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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 1
7950.2-M
MARCH 13, 2008

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

The TRICARE Management Activity has authorized the following addition(s)/revision(s) to 7950.2-M, issued February 2008.

CHANGE TITLE: CONSOLIDATED UPDATE

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change brings this Manual up-to-date with published changes in Aug 2002 TRICARE Systems Manual (TSM), 7950.1-M. The changes are the Cancer Clinical Trials benefit (Aug 2002 TSM, Change 54), the 2008 Home Health Care Prospective Payment System (HHC PPS) updates (Aug 2002 TSM, Change 55), the Autism Demonstration Project (Aug 2002 TSM, Change 56), and the New Discharge Status Code (Aug 2002 TSM, Change 57). This change also includes corrections and minor clarifications.

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

This change is made in conjunction with Feb 2008 TOM, Change No. 1, Feb 2008 TPM, Change No. 1, and Feb 2008 TRM, Change No. 1.

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ATTACHMENT(S): 85 PAGES
DISTRIBUTION: 7950.2-M

**CHANGE 1
7950.2-M
MARCH 13, 2008**

REMOVE PAGE(S)

CHAPTER 2

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Section 2.7, pages 1, 2, 19, and 20
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Section 5.3, pages 5 through 10
Section 6.2, pages 3 through 22
Section 6.4, pages 19 and 20
Section 7.2, page 7
Section 8.1, pages 1 through 8
Addendum C, pages 13, 14, 25, and 26

APPENDIX A

pages 1 through 26

INSERT PAGE(S)

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Section 2.2, pages 9 through 11
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Section 2.10, pages 35 and 36
Section 5.3, pages 5 through 10
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Section 8.1, pages 1 through 8
Addendum C, pages 13, 14, 25, and 26

pages 1 through 26

6.2.1 Criteria For Selecting TMA Foreign Non-Financially Underwritten ASAP Accounts (Foreign Contract Only)

All claims submitted by the foreign contract shall be submitted to TMA, CRM using the non-financially underwritten ASAP Account Numbers with a '3', or '4', or '5', or '6' in position 8. The BATCH/VOUCHER CLIN/ASAP Account Number with a '3' in position 8 shall be used for all appropriated fund foreign benefit payments - excluding Navy/Marine deployed claims covered by TRICARE Overseas Program (TOP). The BATCH/VOUCHER CLIN/ASAP Account Number with a '4' in position 8 shall be used for all Accrual/Trust fund foreign benefit payments. The BATCH/VOUCHER CLIN/ASAP Account Number with a '5' in position 8 shall be used for all Navy deployed claims covered by TOP. The BATCH/VOUCHER CLIN/ASAP Account Number with a '6' in position 8 shall be used for all Marine deployed claims covered by TOP.

6.2.2 Criteria For Selecting TMA Non-Financially Underwritten ASAP Account (excludes foreign contract and claims that meet criteria specified under paragraph 6.2.1)

All non-financially underwritten claims shall be submitted to TMA, CRM using the non-financially underwritten ASAP Account Number with a '1' in position 8.

6.2.3 Criteria For Selecting Financially Underwritten CLINs (excludes claims that meet criteria specified under paragraphs 6.2.1 and 6.2.2)

All financially underwritten benefit payments and all Resource Sharing claims must use the BATCH/VOUCHER CLIN/ASAP Account Number containing the TMA Benefit CLIN (positions 1 through 6 of ASAP).

6.2.4 Criteria For Selecting ASAP Type (Pass Through) BATCH/VOUCHER CLIN/ASAP Account Number based on 'Active' Dates (Fiscal Year)

All ASAP Type BATCH/VOUCHER CLIN/ASAP Account Numbers assigned by TMA, CRM shall have an 'active' date range assigned. The BATCH/VOUCHER CLIN/ASAP Account Number's 'active' dates shall not overlap across fiscal years. The BATCH/VOUCHER Date (0-030) is the field TMA shall use when editing for proper selection of ASAP Type BATCH/VOUCHER CLIN/ASAP Account Number based on date. All disbursements shall be made using a currently 'active' ASAP Type BATCH/VOUCHER CLIN/ASAP Account Number. All credits where reported disbursements did not occur (stale dated checks, voids, etc.) shall be credited back to the BATCH/VOUCHER CLIN/ASAP Account Number originally used to report the disbursement. All collections (credits) of funds where the disbursement was originally reported to TMA using a ASAP Type BATCH/VOUCHER CLIN/ASAP Account Numbers (BATCH/VOUCHER CLIN/ASAP Account Number with a '1' or '3' or '4' or '5' or '6' in position 8) shall be credited to TMA using currently 'active' BATCH/VOUCHER CLIN/ASAP Account Number.

6.2.5 Criteria For Selecting CLIN TYPE (UNDERWRITTEN) BATCH/VOUCHER CLIN/ASAP Account Number based on 'Active' Dates (Fiscal Year and Option Period)

All CLIN Type BATCH/VOUCHER CLIN/ASAP Account Numbers assigned by TMA, CRM shall have an 'active' date range assigned. The BATCH/VOUCHER CLIN/ASAP Account Number's 'active' dates shall not overlap across Option Periods or fiscal year. The BEGIN DATE OF CARE (1-275 or 2-150) is the field TMA shall use when editing for proper selection of CLIN Type BATCH/VOUCHER

CLIN/ASAP Account Number based on date. All disbursements shall be made using the CLIN Type BATCH/VOUCHER CLIN/ASAP Account Number that was 'active' at the time care started. All credits shall cite the original CLIN Type BATCH/VOUCHER CLIN/ASAP Account Number originally used to report the disbursement.

7.0 INTERIM INSTITUTIONAL PAYMENTS

In certain cases, providers can submit interim bills for institutional claims. All TED records for interim (interim or final) institutional bills must be submitted as an adjustment using the same TED Record Indicator (TRI) as the initial submission.

8.0 PROCESS FOR REPORTING EXTERNAL RESOURCE SHARING ENCOUNTERS TO TMA

The following process is to be used by claims processors to submit data to TMA which relates to External Resource Sharing encounters.

8.1 Special Processing Code

For External Resource Sharing encounters, submit a TED record which includes SPECIAL PROCESSING CODE of 'S' Resource Sharing - External, for each patient encounter.

8.2 "Amount" Field Reporting

The "amount" fields must contain the following:

8.2.1 Amount Billed By Procedure Code

If a Resource Sharing provider is being reimbursed on a fee-for-service basis with negotiated/discounted rates, report these amounts in the Amount Billed By Procedure Code field.

8.2.2 Amount Allowed/Amount Allowed By Procedure Code

The Amount Allowed By Procedure Code field must contain the CHAMPUS Maximum Allowable Charge (CMAC) or negotiated/discounted rates as appropriate.

8.2.3 Amount Paid By Government Contractor

The AMOUNT PAID BY GOVERNMENT CONTRACTOR field must equal the "lesser" of the amount allowed minus (PATIENT COST-SHARE plus AMOUNT APPLIED TOWARD DEDUCTIBLE) or AMOUNT ALLOWED minus amount of OHI. If the "Lesser" computed amount is negative, AMOUNT PAID BY GOVERNMENT CONTRACTOR must = \$0.00.

9.0 PROCESS FOR REPORTING BLOOD CLOTTING FACTOR DATA TO TMA

Blood clotting factor reimbursement will be calculated based on the reimbursement methodology described in the TRICARE Reimbursement Manual (TRM). Blood clotting factor charges will not be submitted separately from the DRG reimbursable hospital charges but will be included on the institutional TED record.

5.0 TRANSMISSION RECORDS

5.1 The requirement for all electronic transmissions will incorporate the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated standards wherever feasible.

5.2 The first record in each transmission to TRICARE Management Activity (TMA), whether by teleprocessing or magnetic tape, will be a transmission header, using the following format. Where value is specified under comments, the value must be reported exactly as shown.

TRANSMISSION HEADER RECORD FORMAT

POSITION(S)	DESCRIPTION	CONTENT	COMMENT
1-8	Alpha	Data Type	Must be "TED Data".
9-10	**	Delimiter	Must be **.
11-22	Alphanumeric	File Name	Must be named in accordance with Chapter 1, Section 1.1, paragraph 10.6.3.1.5 .
23-24	**	Delimiter	Must be **
25-29	Alpha		Must be "FSIZE"
30-Variable	Numeric	File Size	Includes the total number of batch/voucher header records, provider, pricing and TED records (variable length). Includes transmission header, excludes transmission trailer.
Variable (2 positions)	**	Delimitier	Must be **.
Variable (6 positions)	Alpha	Record Type	Must be "RTYPEV".
Variable (2 positions)	**	Delimiter	Must be **.
Variable (7 positions)	Alpha		Must be "MAXRLEN".
Variable	Numeric	Maximum Record Length	Length of the longest variable length record within the transmission. Must be > 0.
Variable (2 positions)	**	Delimiter	Must be **.
Variable - 80	Blank	Reserved	Must be HEX 40.

5.3 Appended to the end of each transmission to TMA, whether by teleprocessing or magnetic tape, will be a transmission trailer record. The format for the transmission trailer record follows:

TRANSMISSION TRAILER RECORD FORMAT

POSITION(S)	DESCRIPTION	CONTENT	COMMENT
1	Alpha	Record ID	Must be "@" sign.
2-3	Alphanumeric	Contractor Number	TMA-assigned Contractor number.
4-10	Alphanumeric	Transmission Date	Enter in YYYYDDD format.
11-14	Numeric	Batch Count	Number of batches and/or vouchers in the transmission.

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Chapter 2, Section 2.2

Data Requirements - Data Element Layout

TRANSMISSION TRAILER RECORD FORMAT (CONTINUED)

POSITION(S)	DESCRIPTION	CONTENT	COMMENT
15-20	Numeric	Record Count	Includes the total number of batch/voucher header records, provider, pricing and variable length TED records. Excludes transmission header and transmission trailer.
21-80	Blank	Reserved	Must be HEX 40.

5.4 Transmissions will be returned to the contractor, with appropriate error codes appended, if any of the following occur:

ERROR CODE	ERROR TYPE	VALIDATION RULE
1200	Transmission header record not found	First record of the file must be a Transmission Header (first position is 'T').
1201	No records found in Transmission file	Byte count of the file = 0.
1202	Data Type is incorrect	Data Type must be "TED Data" - upper/lower case as shown is required. Cannot be all lower or all upper case.
1203	Second transmission header found	Second Transmission Header (first position is 'T') must not be found.
1207	Value of MAXRLEN in transmission header is not possible	MAXRLEN must be a valid value based on the combinations of record lengths included. Compare against all possible record lengths for Header (1), Inst (450), Non-Inst (99), and Provider (1) records.
1210	Transmission trailer record not found	A record must be found with first position = '@'.
1220	Second record is not a valid batch or voucher header record	Second record of the transmission must be batch/voucher record (record type = 0 or 5).
1240	Header record error in FSIZE, Record Type, or MAXRLEN fields)	'FSIZE', 'RTYPEV' and 'MAXRLEN' literals must be found in Transmission Header record and value of MAXRLEN must be > 0 and < 25535.
1250	Record type other than 0, 1, 2, 3, 4, 5, T, or @ is invalid)	Record Type (first position of the record) must be 0, 1, 2, 3, 4, 5, 6, 9, T, or @.
1260	Extraneous data found after transmission trailer record	No record should be found after Trailer Record of the transmission file.
1290	Count of batch/voucher headers on trailer not equal headers read	Count of batch/voucher headers on trailer must match count of batch/vouchers.
1291	Batch/voucher Identifier code invalid	Batch/voucher identifier must be = 3, 4, or 5.
1295	Total record count on transmission trailer record not in balance.	Record count of transmission trailer must match total record count (except transmission header and trailer) of the file.
1296	Contractor number in trailer record does not match batch/voucher contract number	The contractor number (positions 2-3) in the transmission trailer record must correspond with the contractor number (ELN 0-010) in the batch/voucher header record(s) in the transmission file.
1299	Transmission header file-size not in possible in file	Transmission Header file size (FSIZE) must match total record count (except transmission header) of the file.

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Chapter 2, Section 2.2

Data Requirements - Data Element Layout

ERROR CODE	ERROR TYPE	VALIDATION RULE
1998	Invalid non-printable character	Transmission file must not contain invalid non-printable characters (ASCII Values 0-9, 11-31, 127-255)
1999	Invalid printable character	Transmission file must not contain invalid printable characters (e.g., binary values, >, <, :, ;, \, ", , etc.). The only acceptable characters are A-Z (uppercase only), 0-9, ', @, *, #, and blank.

6.0 PRINT/REPORT TRANSMISSIONS

6.1 All errors in batch/voucher, TED, and TEPRV records detected by the TMA editing system will be reported to the contractor in 133-byte record print image format. Except for special situations, error files will be teleprocessed to the contractor the day of processing. The format of the error records returned to the contractor will be:

ERRORS RECORDS RETURNED FORMAT

DESCRIPTION	POSITION	
	FROM	THRU
Number of errors on this TED record	1	3
Batch/Voucher, TED, or TEPRV data as submitted	4	Variable
Error code number (occurs 1 to 500 times based on number of errors above)	Variable	Variable

6.2 The format of the error code number is 10 characters:

ERROR CODE FORMAT

DESCRIPTION	POSITION
ELN (Element Locator Number)	1 to 4
Edit error number within ELN	5 to 6
Validity/Relational/Financial edit indicator	7 to 7
Line item/occurrence number from TED record if applicable	8 to 10

6.3 The associated error reports will list each edit incurred on each batch/voucher, TED or TEPRV record. A brief description of the edit condition is included. If the edit is a relational edit or financial edit, the ELNs and element names for the elements that are involved in the edit condition will be included, along with the values reported by the contractor for those elements.

- END -

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Chapter 2, Section 2.5

Data Requirements - Institutional/Non-Institutional Record Data Elements (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Institutional	1-186	1	Yes ¹
Non-Institutional	2-306	Up to 99	Yes ¹

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

DEFINITION The code used to identify for each person insured in managed care any special category that they may have been given for copayment and deductible. Download field from DEERS.

CODE/VALUE SPECIFICATIONS	LOCATOR#	DESCRIPTION
	00	Not applicable
	01	Bosnia Participation Special Entitlement (Sponsor Only)
	02	Noble Eagle Participation Special Entitlement (Sponsor Only)
	03	Enduring Freedom Participation Special Entitlement
	04 ²	TA 60 Benefits Period After Special Operation
	05 ²	TA 120 Benefits Period After Special Operation
	06	Kosovo Participation Special Entitlement (Sponsor Only)
	07 ²	Iraqi Freedom Participation Special Entitlement (Sponsor Only)
	30	TRICARE Senior Pharmacy Exception - Grandfathered Populations before 04/01/2001.
	31	TRICARE Senior Pharmacy Exception - Direct Care (DC) over 65 members with Medicare A and B but no TFL.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ If the DEERS response does not return a HCDP SPECIAL ENTITLEMENT CODE, report '00' in this field.

² Codes 04, 05, and 07 are no longer effective. Valid for adjustments or cancellations to previously submitted TED records with these values.

If person not on DEERS but claim is payable (i.e., government liability), report '00' in this field.

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Chapter 2, Section 2.5

Data Requirements - Institutional/Non-Institutional Record Data Elements (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: HIPPS CODE

		RECORDS/LOCATOR NUMBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-292	1	Yes ¹
PRIMARY PICTURE (FORMAT) Five (5) alphanumeric characters.			
DEFINITION HIPPS rate codes identify specific patient characteristics (or case mix) on which TRICARE SNF and HHA payment determinations are made.			
CODE/VALUE SPECIFICATIONS SNF HIPPS codes: Consists of a three character RUG code plus a two character modifier which is an assessment indicator.			
HHA HIPPS codes prior to January 1, 2008: First character is always 'H' for home health; the second, third, and fourth positions represent the care level of intensity; and the fifth character establishes the completeness of the OASIS data.			
HHA HIPPS codes on or after January 1, 2008: The first position in the HIPPS code is a numeric value based on whether an episode is an early or later episode in a sequence of adjacent episodes; the second, third, and fourth positions of the code remain a one-to-one crosswalk to the three domains of the HHRG coding system; and the fifth position indicates a severity group for NRS.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if available. If not applicable blank fill.

If multiple HIPPS Codes are reported on a claim, the initial HIPPS code (i.e., the HIPPS code initiating the 60 day Episode of Care (EOC)) should be coded on the TED record.

Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT IDENTIFIER (DoD)

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Institutional	1-095	1	Yes
Non-Institutional	2-080	1	Yes
PRIMARY PICTURE (FORMAT) Ten (10) alphanumeric characters.			
DEFINITION The identifier associated with a particular patient. Download field from DEERS.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
	SUBORDINATE		GROUP
	N/A		N/A

NOTES AND SPECIAL INSTRUCTIONS:

If person not on DEERS but claim is payable (i.e., government liability), report all nines in this field.

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Chapter 2, Section 2.7

Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT STATUS

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Institutional	1-270	1	Yes
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.			
DEFINITION Code indicating patient status as of the end date of care on the TED record.			
CODE/VALUE SPECIFICATIONS	01	Discharged	
	02	Transferred	
	03	Discharged/transferred to SNF	
	04	Discharged/transferred to ICF	
	05	Discharged/transferred to another type of institution (including distinct parts of institutions) (definition not valid for discharges on or after 04/01/2008)	
	05	Discharged/transferred to a designated cancer center or children's hospital (definition effective for discharges on or after 04/01/2008)	
	06	Discharged/transferred to home under care of organized home health service organization	
	07	Left against medical advice or discontinued care	
	08	Discharged/transferred to home under care of a home IV provider (not valid for discharges on or after 10/01/2005)	
	20	Expired (or did not recover - Christian Science Patient)	
	30	Still patient (remaining)	
	40	Expired at home	
	41	Expired in a medical facility, such as a hospital, SNF, ICF, or freestanding hospice	
	42	Expired place unknown	
	43	Discharged/transferred to a federal health care facility	
	50	Discharged to Hospice - Home	
	51	Discharged to Hospice - Medical Facility	
	61	Discharged/transferred to a hospital-based Medicare approved swing bed	
	62	Discharged/transferred to an inpatient Rehabilitation Facility including Rehabilitation Distinct Part Units of a hospital	
	63	Discharged/transferred to a LTC hospital	
	64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare	
	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	
	66	Discharged/transferred to a CAH	

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PHYSICIAN REFERRAL NUMBER

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-270	1	Yes ¹
PRIMARY PICTURE (FORMAT) Thirteen (13) alphanumeric characters.			
DEFINITION The identifying number of the referring physician. This field will report the NPI or PROVIDER TAXPAYER NUMBER and PROVIDER SUB-IDENTIFIER as applicable.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required for all referred care (MTF and Civilian PCM). If not applicable blank fill.

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Chapter 2, Section 2.7

Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PLACE OF SERVICE

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-275	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.			
DEFINITION Code to indicate where the health care was provided.			
CODE/VALUE SPECIFICATIONS	03	School	
	04	Homeless Shelter	
	05	Indian Health Service (IHS) Freestanding Facility	
	06	Indian Health Service (IHS) Provider-based Facility	
	07	Tribal 638 Freestanding Facility	
	08	Tribal 638 Provider-based Facility	
	11	Office	
	12	Home	
	13	Assisted Living Facility	
	14	Group Home	
	15	Mobile Unit	
	19	Pharmacy	
	20	Urgent Care Facility	
	21	Inpatient Hospital	
	22	Outpatient Hospital	
	23	Emergency Room - Hospital	
	24	Ambulatory Surgical Center (ASC)	
	25	Birth Center	
	26	Military Treatment Facility (MTF)	
	31	Skilled Nursing Facility (SNF)	
	32	Nursing Facility	
	33	Custodial Care Facility	
	34	Hospice	
	41	Ambulance - Land	
	42	Ambulance - Air or Water	
	49	Independent Clinic	
	50	Federally Qualified Health Center	
	51	Inpatient Psychiatric Facility	
	52	Psychiatric Facility Partial Hospitalization	
	53	Community Mental Health Center (CMHC)	
	54	Intermediate Care Facility/Mentally Retarded	
	55	Residential Substance Abuse Treatment Facility	
	56	Psychiatric Residential Treatment Center (RTC)	

NOTES AND SPECIAL INSTRUCTIONS:

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

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Chapter 2, Section 2.8

Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-185	4	Yes ¹
Non-Institutional	2-305	4/Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT) Four occurrences of two (2) alphanumeric characters per occurrence/line item for non-institutional.			
DEFINITION Code indicating care that requires special processing.			
CODE/VALUE SPECIFICATIONS			
	0	Hospice non-affiliated provider	
	1	Medicaid	
	3	Allogeneic bone marrow recipient (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)	
	4	Allogeneic bone marrow donor (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)	
	5	Liver transplant (effective for care before 03/01/1997, or between 02/20/1998 and 08/31/1999 and after 05/31/2003)	
	6	Home Health Care (non-institutional only)	
	7	Heart Transplant	
	10	Active duty cost-share ambulatory surgery taken from professional claim	
	11	Hospice	
	12	Capitated Arrangements	
	14	Bone marrow transplants - TMA approved	
	16	Ambulatory Surgery Facility charge	
	17	VA medical provider claim (care rendered by a VA provider)	
	A	Partnership Program (internal providers with signed agreements)	
	E	HHC/CM Demonstration (After 03/15/1999, grandfathered into the Individual Case Management Program) ²	
	Q	Active Duty Delayed Deductible	
	R	Medicare/TRICARE Dual Entitlement First Payor - not a Medicare Benefit (Effective 10/01/2001)	
	S	Resource Sharing - External	

NOTES AND SPECIAL INSTRUCTIONS:

¹ 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 characters.

² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.

³ Whenever SPECIAL PROCESSING CODE = 'AU' (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.

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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)		
	T	Medicare/TRICARE Dual Entitlement (formally normal COB processing (Effective 10/01/2001 process as Second Payor))
	U	BRAC Medicare Pharmacy (Section 702) claim (Terminated 04/01/2001)
	V	Financially underwritten payment by contractor
	W	Non-financially underwritten payment by financially underwritten contractor
	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	SHCP - Non-MTF-Referral Care (Effective 10/01/1999 through 05/31/2004)
	AR	SHCP - Referred Care (Effective 10/01/1999 through 05/31/2004)
	AU	Autism Demonstration (Effective 03/15/2008) ³
	BD	Bosnia Deductible (Effective 12/08/1995)
	CA	Civil Action Payment (Effective 07/01/1999)
	CE	SHCP - Comprehensive Clinical Evaluation Program (Effective 10/01/1999)
	CL	Clinical Trials Demonstration (Enrollment Effective 03/17/2003 through 03/31/2008)
	CM	ICMP claims (Effective 03/15/1999)
	CP	Cancer Clinical Trials (Enrollment Effective on or after 04/01/2008)
	CT	CCTP (Effective 12/28/2001)
	EU	Emergency services rendered by an unauthorized provider (Effective 06/01/1999)
	FF	TFL (First Payor - Not A Medicare Benefit) (Effective 10/01/2001)
	FG	TFL (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)

NOTES AND SPECIAL INSTRUCTIONS:

¹ 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 characters.

² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.

³ Whenever SPECIAL PROCESSING CODE = 'AU' (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.

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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)		
	FS	TFL (Second Payor) (Effective 10/01/2001)
	GF	TPR for eligible ADFM residing with a TPR Eligible ADSM (Effective 10/30/2000 through 08/31/2002)
	GU	ADSM enrolled in TRICARE Prime Remote (Effective 10/01/1999)
	KO	Allied Forces - Kosovo (Effective 06/01/1999)
	MH	Mental Health Active Duty Cost- Share
	MN	TSP (Non-Network) (Effective 01/01/1998 through 12/31/2001)
	MS	TSP (Network) (Effective 01/01/1998 through 12/31/2001)
	NE	Operation Noble Eagle/Operation Enduring Freedom (Reservist called to Active Duty under Executive Order 13223) (Effective 09/14/2001 through 10/31/2008)
	PD	Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001)
	PF	ECHO (formerly PFPWD)
	PO	TRICARE Prime - Point of Service
	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)
	SC	SHCP - Non-TRICARE Eligible (Effective 10/01/1999)
	SE	SHCP - TRICARE Eligible (Effective 10/01/1999)
	SM	SHCP - Emergency (Effective 10/01/1999)
	SN	TSS (Non-Network) (Effective 04/01/2000 through 12/31/2002)
	SP	Special/Emergent Care (Effective 06/01/1999)
	SS	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)

ALGORITHM N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ 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 characters.

² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.

³ Whenever SPECIAL PROCESSING CODE = 'AU' (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.

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Chapter 2, Section 2.8

Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ 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 characters.
- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- ³ Whenever SPECIAL PROCESSING CODE = 'AU' (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.

- END -

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Chapter 2, Section 2.10

Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: TRANSACTION CODE

		RECORDS/LOCATOR NUMBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-160	1	Yes ¹
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code used to identify type of processing to be done on the record.			
CODE/VALUE SPECIFICATIONS		A	Add a record
		I	Inactivate a record
		M	Modify a record
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:

¹ A record must be on file to Modify or Inactivate. A record cannot be on file if transaction is to add a new record.

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Chapter 2, Section 2.10

Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: TYPE OF INSTITUTION TERM INDICATOR CODE

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-095	1	Yes ¹
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code used to identify type of institution as short or long-term.			
CODE/VALUE SPECIFICATIONS			
	L	Long-term (30 days or more)	
	S	Short term (less than 30 days)	
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:

¹ Blank fill if not applicable.

- END -

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: FREQUENCY CODE (1-250)

VALIDITY EDITS

1-250-01V MUST BE A VALID FREQUENCY CODE

AND IF FREQUENCY CODE =	1	ADMIT THRU DISCHARGE TED RECORD OR
	2	INTERIM - INITIAL TED RECORD OR
	3	INTERIM - INTERIM TED RECORD OR
	4	INTERIM - FINAL TED RECORD
AND TYPE OF SUBMISSION =	A	ADJUSTMENT TO TED RECORD DATA OR
	C	COMPLETE CANCELLATION TO TED RECORD DATA OR
	I	INITIAL TED RECORD SUBMISSION OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI OR
	R	RESUBMISSION OF AN INITIAL TED RECORD

THEN THE FREQUENCY CODE SUBMISSION MUST FOLLOW THE DIRECTIONS IN THE TABLE BELOW

FREQUENCY CODE	PREVIOUS TED RECORD FREQUENCY CODE
1	= 1 OR NO PREVIOUS TED RECORD
2	= 2 OR NO PREVIOUS TED RECORD
3	= 2 or 3 (PREVIOUS TED RECORD MUST EXIST)
4	= 2, 3 or 4 (PREVIOUS TED RECORD MUST EXIST)

RELATIONAL EDITS

1-250-01R IF PATIENT STATUS = 30 STILL A PATIENT

AND AMOUNT ALLOWED (TOTAL) ≠ ZERO

OR OCCURRENCE OF SPECIAL PROCESSING CODE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYER) OR
	FS	TFL (SECOND PAYER)
THEN FREQUENCY CODE MUST =	2	INTERIM-INITIAL OR
	3	INTERIM-INTERIM
UNLESS TYPE OF INSTITUTION =	70	HHA
THEN FREQUENCY CODE MUST =	2	INTERIM-INITIAL OR
	3	INTERIM-INTERIM OR
	7	REPLACEMENT OF PRIOR CLAIM OR
	8	VOID/CANCEL OF PRIOR CLAIM OR
	9	FINAL CLAIM FOR HHA EPISODE

1-250-02R IF PATIENT STATUS = 01 DISCHARGED **OR**

02 TRANSFERRED **OR**

20 EXPIRED

THEN FREQUENCY CODE MUST =	0	NON-PAYMENT/ZERO CLAIM OR
	1	ADMIT THROUGH DISCHARGE OR
	4	INTERIM-FINAL OR
	7	REPLACEMENT OF PRIOR CLAIM OR
	8	VOID/CANCELLATION OF PRIOR CLAIM OR

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: FREQUENCY CODE (1-250) (Continued)

		9	FINAL CLAIM FOR HHA PPS EPISODE
1-250-03R	IF PRICING RATE CODE =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER
	THEN FREQUENCY CODE MUST =	1	ADMIT THROUGH DISCHARGE

ELEMENT NAME: TYPE OF ADMISSION (1-255)

VALIDITY EDITS

1-255-01V	VALUE MUST BE A VALID TYPE OF ADMISSION CODE.		
	UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS =	0023	HHA
	OR TYPE OF INSTITUTION =	70	HHA
	OR AMOUNT ALLOWED (TOTAL) = ZERO		
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	THEN VALUE MUST BE BLANK OR A VALID TYPE OF ADMISSIONS CODE		

RELATIONAL EDITS

1-255-03R	IF TYPE OF ADMISSION =	4	NEWBORN
	THEN PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO ADDENDUM E, FIGURE 2.E-1).		

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: SOURCE OF ADMISSION (1-260)			
VALIDITY EDITS			
1-260-01V	VALUE MUST BE A VALID SOURCE OF ADMISSION.		
RELATIONAL EDITS			
1-260-01R	IF TYPE OF ADMISSION =	4	NEWBORN
	THEN SOURCE OF ADMISSION MUST =	1	NORMAL DELIVERY OR
		2	PREMATURE DELIVERY OR
		3	SICK BABY OR
		4	EXTRAMURAL BIRTH
	AND PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO ADDENDUM E, FIGURE 2.E-1).		

ELEMENT NAME: ADMISSION DATE (1-265)			
VALIDITY EDITS			
1-265-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.		
RELATIONAL EDITS			
1-265-01R	ADMISSION DATE MUST BE ≤DATE TED RECORD PROCESSED TO COMPLETION		
1-265-02R	ADMISSION DATE MUST BE ≤END DATE OF CARE		
1-265-03R	IF FREQUENCY CODE =	1	ADMIN THROUGH DISCHARGE OR
		2	INTERIM-INITIAL
	THEN ADMISSION DATE MUST = BEGIN DATE OF CARE		
1-265-04R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		B	ADJUSTMENT OF NON-TED RECORD (HCSR) DATA OR
		C	COMPLETE CANCELLATION OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN ADMISSION DATE MUST BE ≤DATE ADJUSTMENT IDENTIFIED		
	UNLESS TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD
	AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.		

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Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PATIENT STATUS (1-270)

VALIDITY EDITS

1-270-01V VALUE MUST BE A VALID PATIENT STATUS CODE.

RELATIONAL EDITS

1-270-01R	IF FREQUENCY CODE =	2	INTERIM-INITIAL OR
		3	INTERIM-INTERIM
	THEN PATIENT STATUS MUST =	30	STILL A PATIENT
1-270-02R	IF FREQUENCY CODE =	1	ADMIT THROUGH DISCHARGE
	THEN PATIENT STATUS MUST =	01	DISCHARGED OR
		02	TRANSFERRED OR
		03	DISCHARGED/TRANSFERRED TO SNF OR
		04	DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF) OR
		05	DISCHARGED/TRANSFERRED TO A DESIGNATED CANCER CENTER OR CHILDREN'S HOSPITAL OR
		06	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION OR
		07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE OR
		08	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER OR
		20	EXPIRED OR
		40	DIED AT HOME OR
		41	DIED IN MEDICAL FACILITY, SUCH AS HOSPITAL, SNF OR FREESTANDING HOSPICE OR
		42	PLACE OF DEATH UNKNOWN OR
		43	DISCHARGED/TRANSFERRED TO A FEDERAL HOSPITAL OR
		50	HOSPICE-HOME OR
		51	HOSPICE-MEDICAL FACILITY OR
		61	DISCHARGED/TRANSFERRED WITHIN THIS INSTITUTION TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED OR
		62	DISCHARGED/TRANSFERRED TO ANOTHER REHABILITATION FACILITY INCLUDING REHABILITATION DISTINCT PART UNITS OF A HOSPITAL OR
		63	DISCHARGED/TRANSFERRED TO A LONG-TERM CARE HOSPITAL OR
		64	DISCHARGED/TRANSFERRED TO A NURSING FACILITY CERTIFIED UNDER MEDICAID BUT NOT CERTIFIED UNDER MEDICARE OR
		65	DISCHARGED/TRANSFERRED TO A PSYCHIATRIC HOSPITAL OR PSYCHIATRIC DISTINCT PART OF A HOSPITAL OR

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Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PATIENT STATUS (1-270) (Continued)

		66	DISCHARGED/TRANSFERRED TO A CRITICAL ACCESS HOSPITAL OR
		70	DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF HEALTH CARE NOT DEFINED ELSEWHERE IN THE CODE LIST
1-270-03R	IF PRICING RATE CODE =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER
	THEN PATIENT STATUS MUST ≠	30	STILL A PATIENT

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: BEGIN DATE OF CARE (1-275)

VALIDITY EDITS

- 1-275-01V** MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.
- 1-275-02V** CANNOT BE MORE THAN 10 YEARS PRIOR TO TMA CURRENT SYSTEM DATE.
- 1-275-03V** BEGIN DATE OF CARE MUST BE ≤END DATE OF CARE.

RELATIONAL EDITS

- 1-275-02R** BEGIN DATE OF CARE MUST BE ≤DATE TED RECORD PROCESSED TO COMPLETION
- 1-275-03R** BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT)
- 1-275-04R** BEGIN DATE OF CARE MUST BE ≥ ADMISSION DATE
- 1-275-05R** 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 BEGIN DATE OF CARE MUST BE ≤DATE ADJUSTMENT IDENTIFIED

UNLESS TED RECORD CORRECTION INDICATOR =

1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD
---	---

AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

1-275-06R PROVIDER MUST BE "AUTHORIZED"¹ ON PROVIDER FILE FOR THIS BEGIN DATE OF CARE

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 OR
---	---

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 PROVIDER FILE

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, 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 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: TYPE OF SUBMISSION (2-100) (Continued)

THEN BEGIN DATE OF CARE MUST BE < 10/01/2010

2-100-09R IF TYPE OF SUBMISSION = B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**

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

THEN TYPE OF SERVICE (SECOND POSITION) MUST ≠

M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

2-100-10R IF THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY OTHER HEALTH INSURANCE > 0

AND THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED (TOTAL) BY PROCEDURE CODE > 0

AND THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = 0

AND DATE ADJUSTMENT IDENTIFIED = ZEROES

THEN TYPE OF SUBMISSION MUST = O ZERO PAYMENT TED RECORD DUE TO 100% OHI

UNLESS THE SUM OF THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PATIENT COST-SHARE **AND** THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT APPLIED TOWARD DEDUCTIBLE ≥ THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE

OR THE TED RECORD CORRECTION INDICATOR ≠ BLANK

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (2-105)

VALIDITY EDITS

2-105-01V MUST BE A VALID CLAIM FORM TYPE/EMC INDICATOR.

RELATIONAL EDITS

2-105-01R IF CLAIM FORM TYPE/EMC INDICATOR = I ELECTRONIC DRUG CLAIM SUBMISSION

THEN TYPE OF SERVICE (SECOND POSITION) MUST =

B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS **OR**

M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

2-105-02R IF CLAIM FORM TYPE/EMC INDICATOR = J OTHER

AND TYPE OF SERVICE SECOND POSITION =

B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS **OR**

M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

THEN PROCEDURE CODE MUST = 000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS **OR**

000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108)

VALIDITY EDITS

2-108-01V MUST BE BLANKS OR A VALID CLIN FOR THE CONTRACT NUMBER ON THE TMA DATABASE

2-108-02V IF TYPE OF SUBMISSION =

A ADJUSTMENT **OR**

B HCSR ADJUSTMENT **OR**

C COMPLETE CANCELLATION **OR**

E HCSR CANCELLATION

AND CONTRACT NUMBER = MDA906-02-C-0013 (TMOP) **OR**

MDA906-03-C-0009 (WEST) **OR**

MDA906-03-C-0010 (SOUTH) **OR**

MDA906-03-C-0011 (NORTH) **OR**

MDA906-03-C-0015 (TDEFIC) **OR**

MDA906-03-C-0019 (TRRx)

AND ADMINISTRATIVE CLAIM COUNT
CODE (TMA DERIVED FIELD) ON TMA
FILE = 1 CLAIM RATE HAS BEEN PAID

THEN ADMINISTRATIVE CLIN ON THE ADJUSTMENT MUST = ADMINISTRATIVE CLIN ON TMA
DATABASE¹

2-108-03V IF CONTRACT NUMBER ≠

MDA906-02-C-0013 (TMOP) **OR**

MDA906-03-C-0009 (WEST) **OR**

MDA906-03-C-0010 (SOUTH) **OR**

MDA906-03-C-0011 (NORTH) **OR**

MDA906-03-C-0015 (TDEFIC) **OR**

MDA906-03-C-0019 (TRRx)

THEN ADMINISTRATIVE CLIN MUST BE BLANK

RELATIONAL EDITS

REFER TO [SECTION 8.1](#).

¹ THIS EDIT IS CHECKED DURING THE MATCH AND MARRY PROCESS.

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110)

VALIDITY EDITS

2-110-01V MUST BE A VALID FOUR DIGIT DMIS-ID CODE.

2-110-03V IF FILING DATE ≥ 09/01/2007

AND PCM LOCATION DMIS-ID =	0190	JOHNS HOPKINS MEDICAL SERVICES CORPORATION OR
	0191	BRIGHTON MARINE OR
	0192	CHRISTUS HEALTH/ST JOHN'S OR
	0193	ST VINCENTS CATHOLIC MEDICAL CENTERS OF NY OR
	0194	PACIFIC MEDICAL CLINICS OR
	0196	CHRISTUS HEALTH/ST JOSEPH'S OR
	0194	CHRISTUS HEALTH/ST MARY'S OR
	0198	MARTIN'S POINT HEALTH CARE OR
	0199	FAIRVIEW HEALTH SYSTEM

THEN THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO

RELATIONAL EDITS

NONE

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: AMOUNT INTEREST PAYMENT (2-112)	
VALIDITY EDITS	
2-112-01V	MUST BE NUMERIC
RELATIONAL EDITS	
2-112-01R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
	THEN AMOUNT INTEREST PAYMENT MUST BE \geq ZERO
2-112-02R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL
	THEN AMOUNT INTEREST PAYMENT MUST = ZERO
2-112-03R	IF AMOUNT INTEREST PAYMENT \neq ZERO
	THEN REASON FOR INTEREST PAYMENT MUST =
	A CLAIMS PENDED AT GOVERNMENT DIRECTION OR
	B CLAIMS REQUIRING GOVERNMENT INTERVENTION OR
	C CLAIMS REQUIRING DEVELOPMENT FOR POTENTIAL TPL OR
	D CLAIMS REQUIRING AN ACTION/INTERFACE WITH ANOTHER PRIME CONTRACTOR OR
	E CLAIMS RETAINED BY THE CONTRACTOR THAT DO NOT FALL INTO ONE OF THE ABOVE CATEGORIES
2-112-04R	IF FILING STATE/COUNTRY CODE = FOREIGN COUNTRY INCLUDING PUERTO RICO (PRI)
	THEN AMOUNT INTEREST PAYMENT MUST BE = ZERO

ELEMENT NAME: REASON FOR INTEREST PAYMENT (2-113)	
VALIDITY EDITS	
2-113-01V	MUST BE A VALID REASON FOR INTEREST PAYMENT CODE (REFER TO SECTION 2.8).
RELATIONAL EDITS	
2-113-01R	IF REASON FOR INTEREST PAYMENT =
	A CLAIMS PENDED AT GOVERNMENT DIRECTION OR
	B CLAIMS REQUIRING GOVERNMENT INTERVENTION OR
	C CLAIMS REQUIRING DEVELOPMENT FOR POTENTIAL TPL OR
	D CLAIMS REQUIRING AN ACTION/INTERFACE WITH ANOTHER PRIME CONTRACTOR OR
	E CLAIMS RETAINED BY THE CONTRACTOR THAT DO NOT FALL INTO ONE OF THE ABOVE CATEGORIES
	THEN AMOUNT INTEREST PAYMENT MUST \neq ZERO

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-115)

VALIDITY EDITS

- 2-115-01V** FOR FILING DATE PRIOR TO 10/01/2004 VALUE MUST BE A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.
- 2-115-02V** FOR FILING DATE ON OR AFTER 10/01/2004 VALUE MUST BE A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1

AND FOR AT LEAST ONE LINE ITEM

EITHER BEGIN DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD-9-CM DIAGNOSIS REFERENCE TABLE

OR END DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD-9-CM DIAGNOSIS REFERENCE TABLE

RELATIONAL EDITS

- 2-115-01R** IF ANY PRINCIPAL TREATMENT DIAGNOSIS CODE IS FOR FEMALE
- AND** PERSON SEX (PATIENT) IS MALE
- THEN** AT LEAST ONE OVERRIDE CODE MUST =
- | | | |
|--|---|--|
| | G | DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE |
|--|---|--|
- 2-115-02R** IF ANY PRINCIPAL TREATMENT DIAGNOSIS CODE IS FOR MALE
- AND NOT** FOR CIRCUMCISION (PROCEDURE CODE¹ 54150 **OR** 54160)
- AND** SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (REFER TO [ADDENDUM E, FIGURE 2.E-3](#))
- AND** PERSON SEX (PATIENT) IS FEMALE
- THEN** AT LEAST ONE OVERRIDE CODE MUST =
- | | | |
|--|---|--|
| | H | DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE |
|--|---|--|
- 2-115-05R** IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9
- THEN** CALCULATED AMOUNT BILLED (TOTAL) MUST > ZERO AND ≤\$200.00
- AND** TYPE OF SERVICE (FIRST POSITION) MUST =
- | | | |
|--|---|--|
| | A | AMBULATORY SURGERY COST-SHARED AS INPATIENT (ADFMS ONLY) OR |
| | I | INPATIENT OR |
| | N | OUTPATIENT COST-SHARED AS INPATIENT OR |
| | O | OUTPATIENT, EXCLUDING M, P, OR N |
- AND** TYPE OF SERVICE (SECOND POSITION) MUST =
- | | | |
|--|---|--|
| | 4 | DIAGNOSTIC/THERAPEUTIC X-RAY OR |
| | 5 | DIAGNOSTIC LABORATORY OR |
| | 7 | ANESTHESIA |
- UNLESS** TYPE OF SUBMISSION =
- | | | |
|--|---|-----------------|
| | D | COMPLETE DENIAL |
|--|---|-----------------|
- OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
- | | | |
|--|---|----------|
| | 1 | MEDICAID |
|--|---|----------|
- 2-115-06R** IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
- | | | |
|--|----|------|
| | PF | ECHO |
|--|----|------|
- THEN** PRINCIPAL DIAGNOSIS **CANNOT** = 799.9
- UNLESS** TYPE OF SUBMISSION =
- | | | |
|--|---|-----------------|
| | D | COMPLETE DENIAL |
|--|---|-----------------|

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TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-115) (Continued)

OR ANY OCCURRENCE OF SPECIAL
PROCESSING CODE = 1 MEDICAID

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ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS OCCURRENCES 1 - 7 (2-120 THROUGH 2-137)

VALIDITY EDITS

2-XXX-01V¹ FOR FILING DATES PRIOR TO 10/01/2004, VALUE IF PRESENT, MUST BE VALID DIAGNOSIS CODE **OR** BLANK-FILLED.

2-XXX-02V¹ FOR FILING DATE ON OR AFTER 10/01/2004 VALUE IF PRESENT MUST BE A VALID DIAGNOSIS CODE

AND FOR AT LEAST ONE LINE ITEM

EITHER BEGIN DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD-9-CM DIAGNOSIS REFERENCE TABLE

OR END DATE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD-9-CM DIAGNOSIS REFERENCE TABLE

2-XXX-03V¹ ALL OCCURRENCES OF SECONDARY TREATMENT DIAGNOSIS MUST BE BLANK FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK FILLED SECONDARY TREATMENT DIAGNOSIS

RELATIONAL EDITS

2-XXX-01R¹ IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR FEMALE

AND PERSON SEX (PATIENT) IS MALE

THEN AT LEAST ONE OVERRIDE CODE

MUST = G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE

2-XXX-02R¹ IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR MALE

AND NOT FOR CIRCUMCISION (PROCEDURE CODE² 54150 **OR** 54160)

AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY ([ADDENDUM E, FIGURE 2.E-3](#))

AND PERSON SEX (PATIENT) IS FEMALE

THEN AT LEAST ONE OVERRIDE CODE

MUST = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE

¹ XXX EQUALS ELN (120 THROUGH 137) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: TED RECORD CORRECTION INDICATOR (2-139)

VALIDITY EDITS

2-139-01V VALUE MUST BE A VALID TED RECORD CORRECTION INDICATOR

2-139-02V IF TED RECORD CORRECTION INDICATOR = 1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) **SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD OR**

2 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT CLAIM PROCESSING ERRORS OR TO UPDATE PRIOR DATA WITH MORE CURRENT/ACCURATE INFORMATION. **(NOT TO BE USED TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD) OR**

3 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT **BOTH** CLAIM PROCESSING ERRORS AND EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD

THEN TYPE OF SUBMISSION MUST = A ADJUSTMENT **OR**

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

C COMPLETE CANCELLATION OF TED RECORD DATA **OR**

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

AND CONTRACT NUMBER MUST = MDA906-02-C-0013 **OR**

MDA906-03-C-0009 **OR**

MDA906-03-C-0010 **OR**

MDA906-03-C-0011 **OR**

MDA906-03-C-0015 **OR**

MDA906-03-C-0019

2-139-03V IF TED RECORD CORRECTION INDICATOR = 1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) **SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD OR**

3 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT **BOTH** CLAIM PROCESSING ERRORS AND EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD

THEN A MATCH TO A PROVISIONALLY ACCEPTED TED RECORD **MUST** BE PRESENT ON THE TMA DATABASE.

2-139-04V IF TED RECORD CORRECTION INDICATOR = 2 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT CLAIM PROCESSING ERRORS OR TO UPDATE PRIOR DATA WITH MORE CURRENT/ACCURATE INFORMATION

THEN A CORRESPONDING PROVISIONALLY ACCEPTED TED RECORD **MUST NOT** BE PRESENT ON THE TMA DATABASE.

RELATIONAL EDITS

NONE

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM COUNT (2-140)

VALIDITY EDITS

2-140-01V VALUE MUST BE IN RANGE: 001-099

AND MUST EQUAL THE PHYSICAL COUNT OF THE DETAIL OCCURRENCES/LINE ITEMS ON THE TED RECORD.

2-140-02V IF TYPE OF SUBMISSION =

A ADJUSTMENT **OR**

B ADJUSTMENT OF 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 \geq TOTAL OCCURRENCE/LINE ITEM COUNT FROM TMA DATABASE

RELATIONAL EDITS

NONE

ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER (2-145)

VALIDITY EDITS

2-145-01V EACH VALUE MUST BE NUMERIC AND NOT EQUAL TO ZERO.

2-145-02V OCCURRENCE/LINE ITEM NUMBER MUST BE CODED FOR EACH NUMBER OF OCCURRENCES SPECIFIED BY THE TOTAL OCCURRENCE/LINE ITEM COUNT.

2-145-03V OCCURRENCE/LINE ITEM NUMBER MUST BE REPORTED IN ASCENDING CONSECUTIVE ORDER.

RELATIONAL EDITS

NONE

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: BEGIN DATE OF CARE (2-150)

VALIDITY EDITS

2-150-01V MUST BE A VALID GREGORIAN DATE **AND** CANNOT BE > TMA CURRENT SYSTEM DATE.

2-150-02V CANNOT BE MORE THAN 10 YEARS PRIOR TO TMA CURRENT SYSTEM DATE.

2-150-03V BEGIN DATE OF CARE MUST BE ≤END DATE OF CARE.

RELATIONAL EDITS

2-150-01R BEGIN DATE OF CARE MUST BE ≤END DATE OF CARE.

2-150-02R BEGIN DATE OF CARE MUST BE ≤FILING DATE.

2-150-03R BEGIN DATE OF CARE MUST BE ≤DATE TED RECORD PROCESSED TO COMPLETION.

2-150-04R BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT).

2-150-05R 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 BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED.

UNLESS TED RECORD CORRECTION INDICATOR =

1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD
---	--

AND DATE ADJUSTMENT IDENTIFIED = ZEROES.

2-150-06R PROVIDER MUST BE "AUTHORIZED"¹ ON PROVIDER FILE FOR EACH BEGIN DATE OF CARE

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE ≤ZERO

OR ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM =

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 PROVIDER SPECIALTY =

172A00000X (OTHER SERVICE PROVIDER/DRIVERS) OR
344600000X (TRANSPORTATION SERVICES/TAXI)

OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR
FS	TFL (SECOND PAYOR) OR

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER MAJOR SPECIALTY, PROVIDER ZIP CODE, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (2-240-04R).

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: BEGIN DATE OF CARE (2-150) (Continued)

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 PROVIDER FILE

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER MAJOR SPECIALTY, PROVIDER ZIP CODE, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (2-240-04R).

ELEMENT NAME: END DATE OF CARE (2-155)

VALIDITY EDITS

2-155-01V MUST BE A VALID GREGORIAN DATE **AND** CANNOT BE > TMA CURRENT SYSTEM DATE.

2-155-02V CANNOT BE MORE THAN 10 YEARS PRIOR TO TMA CURRENT SYSTEM DATE.

2-155-03V END DATE OF CARE MUST BE > OR EQUAL TO BEGIN DATE OF CARE.

RELATIONAL EDITS

2-155-02R END DATE OF CARE MUST BE ≤ FILING DATE.

2-155-03R END DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION.

2-155-04R 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 END DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED.

UNLESS TED RECORD CORRECTION INDICATOR =

1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD

AND DATE ADJUSTMENT IDENTIFIED = ZEROES.

2-155-05R PROVIDER MUST BE "AUTHORIZED"¹ ON PROVIDER FILE FOR EACH END DATE OF CARE

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO

OR ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM =

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 PROVIDER SPECIALTY = 172A00000X (OTHER SERVICE PROVIDER/DRIVERS) **OR** 344600000X (TRANSPORTATION SERVICES/TAXI)

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER MAJOR SPECIALTY, PROVIDER ZIP CODE, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (2-240-04R).

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: END DATE OF CARE (2-155) (Continued)

OR ANY OCCURRENCE OF SPECIAL
PROCESSING CODE =

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

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 PROVIDER FILE

2-155-06R END DATE OF CARE **MUST** BE IN THE SAME FISCAL YEAR AS THE BEGIN DATE OF CARE

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER MAJOR SPECIALTY, PROVIDER ZIP CODE, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (2-240-04R).

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160)

VALIDITY EDITS

2-160-01V² FOR FILING DATE PRIOR TO 01/01/2005, VALUE MUST BE A VALID PROCEDURE CODE

AND PROCEDURE CODE MUST MATCH ONE OF THE RECORDS IN THE PROCEDURE CODE DATABASE USING THE FOLLOWING DATE LOGIC:

FOR TYPE OF SUBMISSION =	D	COMPLETE DENIAL OR
	I	INITIAL TED RECORD SUBMISSION OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION OF AN INITIAL TED RECORD (TYPE OF SUBMISSION WAS 'I') THAT WAS REJECTED DUE TO ERRORS

THE DATE TED RECORD PROCESSED TO COMPLETION MUST BE ON OR AFTER THE PROCESSING EFFECTIVE DATE **AND** BEFORE THE PROCESSING TERMINATION DATE

AND THE BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE CARE EFFECTIVE DATE **AND** BEFORE THE CARE TERMINATION DATE

FOR TYPE OF SUBMISSION =	A	ADJUSTMENT TO TED RECORD DATA OR
	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	C	COMPLETE CANCELLATION OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

THE DATE TED RECORD PROCESSED TO COMPLETION MUST BE ON **OR** AFTER THE PROCESSING EFFECTIVE DATE

AND THE BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE CARE EFFECTIVE DATE **AND** BEFORE THE CARE TERMINATION DATE

2-160-02V² FOR FILING DATE ON OR AFTER 01/01/2005 VALUE MUST BE A VALID PROCEDURE CODE

AND PROCEDURE CODE MUST MATCH ONE OF THE RECORDS IN THE PROCEDURE CODE REFERENCE TABLE USING THE FOLLOWING DATE LOGIC:

BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE PROCEDURE CODE CARE EFFECTIVE DATE **AND** NOT LATER THAN THE PROCEDURE CODE CARE TERMINATION DATE.

RELATIONAL EDITS

2-160-01R³ IF ON THE MATCHING RECORD THE PROCEDURE CODE DATABASE GOVERNMENT PAY CODE = 'N'

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ZERO

UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

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
CL	CLINICAL TRIALS OR

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² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R.

³ BYPASS EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R IF RECORD FAILS EDIT 2-160-01V OR 2-160-01-2V.

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (Continued)

	FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR
	FS	TFL (SECOND PAYOR) OR
	GU	ADSM ENROLLED IN TPR OR
	MN	TSP - NETWORK OR
	MS	TSP - NON-NETWORK OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF-REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR FILING STATE AND COUNTRY CODE MUST = A FOREIGN COUNTRY CODE (REFER TO ADDENDUM A)		
2-160-05R	IF PROCEDURE CODE ¹ = A0100, A0110, A0120, A0130, A0140, A0170, E0170 - E0172, E0241- E0245, E0270, E0273, E0625, E0701, E0911, E0912, L3000 - L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3160, L3201 - L3207, L3212 - L3219, L3221 - L3223, L3230, L3250 -L3255, L3257, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3630, S1040, S9122 - S9124, OR 99082	
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	
	PF	ECHO
UNLESS ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2		
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-MTF-REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU	ADSM ENROLLED IN TPR OR
	MN	TSP - NETWORK OR
	MS	TSP - NON-NETWORK OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
OR ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSM OR
	SN	SHCP - NON-MTF-REFERRED CARE OR
	SR	SHCP - REFERRED CARE OR
	WA	TPR - FOREIGN ADSM
2-160-06R	I	INPATIENT

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² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R.

³ BYPASS EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R IF RECORD FAILS EDIT 2-160-01V OR 2-160-01-2V.

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (Continued)

THEN PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE (REFER TO [ADDENDUM E, FIGURE 2.E-2](#)).

2-160-08R	IF PROCEDURE CODE ¹ =	98800 FOR DRUGS OR
		00MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
		00PA PRESCRIPTION PRIOR AUTHORIZATIONS

THEN TYPE OF SERVICE (SECOND POSITION) MUST =

B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS **OR**

M MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS

AND NATIONAL DRUG CODE MUST ≠ BLANK

UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE ([ADDENDUM A](#))

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² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R.
³ BYPASS EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R IF RECORD FAILS EDIT 2-160-01V OR 2-160-01-2V.

ELEMENT NAME: PROCEDURE CODE MODIFIER (2-165)

VALIDITY EDITS

2-165-01V MUST BE A VALID PROCEDURE CODE MODIFIER AS DEFINED IN [SECTION 2.7](#)

RELATIONAL EDITS

NONE

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: NATIONAL DRUG CODE (2-170)	
VALIDITY EDITS	
2-170-01V	MUST BE A VALID NATIONAL DRUG CODE OR BLANK
RELATIONAL EDITS	
2-170-01R	IF NATIONAL DRUG CODE = BLANK
THEN TYPE OF SERVICE (SECOND POSITION) MUST ≠	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS OR
	M MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS
AND PROCEDURE CODE ¹ MUST ≠	98800 FOR DRUGS
UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A)	
2-170-02R	IF NATIONAL DRUG CODE ≠ BLANK
THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS OR
	M MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS
AND PROCEDURE CODE ¹ MUST =	98800 FOR DRUGS OR
	99070 FOR SUPPLIES OR
	000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
	000PA PRESCRIPTION PRIOR AUTHORIZATIONS
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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: NUMBER OF SERVICES (2-175)

VALIDITY EDITS

2-175-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-175-01R 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 NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE > ZERO

UNLESS TYPE OF SERVICE (SECOND POSITION) =

- M MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS

AND OCCURRENCE/LINE ITEM NUMBER = 002

THEN NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO

2-175-02R • SURGERY PROCEDURE CODES

IF PROCEDURE CODE¹ = 10000-36399 **OR** 36800-69999 (SURGERY)

AND AMOUNT ALLOWED BY PROCEDURE CODE > ZERO

THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 10 PER DAY

UNLESS PROCEDURE CODE = 11201, 11721, 13102, 13122, 13133, 13153, 15001, 15101, 15201, 15221, 15241, 15261, 15301, 15321, 15331, 15341, 15343, 15361, 15366, 15401, 15421, 15431, 17003, 17004, 17110, 17111, OR 17310

2-175-03R • E/M PROCEDURE CODES

IF PROCEDURE CODE¹ =

- 99201-99205 (OFFICE VISITS - NEW PATIENTS) **OR**
- 99211-99215 (OFFICE VISITS - ESTABLISHED PATIENTS) **OR**
- 99217 (DISCHARGE SERVICES) **OR**
- 99221-99233 (HOSPITAL CARE PER DAY) **OR**
- 99234-99236 (OBSERVATION OR IMPATIENT CARE SERVICES) **OR**
- 99238-99239 (HOSPITAL DISCHARGE SERVICES) **OR**
- 99241-99245 (OFFICE CONSULTATIONS) **OR**
- 99251-99255 (INITIAL INPATIENT CONSULTATIONS) **OR**
- 99261-99263 (FOLLOW-UP INPATIENT CONSULTATIONS) **OR**
- 99271-99275 (CONFIRMATORY CONSULTATIONS) **OR**
- 99281-99285 (EMERGENCY DEPARTMENT VISIT) **OR**
- 99291 (CRITICAL CARE) (NOTE: CODE 99292 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 15 MINUTES OF CARE) **OR**
- 99295-99298 (NEONATAL INTENSIVE CARE) **OR**

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: NUMBER OF SERVICES (2-175) (Continued)	
	99301-99315 (NURSING FACILITY CHARGES) OR
	99321-99333 (DOMICILIARY, REST HOME, OR CUSTODIAL CARE SERVICES) OR
	99341-99350 (HOME SERVICES) OR
	99354 (PROLONGED SERVICES) (NOTE: CODE 99355 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 30 MINUTES OF CARE) OR
	99356 (PROLONGED SERVICES) (NOTE: CODE 99357 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 30 MINUTES OF CARE) OR
	99361-99373 (CASE MANAGEMENT SERVICES) OR
	99374-99380 (CARE PLAN OVERSIGHT) OR
	99381-99429 (PREVENTIVE MEDICINE SERVICES) OR
	99431-99440 (NEWBORN CARE) OR
	99450-99456 (SPECIAL EVALUATION AND MANAGEMENT SERVICES)
	AND AMOUNT ALLOWED BY PROCEDURE CODE > ZERO
	THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 3 PER DAY
2-175-04R	• MEDICAL PROCEDURE CODES
	IF PROCEDURE CODE ¹ =
	99500-99512 (HOME HEALTH VISIT) OR
	99551-99568 (HOME INFUSION PER DIEM CODES)
	AND AMOUNT ALLOWED BY PROCEDURE CODE > ZERO
	THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 3 PER DAY
2-175-06R	• VACCINES (VACCINE PRODUCT ONLY) PROCEDURE CODES
	IF PROCEDURE CODE ¹ =
	90476-90479 (VACCINES, TOXOIDS)
	AND AMOUNT ALLOWED BY PROCEDURE CODE > ZERO
	THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 3 PER DAY
¹ CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.	

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: AMOUNT BILLED BY PROCEDURE CODE (2-180)

VALIDITY EDITS

2-180-01V MUST BE NUMERIC.

2-180-02V IF CONTRACT NUMBER = MDA906-02-C-0013
THEN IF PROCEDURE CODE = 000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS **OR**
 000PA PRESCRIPTION PRIOR AUTHORIZATIONS

THEN AMOUNT BILLED BY PROCEDURE CODE MUST > ZERO

ELSE IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION TO TED RECORD DATA
OR ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN [FIGURE 2.G-1](#) FOR THAT LINE OCCURRENCE

THEN AMOUNT BILLED BY PROCEDURE CODE MUST = ZERO

AND AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO

AND AMOUNT PAID BY OTHER HEALTH INSURANCE MUST = ZERO

AND AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO

AND AMOUNT PAIENT COST SHARE MUST = ZERO

ELSE IF OCCURRENCE/LINE ITEM NUMBER = 002

THEN AMOUNT BILLED BY PROCEDURE CODE MUST = ZERO

ELSE AMOUNT BILLED BY PROCEDURE CODE MUST BE ≥ \$10.20 AND ≤ \$11.48

2-180-03V IF CONTRACT NUMBER = MDA906-02-C-0013

AND AMOUNT BILLED BY PROCEDURE CODE = ZERO

THEN TYPE OF SUBMISSION MUST = C COMPLETE CANCELLATION TO TED RECORD DATA

OR OCCURRENCE/LINE ITEM NUMBER MUST = 002

OR ADJUSTMENT/DENIAL REASON CODE MUST BE A DENIAL REASON CODE LISTED IN [FIGURE 2.G-1](#) FOR THAT LINE OCCURRENCE

RELATIONAL EDITS

2-180-00R IF TYPE OF SUBMISSION ≠ D COMPLETE DENIAL

THEN TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT BILLED BY PROCEDURE CODE FOR THIS TED RECORD MUST NOT EXCEED TMA LIMIT OF \$1,000,000.00

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185)		
VALIDITY EDITS		
2-185-01V	MUST BE NUMERIC.	
RELATIONAL EDITS		
2-185-00R	TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.	
2-185-01R	IF TYPE OF SUBMISSION =	C COMPLETE CANCELLATION OR D COMPLETE DENIAL
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO FOR ALL OCCURRENCES/LINE ITEMS	
2-185-02R	IF PRICING RATE CODE =	B NO SPECIAL RATE OR D DISCOUNT RATE OR V MEDICARE REIMBURSEMENT RATE
	AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR FS TFL (SECOND PAYOR) OR 16 AMBULATORY SURGERY FACILITY CHARGE
	AND TYPE OF SUBMISSION =	A ADJUSTMENT OR I INITIAL SUBMISSION OR O ZERO PAYMENT WITH 100% OHI/TPL OR R RESUBMISSION
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ AMOUNT BILLED BY PROCEDURE CODE FOR EACH OCCURRENCE/LINE ITEM	
2-185-03R	IF PRICING RATE CODE =	4 PAID AS BILLED OR I CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, PAID AS BILLED
	AND TYPE OF SUBMISSION =	A ADJUSTMENT OR I INITIAL SUBMISSION OR O ZERO PAYMENT WITH 100% OHI/TPL OR R RESUBMISSION
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = AMOUNT BILLED BY PROCEDURE CODE	
2-185-04R	IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO	
	THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM MUST BE A CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2	
	UNLESS TYPE OF SUBMISSION =	B ADJUSTMENT NON-TED DATA (HCSR) DATA OR E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
2-185-05R	IF TYPE OF SUBMISSION =	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO	
2-185-06R	IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO	
	THEN TYPE OF SUBMISSION MUST =	A ADJUSTMENT OR B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR I INITIAL SUBMISSION OR

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185) (Continued)

	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION
2-185-07R	IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO	
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO	
	UNLESS TYPE OF SUBMISSION =	
	B	ADJUSTMENT NON-TED DATA (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (2-190)

VALIDITY EDITS

2-190-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-190-00R TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY OTHER HEALTH INSURANCE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.

2-190-01R	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 PAID BY OTHER HEALTH INSURANCE MUST BE \geq ZERO.

ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) TYPE CODE (2-191)

VALIDITY EDITS

2-191-01V MUST BE A VALID OGP TYPE CODE LISTING IN [SECTION 2.6](#).

RELATIONAL EDITS

2-191-01R	IF OGP TYPE CODE =	
	V	CHAMPVA
	THEN TYPE OF SUBMISSION MUST =	
	C	COMPLETE CANCELLATION OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) BEGIN REASON CODE (2-192)

VALIDITY EDITS

2-192-01V MUST BE A VALID OGP BEGIN REASON CODE LISTING IN [SECTION 2.6](#).

RELATIONAL EDITS

NONE

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-195)

VALIDITY EDITS

2-195-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-195-00R TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT APPLIED TOWARD DEDUCTIBLE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.

2-195-01R IF TYPE OF SUBMISSION =

A	ADJUSTMENT OR
I	INITIAL SUBMISSION OR
O	ZERO PAYMENT WITH 100% OHI/TPL OR
R	RESUBMISSION

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≥ ZERO

2-195-02R IF TYPE OF SUBMISSION =

C	COMPLETE CANCELLATION OR
D	COMPLETE DENIAL

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE = ZERO

2-195-03R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
----	--

AND BEGIN DATE OF CARE ≥ 09/14/2001 **AND** < 11/01/2008

AND ENROLLMENT/HEALTH PLAN CODE =

T	TRICARE STANDARD PROGRAM OR
V	TRICARE EXTRA

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO

2-195-04R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

PF	ECHO
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THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO

- END -

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Chapter 2, Section 6.4

Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325) (Continued)		
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU	ADSM ENROLLED IN TPR OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF-REFERRED CARE OR
	SR	SHCP - REFERRED CARE
2-325-06R IF PRICING RATE CODE =	W	PRICED OVER CMAC
AND ENROLLMENT/HEALTH PLAN CODE =	T	TRICARE STANDARD PROGRAM
AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE =	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2008		
THEN PROVIDER PARTICIPATING INDICATOR MUST =	N	NO
2-325-08R IF PRICING RATE CODE =	P1	OPPS OR
	P2	OPPS WITH COST OUTLIER OR
	P3	OPPS WITH DISCOUNT OR
	P5	PARTIAL HOSPITALIZATION - PAID AS OPPS
THEN APC CODE MUST ≠ BLANK OR ZEROES.		
2-325-09R IF PRICING RATE CODE =	CA	CAH REIMBURSEMENT
THEN PROVIDER STATE OR COUNTRY CODE MUST =	AK	ALASKA
AND BEGIN DATE OF CARE MUST BE ≥ 07/01/2007		

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Chapter 2, Section 6.4

Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: AMBULATORY PAYMENT CLASSIFICATION (APC) CODE (2-330)

VALIDITY EDITS

2-330-01V MUST BE A VALID APC CODE AS LISTED ON TMA'S OPPTS WEB SITE AT [HTTP://WWW.TRICARE.MIL/OPPS](http://www.tricare.mil/opps), BLANK, **OR** ALL ZEROES

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = ZERO

RELATIONAL EDITS

2-330-01R IF APC CODE = BLANK **OR** ZEROES.

THEN PRICING RATE CODE ≠	P1	OPPS OR
	P2	OPPS WITH COST OUTLIER OR
	P3	OPPS WITH DISCOUNT OR
	P5	PARTIAL HOSPITALIZATION - PAID AS OPPTS

ELEMENT NAME: OPPTS PAYMENT STATUS INDICATOR CODE (2-331)

VALIDITY EDITS

2-331-01V MUST BE A VALID OPPTS PAYMENT STATUS INDICATOR CODE (REFER TO [SECTION 2.6](#)) **OR** BLANK.

RELATIONAL EDITS

2-331-01R IF OPPTS PAYMENT STATUS INDICATOR CODE = BLANK

THEN APC CODE MUST = ALL ZEROES **OR** BLANK.

ELEMENT NAME: AMOUNT NETWORK PROVIDER DISCOUNT (2-335)

VALIDITY EDITS

2-335-01V MUST BE NUMERIC AND ≥ ZERO

RELATIONAL EDITS

2-335-01R IF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED (HCSR) DATA OR
	C	COMPLETE CANCELLATION OR
	D	COMPLETE DENIAL OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O	ZERO GOVERNMENT TED RECORD DUE TO 100% OHI

THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO

2-335-02R IF PROVIDER NETWORK STATUS INDICATOR =	2	NON-NETWORK PROVIDER
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THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO

2-335-03R IF REGION INDICATOR =	BLANK OR
	OC OVERSEAS CONTRACT

THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO

- END -

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Provider Edit Requirements (ELN 100 - 199)

ELEMENT NAME: TRANSACTION CODE (3-160) (Continued)	
AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I INSTITUTIONAL
THEN AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION. (IN THE CASE OF FOREIGN COUNTRY, ZIP WILL BE BLANK; ANY DUPLICATES ADDED WILL HAVE TO BE ASSIGNED ANOTHER PROVIDER TAXPAYER NUMBER.)	
3-160-07R IF TRANSACTION CODE =	I INACTIVATE A RECORD OR
	M MODIFY A RECORD
AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N NON-INSTITUTIONAL
THEN AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE (FIRST FIVE DIGITS).	
3-160-08R IF TRANSACTION CODE =	I INACTIVATE A RECORD
AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N NON-INSTITUTIONAL
AND THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC FOLLOWED BY 001 OR THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC FOLLOWED BY 01	
THEN ALL ASSOCIATED RECORDS USING THE SAME PROVIDER TAXPAYER NUMBER AND PROVIDER ZIP CODE (FIRST FIVE DIGITS) AND THE SAME 1 OR 2 CHARACTER ALPHA PREFIX OF THE SUB-IDENTIFIER AND DIFFERENT NUMERIC SUFFIX OF THE SUB-IDENTIFIER MUST ALSO BE INACTIVATED.	

ELEMENT NAME: RECORD EFFECTIVE DATE (3-165)	
VALIDITY EDITS	
3-165-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.
RELATIONAL EDITS	
	NONE

- END -

Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000)		
VALIDITY EDITS		
NONE		
RELATIONAL EDITS		
1-000-01F	• BATCH/VOUCHER ASAP ACCOUNT NUMBER VALIDATION - ACCRUAL FUND CHECK	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER GOVERNMENT CAUSED ERROR
OR CONTRACT NUMBER =	MDA906-02-C-0013 (TMOP) OR	
	MDA906-03-C-0009 (WEST) OR	
	MDA906-03-C-0010 (SOUTH) OR	
	MDA906-03-C-0011 (NORTH) OR	
	MDA906-03-C-0019 (TRRx)	
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF HCDP PLAN COVERAGE CODE =	000	NO HEALTH CARE COVERAGE PLAN OR
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE OR
	122	CHCBP EXTRA - FAMILY COVERAGE OR
	401	TRS TIER 1 MEMBER-ONLY OR
	402	TRS TIER 1 MEMBER AND FAMILY OR
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM OR
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR
	405	TRS TIER 2 MEMBER-ONLY OR
	406	TRS TIER 2 MEMBER AND FAMILY OR
	407	TRS TIER 3 MEMBER-ONLY OR
	408	TRS TIER 3 MEMBER AND FAMILY OR
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR

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Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)

	414	TRS MEMBER AND FAMILY COVERAGE
OR ENROLLMENT/HEALTH PLAN CODE =	Y	CHCBP STANDARD - INDIVIDUAL COVERAGE OR
	AA	CHCBP EXTRA - FAMILY COVERAGE OR
	SN	SHCP NON-REFERRED CARE OR
	SR	SHCP REFERRED CARE
OR SPECIAL PROCESSING CODE =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP MTF REFERRED CARE
OR HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD ACTIVE > 30 DAYS; AGR CODE A-H OR
	J	ACADEMY STUDENT, NOT OCS OR
	N	NATIONAL GUARD NOT ACTIVE OR < 31 DAYS OR
	S	RESERVE MEMBER ACTIVE > 30 DAYS OR
	T	FOREIGN MILITARY OR
	V	RESERVE MEMBER NOT ACTIVE OR < 31 DAYS OR
	Y	SERVICE AFFILIATES (ROTC, MERCHANT MARINE)
AND HCC MEMBER RELATIONSHIP CODE =	A	SELF
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF	TRUST/ACCURAL FUND
ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =	A	MEDICARE PART A OR
	C	MEDICARE PART A & B OR
	I	MEDICARE PART A & D OR
	L	MEDICARE PART A, B, & D
AND OTHER GOVERNMENT PROGRAM BEGIN REASON CODE ≠	N	NOT ELIGIBLE FOR MEDICARE
AND HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE =	004	DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	014	DIRECT CARE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	016	DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR

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Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)

	110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	149	TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	151	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS
OR HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED OR
	W	DOD BENEFICIARY
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST =	TF	TRUST/ACCRUAL FUND
ELSE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF	TRUST/ACCRUAL FUND
1-000-02F	• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - NORTH CONTRACT	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR

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Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)

	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0011	(NORTH)
AND BEGIN DATE OF CARE ≥ 09/01/2004		
THEN SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR
	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 OR
	999	UNVERIFIED NEWBORN

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Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)

OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN
1-000-03F	• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - SOUTH CONTRACT	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0010 (SOUTH)	
AND BEGIN DATE OF CARE ≥ 11/01/2004		
THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	Y	CHCBP OR
	AA	CHCBP - EXTRA OR
	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE OR
	122	CHCBP EXTRA - FAMILY COVERAGE OR
	401	TRS TIER 1 MEMBER-ONLY COVERAGE OR
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR

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Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)		
	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 OR
	999	UNVERIFIED NEWBORN
OR SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN
1-000-04F • NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT		
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		

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Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)

THEN BYPASS THIS EDIT

ELSE IF BATCH/VOUCHER CLIN/ASAP
ACCOUNT NUMBER ASAP DESCRIPTION
FOUND IN CORAMS =

TD TRICARE DOMESTIC

AND CONTRACT NUMBER = MDA906-03-C-0009 (WEST)

AND BEGIN DATE OF CARE ≥ 10/01/2004

THEN SPECIAL PROCESSING CODE
MUST =

AN SHCP NON-MTF REFERRED CARE **OR**

AR SHCP - REFERRED CARE **OR**

CL CLINICAL TRIALS **OR**

CM INDIVIDUAL CASE MANAGEMENT **OR**

CT CUSTODIAL CARE

OR ENROLLMENT/HEALTH PLAN
CODE =

SN SHCP NON-MTF REFERRED CARE **OR**

SR SHCP - REFERRED CARE

OR HCDP PLAN COVERAGE CODE
MUST =

000 CARE DELIVERED TO INELIGIBLES **OR**

401 TRS TIER 1 MEMBER-ONLY COVERAGE **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 **OR**

999 UNVERIFIED NEWBORN

OR PATIENT ZIP CODE IS IN ALASKA

OR PCM DMIS ID STATE = ALASKA

OR HCC MEMBER CATEGORY CODE
MUST =

A ACTIVE DUTY **OR**

G NATIONAL GUARD > 30 DAYS **OR**

J ACADEMY STUDENT **OR**

N NATIONAL GUARD < 30 DAYS **OR**

S RESERVE > 30 DAYS **OR**

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Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)

	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

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Chapter 2, Addendum C

Data Requirements - Provider's Major Specialty Codes

FIGURE 2.C-1 PROVIDER MAJOR SPECIALTY CODES (CONTINUED)

TED CODE	SPECIALTY DESCRIPTION
EYE AND VISION SERVICE PROVIDERS	
152W00000X	Optometrist
152WC0802X	Corneal & Contact Management
152WL0500X	Low Vision Rehabilitation
152WX0102X	Occupational Vision
152WP0200X	Pediatrics
152WS0006X	Sports Vision
152WV0400X	Vision Therapy
156F00000X	Technician/Technologist
156FC0800X	Contact Lens
156FC0801X	Contact Lens Fitter
156FX1700X	Ocularist
156FX1100X	Ophthalmic
156FX1101X	Ophthalmic Assistant
156FX1800X	Optician
156FX1201X	Optometric Assistant
156FX1202X	Optometric Technician
156FX1900X	Orthoptist

NOTES AND SPECIAL INSTRUCTIONS:

The provider taxonomy codes (currently Version 7.0) are maintained by the National Uniform Claim Committee (NUCC). The list is scheduled to be updated twice a year (April & October).

FIGURE 2.C-1 PROVIDER MAJOR SPECIALTY CODES (CONTINUED)

TED CODE	SPECIALTY DESCRIPTION
GROUP	
193200000X	Multi-Specialty Group
193400000X	Single Specialty Group

NOTES AND SPECIAL INSTRUCTIONS:

The provider taxonomy codes (currently Version 7.0) are maintained by the National Uniform Claim Committee (NUCC). The list is scheduled to be updated twice a year (April & October).

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Chapter 2, Addendum C

Data Requirements - Provider's Major Specialty Codes

FIGURE 2.C-1 PROVIDER MAJOR SPECIALTY CODES (CONTINUED)

TED CODE	SPECIALTY DESCRIPTION
HOSPITALS	
287300000X	Christian Science Sanitarium (Hospital Services)
281P00000X	Chronic Disease Hospital
281PC2000X	Children
282N00000X	General Acute Care Hospital
282NC2000X	Children
282NC00600X	Critical Access
282NR1301X	Rural
282NW0100X	Women
282E00000X	Long-Term Care Hospital
286500000X	Military Hospital
2865C1500X	Community Health (inactive as of 4/1/2005)
2865M2000X	General Acute Care
2865X1600X	General Acute care, Operational (Transportable)
283Q00000X	Psychiatric Hospital
283X00000X	Rehabilitation Hospital
283XC2000X	Children
282J00000X	Religious Nonmedical Health Care Institution
284300000X	Special Hospital

NOTES AND SPECIAL INSTRUCTIONS:

The provider taxonomy codes (currently Version 7.0) are maintained by the National Uniform Claim Committee (NUCC). The list is scheduled to be updated twice a year (April & October).

FIGURE 2.C-1 PROVIDER MAJOR SPECIALTY CODES (CONTINUED)

TED CODE	SPECIALTY DESCRIPTION
HOSPITAL UNITS	
275N00000X	Medicare Defined Swing Bed Unit
273R00000X	Psychiatric Unit
273Y00000X	Rehabilitation Unit
276400000X	Rehabilitation, Substance Use Disorder Unit

NOTES AND SPECIAL INSTRUCTIONS:

The provider taxonomy codes (currently Version 7.0) are maintained by the National Uniform Claim Committee (NUCC). The list is scheduled to be updated twice a year (April & October).

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Chapter 2, Addendum C

Data Requirements - Provider's Major Specialty Codes

FIGURE 2.C-1 PROVIDER MAJOR SPECIALTY CODES (CONTINUED)

TED CODE	SPECIALTY DESCRIPTION
SPEECH, LANGUAGE AND HEARING PROVIDERS	
231H00000X	Audiologist
231HA2400X	Assistive Technology Practitioner
231HA2500X	Assistive Technology Supplier
237600000X	Audiologist-Hearing Aid Fitter
237700000X	Hearing Instrument Specialist
235500000X	Specialist/Technologist
2355A2700X	Audiology Assistant
2355S0801X	Speech-Language Assistant
235Z00000X	Speech-Language Pathologist

NOTES AND SPECIAL INSTRUCTIONS:

The provider taxonomy codes (currently Version 7.0) are maintained by the National Uniform Claim Committee (NUCC). The list is scheduled to be updated twice a year (April & October).

FIGURE 2.C-1 PROVIDER MAJOR SPECIALTY CODES (CONTINUED)

TED CODE	SPECIALTY DESCRIPTION
SUPPLIERS	
331L00000X	Blood Bank
3336C0002X	Clinic Pharmacy Specialization
3336C0003X	Community/Retail Pharmacy Specialization
332100000X	Department of Veterans Affairs (DVA) Pharmacy
332B00000X	Durable Medical Equipment (DME) & Medical Supplies
332BC3200X	Customized Equipment
332BD1200X	Dialysis Equipment & Supplies
332BN1400X	Nursing Facility Supplies
332BX2000X	Oxygen Equipment & Supplies
332BP3500X	Parenteral & Enteral Nutrition
332G00000X	Eye Bank
332H00000X	Eyewear Supplier
332S00000X	Hearing Aid Equipment
332U00000X	Home Delivered Meals
3336H0001X	Home infusion Therapy Pharmacy Specialization
332800000X	Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy
3336I0012X	Institutional Pharmacy Specialization
3336L0003X	Long-Term Care Pharmacy Specialization
3336M0002X	Mail Order Pharmacy (MOP) Specialization
3336M0003X	Managed Care Organization Pharmacy Specialization
332000000X	Military/U.S. Coast Guard Pharmacy

NOTES AND SPECIAL INSTRUCTIONS:

The provider taxonomy codes (currently Version 7.0) are maintained by the National Uniform Claim Committee (NUCC). The list is scheduled to be updated twice a year (April & October).

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Data Requirements - Provider's Major Specialty Codes

FIGURE 2.C-1 PROVIDER MAJOR SPECIALTY CODES (CONTINUED)

TED CODE	SPECIALTY DESCRIPTION
SUPPLIERS (CONTINUED)	
332900000X	Non-Pharmacy Dispensing Site
3336N0007X	Nuclear Pharmacy Specialization
335U00000X	Organ Procurement Organization
333600000X	Pharmacy
3336C0004X	Compounding Pharmacy
335V00000X	Portable X-Ray Supplier
335E00000X	Prosthetic/Orthotic Supplier
3336S0011X	Specialty Pharmacy Specialization
NOTES AND SPECIAL INSTRUCTIONS:	
The provider taxonomy codes (currently Version 7.0) are maintained by the National Uniform Claim Committee (NUCC). The list is scheduled to be updated twice a year (April & October).	

FIGURE 2.C-1 PROVIDER MAJOR SPECIALTY CODES (CONTINUED)

TED CODE	SPECIALTY DESCRIPTION
TECHNOLOGIST, TECHNICIAN, AND OTHER TECHNICAL SERVICE PROVIDERS	
242T00000X	Perfusionist
247100000X	Radiologic Technologist
2471B0102X	Bone Densitometry
2471C1106X	Cardiac-Interventional Technology
2471C1101X	Cardiovascular-Interventional Technology
2471C3401X	Computed Tomography
2471M1202X	Magnetic Resonance Imaging
2471M2300X	Mammography
2471N0900X	Nuclear Medicine Technology
2471Q0001X	Quality Management
2471R0002X	Radiation Therapy
2471C3402X	Radiography
2471S1302X	Radiologic Technologist, Sonography
2471V0105X	Vascular Sonography
2471V0106X	Vascular-Interventional Technology
246X00000X	Specialist/Technologist, Cardiovascular
246XC2901X	Cardiovascular Invasive Specialist
246XS1301X	Specialist/Technologist Cardiovascular, Sonography
246XC2903X	Vascular Specialist
246Y00000X	Specialist/Technologist, Health Information
246YC3301X	Coding Specialist, Hospital-Based
246YC3302X	Coding Specialist, Physician Office-Based
NOTES AND SPECIAL INSTRUCTIONS:	
The provider taxonomy codes (currently Version 7.0) are maintained by the National Uniform Claim Committee (NUCC). The list is scheduled to be updated twice a year (April & October).	

Acronyms And Abbreviations

3D	Three Dimensional
AA	Anesthesiologist Assistant
AA&E	Arms, Ammunition and Explosives
AAA	Abdominal Aortic Aneurysm
AAAHC	Accreditation Association for Ambulatory Health Care, Inc.
AAFES	Army/Air Force Exchange Service
AAMFT	American Association for Marriage and Family Therapy
AAP	American Academy of Pediatrics
AAPC	American Association of Pastoral Counselors
AARF	Account Authorization Request Form
AATD	Access and Authentication Technology Division
ABA	American Banking Association Applied Behavioral Analysis
ABMT	Autologous Bone Marrow Transplant
ABPM	Ambulatory Blood Pressure Monitoring
ABR	Auditory Brainstem Response
ACD	Augmentative Communication Devices
ACI	Autologous Chondrocyte Implantation
ACIP	Advisory Committee on Immunization Practices
ACO	Administrative Contracting Officer
ACOG	American College of Obstetricians and Gynecologists
ACOR	Administrative Contracting Officer's Representative
ACS	American Cancer Society
ACTUR	Automated Central Tumor Registry
AD	Active Duty
ADA	American Dental Association American Diabetes Association Americans with Disabilities Act
ADAMHA	Alcohol, Drug Abuse, And Mental Health Administration
ADAMHRA	Alcohol, Drug Abuse, And Mental Health Reorganization Act
ADCP	Active Duty Claims Program
ADD	Active Duty Dependent
ADFM	Active Duty Family Member
ADL	Activities of Daily Living
ADP	Automated Data Processing

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Appendix A

Acronyms And Abbreviations

ADSM	Active Duty Service Member
AFOSI	Air Force Office of Special Investigations
AHA	American Hospital Association
AHLTA	Armed Forces Health Longitudinal Technology Application
AHRQ	Agency for Healthcare Research and Quality
AI	Administrative Instruction
AIDS	Acquired Immune Deficiency Syndrome
AIIM	Association for Information and Image Management
AIS	Automated Information Systems
AIX	Advanced IBM Unix
AJ	Administrative Judge
ALA	Annual Letter of Assurance
ALB	All Lines Busy
ALL	Acute Lymphocytic Leukemia
ALOS	Average Length-of-Stay
ALS	Action Lead Sheet Advanced Life Support
ALT	Autolymphocyte Therapy
AM&S	Acquisition Management and Support (Directorate)
AMA	Against Medical Advice American Medical Association
AMH	Accreditation Manual for Hospitals
AMHCA	American Mental Health Counselor Association
AML	Acute Myelogenous Leukemia
ANSI	American National Standards Institute
AOA	American Osteopathic Association
APA	American Psychiatric Association American Podiatry Association
APC	Ambulatory Payment Classification
API	Application Program Interface
APN	Assigned Provider Number
APO	Army Post Office
ART	Assisted Reproductive Technology
ARU	Automated Response Unit
ASA	Adjusted Standardized Amount American Society of Anesthesiologists
ASAP	Automated Standard Application for Payment
ASC	Accredited Standards Committee Ambulatory Surgical Center
ASCA	Administrative Simplification Compliance Act
ASCUS	Atypical Squamous Cells of Undetermined Significance

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Appendix A

Acronyms And Abbreviations

ASD	Assistant Secretary of Defense Atrial Septal Defect Autism Spectrum Disorder
ASD(C3I)	Assistant Secretary of Defense for Command, Control, Communications, and Intelligence
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
ASD (MRA&L)	Assistant Secretary of Defense for Manpower, Reserve Affairs, and Logistics
ASP	Average Sale Price
ATB	All Trunks Busy
ATO	Approval to Operate
AVM	Arteriovenous Malformation
AWOL	Absent Without Leave
AWP	Average Wholesale Price
B&PS	Benefits and Provider Services
B2B	Business to Business
BACB	Behavioral Analyst Certification Board
BBA	Balanced Budget Act
BBP	Bloodborne Pathogen
BBRA	Balanced Budget Refinement Act
BCABA	Board Certified Associate Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBS	Blue Cross Blue Shield
BC	Birth Center
BCC	Biostatistics Center
BI	Background Investigation
BIPA	Benefits Improvement Protection Act
BL	Black Lung
BLS	Basic Life Support
BMT	Bone M arrow Transplantation
BP	Behavioral Plan
BPC	Beneficiary Publication Committee
BPS	Beneficiary and Provider Services
BRAC	Base Realignment and Closure
BRCA	BReast CAncer
BS	Bachelor of Science
BSID	Bayley Scales of Infant Development
BSR	Beneficiary Service Representative
BWE	Beneficiary Web Enrollment
C&A	Certification and Accreditation
C&CS	Communications and Customer Service
C/S	Client/Server
CA	Care Authorization

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Acronyms And Abbreviations

CA/NAS	Care Authorization/Non-Availability Statement
CABG	Coronary Artery Bypass Craft
CAC	Common Access Card
CAD	Coronary Artery Disease
CAF	Central Adjudication Facility
CAH	Critical Access Hospital
CAP/DME	Capital and Direct Medical Education
CAPD	Continuous Ambulatory Peritoneal Dialysis
CAPP	Controlled Access Protection Profile
CAT	Computerized Axial Tomography
CB	Consolidated Billing
CBC	Cypher Block Chaining
CBHCO	Community Based Health Care Organizations
CBSA	Core Based Statistical Area
CC	Common Criteria Criminal Control (Act)
CC&D	Catastrophic Cap and Deductible
CCDD	Catastrophic Cap and Deductible Data
CCEP	Comprehensive Clinical Evaluation Program
CCMHC	Certified Clinical Mental Health Counselor
CCN	Case Control Number
CCPD	Continuous Cycling Peritoneal Dialysis
CCR	Cost-To-Charge Ratio
CCTP	Custodial Care Transitional Policy
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
CDCF	Central Deductible and Catastrophic Cap File
CDD	Childhood Disintegrative Disorder
CDH	Congenital Diaphragmatic Hernia
CD-I	Compact Disc - Interactive
CDR	Clinical Data Repository
CDRL	Contract Data Requirements List
CD-ROM	Compact Disc - Read Only Memory
CDT	Current Dental Terminology
CEIS	Corporate Executive Information System
CEO	Chief Executive Officer
CEOB	CHAMPUS Explanation of Benefits
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CFS	Chronic Fatigue Syndrome
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHAMPVA	Civilian Health and Medical Program of the Department of Veteran Affairs

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Acronyms And Abbreviations

CHBC	Criminal History Background Check
CHBR	Criminal History Background Review
CHC	Civilian Health Care
CHCBP	Continued Health Care Benefits Program
CHCS	Composite Health Care System
CHEA	Council on Higher Education Accreditation
CHKT	Combined Heart-Kidney Transplant
CHOP	Children's Hospital of Philadelphia
CI	Counterintelligence
CIA	Central Intelligence Agency
CIO	Chief Information Officer
CIPA	Classified Information Procedures Act
CJCSM	Chairman of the Joint Chiefs of Staff Manual
CL	Confidentiality Level (Classified, Public, Sensitive)
CLIA	Clinical Laboratory Improvement Amendment
CLIN	Contract Line Item Number
CLKT	Combined Liver-Kidney Transplant
CLL	Chronic Lymphocytic Leukemia
CMAC	CHAMPUS Maximum Allowable Charge
CMHC	Community Mental Health Center
CML	Chronic Myelogenous Leukemia
CMN	Certificate(s) of Medical Necessity
CMO	Chief Medical Officer
CMP	Civil Money Penalty
CMS	Centers for Medicare and Medicaid Services
CMVP	Cryptographic Module Validation Program
CNM	Certified Nurse Midwife
CNS	Central Nervous System Clinical Nurse Specialist
CO	Contracting Officer
COB	Close of Business Coordination of Benefits
COBC	Coordination of Benefits Contractor
COBRA	Consolidated Omnibus Budget Reconciliation Act
CoCC	Certificate of Creditable Coverage
COCO	Contractor Owned-Contractor Operated
COE	Common Operating Environment
CONUS	Continental United States
COO	Chief Operating Officer
COOP	Continuity of Operations Plan
COPA	Council on Postsecondary Accreditation
COPD	Chronic Obstructive Pulmonary Disease

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Appendix A

Acronyms And Abbreviations

COR	Contracting Officer's Representative
CORF	Comprehensive Outpatient Rehabilitation Facility
CORPA	Commission on Recognition of Postsecondary Accreditation
COTS	Commercial-off-the-shelf
CPA	Certified Public Accountant
CPE	Contract Performance Evaluation
CPI	Consumer Price Index
CPI-U	Consumer Price Index - Urban (Wage Earner)
CPNS	Certified Psychiatric Nurse Specialists
CPR	CAC PIN Reset
CPT	Chest Physiotherapy Current Procedural Terminology
CPT-4	Current Procedural Terminology, 4th Edition
CQMP	Clinical Quality Management Program
CQMP AR	Clinical Quality Management Program Annual Report
CQS	Clinical Quality Studies
CRM	Contract Resource Management (Directorate)
CRNA	Certified Registered Nurse Anesthetist
CRT	Computer Remote Terminal
CSA	Clinical Support Agreement
CSE	Communications Security Establishment (of the Government of Canada)
CSP	Corporate Service Provider Critical Security Parameter
CST	Central Standard Time
CSU	Channel Sending Unit
CSV	Comma-Separated Value
CSW	Clinical Social Worker
CT	Central Time Computerized Tomography
CTEP	Cancer Therapy Evaluation Program
CTCL	Cutaneous T-Cell Lymphoma
CVAC	CHAMPVA Center
CVS	Contractor Verification System
CY	Calendar Year
DAA	Designated Approving Authority
DAO	Defense Attache Offices
DBA	Doing Business As
DC	Direct Care
DCAA	Defense Contract Audit Agency
DCAO	Debt Collection Assistance Officer
DCID	Director of Central Intelligence Directive
DCII	Defense Clearance and Investigation Index
DCIS	Defense Criminal Investigating Service

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Appendix A

Acronyms And Abbreviations

DCN	Document Control Number
DCP	Data Collection Period
DCR	Developed Character Reference
DCS	Duplicate Claims System
DCSI	Defense Central Security Index
DD (Form)	Department of Defense (Form)
DDAS	DCII Disclosure Accounting System
DDP	Dependent Dental Plan
DDS	DEERS Dependent Suffix
DE	Durable Equipment
DECC	Defense Enterprise Computing Center
DED	Dedicated Emergency Department
DEERS	Defense Enrollment Eligibility Reporting System
DENC	Detailed Explanation of Non-Concurrence
DepSecDef	Deputy Secretary of Defense
DES	Data Encryption Standard
DFAS	Defense Finance and Accounting Service
DG	Diagnostic Group
DGH	Denver General Hospital
DHHS	Department of Health and Human Services
DHP	Defense Health Program
DIA	Defense Intelligence Agency
DIACAP	DoD Information Assurance Certification And Accreditation Process
DII	Defense Information Infrastructure
DIS	Defense Investigative Service
DISA	Defense Information System Agency
DISCO	Defense Industrial Security Clearance Office
DISN	Defense Information Systems Network
DISP	Defense Industrial Security Program
DITSCAP	DoD Information Technology Security Certification and Accreditation Process
DLAR	Defense Logistics Agency Regulation
DLE	Dialyzable Leukocyte Extract
DM	Disease Management
DMDC	Defense Manpower Data Center
DME	Durable Medical Equipment
DMEPOS	Durable medical equipment, prosthetics, orthotics, and supplies
DMI	DMDC Medical Interface
DMIS	Defense Medical Information System
DMIS-ID	Defense Medical Information System Identification (Code)
DMLSS	Defense Medical Logistics Support System
DMZ	Demilitarized Zone
DNA	Deoxyribonucleic Acid

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Appendix A

Acronyms And Abbreviations

DNA-HLA	Deoxyribonucleic Acid - Human Leucocyte Antigen
DNACI	DoD National Agency Check Plus Written Inquiries
DO	Doctor of Osteopathy Operations Directorate
DOB	Date of Birth
DoD	Department of Defense
DoD AI	Department of Defense Administrative Instruction
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDIG	Department of Defense Inspector General
DoD P&T	Department of Defense Pharmacy and Therapeutics (Committee)
DOE	Department of Energy
DOEBA	Date of Earliest Billing Action
DOES	DEERS Online Enrollment System
DOHA	Defense Office of Hearings and Appeals
DOJ	Department of Justice
DOLBA	Date of Latest Billing Action
DP	Designated Provider
DPA	Differential Power Analysis
DPI	Designated Providers Integrator
DPO	DEERS Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnostic Related Group
DRPO	DEERS RAPIDS Program Office
DSAA	Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-III	Diagnostic and Statistical Manual of Mental Disorders, Third Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSMC	Data and Safety Monitoring Committee
DSMO	Designated Standards Maintenance Organization
DSO	DMDC Support Office
DSU	Data Sending Unit
DTF	Dental Treatment Facility
DTR	Derived Test Requirements
DTRO	Director, TRICARE Regional Office
DUA	Data Use Agreement
DVA	Department of Veterans Affairs
DVAHCF	Department of Veterans Affairs Health Care Finder
DVD	Digital Video Disc

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Appendix A

Acronyms And Abbreviations

DWR	DSO Web Request
Dx	Diagnosis
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EAL	Common Criteria Evaluation Assurance Level
EAP	Ethandamine phosphate
EBC	Enrollment Based Capitation
ECA	External Certification Authority
ECG	Electrocardiogram
ECHO	Extended Care Health Option
ECT	Electroconvulsive Therapy
ED	Emergency Department
EDC	Error Detection Code
EDI	Electronic Data Information Electronic Data Interchange
EDIPI	Electronic Data Interchange Person Identifier
EDIPN	Electronic Data Interchange Person Number
EDI_PN	Electronic Data Interchange Patient Number
EEG	Electroencephalogram
EEPROM	Erasable Programmable Read-Only Memory
EFM	Electronic Fetal Monitoring
EFMP	Exceptional Family Member Program
EFP	Environmental Failure Protection
EFT	Electronic Funds Transfer Environmental Failure Testing
EGHP	Employer Group Health Plan
E/HPC	Enrollment/Health Plan Code
EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care
EHP	Employee Health Program
EIA	Educational Interventions for Autism Spectrum Disorders
EIDS	Executive Information and Decision Support
EIN	Employer Identification Number
EIP	External Infusion Pump
EKG	Electrocardiogram
ELN	Element Locator Number
ELISA	Enzyme-Linked Immunoabsorbent Assay
E/M	Evaluation and Management
EMC	Electronic Media Claim Enrollment Management Contractor
EMDR	Eye Movement Desensitization and Reprocessing

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Appendix A

Acronyms And Abbreviations

EMG	Electromyograma
EMTALA	Emergency Medical Treatment & Active Labor Act
ENTNAC	Entrance National Agency Check
EOE	Evoked Otoacoustic Emission
EOB	Explanation of Benefits
EOBs	Explanations of Benefits
EOC	Episode of Care
EOG	Electro-oculogram
EOMB	Explanation of Medicare Benefits
ePHI	electronic Protected Health Information
EPO	Erythropoietin Exclusive Provider Organization
EPR	EIA Program Report
EPROM	Erasable Programmable Read-Only Memory
ER	Emergency Room
ERISA	Employee Retirement Income and Security Act of 1974
ESRD	End Stage Renal Disease
EST	Eastern Standard Time
ESWT	Extracorporeal Shock Wave Therapy
ET	Eastern Time
ETIN	Electronic Transmitter Identification Number
EWPS	Enterprise Wide Provider System
EWRAS	Enterprise Wide Referral and Authorization System
F&AO	Finance and Accounting Office(r)
FAR	Federal Acquisition Regulations
FASB	Federal Accounting Standards Board
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FCCA	Federal Claims Collection Act
FDA	Food and Drug Administration
FDB	First Data Bank
FDL	Fixed Dollar Loss
Fed	Federal Reserve Bank
FEHBP	Federal Employee Health Benefit Program
FEL	Familial Erythrophagocytic Lymphohistiocytosis
FEV ₁	Forced Expiratory Volume
FFM	Foreign Force Member
FHL	Familial Hemophagocytic Lymphohistiocytosis
FI	Fiscal Intermediary
FIPS	Federal Information Processing Standards (or System)
FIPS PUB	FIPS Publication
FISH	Fluorescence In Situ Hybridization

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FISMA	Federal Information Security Management Act
FL	Form Locator
FMCRA	Federal Medical Care Recovery Act
FOC	Full Operational Capability
FOIA	Freedom of Information Act
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)
FY	Fiscal Year
GAAP	Generally Accepted Accounting Principles
GAO	General Accounting Office
GBL	Government Bill of Lading
GDC	Guglielmi Detachable Coil
GFE	Government Furnished Equipment
GHz	Gigahertz
GIFT	Gamete Intrafallopian Transfer
GIQD	Government Inquiry of DEERS
GP	General Practitioner
GPCI	Geographic Practice Cost Index
H/E	Health and Environment
HAC	Health Administration Center
HAVEN	Home Assessment Validation and Entry
HBA	Health Benefits Advisor
HBO	Hyperbaric Oxygen Therapy
HCC	Health Care Coverage
HCDP	Health Care Delivery Program
HCF	Health Care Finder
HCFA	Health Care Financing Administration
HCG	Human Chorionic Gonadotropin
HCIL	Health Care Information Line
HCP	Health Care Provider
HCPC	Healthcare Common Procedure Code (formerly HCFA Common Procedure Code)
HCPCS	Healthcare Common Procedure Coding System (formerly Healthcare Common Procedure Coding System)
HCPR	Health Care Provider Record
HCSR	Health Care Service Record
HDC	High Dose Chemotherapy

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HDC/SCR	High Dose Chemotherapy with Stem Cell Rescue
HDL	Hardware Description Language
HEAR	Health Enrollment Assessment Review
HEDIS	Health Plan Employer Data and Information Set
HepB-Hib	Hepatitis B and Hemophilus influenza B
HHA	Home Health Agency
HHA PPS	Home Health Agency Prospective Payment System
HHC	Home Health Care
HHC/CM	Home Health Care/Case Management
HHRG	Home Health Resource Group
HHS	Health and Human Services
HI	Health Insurance
HIC	Health Insurance Carrier
HICN	Health Insurance Claim Number
HINN	Hospital-Issued Notice Of Noncoverage
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
HIV	Human Immunodeficiency Virus
HL7	Health Level 7
HLA	Human Leukocyte Antigen
HMAC	Hash-Based Message Authentication Code
HMO	Health Maintenance Organization
HNPCC	Hereditary Nonpolypsis Colorectal Cancer
HPA&E	Health Program Analysis & Evaluation
HPSA	Health Professional Shortage Area
HPV	Human Papilloma Virus
HRG	Health Resource Group
HRT	Heidelberg Retina Tomograph Hormone Replacement Therapy
HSCRC	Health Services Cost Review Commission
HTML	HyperText Markup Language
HTTP	HyperText Transfer (Transport) Protocol
HTTPS	Hypertext Transfer (Transport) Protocol Secure
HUAM	Home Uterine Activity Monitoring
HUS	Hemolytic Uremic Syndrome
HVPT	Hyperventilation Provocation Test
IA	Information Assurance
IATO	Interim Approval to Operate
IAVA	Information Assurance Vulnerability Alert
IAVM	Information Assurance Vulnerability Management
IAW	In accordance with

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IC	Individual Consideration Integrated Circuit
ICASS	International Cooperative Administrative Support Services
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICF	Intermediate Care Facility
ICMP	Individual Case Management Program
ICMP-PEC	Individual Case Management Program For Persons With Extraordinary Conditions
ICN	Internal Control Number
ICSP	Individual Corporate Services Provider
ID	Identification Identifier
IDE	Investigational Device Exemption Investigational Device
IDEA	Individuals with Disabilities Education Act
IDET	Intradiscal Electrothermal Therapy
IDME	Indirect Medical Education
IE	Interface Engine Internet Explorer
IEP	Individualized Educational Program
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IGCE	Independent Government Cost Estimate
IHI	Institute for Healthcare Improvement
IHS	Indian Health Service
IIHI	Individually Identifiable Health Information
IIP	Implantable Infusion Pump
IM	Information Management Intramuscular
IND	Investigational New Drugs
INR	Intramuscular International Normalized Ratio
INS	Immigration and Naturalization Service
IOC	Initial Operational Capability
IOD	Interface Operational Description
IOLs	Intraocular Lenses
IOM	Internet Only Manual
IORT	Intra-Operative Radiation Therapy
IP	Inpatient
IPC	Information Processing Center (outdated term, see SMC)
IPN	Intraperitoneal Nutrition
IPPS	Inpatient Prospective Payment System
IPS	Individual Pricing Summary
IPSEC	Secure Internet Protocol
IQ	Intelligence Quotient

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IQM	Internal Quality Management
IRB	Institutional Review Board
IRR	Individual Ready Reserve
IRS	Internal Revenue Service
IRTS	Integration and Runtime Specification
IS	Information System
ISN	Investigation Schedule Notice
ISO	International Standard Organization
ISP	Internet Service Provider
IT	Information Technology
ITSEC	Information Technology Security Evaluation Criteria
IV	Initialization Vector Intravenous
IVF	In Vitro Fertilization
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCOS	Joint Chiefs of Staff
JFTR	Joint Federal Travel Regulations
JNI	Japanese National Insurance
JTF-GNO	Joint Task Force for Global Network Operations
JUSDAC	Joint Uniformed Services Dental Advisory Committee
JUSMAC	Joint Uniformed Services Medical Advisory Committee
JUSPAC	Joint Uniformed Services Personnel Advisory Committee
KB	Knowledge Base
KO	Contracting Officer
LAA	Limited Access Authorization
LAC	Local Agency Check
LAK	Lymphokine-Activated Killer
LAN	Local Area Network
LASER	Light Amplification by Stimulated Emission of Radiation
LCF	Long-term Care Facility
LDL	Low Density Lipoprotein
LDLT	Living Donor Liver Transplantation
LOC	Letter of Consent
LOD	Letter of Denial/Revocation
LOI	Letter of Intent
LOS	Length-of-Stay
LOT	Life Orientation Test
LPN	Licensed Practical Nurse
LSIL	Low-grade Squamous Intraepithelial
LSN	Location Storage Number
LTC	Long-Term Care
LUPA	Low Utilization Payment Adjustment

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LVEF	Left Ventricular Ejection Fraction
LVN	Licensed Vocational Nurse
LVRS	Lung Volume Reduction Surgery
MAC	Maximum Allowable Charge Maximum Allowable Cost
MAC III	Mission Assurance Category III
MAID	Maximum Allowable Inpatient Day
MB&RS	Medical Benefits and Reimbursement Systems
MCIO	Military Criminal Investigation Organization
MCS	Managed Care Support
MCSC	Managed Care Support Contractor
MCSS	Managed Care Support Services
MCTDP	Myelomeningocele Clinical Trial Demonstration Protocol
MD	Doctor of Medicine
MDI	Mental Developmental Index
MDR	MHS Data Repository
MDS	Minimum Data Set
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station
MEPRS	Medical Expense Performance Reporting System
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board
MGIB	Montgomery GI Bill
MHO	Medical Holdover
MHS	Military Health System
MHSO	Managing Health Services Organization
MHSS	Military Health Services System
MI&L	Manpower, Installations, and Logistics
MIA	Missing In Action
MIDCAB	Minimally Invasive Direct Coronary Artery Bypass
MIRE	Monochromatic Infrared Energy
MMA	Medicare Modernization Act
MMP	Medical Management Program
MMSO	Military Medical Support Office
MMWR	Morbidity and Mortality Weekly Report
MNR	Medical Necessity Report
MOA	Memorandum of Agreement
MOMS	Management of Myelomeningocele Study
MOP	Mail Order Pharmacy
MOU	Memorandum of Understanding
MPI	Master Patient Index

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MR	Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
MS	Microsoft®
MSA	Metropolitan Statistical Area
MSC	Military Sealift Command
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
MST	Mountain Standard Time
MSUD	Maple Syrup Urine Disease
MSW	Masters of Social Work Medical Social Worker
MT	Mountain Time
MTF	Military Treatment Facility
MV	Multivisceral (transplant)
MVS	Multiple Virtual Storage
MWR	Morale, Welfare, and Recreation
N/A	Not Applicable
N/D	No Default
NAC	National Agency Check
NACI	National Agency Check Plus Written Inquiries
NACLC	National Agency Check with Law Enforcement and Credit
NADFM	Non-Active Duty Family Member
NARA	National Archives and Records Administration
NAS	Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
NCF	National Conversion Factor
NCI	National Cancer Institute
NCPAP	Nasal Continuous Positive Airway Pressure
NCPDP	National Council of Prescription Drug Program
NCQA	National Committee for Quality Assurance
NCVHS	National Committee on Vital and Health Statistics
NDAA	National Defense Authorization Act
NDC	National Drug Code
NDMS	National Disaster Medical System
NED	National Enrollment Database
NETT	National Emphysema Treatment Trial

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NF	Nursing Facility
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps
NICHHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NIPRNET	Nonsecure Internet Protocol Router Network
NIS	Naval Investigative Service
NISPOM	National Industrial Security Program Operating Manual
NIST	National Institute of Standards and Technology
NLT	No Later Than
NMES	Neuromuscular Electrical Stimulation
NMOP	National Mail Order Pharmacy
NMR	Nuclear Magnetic Resonance
NMT	Nurse Massage Therapist
NOAA	National Oceanic and Atmospheric Administration
NoPP	Notice of Private Practices
NOSCASTC	National Operating Standard Cost as a Share of Total Costs
NP	Nurse Practitioner
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NPR	Notice of Program Reimbursement
NPS	Naval Postgraduate School
NQF	National Quality Forum
NRC	Nuclear Regulatory Commission
NTIS	National Technical Information Service
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee
O/ATIC	Operations/Advanced Technology Integration Center
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OASD (H&E)	Office of the Assistant Secretary of Defense (Health and Environment)
OASD (MI&L)	Office of the Assistant Secretary of Defense (Manpower, Installations, and Logistics)
OASIS	Outcome and Assessment Information Set
OB/GYN	Obstetrician/Gynecologist
OBRA	Omnibus Budget Reconciliation Act
OCE	Outpatient Code Editor
OCHAMPUS	Office of Civilian Health and Medical Program of the Uniformed Services
OCONUS	Outside of the Continental United States
OCR	Office of Civil Rights
OCSP	Organizational Corporate Services Provider
OD	Optical Disk

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OGC	Office of General Counsel
OGP	Other Government Program
OHI	Other Health Insurance
OHS	Office of Homeland Security
OIG	Office of Inspector General
OMB	Office of Management and Budget
OP/NSP	Operation/Non-Surgical Procedure
OPD	Outpatient Department
OPM	Office of Personnel Management
OPPS	Outpatient Prospective Payment System
OSA	Obstructive Sleep Apnea
OSAS	Obstructive Sleep Apnea Syndrome
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
OSS	Office of Strategic Services
OT	Occupational Therapy (Therapist)
OTC	Over-The-Counter
OUSD	Office of the Undersecretary of Defense
OUSD (P&R)	Office of the Undersecretary of Defense (Personnel and Readiness)
P/O	Prosthetic and Orthotics
P&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO ₂	Partial Pressure of Carbon Dioxide
PAO ₂	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PCMBN	PCM By Name
PCMRS	PCM Reassignment System
PC	Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCM	Primary Care Manager
PCMRA	PCM Research Application
PCMRS	PCM Panel Reassignment (Application)
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider

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PCS	Permanent Change of Station
PD	Passport Division
PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDDBI	Pervasive Developmental Disorders Behavior Inventory
PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PPF	Partnership For Peace
PPPWD	Program for Persons with Disabilities
Phen-Fen	Pondimin and Redux
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHP	Partial Hospitalization Program
PHS	Public Health Service
PI	Program Integrity (Office)
PIA	Privacy Impact Assessment (Online)
PIC	Personnel Investigation Center
PIE	Pulsed Irrigation Evacuation
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
PIT	PCM Information Transfer
PIV	Personal Identity Verification
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PL	Public Law
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group
PMR	Percutaneous Myocardial Laser Revascularization
PNET	Primitive Neuroectodermal Tumors
PNT	Policy Notification Transaction

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POA	Power of Attorney
POC	Pharmacy Operations Center Plan of Care Point of Contact
POL	May 1996 TRICARE/CHAMPUS Policy Manual 6010.47-M
POS	Point of Sale (Pharmacy only) Point of Service Public Official's Statement
POV	Privately Owned Vehicle
PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPS	Prospective Payment System Ports, Protocols and Services
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
PSI	Personnel Security Investigation
PST	Pacific Standard Time
PT	Pacific Time Physical Therapist Physical Therapy Prothrombin Time
PTA	Pancreas Transplant Alone Percutaneous Transluminal Angioplasty
PTC	Processed To Completion
PTCA	Percutaneous Transluminal Coronary Angioplasty
PTK	Phototherapeutic Keratectomy
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue

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QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group
RA	Remittance Advice
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RC	Reserve Component
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RFI	Request For Information
RFP	Request For Proposal
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory Rough Order of Magnitude
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI Outcomes and Assessment Information Set Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RTC	Residential Treatment Center
RUG	Resource Utilization Group
RV	Residual Volume
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier

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SAO	Security Assistant Organizations
SAP	Special Access Program
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCI	Sensitive Compartmented Information Spinal Cord Injury
SCIC	Significant Change in Condition
SCOO	Special Contracts and Operations Office
SCR	Stell Cell Rescue
S/D	Security Division
SD (Form)	Secretary of Defense (Form)
SEP	Sensory Evoked Potentials
SES	Senior Executive Service
SelRes	Selected Reserve
SF	Standard Form
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Status Indicator
SIDS	Sudden Infant Death Syndrome
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile
SIT	Standard Insurance Table
SMC	System Management Center
SNF	Skilled Nursing Facility
SNS	Sacral Nerve Root Stimulation
SOC	Start of Care
SOFA	Status Of Forces Agreement
SOIC	Senior Officer of the Intelligence Community
SON	Submitting Office Number
SOR	Statement of Reasons
SP	Special Processing Code
SPA	Simple Power Analysis
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact

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SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TARO	TRICARE Alaska Regional Office
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCP/IP	Transmission Control Protocol/Internet Protocol
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Plan
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life

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TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TNEX	TRICARE Next Generation (MHS Systems)
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online
TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRPB	TRICARE Retail Pharmacy Benefits

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TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
UAE	Uterine Artery Embolization
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code
UCCI	United Concordia Companies, Inc.
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
URF	Unremarried Former Spouses
URL	Universal Resource Locator
US	United States
USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan

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USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veteran Affairs (hospital) Veteran Administration
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thoroscopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WEDI	Workgroup for Electronic Data Interchange
WIC	Women, Infants, and Children (Program)
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer

- END -