



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 10
7950.2-M
SEPTEMBER 3, 2009

**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: PERIODIC PHYSICAL EXAMS FOR MEMBERS ON THE TEMPORARY DISABILITY RETIREMENT LIST (TDRL)

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change allows members on the TDRL to obtain periodic physical examinations under Supplemental Health Care Program (SHCP). This change brings this manual up-to-date with published Change 73 (July 15, 2009) to the Aug 2002 TRICARE Systems Manual 7950.1-M.

EFFECTIVE DATE: March 30, 2009.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TOM, Change No. 9.


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

ATTACHMENT(S): 20 PAGES
DISTRIBUTION: 7950.2-M

CHANGE 10
7950.2-M
SEPTEMBER 3, 2009

REMOVE PAGE(S)

CHAPTER 2

Section 2.8, pages 11 and 12

Section 6.2, page 23

Section 6.3, pages 1 through 14

Section 6.4, pages 11 and 12

INSERT PAGE(S)

Section 2.8, pages 11 and 12

Section 6.2, page 23

Section 6.3, pages 1 through 15

Section 6.4, pages 11 and 12

TRICARE Systems Manual 7950.2-M, February 1, 2008

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 (HHC) (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 (BMTs) - TMA approved	
	16	Ambulatory Surgery Facility charge	
	17	VA medical provider claim (care rendered by a VA provider)	
	49	Hospital reimbursement reduced by manufacturer credit/replacement of device during warranty period	
	50	Hospital reimbursement reduced by manufacturer credit/recalled device	
	A	Partnership Program (internal providers with signed agreements)	
	E	HHC/CM Demonstration (After 03/15/1999, grandfathered into the Individual Case Management Program (ICMP)) ²	

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.
- ⁴ Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill ADSM) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP- TRICARE Eligible) must be present.

TRICARE Systems Manual 7950.2-M, February 1, 2008

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)	Q	Active Duty Delayed Deductible
	R	Medicare/TRICARE Dual Entitlement First Payor - not a Medicare Benefit (Effective 10/01/2001)
	S	Resource Sharing - External
	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)
	DE	TDRL physical exams (Effective 03/30/2009)
	CA	Civil Action Payment (Effective 07/01/1999)
	CE	SHCP - CCEP (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)

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.
- ⁴ Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill ADSM) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP- TRICARE Eligible) must be present.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.2

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 DEMONSTRATION
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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 =

DE	TDRL PHYSICAL EXAMS OR
PF	ECHO

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO

- END -

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: AMOUNT PATIENT COST-SHARE (2-200)	
VALIDITY EDITS	
2-200-01V	MUST BE NUMERIC.
RELATIONAL EDITS	
2-200-00R	TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PATIENT COST-SHARE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.
2-200-01R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
	THEN AMOUNT PATIENT COST-SHARE MUST BE \geq ZERO
2-200-02R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL
	THEN AMOUNT PATIENT COST-SHARE MUST BE = ZERO
2-200-03R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	DE TDRL PHYSICAL EXAMS
	THEN AMOUNT PATIENT COST-SHARE MUST BE = ZERO
ELEMENT NAME: HEALTH CARE COVERAGE (HCC) COPAYMENT FACTOR CODE (2-201)	
VALIDITY EDITS	
2-201-01V	MUST BE A VALID HCC COPAYMENT FACTOR CODE LISTED IN SECTION 2.5 .
RELATIONAL EDITS	
	NONE

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE (2-205)	
VALIDITY EDITS	
2-205-01V	MUST BE NUMERIC.
RELATIONAL EDITS	
2-205-00R	TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.
2-205-01R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE ≥ ZERO
2-205-02R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE = ZERO

ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE (2-220)	
VALIDITY EDITS	
2-220-01V	VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO ADDENDUM G).
RELATIONAL EDITS	
2-220-01R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL
	THEN ALL OCCURRENCES/LINE ITEMS MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2
2-220-02R	IF ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 , FOR THAT OCCURRENCE/LINE ITEM
	AND 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 ALLOWED BY PROCEDURE CODE MUST = ZERO
2-220-03R	IF TYPE OF SUBMISSION =
	B ADJUSTMENT TO NON-TED (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 , FOR THAT OCCURRENCE/LINE ITEM
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (TYPE 1) (2-225)

VALIDITY EDITS

2-225-01V MUST BE ALL BLANKS **OR** 10 DIGITS (MUST NOT BE ALL ZEROES)

2-225-02V IF PROVIDER INDIVIDUAL NPI NUMBER IS ALL DIGITS

THEN THE CHECK DIGIT (POSITION 10 OF THE PROVIDER ORGANIZATIONAL NPI NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2) (2-230)

VALIDITY EDITS

2-230-01V MUST BE ALL BLANKS **OR** 10 DIGITS (MUST NOT BE ALL ZEROES)

2-230-02V IF PROVIDER ORGANIZATIONAL NPI NUMBER IS ALL DIGITS

THEN THE CHECK DIGIT (POSITION 10 OF THE PROVIDER ORGANIZATIONAL NPI NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM

RELATIONAL EDITS

NONE

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (2-235)

VALIDITY EDITS

2-235-01V VALUE MUST BE A VALID STATE (REFER TO [ADDENDUM B](#))
OR COUNTRY CODE (REFER TO [ADDENDUM A](#)).

2-235-02V ALL OCCURRENCES OF PROVIDER STATE OR COUNTRY CODE FOR THIS TED RECORD MUST BE **ALL CONUS** OR **ALL OCONUS**.

RELATIONAL EDITS

2-235-01R PROVIDER STATE/COUNTRY CODE MUST MATCH THE CORRESPONDING RECORD¹ IN THE PROVIDER FILE.

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE IS ≤ 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., MEDICARE 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 "CORRESPONDING RECORD" ON PROVIDER FILE IS BASED ON NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER MAJOR SPECIALTY, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (2-240-04R).

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240)	
VALIDITY EDITS	
2-240-01V	MUST BE NUMERIC
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE
	AND LAST 6 POSITIONS MUST BE NUMERIC)
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE
	AND FOURTH POSITION MUST BE = 'A'
	AND LAST 5 POSITIONS MUST BE NUMERIC)
RELATIONAL EDITS	
NO ERROR	IF 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
	THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE FOR THAT OCCURRENCE = 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., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) OR
	FS TFL (SECOND PAYOR) OR
	RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001
	THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER
NO ERROR	IF AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO
	THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER
NO ERROR	IF PROVIDER SPECIALTY = 172A00000X (OTHER SERVICE PROVIDERS/DRIVER) OR
	344600000X (TRANSPORTATION SERVICES/TAXI)
	THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER
2-240-02R	IF PROVIDER TAXPAYER NUMBER IS ALL NINES
	THEN PROVIDER SPECIALTY MUST = 172A00000X (OTHER SERVICE PROVIDERS/DRIVER) OR
	344600000X (TRANSPORTATION SERVICES/TAXI)
	AND PROVIDER PARTICIPATION INDICATOR MUST = N NO
¹ ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.	

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240) (Continued)

2-240-04R IF ANY OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER

THEN THE NON-CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:

NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER

AND PROVIDER MAJOR SPECIALTY

AND PROVIDER ZIP CODE¹

AND PROVIDER SUB-IDENTIFIER

AND ACCEPTANCE AND TERMINATION DATES MUST = ZEROES

AND PROVIDER CONTRACT AFFILIATION CODE MUST = '5' (NON-CERTIFIED PROVIDER)

IF NO OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER

THEN THE CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:

NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER

AND PROVIDER MAJOR SPECIALTY

AND PROVIDER ZIP CODE¹

AND PROVIDER SUB-IDENTIFIER

¹ ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (2-245)

VALIDITY EDITS

2-245-01V MUST BE FOUR CHARACTERS

FIRST CHARACTER ALPHANUMERIC, LAST THREE CHARACTERS NUMERIC

OR FIRST TWO CHARACTERS ALPHANUMERIC, LAST TWO CHARACTERS NUMERIC

OR ALL FOUR NUMERIC

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER ZIP CODE (2-250)

VALIDITY EDITS

2-250-01V MUST BE NINE DIGITS **OR** FIVE DIGITS WITH FOUR BLANKS

MUST BE A VALID ZIP CODE (BASED ON BEGIN DATE OF CARE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE **OR**

MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE¹) FOLLOWED BY SIX BLANKS

RELATIONAL EDITS

NONE

¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST [ADDENDUM A](#).

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXONOMY (SPECIALTY) (2-255)

VALIDITY EDITS

2-255-01V THIS FIELD MUST BE A VALID PROVIDER SPECIALTY (REFER TO [HTTP://WWW.WPC-EDI.COM/CODES](http://www.wpc-edi.com/codes)).

RELATIONAL EDITS

2-255-03R IF PROVIDER SPECIALTY = 333600000X (SUPPLIERS/PHARMACY)

THEN TYPE OF SERVICE (SECOND POSITION) =

B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

2-255-04R IF PROVIDER SPECIALTY = 183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)

THEN TYPE OF SERVICE (SECOND POSITION) =

M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (2-260)

VALIDITY EDITS

2-260-01V MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (2-265)

VALIDITY EDITS

2-265-01V PROVIDER NETWORK STATUS INDICATOR MUST =

1 NETWORK PROVIDER **OR**

2 NON-NETWORK PROVIDER

RELATIONAL EDITS

NONE

ELEMENT NAME: PHYSICIAN REFERRAL NUMBER (2-270)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PLACE OF SERVICE (2-275)		
VALIDITY EDITS		
2-275-01V	VALUE MUST BE A VALID PLACE OF SERVICE.	
RELATIONAL EDITS		
2-275-01R	IF ADJUSTMENT/DENIAL REASON CODE IS NOT A CODE LISTED IN ADDENDUM G, FIGURE 2.G-2 THEN PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE, REFER TO ADDENDUM F .	
2-275-06R	IF PLACE OF SERVICE =	21 INPATIENT HOSPITAL
	THEN TYPE OF SERVICE (FIRST POSITION) MUST =	I INPATIENT
2-275-07R	IF PLACE OF SERVICE =	19 PHARMACY
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: TYPE OF SERVICE (2-280)	
VALIDITY EDITS	
2-280-01V	FIRST POSITION MUST BE = 'A', 'I', 'K', 'M', 'N', 'O', OR 'P'. SECOND POSITION MUST BE = 1-9; A-M. IF FIRST POSITION = 'A'; SECOND POSITION MUST ≠ 'C'. IF FIRST POSITION = 'P'; SECOND POSITION MUST = 'H'. IF FIRST POSITION = 'N'; SECOND POSITION MUST = 'I'.
2-280-02V	IF CONTRACT NUMBER = MDA906-02-C-0013 THEN TYPE OF SERVICE (SECOND POSITION) MUST = M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
RELATIONAL EDITS	
2-280-06R	IF TYPE OF SERVICE (SECOND POSITION) = C AMBULATORY SURGERY THEN HCC MEMBER CATEGORY CODE MUST ≠ A ACTIVE DUTY OR G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR J ACADEMY STUDENT OR P TAMP MEMBER OR S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR T FOREIGN MILITARY MEMBER
2-280-07R	IF TYPE OF SERVICE (FIRST POSITION) = A AMBULATORY SURGERY COST-SHARED AS INPATIENT (ACTIVE DUTY DEPENDENTS ONLY) OR M OUTPATIENT MATERNITY COST-SHARED AS INPATIENT OR N OUTPATIENT COST-SHARED AS INPATIENT OR O OUTPATIENT, EXCLUDING M, P, OR N OR P OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST-SHARED AS INPATIENT THEN PLACE OF SERVICE CANNOT = 21 INPATIENT HOSPITAL
2-280-08R	IF TYPE OF SERVICE (SECOND POSITION) = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS THEN NATIONAL DRUG CODE MUST ≠ BLANK UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A)
2-280-09R	IF TYPE OF SERVICE (SECOND POSITION) = M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS THEN TYPE OF SUBMISSION MUST ≠ B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO AND CA/NAS EXCEPTION REASON MUST = BLANK AND CA/NAS NUMBER MUST = BLANK

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TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: TYPE OF SERVICE (2-280) (Continued)		
	AND CA/NAS REASON FOR ISSUANCE MUST =	BLANK
	AND NATIONAL DRUG CODE MUST ≠	BLANK
	AND PLACE OF SERVICE MUST =	19 PHARMACY
	AND PRICING RATE CODE MUST =	0
	AND PROVIDER NETWORK STATUS INDICATOR MUST =	1 NETWORK PROVIDER
	AND PROVIDER PARTICIPATING INDICATOR MUST =	Y YES
	AND PROVIDER SPECIALTY MUST =	183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)
	AND IF PROCEDURE CODE =	000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR 000PA PRESCRIPTION PRIOR AUTHORIZATIONS
	THEN AMOUNT PATIENT COST-SHARE MUST =	ZERO
	AND CLAIM FORM TYPE/EMC INDICATOR MUST =	J OTHER
	ELSE IF OCCURRENCE/LINE ITEM NUMBER =	002
	THEN AMOUNT BILLED BY PROCEDURE CODE ON THIS LINE ITEM MUST =	ZERO
	AND AMOUNT PATIENT COST-SHARE ON THIS LINE ITEM MUST =	ZERO
	AND NUMBER OF SERVICES ON THIS LINE ITEM MUST =	ZERO
	ELSE CLAIM FORM TYPE/EMC INDICATOR MUST =	I ELECTRONIC DRUG CLAIM SUBMISSION
	AND NUMBER OF SERVICES =	1
2-280-10R	IF TYPE OF SERVICE (SECOND POSITION) =	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN REGION INDICATOR MUST =	BLANK
	UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A)	
2-280-11R	IF TYPE OF SERVICE (SECOND POSITION) =	M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND OCCURRENCE/LINE ITEM COUNT =	002
	THEN PROCEDURE CODE ¹ MUST =	99070 SUPPLIES
2-280-12R	IF TYPE OF SERVICE (SECOND POSITION) =	G DENTAL
	THEN PROCEDURE CODE ¹ ≠	00100 - 09999
2-280-13R	IF TYPE OF SERVICE (SECOND POSITION) =	B RETAIL PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND CLAIM FORM TYPE/EMC INDICATOR =	J OTHER
	THEN PROCEDURE CODE MUST =	000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR 000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)

VALIDITY EDITS

2-285-01V MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO [SECTION 2.5](#))

RELATIONAL EDITS

2-285-01R	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN HCC MEMBER CATEGORY MUST ≠	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADASM - USA OR
		X	FOREIGN ADASM OR
		Y	CHCBP - STANDARD OR
		AA	CHCBP - EXTRA OR
		SN	SHCP - NON-MTF-REFERRED CARE OR
		SO	SHCP - NON-TRICARE ELIGIBLE OR
		SR	SHCP - REFERRED CARE OR
		ST	SHCP - TRICARE ELIGIBLE OR
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN OR
		WA	TPR FOREIGN ADASM
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
	OR HCDP PLAN COVERAGE CODE =	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
		402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
		405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
		406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
		407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
		408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
		409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)	
	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
2-285-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PF ECHO
	THEN HHC MEMBER CATEGORY CODE MUST =
	A ACTIVE DUTY OR
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J ACADEMY STUDENT OR
	P TAMP MEMBER OR
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
2-285-03R	IF TYPE OF SERVICE (FIRST POSITION) =
	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN HCC MEMBER CATEGORY CODE MUST =
	A ACTIVE DUTY OR
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J ACADEMY STUDENT OR
	N NATIONAL GUARD MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	P TAMP MEMBER OR
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T FOREIGN MILITARY MEMBER OR
	V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	Z UNKNOWN
	UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = 0
2-285-04R	IF TYPE OF SERVICE (SECOND POSITION) =
	C AMBULATORY SURGERY
	THEN HCC MEMBER CATEGORY CODE MUST =
	D DISABLED AMERICAN VETERAN OR
	F FORMER MEMBER OR
	H MEDAL OF HONOR RECIPIENT OR
	R RETIRED OR
	W FORMER SPOUSE OR
	Z UNKNOWN
	UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = 0
2-285-05R	IF HCC MEMBER CATEGORY CODE =
	T FOREIGN MILITARY MEMBER
	THEN ONE OCCURRENCE OF OVERRIDE CODE =
	M NATO

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PAY GRADE CODE (SPONSOR) (2-291)

VALIDITY EDITS

2-291-01V MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO [SECTION 2.7](#))

RELATIONAL EDITS

NONE

ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292)

VALIDITY EDITS

2-292-01V MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO [ADDENDUM K](#))

RELATIONAL EDITS

NONE

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)	
VALIDITY EDITS	
2-295-01V	MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO SECTION 2.5)
RELATIONAL EDITS	
2-295-03R	IF PATIENT AGE ¹ ≥ 21
	AND PERSON BIRTH CALENDAR DATE (PATIENT) ≠ 19111111
	THEN HCC MEMBER RELATIONSHIP CODE MUST ≠
	C CHILD OR STEPCHILD OR
	D PRE-ADOPTIVE CHILD OR
	E WARD (COURT ORDERED)
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE MUST =
	D PATIENT IS DEPENDENT 21 YEARS OF AGE
2-295-06R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PF ECHO
	THEN HCC MEMBER RELATIONSHIP CODE MUST =
	B SPOUSE OR
	C CHILD OR STEPCHILD OR
	D PRE-ADOPTIVE CHILD OR
	E WARD (COURT ORDERED) OR
	G SURVIVING SPOUSE
2-295-07R	IF TYPE OF SERVICE (FIRST POSITION) =
	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN HCC MEMBER RELATIONSHIP CODE MUST =
	A SELF OR
	B SPOUSE OR
	C CHILD OR STEPCHILD OR
	D PRE-ADOPTIVE CHILD OR
	E WARD (COURT ORDERED) OR
	G SURVIVING SPOUSE OR
	Z UNKNOWN
	AND HCC MEMBER CATEGORY CODE ≠
	W FORMER SPOUSE
	UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	SC SHCP - NON-TRICARE ELIGIBLE
2-295-10R	IF HCC MEMBER CATEGORY CODE =
	T FOREIGN MILITARY MEMBER
	AND HCC MEMBER RELATIONSHIP CODE =
	A SELF
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	AN SHCP - NON-REFERRED CARE OR
	AR SHCP - REFERRED CARE OR
	SC SHCP - NON-TRICARE ELIGIBLE OR
	SM SHCP - EMERGENCY
	OR ENROLLMENT/HEALTH PLAN CODE MUST =
	SN SHCP - NON-MTF REFERRED OR
	SO SHCP - NON-TRICARE ELIGIBLE OR

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295) (Continued)

SR SHCP - REFERRED **OR**

SU SHCP - REFERRAL DESIGNATION UNKNOWN

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = ZERO

THEN BYPASS THIS EDIT

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.

- END -

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.4

Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (Continued)

		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
2-305-30R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	ECHO
	THEN HCDP PLAN COVERAGE CODE MUST ≠	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
2-305-31R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AU	AUTISM DEMONSTRATION
	THEN BEGIN DATE OF CARE MUST BE ≥ 03/15/2008		
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	PF	ECHO
	AND PATIENT AGE ² MUST BE ≥ 18 MONTHS		
2-305-32R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	RB	RESPIRE BENEFIT FOR ADMSs
	THEN BEGIN DATE OF CARE MUST BE ≥ 01/01/2008		
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SE	SHCP - TRICARE ELIGIBLE
2-305-33R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PS	SPECIALTY PHARMACY SERVICES
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND PROCEDURE CODE MUST ≠	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS OR

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² PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.4

Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (Continued)

		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS
2-305-34R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PV	RETAIL PHARMACY FOR DVA BENEFICIARIES
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND PROVIDER NETWORK STATUS INDICATOR MUST =	1	NETWORK PROVIDER
	AND PROCEDURE CODE MUST ≠	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS
2-305-35R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	EF	TRICARE RESERVE AND NATIONAL GUARD FAMILY MEMBER BENEFITS
	THEN BEGIN DATE OF CARE MUST BE ≥ 11/01/2009		
	AND ENROLLMENT/HEALTH PLAN CODE MUST =	T	TRICARE STANDARD PROGRAM OR
		V	TRICARE EXTRA
	AND HCDP SPECIAL ENTITLEMENT CODE MUST =	02	NOBLE EAGLE PARTICIPATION SPECIAL ENTITLEMENT OR
		03	ENDURING FREEDOM PARTICIPATION SPECIAL ENTITLEMENT
	AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO		
2-305-36R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	DE	TDRL PHYSICAL EXAMS
	THEN BEGIN DATE OF CARE MUST BE ≥ 03/30/2009		
	AND ENROLLMENT/HEALTH PLAN CODE MUST =	SR	SHCP - REFERRED CARE
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SE	SHCP - TRICARE ELIGIBLE

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ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE (2-306)

VALIDITY EDITS

2-306-01V MUST BE A VALID HCDP SPECIAL ENTITLEMENT CODE (REFER TO [SECTION 2.5](#))

RELATIONAL EDITS

NONE