YEAR MUST BE > FILING DATE UNLESS ONE OCCURRENCE OF OVERRIDE CODE = F CLAIM FILED AFTER DEADLINE
1-015-03R	IF ONE OCCURRENCE OF OVERRIDE CODE = F CLAIM FILED AFTER DEADLINE
THEN BEGIN DATE OF CARE PLUS SIX YEARS MUST BE > FILING DATE	

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

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: FILING STATE/COUNTRY CODE (1-020)**

**VALIDITY EDITS**

<b>1-020-01V</b>	IF TYPE OF SUBMISSION =	D	COMPLETE DENIAL <b>OR</b>
		I	INITIAL SUBMISSION <b>OR</b>
		O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
		R	RESUBMISSION

**THEN MUST BE A VALID STATE/COUNTRY CODE. (REFER TO [ADDENDUM A](#) AND [ADDENDUM B](#))**

**RELATIONAL EDITS**

<b>1-020-01R</b>	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
		<b>DD</b>	<b>DISCOUNTED DRG</b>

**THEN FILING STATE/COUNTRY CODE MUST NOT BE A FOREIGN COUNTRY EXCEPT FOR PUERTO RICO (PRI)**

**ELEMENT NAME: SEQUENCE NUMBER (1-025)**

**VALIDITY EDITS**

<b>1-025-01V</b>	THE FIRST 5 CHARACTERS MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS THE LAST 2 CHARACTERS MUST = BLANK.		
	NOTE: THE FIRST 5 CHARACTERS CANNOT BE SPACES OR SPECIAL CHARACTERS.		

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: TIME STAMP (1-030)**

**VALIDITY EDITS**

<b>1-030-01V</b>	MUST BE NUMERIC
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**RELATIONAL EDITS**

<b>1-030-01R</b>	IF FILING DATE IS $\geq$ 02/01/1995
	<b>THEN TIME STAMP MUST BE &gt; ZERO</b>

**ELEMENT NAME: ADJUSTMENT KEY (1-035)**

**VALIDITY EDITS**

<b>1-035-01V</b>	MUST BE ALPHA, '0', OR '5'
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**RELATIONAL EDITS**

NONE

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

CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: SPECIAL PROCESSING CODE (1-185) (CONTINUED)**

	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>OR</b>
	418	TRR MEMBER-ONLY COVERAGE <b>OR</b>
	419	TRR MEMBER AND FAMILY COVERAGE <b>OR</b>
	420	TRR SURVIVOR INDIVIDUAL COVERAGE <b>OR</b>
	421	TRR SURVIVOR FAMILY COVERAGE

**1-185-49R** 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 AGE<sup>2</sup> MUST BE ≥ 18 MONTHS

**1-185-50R** IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 49 HOSPITAL REIMBURSEMENT REDUCED BY MANUFACTURER CREDIT/REPLACEMENT OF DEVICE DURING WARRANTY PERIOD **OR**  
 50 HOSPITAL REIMBURSEMENT REDUCED BY MANUFACTURER CREDIT/RECALLED DEVICE

THEN DRG NUMBER MUST EQUAL A DRG SUBJECT TO THE REPLACEMENT DEVICE POLICY POSTED ON TRICARE'S DRG WEB PAGE AT [HTTP://WWW.TRICARE.MIL/DRGRATES/](http://www.tricare.mil/drgrates/)

AND DATE OF ADMISSION MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE AS PER THE REPLACEMENT DEVICE POLICY POSTED ON TRICARE'S DRG WEB PAGE AT [HTTP://WWW.TRICARE.MIL/DRGRATES/](http://www.tricare.mil/drgrates/)

<sup>1</sup> AS STATED IN SECTION 2.8 OR BLANK.  
<sup>2</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 (1-186)**

**VALIDITY EDITS**

**1-186-01V** 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 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 **OR**

**DD DISCOUNTED DRG**

**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 **OR**

**DD DISCOUNTED DRG**

**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

**OR AMOUNT ALLOWED (TOTAL) = ZERO**

**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

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

CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: PRICING RATE CODE (1-190) (CONTINUED)</b>			
	<b>OR TYPE OF INSTITUTION =</b>	70	HOME HEALTH AGENCY <b>OR</b>
		76	SKILLED NURSING FACILITY
<b>1-190-05R</b>	<b>IF PRICING RATE CODE =</b>	U	SHCP CLAIM OR ACTIVE DUTY MEMBER TPR CLAIM PAID OUTSIDE NORMAL LIMITS
	<b>THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	AN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
		AR	SHCP - REFERRED CARE <b>OR</b>
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
		GU	ADSM ENROLLED IN TPR <b>OR</b>
		SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
		SM	SHCP - EMERGENCY
	<b>OR ENROLLMENT/ HEALTH PLAN CODE MUST =</b>	SN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
		SR	SHCP - REFERRED CARE
<b>1-190-06R</b>	<b>IF ANY OCCURRENCE OF REVENUE CODE =</b>	0022	SKILLED NURSING FACILITY CHARGE
	<b>THEN PRICING RATE CODE MUST =</b>	D	DISCOUNT RATE AGREEMENT <b>OR</b>
		V	MEDICARE REIMBURSEMENT RATE
	<b>UNLESS AMOUNT ALLOWED (TOTAL) = ZERO</b>		
<b>1-190-07R</b>	<b>IF ANY OCCURRENCE OF REVENUE CODE =</b>	0023	HOME HEALTH AGENCY (HHA-PPS)
	<b>THEN PRICING RATE CODE MUST =</b>	D	DISCOUNT RATE AGREEMENT <b>OR</b>
		V	MEDICARE REIMBURSEMENT RATE
	<b>UNLESS AMOUNT ALLOWED (TOTAL) = ZERO</b>		
<b>1-190-08R</b>	<b>IF PRICING RATE CODE =</b>	CA	CAH REIMBURSEMENT
	<b>THEN ADMISSION DATE MUST BE ≥ 12/01/2009</b>		
	<b>UNLESS PROVIDER STATE OR COUNTRY CODE =</b>	AK	ALASKA
	<b>THEN ADMISSION DATE MUST BE ≥ 07/01/2007</b>		

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

CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (1-195)**

**VALIDITY EDITS**

**1-195-01V** VALUE MUST BE A VALID STATE OR COUNTRY CODE (REFER TO [ADDENDUM A](#) OR [ADDENDUM B](#))

**RELATIONAL EDITS**

**1-195-01R** PROVIDER STATE/COUNTRY CODE MUST MATCH THE CORRESPONDING RECORD<sup>1</sup> IN THE PROVIDER FILE

**UNLESS AMOUNT ALLOWED (TOTAL) ≤ ZERO**

**OR ADJUSTMENT/DENIAL  
REASON CODE =**

38 SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS  
**OR**

52 THE REFERRING/PRESCRIBING/ RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED **OR**

B7 THIS PROVIDER WAS NOT CERTIFIED/ ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE

**OR ANY OCCURRENCE OF  
SPECIAL PROCESSING CODE =**

T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001

FG TFL (FIRST PAYOR - NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) **OR**

FS TFL (SECOND PAYOR) **OR**

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

**THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE**

<sup>1</sup> "CORRESPONDING RECORD" ON PROVIDER FILE IS BASED ON INSTITUTIONAL TAXPAYER NUMBER, PROVIDER ZIP CODE, TYPE OF INSTITUTION, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (1-200-02R).

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CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

<b>ELEMENT NAME: PROVIDER ZIP CODE (1-220)</b>	
<b>VALIDITY EDITS</b>	
<b>1-220-01V</b>	MUST BE 9 DIGITS <b>OR</b> 5 DIGITS WITH 4 BLANKS
	MUST BE A VALID ZIP CODE (BASED ON ADMISSION DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE <b>OR</b>
	MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE <sup>1</sup> ) FOLLOWED BY 6 BLANKS
<b>RELATIONAL EDITS</b>	
NONE	
<sup>1</sup> WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST <b>ADDENDUM A</b> .	

<b>ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (1-225)</b>	
<b>VALIDITY EDITS</b>	
<b>1-225-01V</b>	MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.
<b>RELATIONAL EDITS</b>	
<b>1-225-01R</b>	IF PRICING RATE CODE =
	H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
	I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
	J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
	<b>DD DISCOUNTED DRG</b>
	<b>THEN PROVIDER PARTICIPATION INDICATOR MUST =</b>
	Y YES

<b>ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (1-230)</b>	
<b>VALIDITY EDITS</b>	
<b>1-230-01V</b>	MUST BE ONE OF THE FOLLOWING VALUES
	1 NETWORK PROVIDER <b>OR</b>
	2 NON-NETWORK PROVIDER
<b>RELATIONAL EDITS</b>	
NONE	

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CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: TYPE OF INSTITUTION (1-235)**

**VALIDITY EDITS**

**1-235-01V** VALUE MUST BE A VALID TYPE OF INSTITUTION CODE.

**RELATIONAL EDITS**

**1-235-01R** IF TYPE OF INSTITUTION = 72 RTC  
AND PATIENT ZIP CODE IS IN AN MTF CATCHMENT AREA

THEN CA/NAS  
EXCEPTION REASON  
MUST = 5 RTC

**1-235-02R** IF PRICING RATE CODE = K HOSPITAL-SPECIFIC PSYCHIATRIC PER  
DIEM RATE OR  
L REGION SPECIFIC PSYCHIATRIC PER DIEM  
RATE

THEN TYPE OF INSTITUTION  
MUST = 22 PSYCHIATRIC HOSPITAL/UNIT OR

52 CHILDREN'S PSYCHIATRIC HOSPITAL/  
UNIT

**1-235-03R** IF TYPE OF INSTITUTION = 70 HOME HEALTH AGENCY  
AND BEGIN DATE OF CARE ≥ 06/01/2004

THEN ONE OCCURRENCE  
OF REVENUE CODE  
MUST = 0023 HOME HEALTH AGENCY (HHA-PPS)

**UNLESS AMOUNT ALLOWED (TOTAL) = ZERO**

**ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (1-240)**

**VALIDITY EDITS**

**1-240-01V** VALUE MUST BE A VALID CLAIM FORM TYPE/EMC INDICATOR.

**RELATIONAL EDITS**

NONE

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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 ≤ END DATE OF CARE - BEGIN DATE OF CARE +1</b>	
	<b>ELSE COVERED DAYS MUST BE ≤ END DATE OF CARE - BEGIN DATE OF CARE</b>	
<b>RELATIONAL EDITS</b>		
NONE		

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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**

**1-290-01R** IF PRICING RATE CODE = ~~b~~ 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

**1-290-02R** IF ANY OCCURRENCE OF  
 OVERRIDE CODE = Y NEWBORN IN MOTHER'S ROOM WITHOUT  
 NURSERY CHARGES

THEN DRG NUMBER MUST = BLANK.

**1-290-31R** 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 OR

**DD DISCOUNTED DRG**

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**

**1-292-01R** IF HIPPS CODE = BLANK  
 THEN NO OCCURRENCE OF  
 REVENUE CODE CAN = 0022 SKILLED NURSING FACILITY OR  
 0023 HOME HEALTH AGENCY

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CHAPTER 2, SECTION 5.4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM COUNT (1-375)**

**VALIDITY EDITS**

**1-375-01V** VALUE MUST BE IN RANGE 001-450.

**AND MUST EQUAL THE PHYSICAL COUNT OF THE DETAIL LINE ITEMS ON THE TED RECORD**

**1-375-02V** IF TYPE OF SUBMISSION =                    A    ADJUSTMENT **OR**

B    ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**

C    COMPLETE CANCELLATION **OR**

E    COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

**THEN TOTAL OCCURRENCE/LINE ITEM COUNT MUST BE ≥ TOTAL OCCURRENCE/LINE ITEM COUNT FROM TMA DATABASE**

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER (1-380)**

**VALIDITY EDITS**

**1-380-01V** EACH VALUE MUST BE NUMERIC.

**1-380-02V** OCCURRENCE/LINE ITEM NUMBER MUST BE CODED FOR EACH NUMBER OF OCCURRENCES SPECIFIED BY THE TOTAL OCCURRENCE/LINE ITEM COUNT.

**1-380-03V** OCCURRENCE/LINE ITEM NUMBER MUST BE REPORTED IN ASCENDING CONSECUTIVE ORDER.

**RELATIONAL EDITS**

NONE

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

CHAPTER 2, SECTION 5.4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: REVENUE CODE (1-385)**

**VALIDITY EDITS**

**1-385-01V** VALUE MUST BE A VALID REVENUE CODE.  
**UNLESS** ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTING IN [ADDENDUM H, FIGURE 2-H-1](#) **OR** [FIGURE 2-H-2](#)  
 NOTE: THE FOLLOWING VALID OUTPATIENT REVENUE CODES ARE ALLOWED ON AN INSTITUTIONAL TED RECORD ONLY **WHEN** BEING DENIED  
 049X, 051X-054X, 0630-0635, 064X, 0661, 0662, 082X-085X, 0882, **AND** 310X.

**1-385-02V** FIRST DETAILED LINE MUST CONTAIN REVENUE CODE 0001.

**RELATIONAL EDITS**

**1-385-01R** ONLY ONE OCCURRENCE OF REVENUE CODE MUST = 0001.

**1-385-02R** AT LEAST ONE OCCURRENCE OF REVENUE CODE FOR ROOM ACCOMMODATION CHARGES MUST = 010X-021X **OR** 0724

**UNLESS** ONE OCCURRENCE OF  
 OVERRIDE CODE = Y NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES

**OR** ANY OCCURRENCE OF  
 SPECIAL PROCESSING CODE = 11 HOSPICE

**OR** ANY OCCURRENCE OF REVENUE CODE = 0023

**OR** AMOUNT ALLOWED (TOTAL) = ZERO

**1-385-03R** 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 **OR**

**DD DISCOUNTED DRG**

**THEN** PROFESSIONAL SERVICE REVENUE CODES = 0901, 0914-0918, **OR** 096X-098X  
**AND** ORGAN CODES (081X) MUST BE DENIED.

**1-385-04R** IF ANY REVENUE CODE = 0723  
**THEN** PERSON SEX (PATIENT) MUST = MALE.

**1-385-05R** IF ANY REVENUE CODE = 072X BUT **NOT** 0723  
**THEN** PERSON SEX (PATIENT) MUST = FEMALE

**1-385-06R** IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**  
 C COMPLETE CANCELLATION  
**THEN** REVENUE CODES MUST OCCUR IN THE SAME ORDER  
**AND** ON THE SAME OCCURRENCE/LINE ITEM NUMBER AS TMA DATABASE.

**1-385-07R** IF REVENUE CODE = 0022 SKILLED NURSING FACILITY CHARGE  
**THEN** ADMISSION DATE ≥ 08/01/2003  
**AND** TYPE OF INSTITUTION MUST = 76 SKILLED NURSING FACILITY  
**AND** HIPPS CODE ≠ BLANK

**UNLESS** PATIENT AGE IS < 10 YEARS OF AGE ON DATE OF ADMISSION

**1-385-09R** IF ANY REVENUE CODE = 0650 GENERAL CLASSIFICATION **OR**  
 0651 ROUTINE HOME CARE **OR**

## INSTITUTIONAL EDIT REQUIREMENTS (ELN 400 - 499)

ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE (1-400)	
VALIDITY EDITS	
1-400-01V	VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO <a href="#">CHAPTER 2, ADDENDUM H</a> ) OR BLANK.
RELATIONAL EDITS	
1-400-01R	IF AMOUNT ALLOWED (TOTAL) = ZERO  <b>THEN ALL OCCURRENCE/LINE ITEMS (EXCLUDING REVENUE CODE 0001) MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE (REFER TO <a href="#">FIGURE 2-H-1</a> OR <a href="#">FIGURE 2-H-2</a>)</b>
	UNLESS TYPE OF SUBMISSION =
	B ADJUSTMENT OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
1-400-02R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION <b>OR</b>
	D COMPLETE DENIAL
	<b>THEN ALL OCCURRENCE/LINE ITEMS (EXCLUDING REVENUE CODE 0001) MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE (REFER TO <a href="#">FIGURE 2-H-1</a> OR <a href="#">FIGURE 2-H-2</a>)</b>
1-400-03R	IF FREQUENCY CODE =
	1 ADMIT THRU DISCHARGE
	<b>AND PRICING RATE CODE =</b>
	H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
	I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
	J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
	<b>DD DISCOUNTED DRG</b>
	<b>THEN NO OCCURRENCE OF ADJUSTMENT/DENIAL REASON MAY =</b>
	135 CLAIM DENIED. INTERIM BILLS CANNOT BE PROCESSED
1-400-04R	IF PRICING RATE CODE =
	H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
	I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
	J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
	<b>DD DISCOUNTED DRG</b>
	<b>AND REVENUE CODE = 0901, 0914-0918, 096X-098X (PROFESSIONAL SERVICES), OR 081X (ORGAN ACQUISITION)</b>

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CHAPTER 2, SECTION 5.5

INSTITUTIONAL EDIT REQUIREMENTS (ELN 400 - 499)

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**ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE (1-400) (CONTINUED)**

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THEN ADJUSTMENT/DENIAL REASON CODE MUST BE A CODE LISTED IN  
[FIGURE 2-H-1](#) OR [FIGURE 2-H-2](#)

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<b>1-400-05R</b>	IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REASON CODE =	135	CLAIM DENIED. INTERIM BILLS CANNOT BE PROCESSED
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THEN ALL OCCURRENCE/LINE ITEMS (EXCLUDING REVENUE CODE 0001) MUST BE  
DENIED (ADJUSTMENT/DENIAL REASON CODE MUST BE A CODE LISTED IN  
[CHAPTER 2, ADDENDUM H, FIGURE 2-H-1](#) OR [FIGURE 2-H-2](#)).