



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 93
7950.1-M
APRIL 24, 2012

**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: BLENDED RATE REIMBURSEMENT METHODOLOGY FOR HOSPITAL
OUTPATIENT DEPARTMENT (HOPD) RADIOLOGY SERVICES FOR CANCER
AND CHILDREN'S HOSPITALS

CONREQ: 15870

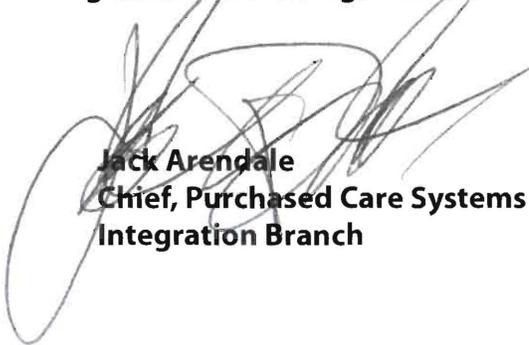
PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change adopts Medicare's blended rate reimbursement
methodology for HOPD radiology services for cancer and children's hospitals.

EFFECTIVE DATE: January 1, 2011.

IMPLEMENTATION DATE: July 1, 2012.

This change is made in conjunction with Aug 2002 TRM, Change No. 148.


Jack Arendale
Chief, Purchased Care Systems
Integration Branch

ATTACHMENT(S): 2 PAGES
DISTRIBUTION: 7950.1-M

CHANGE 93
7950.1-M
APRIL 24, 2012

REMOVE PAGE(S)

CHAPTER 2

Section 2.7, pages 25 and 26

INSERT PAGE(S)

Section 2.7, pages 25 and 26

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: PRICING RATE CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	NON-INSTITUTIONAL CODES (CONTINUED)	
	BR	Blended Rate
	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
ALGORITHM N/A		
SUBORDINATE AND/OR GROUP ELEMENTS		
SUBORDINATE	GROUP	
N/A	PROCESSING INFORMATION	

NOTES AND SPECIAL INSTRUCTIONS:

¹ 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](#).

* CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

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 ¹

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:

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