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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 2
7950.2-M
MAY 15, 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 a published change in the Aug 2002 TRICARE Systems Manual (TSM), 7950.1-M. The changes is the Autism Demonstration (Aug 2002 TSM, Change 59). This change also includes administrative changes to correct a typographical error, removal of outdated material, and makes some minor clarifications.

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

This change is made in conjunction with Feb 2008 TOM, Change No. 2, Feb 2008 TPM, Change No. 2, and Feb 2008 TRM, Change No. 2.

Evie Lammler
Acting Chief, Purchased Care Systems
Integration Branch

ATTACHMENT(S): 49 PAGES
DISTRIBUTION: 7950.2-M

CHANGE 2
7950.2-M
MAY 15, 2008

REMOVE PAGE(S)

CHAPTER 2

Section 2.4, pages 11 and 12
Section 2.7, pages 35 and 36
Section 2.10, pages 1, 2, 5, 6, 21, 22, 25 - 28
Section 5.3, pages 13 and 14
Section 6.1, pages 7 and 8
Section 6.2, pages 13 through 16, 19, and 20
Section 7.1, page 5
Section 7.2, pages 5 through 7
Addendum A, pages 3 through 8
Addendum I, pages 1 through 4

CHAPTER 3

Section 1.4, pages 13 and 14

APPENDIX A

pages 1, 2, and 19 through 26

INSERT PAGE(S)

Section 2.4, pages 11 and 12
Section 2.7, pages 35 and 36
Section 2.10, pages 1, 2, 5, 6, 21, 22, 25 - 28
Section 5.3, pages 13 and 14
Section 6.1, pages 7 and 8
Section 6.2, pages 13 through 16, 19, and 20
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Section 7.2, pages 5 and 6
Addendum A, pages 3 through 8
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pages 1, 2, and 19 through 26

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Chapter 2, Section 2.4

Data Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT BILLED (TOTAL)

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-120	1	Yes
PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal places.			
DEFINITION Total amount billed for all services reported on the TED record. For reporting data relating to External Resource Sharing Encounters, refer to Section 1.1, paragraph 8.0 .			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM Must be sum total charge per revenue code (institutional record) fields.			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		
NOTES AND SPECIAL INSTRUCTIONS: N/A			

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Chapter 2, Section 2.4

Data Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT BILLED BY PROCEDURE CODE

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-180	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimals.			
DEFINITION Amount billed by the provider for this (these) service(s)/supply(ies).			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:

For non-cancelled TRICARE Mail Order Pharmacy (TMOP) records the AMOUNT BILLED BY PROCEDURE CODE on the first occurrence/line item must be the Administrative Fee (includes administrative and dispensing cost) and must be \$0.00 on the second occurrence/line item. For cancelled TMOP records the AMOUNT BILLED BY PROCEDURE CODE for all occurrences/line items must be \$0.00 except for lines with Procedure Codes 000MN and 000PA.

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Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER SUB-IDENTIFIER

		RECORDS/LOCATOR NUMBERS		
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-205	1	Yes	
Non-Institutional	2-245	Up to 99	Yes	
PRIMARY PICTURE (FORMAT) Four (4) alphanumeric characters.				
DEFINITION		Identification number that uniquely identifies multiple providers using the same TIN.		
CODE/VALUE SPECIFICATIONS		Refer to Section 2.10 , ELN 3-010.		
ALGORITHM		N/A		
SUBORDINATE AND/OR GROUP ELEMENTS				
SUBORDINATE		GROUP		
N/A		N/A		
NOTES AND SPECIAL INSTRUCTIONS:				
N/A				

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Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER TAXPAYER NUMBER

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Institutional	1-200	1	Yes
Non-Institutional	2-240	Up to 99	Yes

PRIMARY PICTURE (FORMAT) Nine (9) alphanumeric characters.

DEFINITION The IRS TIN assigned to the institution/provider supplying the care.

CODE/VALUE SPECIFICATIONS For institutions must be nine digit EIN. For individual providers, should be the nine digit EIN or SSN, if available. If not available, report the contractor-assigned number. (Refer to [Section 2.10 ELN 3-005](#)). Report all nines for transportation services.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

Claims for care rendered by an Autism Demonstration Tutor or Tutor-in-Training must be identified on the TED record using the billing ICSP (EIA Supervisor) Provider Taxpayer Number or the billing OCSP Provider Taxpayer Number as appropriate.

Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: AHA MULTI-HOSPITAL SYSTEM CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-105	1	Yes ¹
PRIMARY PICTURE (FORMAT) Four (4) alphanumeric characters.			
DEFINITION Code assigned by the American Hospital Association (AHA) to identify multi-hospital systems.			
CODE/VALUE SPECIFICATIONS Must be blank if provider is not an institution.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
¹ Not required if provider is not an institution or part of a multi-hospital system. Otherwise, required if available.			

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Chapter 2, Section 2.10

Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: AMERICAN HOSPITAL ASSOCIATION ID NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-100	1	Yes ¹

PRIMARY PICTURE (FORMAT) Nine (9) alphanumeric characters.

DEFINITION The identification number assigned to the institution by the American Hospital Association.

CODE/VALUE SPECIFICATIONS Must be blank if provider is not an institution.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if available.

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Chapter 2, Section 2.10

Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: CONTRACTOR NUMBER

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-020	1	Yes
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.			
DEFINITION Identification code for the contractor. Used to identify each contractor submitting Provider File Records.			
CODE/VALUE SPECIFICATIONS TMA assigned contractor number.			
	02	TRICARE Mail Order Pharmacy (TMOP)	
	61	Retail Pharmacy	
	62	West Region (effective prior to date of contracts TBD)	
	63	South Region (effective prior to date of contracts TBD)	
	64	North Region (effective prior to date of contracts TBD)	
	65	TDEFIC (effective for TDEFIC contract awarded prior to 08/03/2007)	
	70	TPharm (Retail Pharmacy, MOP)	
	71	TDEFIC (effective for contract awarded 08/03/2007)	
	15	Overseas (europe, Pacific, Latin America)	
	16	North Region (effective upon award of contracts dated TBD)	
	17	South Region (effective upon award of contracts dated TBD)	
	18	West Region (effective upon award of contracts dated TBD)	
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

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Chapter 2, Section 2.10

Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: EXEMPT/NON-EXEMPT INDICATOR

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-150	1	Yes ¹
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Indicates whether the institutional provider is exempted from the TRICARE DRG-based payment system.			
CODE/VALUE SPECIFICATIONS	h	Not applicable	
	C	DRG Non-exempt/Contracted Reimbursement Arrangement	
	E	DRG Exempt	
	N	DRG Non-exempt	
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE			GROUP
N/A			N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Report blank for all non-institutional providers.

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Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION

		RECORDS/LOCATOR NUMBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-090	1	Yes
PRIMARY PICTURE (FORMAT) Ten (10) alphanumeric characters.			
DEFINITION	Code describing a provider's major specialty for non-institutional TEDs or a code describing the type of institution for institutional TEDs. Type of Institution must be left justified and blank filled to the right.		
CODE/VALUE SPECIFICATIONS	Refer to Addendum C, Figure 2.C-1 for non-institutional provider specialty codes. Refer to Addendum D, Figure 2.D-1 for type of institution codes for Institutional TEDs. Refer to Addendum C, Figure 2.C-2 for assistance when assigning Provider Specialty Codes to Outpatient Hospital non-institutional provider records.		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		

NOTES AND SPECIAL INSTRUCTIONS:

Autism Demonstration EIA Supervisors will be assigned Provider Taxonomy Code 101YS0200X, School Counselor, if other Provider Taxonomy Codes have not already been assigned by CMS or the MCSC.

Autism Demonstration Tutors or Tutors-in-Training will be assigned Provider Taxonomy Code 390200000X, Student in an Organized Health Care Education/Training Program, if other Provider Taxonomy Codes have not already been assigned by CMS or the MCSC.

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Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER NAME

		RECORDS/LOCATOR NUMBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-035	1	Yes
PRIMARY PICTURE (FORMAT)	Forty (40) alphanumeric characters.		
DEFINITION	Name of provider.		
CODE/VALUE SPECIFICATIONS	Must be left justified and blank filled. If this field is a person's name, it should be in the form of last name, first name, middle initial (each name should be separated by a comma with no space between the name). Do not use articles such as 'the,' 'A,' 'An,' etc. Use standard abbreviations such as 'St.' for Saint, 'Comm' for community, 'Hosp' for hospital, etc.		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE			GROUP
N/A			N/A
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

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Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER SUB-IDENTIFIER

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Provider	3-010	1	Yes

PRIMARY PICTURE (FORMAT) Four (4) alphanumeric characters.

DEFINITION Identification number that uniquely identifies multiple providers using the same Taxpayer Identification Number (TIN).

CODE/VALUE SPECIFICATIONS Must be zero-filled if there are no multiple providers within the TIN and zip code.

For non-institutional providers, including institutions that render non-institutional care (e.g., outpatient), no two Provider Sub-Identifiers may be the same within a TIN and zip code.

For clinics, Provider Sub-Identifier is assigned with an alpha character in the first position or first two positions followed by two or three numeric digits, sequentially assigned with the clinic always assigned 01 or 001. Individual providers within the clinic would then begin with 02 or 002 having the same alpha character(s) in the first position as the clinic record.

For all other non-institutional providers, the Provider Sub-Identifier must be four numeric digits.

Institutional Provider Sub-Identifiers are to be numeric digits and sequentially assigned within the TIN. For requirements on reporting institutional providers as outpatient hospital non-institutional providers, see Provider Sub-Identifier Example 2.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

Autism Demonstration Tutors or Tutors-in-Training sub-identifiers must be alpha numeric and assigned the same alpha character(s) as the first position(s) of the billing ICSP (EIA Supervisor) sub-identifier or billing OCSP sub-identifier.

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Data Requirements - Provider Record Data

PROVIDER SUB-IDENTIFIER EXAMPLE 1

Example: City Wide Clinic with a TIN of 123456789 has three locations in an area. They would be submitted to TMA in the following format:

TIN	ZIP CODE	SUB-ID	NAME	SPEC
123456789	12345	A001	City Wide Clinic 1	193200000X
123456789	12345	A002	Doctor Jones	207KA0200X
123456789	12345	A003	Doctor Smith	208D00000X
123456789	12345	A004	Doctor Brown	207K00000X
123456789	12345	A005	Doctor Doe	207Q00000X
123456789	12345	B001	City Wide Clinic 2	193200000X
123456789	12345	B002	Doctor Watson	208D00000X
123456789	12345	B003	Doctor Allen	207RG0100X
123456789	54321	A00	City Wide Clinic 3	193200000X
123456789	54321	A002	Doctor Peterson	207QA0401X
123456789	54321	A003	Doctor Adams	2084P0802X

PROVIDER SUB-IDENTIFIER EXAMPLE 2

Example: Township Hospital with a TIN of 987654321 provides outpatient services (e.g., emergency room, etc.) and has two affiliated clinics in the area. These provider records should be reported to TMA in the following manner:

TIN	ZIP CODE	I/N-I IND	SUB-ID	NAME	SPEC
987654321	67890	N	0000	Township Hospital	282N00000X
987654321	67890	N	A001	Township Ear Nose & Throat Clinic	193400000X
987654321	67890	N	A002	Dr. Jones	207YX0602X
987654321	67890	N	A003	Dr. Smith	207YP0228X
987654321	69116	N	A001	Township Surgeons Group	193400000X
987654321	69116	N	A002	Dr. Cutter	207XX0004X
987654321	69116	N	A003	Dr. Suture	207XX0005X

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Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER TAXPAYER NUMBER

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-005	1	Yes
PRIMARY PICTURE (FORMAT) Nine (9) alphanumeric characters.			
DEFINITION The IRS TIN assigned to the provider supplying the care.			
CODE/VALUE SPECIFICATIONS For institutions must be a nine digit EIN. For individual providers must be a nine digit TIN or SSN if TIN is not applicable. If not available, follow reporting requirements listed below.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	

PROVIDER TAXPAYER NUMBER REPORTING REQUIREMENTS

1. The contractor who is responsible for certifying the provider shall assign an APN as outlined below when the actual TIN of a provider is not available. The use of a contractor-assigned APN is restricted to the following situations:
 - a. The provider is located in a foreign country and does not have a TIN. If a foreign provider has a TIN, it is to be used. Otherwise, an APN is used regardless of whether the claim is to be paid or denied.
 - b. The provider does not meet TRICARE certification requirements or the contractor does not have substantial evidence that the provider meets the TRICARE certification requirements.
 - c. The contractor has substantial evidence that the provider meets the TRICARE certification requirements. In this case, the payment must be made to the beneficiary.
2. When neither the EIN nor the SSN is available for the provider and the provider is located in your contract area¹.
 - a. If the provider is located in a foreign country, the field is coded in the following manner.

Position 1 through 3 - The three character alpha abbreviation of the country in which the provider or institution is located ([Addendum A](#)).

Position 4 through 9 - A six digit sequential contractor assigned number. These numbers are to be permanently assigned to the provider.

Example: The first provider from Mexico will be coded MEX000001.
 - b. If the provider is not an institutional provider and is located in the United States, the field is coded in the following manner.

Position 1 through 3 - The two character abbreviation of the state (left justify and blank fill) in which the provider or facility is located ([Addendum B](#)).

Position 4 through 9 - A six digit sequential contractor assigned number.

Example: The first provider from Maryland would be coded MD b 000001. Refer to instruction below, for exception.
 - c. For ECHO, if the TED record is for transportation via a POV, assign a TIN of all nines and do not submit a provider record.
3. If it is necessary to assign a number for a provider that is outside of your contract area, the number is assigned following all the above rules except the fourth high order digit must be an "A".

NOTES AND SPECIAL INSTRUCTIONS:

¹ Claims for care rendered by an institutional provider located in the United States must be processed with a valid EIN. Contractor-assigned provider numbers will not be allowed.

Autism Demonstration Tutors or Tutors-in-Training must be assigned the billing ICSP (EIA Supervisor) Provider Taxpayer Number or the billing OCSP Provider Taxpayer Number as appropriate.

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Chapter 2, Section 2.10

Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (Continued)

Example: If a beneficiary, whose care when traveling outside of your area is your responsibility, received care in Mexico, it will be coded MEXA00001.

Note: These numbers, once assigned, will not be reassigned to another provider. Upon receipt of a valid EIN or SSN, inactivate the APN provider record and submit an 'ADD' transaction for the actual TIN. After the TIN record is added, subsequent adjustments to the TED records previously reported using an APN shall be reported with the current TIN and provider information.

NOTES AND SPECIAL INSTRUCTIONS:

¹ Claims for care rendered by an institutional provider located in the United States must be processed with a valid EIN. Contractor-assigned provider numbers will not be allowed.

Autism Demonstration Tutors or Tutors-in-Training must be assigned the billing ICSP (EIA Supervisor) Provider Taxpayer Number or the billing OCSP Provider Taxpayer Number as appropriate.

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: COVERED DAYS (1-285)

VALIDITY EDITS

1-285-01V	MUST BE NUMERIC.		
1-285-02V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	OR TYPE OF INSTITUTION =	78	NON-HOSPITAL BASED HOSPICE OR
		79	HOSPITAL BASED HOSPICE
	THEN BYPASS THIS EDIT		
	ELSE IF AMOUNT ALLOWED (TOTAL) ≤ZERO		
	OR TYPE OF INSTITUTION =	70	HHA
	OR THE SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES THAT INDICATE THAT A ROOM WAS USED (010X-021X, OR 0724) = ZERO		
	THEN COVERED DAYS MUST = ZERO		
	ELSE IF TYPE OF SUBMISSION =	A	ADJUSTMENT 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
	AND FREQUENCY CODE =	2	INTERIM - INITIAL TED RECORD OR
		3	INTERIM - INTERIM TED RECORD
	OR BEGIN DATE OF CARE = END DATE OF CARE		
	THEN COVERDAYS MUST BE ≤END DATE OF CARE - BEGIN DATE OF CARE +1		
	ELSE COVERED DAYS MUST BE ≤END DATE OF CARE - BEGIN DATE OF CARE		

RELATIONAL EDITS

NONE

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: DRG NUMBER (1-290)		
VALIDITY EDITS		
1-290-01V	MUST BE A VALID DRG NUMBER OR BLANK FILLED.	
RELATIONAL EDITS		
1-290-01R	IF PRICING RATE CODE =	H NO SPECIAL RATE CODE OR K HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE OR L REGIONAL-SPECIFIC PSYCHIATRIC PER DIEM RATE OR P PER DIEM RATE AGREEMENT CA CAH REIMBURSEMENT
THEN DRG NUMBER MUST = BLANK		
1-290-02R	IF ANY OCCURRENCE OF OVERRIDE CODE =	Y NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES
THEN DRG NUMBER MUST = BLANK.		
1-290-08R	IF PRICING RATE CODE =	H TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR I TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR J TRICARE DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/1996 AND < 10/01/1997		
THEN DRG NUMBER MUST = 001-102, 104-108, 110-384, 391-434, 436-437, 439-473, 475-479, 481-495, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-09R	IF PRICING RATE CODE =	H TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR I TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR J TRICARE DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/1997 AND < 10/01/1998		
THEN DRG NUMBER MUST = 001-102, 104-108, 110-213, 216-220, 223-384, 391-434, 436-437, 439-473, 475-479, 481-503, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-10R	IF PRICING RATE CODE =	H TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR I TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR J TRICARE DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/1998 AND < 10/01/1999		
THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-471, 473, 475-511, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-21R	IF PRICING RATE CODE =	H TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR I TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR J TRICARE DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/1999 AND < 10/01/2000		
THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-473, 475-511, 600-619, 621-624, 626-628, 630-636, OR 900-901.		

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Chapter 2, Section 6.1

Non-Institutional Edit Requirements (ELN 000-099)

ELEMENT NAME: PERSON SEX (PATIENT) (2-085)			
VALIDITY EDITS			
2-085-01V	PERSON SEX (PATIENT) MUST =	F	FEMALE OR
		M	MALE OR
		Z	UNKNOWN
RELATIONAL EDITS			
	NONE		

ELEMENT NAME: PATIENT ZIP CODE (2-090)			
VALIDITY EDITS			
2-090-01V	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 TABLE ¹) FOLLOWED BY SIX BLANKS		
RELATIONAL EDITS			
	NONE		

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

ELEMENT NAME: OVERRIDE CODE (2-095)			
VALIDITY EDITS			
2-095-01V	OCCURRENCE NUMBER 1--MUST BE A VALID OVERRIDE CODE (REFER TO SECTION 2.6)		
2-095-02V	OCCURRENCE NUMBER 2--MUST BE A VALID OVERRIDE CODE (REFER TO SECTION 2.6)		
2-095-03V	OCCURRENCE NUMBER 3--MUST BE A VALID OVERRIDE CODE (REFER TO SECTION 2.6)		
2-095-04V	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).		
2-095-05V	OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED		
RELATIONAL EDITS			
2-095-11R	IF ANY OCCURRENCE OF OVERRIDE CODE =	NC	NON-CERTIFIED PROVIDER (DOES NOT INCLUDE SANCTIONED/SUSPENDED PROVIDERS)
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AD	FOREIGN ACTIVE DUTY CLAIMS OR
		AN	SHCP - NON-MTF REFERRED CARE OR
		AR	SHCP - REFERRED CARE OR
		CE	SHCP COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		EU	EMERGENCY SERVICES RENDERED BY AN UNAUTHORIZED PROVIDER 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

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Chapter 2, Section 6.1

Non-Institutional Edit Requirements (ELN 000-099)

ELEMENT NAME: OVERRIDE CODE (2-095) (Continued)

OR ENROLLMENT/HEALTH PLAN CODE

MUST =

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

SR SHCP - REFERRED CARE **OR**

SU SHCP - REFERRAL DESIGNATION UNKNOWN

- END -

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

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² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-160-01R.

³ BYPASS EDIT 2-160-01R IF RECORD FAILS EDIT 2-160-01V OR 2-160-01-02V.

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (Continued)		
	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	IF TYPE OF SERVICE (FIRST POSITION) =	I INPATIENT
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

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

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Non-Institutional Edit Requirements (ELN 100 - 199)

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

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 EDIT 2-160-01R.

³ BYPASS EDIT 2-160-01R IF RECORD FAILS EDIT 2-160-01V OR 2-160-01-02V.

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: 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
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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 OCCURRENCE/**LINE ITEM**

THEN AMOUNT BILLED BY PROCEDURE CODE MUST = ZERO

AND AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO

AND AMOUNT PAID BY **OHI** MUST = ZERO

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

AND AMOUNT PAITENT 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 OCCURRENCE/**LINE ITEM**

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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Chapter 2, Section 7.1

Provider Edit Requirements (ELN 000 - 099)

ELEMENT NAME: PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (3-090)

VALIDITY EDITS

NONE

RELATIONAL EDITS

3-090-01R IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = I INSTITUTIONAL

THEN MUST BE VALID PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (REFER TO [ADDENDUM D, FIGURE 2.D-1](#)).

3-090-02R IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

THEN MUST BE A VALID PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (REFER TO [ADDENDUM C, FIGURE 2.C-1](#)).

3-090-03R IF PROVIDER MAJOR SPECIALTY/TYPE INSTITUTION = 183500000X (PHARMACY SERVICE PROVIDERS/ PHARMACIST)

THEN CONTRACTOR NUMBER MUST = 02 TMOP **OR**
70 TPHARM

ELEMENT NAME: TYPE OF INSTITUTION TERM INDICATOR CODE (3-095)

VALIDITY EDITS

3-095-01V MUST BE A VALID TYPE OF INSTITUTION TERM INDICATOR CODE.

RELATIONAL EDITS

3-095-01R IF TYPE OF INSTITUTION CODE TERM INDICATOR = L LONG-TERM **OR**
S SHORT-TERM

THEN INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR MUST = I INSTITUTIONAL

- END -

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Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

ELEMENT NAME: TRANSACTION CODE (3-160)		
VALIDITY EDITS		
3-160-01V	TRANSACTION CODE MUST =	A ADD A RECORD OR
		I INACTIVATE A RECORD OR
		M MODIFY A RECORD
RELATIONAL EDITS		
3-160-01R	IF TRANSACTION CODE =	A ADD A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	I INSTITUTIONAL
	THEN PROVIDER TAXPAYER NUMBER	
	AND PROVIDER SUB-IDENTIFIER	
	AND ZIP CODE (FIRST FIVE DIGITS)	
	AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION MUST NOT ALREADY EXIST ON THE PROVIDER FILE.	
3-160-02R	IF TRANSACTION CODE =	A ADD A RECORD
	AND IF INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	N NON-INSTITUTIONAL
	THEN PROVIDER TAXPAYER NUMBER	
	AND PROVIDER SUB-IDENTIFIER	
	AND ZIP CODE (FIRST FIVE DIGITS)	
	MUST NOT ALREADY EXIST ON THE PROVIDER FILE.	
3-160-03R	IF TRANSACTION CODE =	A ADD A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	N NON-INSTITUTIONAL
	AND THE PROVIDER TAXPAYER NUMBER	
	AND ZIP CODE (FIRST FIVE DIGITS) ARE THE SAME AS AN EXISTING RECORD ON THE PROVIDER FILE,	
	AND THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN 001	
	THEN THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER MUST MATCH AN EXISTING SUB-IDENTIFIER (WHICH ENDS IN '001') FOR THIS TAXPAYER NUMBER AND ZIP CODE (FIRST FIVE DIGITS) ON THE PROVIDER FILE. THIS LEADING ALPHA PREFIX MUST BE FOLLOWED BY THREE UNIQUE NUMERIC DIGITS	
	OR THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER ARE ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN '01'.	
	THEN THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER MUST MATCH AN EXISTING SUB-IDENTIFIER (WHICH ENDS IN '01') FOR THIS TAXPAYER NUMBER AND ZIP CODE ON THE PROVIDER FILE. THE ALPHA PREFIX MUST BE FOLLOWED BY TWO UNIQUE NUMERIC DIGITS.	
3-160-06R	IF TRANSACTION CODE =	I INACTIVATE A RECORD OR
		M MODIFY A RECORD
	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

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Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

ELEMENT NAME: TRANSACTION CODE (3-160) (Continued)

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 **ONE** OR **TWO** 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 -

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Chapter 2, Addendum A

Data Requirements - Country And/Or Islands Codes

REGION ¹	TRS REGION ⁴	TRICARE COUNTRY AND/OR ISLAND	CODE
15	22	Dominican Republic	DOM
15	22	Ecuador	ECU
13	20	Egypt	EGY
15	22	El Salvador	SLV
13	20	Equatorial Guinea	GNQ
13	20	Eritrea	ERI
13	20	Estonia	EST
13	20	Ethiopia	ETH
15	22	Falkland Islands (Malvinas)	FLK
13	20	Faroe Island	FRO
14	21	Fiji	FJI
13	20	Finland	FIN
13	20	France	FRA
15	22	French Guiana	GUF
14	21	French Polynesia	PYF
14	21	French Southern Territories	ATF
13	20	Gabon	GAB
13	20	Gambia	GMB
13	20	Georgia	GEO
13	20	Germany	DEU
13	20	Ghana	GHA
13	20	Gibraltar	GIB
13	20	Greece	GRC
13	20	Greenland	GRL
15	22	Grenada	GRD
15	22	Guadeloupe	GLP
14	21	Guam	GUM
15	22	Guatemala	GTM
13	20	Guernsey	GGY
13	20	Guinea	GIN
13	20	Guinea-Bissau (formerly Portuguese Guinea)	GNB
15	22	Guyana	GUY
15	22	Haiti	HTI
14	21	Heard Island and McDonald Islands	HMD

In accordance with HIPAA requirements, TRICARE utilizes the International Organization for Standardization (ISO) 3166 for country and island code determination. The ISO 3166 can also be used if more detailed information is required to assign territories and islands into these countries.

¹ OCONUS Region: Region 13 = Europe, Region 14 = Pacific, and Region 15 = Latin America.

² The TRICARE Southeast (Region 3)/Latin America & Canada (Region 15 and Region 22) Regional Director (RD) is responsible for health care support for beneficiaries residing in Canada (CA), as well as for beneficiaries residing in Puerto Rico and the Virgin Islands.

³ Edits 1-020-01 and 2-020-01 use this table to check validity.

⁴ OCONUS TRICARE Reserve Select Region: Region 20 = Europe, Region 21 = Pacific, and Region 22 = Latin America.

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Chapter 2, Addendum A

Data Requirements - Country And/Or Islands Codes

REGION ¹	TRS REGION ⁴	TRICARE COUNTRY AND/OR ISLAND	CODE
13	20	Holy See (formerly Vatican City State)	VAT
15	22	Honduras	HND
14	21	Hong Kong	HKG
13	20	Hungary	HUN
13	20	Iceland	ISL
14	21	India	IND
14	21	Indonesia	IDN
13	20	Iran, Islamic Republic of	IRN
13	20	Iraq	IRQ
13	20	Ireland	IRL
13	20	Isle of Man	IMN
13	20	Israel	ISR
13	20	Italy	ITA
15	22	Jamaica	JAM
14	21	Japan	JPN
13	20	Jersey	JEY
13	20	Jordan	JOR
13	20	Kazakhstan	KAZ
13	20	Kenya	KEN
14	21	Kiribati (formerly Gilbert Islands)	KIR
14	21	Korea, Democratic People's Republic of	PRK
14	21	Korea, Republic of	KOR
13	20	Kuwait	KWT
13	20	Kyrgyzstan	KGZ
14	21	Lao People's Democratic Republic	LAO
13	20	Latvia	LVA
13	20	Lebanon	LBN
13	20	Lesotho	LSO
13	20	Liberia	LBR
13	20	Libyan Arab Jamahiriya	LBY
13	20	Liechtenstein	LIE
13	20	Lithuania	LTU
13	20	Luxembourg	LUX
14	21	Macao	MAC

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³ Edits 1-020-01 and 2-020-01 use this table to check validity.

⁴ OCONUS TRICARE Reserve Select Region: Region 20 = Europe, Region 21 = Pacific, and Region 22 = Latin America.

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Chapter 2, Addendum A

Data Requirements - Country And/Or Islands Codes

REGION ¹	TRS REGION ⁴	TRICARE COUNTRY AND/OR ISLAND	CODE
13	20	Macedonia, the Former Yugoslav Republic of	MKD
14	21	Madagascar	MDG
13	20	Malawi	MWI
14	21	Malaysia	MYS
14	21	Maldives	MDV
13	22	Mali	MLI
13	20	Malta	MLT
14	21	Marshall Islands	MHL
15	22	Martinique	MTQ
13	20	Mauritania	MRT
14	21	Mauritius	MUS
14	21	Mayotte	MYT
15	22	Mexico	MEX
14	21	Micronesia, Federated States of	FSM
13	20	Moldova, Republic of	MDA
13	20	Monaco	MCO
14	21	Mongolia	MNG
13	20	Montenegro	MNE
15	22	Montserrat	MSR
13	20	Morocco	MAR
13	20	Mozambique	MOZ
14	21	Myanmar (formerly Burma)	MMR
13	20	Namibia	NAM
14	21	Nauru	NRU
14	21	Nepal	NPL
13	20	Netherlands	NLD
15	22	Netherlands Antilles	ANT
14	21	New Caledonia	NCL
14	21	New Zealand	NZL
15	22	Nicaragua	NIC
13	20	Niger	NER
13	20	Nigeria	NGA
14	21	Niue	NIU
14	21	Norfolk Island	NFK

In accordance with HIPAA requirements, TRICARE utilizes the International Organization for Standardization (ISO) 3166 for country and island code determination. The ISO 3166 can also be used if more detailed information is required to assign territories and islands into these countries.

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² The TRICARE Southeast (Region 3)/Latin America & Canada (Region 15 and Region 22) Regional Director (RD) is responsible for health care support for beneficiaries residing in Canada (CA), as well as for beneficiaries residing in Puerto Rico and the Virgin Islands.

³ Edits 1-020-01 and 2-020-01 use this table to check validity.

⁴ OCONUS TRICARE Reserve Select Region: Region 20 = Europe, Region 21 = Pacific, and Region 22 = Latin America.

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Chapter 2, Addendum A

Data Requirements - Country And/Or Islands Codes

REGION ¹	TRS REGION ⁴	TRICARE COUNTRY AND/OR ISLAND	CODE
14	21	Northern Mariana Islands	MNP
13	20	Norway	NOR
13	20	Oman (formerly Muscat and Oman)	OMN
13	20	Pakistan	PAK
14	21	Palau	PLW
13	20	Palestinian Territory, Occupied	PSE
15	22	Panama	PAN
14	21	Papua New Guinea	PNG
15	22	Paraguay	PRY
15	22	Peru	PER
14	21	Philippines	PHL
14	21	Pitcairn	PCN
13	20	Poland	POL
13	20	Portugal	PRT
15	22	Puerto Rico ²	PRI
13	20	Qatar	QAT
14	21	Reunion	REU
13	20	Romania	ROU
13	20	Russian Federation	RUS
13	20	Rwanda	RWA
13	20	Saint Helena	SHN
14	21	Saint Kitts and Nevis	KNA
15	22	Saint Lucia	LCA
13	20	Saint Pierre and Miquelon	SPM
15	22	Saint Vincent and the Grenadines	VCT
15	22	Samoa	WSM
13	20	San Marino	SMR
13	20	Sao Tome and Principe	STP
13	20	Saudi Arabia	SAU
13	20	Senegal	SEN
13	20	Serbia	SRB
13	20	Serbia and Montenegro (formerly Yugoslavia)	SCG
13	20	Seychelles	SYC
13	20	Sierra Leone	SLE

In accordance with HIPAA requirements, TRICARE utilizes the International Organization for Standardization (ISO) 3166 for country and island code determination. The ISO 3166 can also be used if more detailed information is required to assign territories and islands into these countries.

¹ OCONUS Region: Region 13 = Europe, Region 14 = Pacific, and Region 15 = Latin America.

² The TRICARE Southeast (Region 3)/Latin America & Canada (Region 15 and Region 22) Regional Director (RD) is responsible for health care support for beneficiaries residing in Canada (CA), as well as for beneficiaries residing in Puerto Rico and the Virgin Islands.

³ Edits 1-020-01 and 2-020-01 use this table to check validity.

⁴ OCONUS TRICARE Reserve Select Region: Region 20 = Europe, Region 21 = Pacific, and Region 22 = Latin America.

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Chapter 2, Addendum A

Data Requirements - Country And/Or Islands Codes

REGION ¹	TRS REGION ⁴	TRICARE COUNTRY AND/OR ISLAND	CODE
14	21	Singapore	SGP
13	20	Slovakia	SVK
13	20	Slovenia	SVN
14	21	Solomon Islands (formerly British Solomon Islands)	SLB
13	20	Somalia	SOM
13	20	South Africa	ZAF
15	22	South Georgia and the South Sandwich Islands	SGS
13	20	Spain	ESP
14	21	Sri Lanka (formerly Ceylon)	LKA
13	20	Sudan	SDN
15	22	Suriname	SUR
13	20	Svalbard and Jan Mayen	SJM
13	20	Swaziland	SWZ
13	20	Sweden	SWE
13	20	Switzerland	CHE
13	20	Syrian Arab Republic	SYR
14	21	Taiwan, Province of China	TWN
13	20	Tajikistan	TJK
13	20	Tanzania, United Republic of	TZA
14	21	Thailand	THA
14	21	Timor-Leste, Democratic Republic of	TLS
13	20	Togo	TGO
14	21	Tokelau	TKL
14	21	Tonga	TON
15	22	Trinidad and Tobago	TTO
13	20	Tunisia	TUN
13	20	Turkey	TUR
13	20	Turkmenistan	TKM
15	22	Turks and Caicos Islands	TCA
14	21	Tuvalu	TUV
13	20	Uganda	UGA
13	20	Ukraine	UKR
13	20	United Arab Emirates (formerly Trucial States)	ARE
13	20	United Kingdom	GBR

In accordance with HIPAA requirements, TRICARE utilizes the International Organization for Standardization (ISO) 3166 for country and island code determination. The ISO 3166 can also be used if more detailed information is required to assign territories and islands into these countries.

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Data Requirements - Country And/Or Islands Codes

REGION ¹	TRS REGION ⁴	TRICARE COUNTRY AND/OR ISLAND	CODE
15	22	Uruguay	URY
13	20	Uzbekistan	UZB
14	21	Vanuatu (formerly New Hebrides)	VUT
15	22	Venezuela	VEN
14	21	Viet Nam	VNM
15	22	Virgin Islands, British	VGB
15	22	Virgin Islands, U.S. ²	VIR
14	21	Wallis and Futuna	WLF
13	20	Western Sahara (formerly Spanish Sahara)	ESH
13	20	Yemen	YEM
13	20	Zambia	ZMB
13	20	Zimbabwe (formerly Southern Rhodesia)	ZWE

In accordance with HIPAA requirements, TRICARE utilizes the International Organization for Standardization (ISO) 3166 for country and island code determination. The ISO 3166 can also be used if more detailed information is required to assign territories and islands into these countries.

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³ Edits 1-020-01 and 2-020-01 use this table to check validity.

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- END -

Data Requirements - Contract Area Of Responsibility

FIGURE 2.I-1 CONTRACT AREAS OF RESPONSIBILITY AWARDED PRIOR TO TBD¹

STATE/CONTRACT	PROVIDER STATE OR COUNTRY CODE	REGION	CONTRACTOR NUMBER
Alabama	AL	South	63
Alaska	AK	West	62
Arizona	AZ	West	62
Arkansas	AR	South	63
California	CA	West	62
Colorado	CO	West	62
Connecticut	CT	North	64
Delaware	DE	North	64
District Of Columbia	DC	North	64
Florida	FL	South	63
Georgia	GA	South	63
Hawaii	HI	West	62
Idaho	ID	West	62
Illinois	IL	North	64
Indiana	IN	North	64
Iowa ²	IA	West/North	62/64
Kansas	KS	West	62
Kentucky	KY	North	64
Louisiana	LA	South	63
Maine	ME	North	64
Maryland	MD	North	64
Massachusetts	MA	North	64
Michigan	MI	North	64
Minnesota	MN	West	62
Mississippi	MS	South	63
Missouri ²	MO	West/North	62/64
Montana	MT	West	62
Nebraska	NE	West	62
Nevada	NV	West	62
New Hampshire	NH	North	64
New Jersey	NJ	North	64

¹ Beneficiaries residing in these geographic areas.

² States that are shared with more than one contract.

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Chapter 2, Addendum I

Data Requirements - Contract Area Of Responsibility

**FIGURE 2.I-1 CONTRACT AREAS OF RESPONSIBILITY AWARDED PRIOR TO TBD¹
(CONTINUED)**

STATE/CONTRACT	PROVIDER STATE OR COUNTRY CODE	REGION	CONTRACTOR NUMBER
New Mexico	NM	West	62
New York	NY	North	64
North Carolina	NC	North	64
North Dakota	ND	West	62
Ohio	OH	North	64
Oklahoma	OK	South	63
Oregon	OR	West	62
Pennsylvania	PA	North	64
Retail Pharmacy	National	National	61
Rhode Island	RI	North	64
South Carolina	SC	South	63
South Dakota	SD	West	62
Tennessee ²	TN	South/North	63/64
Texas ²	TX	West/South	62/63
TRICARE Mail Order Pharmacy (TMOP)	National	National	02
TRICARE Dual Eligible Fiscal Intermediary (TDEFIC) (Contract awarded prior to 08/2007)	National	National	65
TRICARE Dual Eligible Fiscal Intermediary (TDEFIC) (Contract award 08/03/2007)	National	National	71
Utah	UT	West	62
Vermont	VT	North	64
Virginia	VA	North	64
Washington	WA	West	62
West Virginia	WV	North	64
Wisconsin	WI	North	64
Wyoming	WY	West	62

¹ Beneficiaries residing in these geographic areas.

² States that are shared with more than one contract.

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Chapter 2, Addendum I

Data Requirements - Contract Area Of Responsibility

FIGURE 2.I-2 CONTRACT AREAS OF RESPONSIBILITY AWARDED AFTER TBD¹

STATE/CONTRACT	PROVIDER STATE OR COUNTRY CODE	REGION	CONTRACTOR NUMBER
Alabama	AL	South	17
Alaska	AK	West	18
Arizona	AZ	West	18
Arkansas	AR	South	17
California	CA	West	18
Colorado	CO	West	18
Connecticut	CT	North	16
Delaware	DE	North	16
District Of Columbia	DC	North	16
Florida	FL	South	17
Georgia	GA	South	17
Hawaii	HI	West	18
Idaho	ID	West	18
Illinois	IL	North	16
Indiana	IN	North	16
Iowa ²	IA	North/West	16/18
Kansas	KS	West	18
Kentucky	KY	North/South	16/17
Louisiana	LA	South	17
Maine	ME	North	16
Maryland	MD	North	16
Massachusetts	MA	North	16
Michigan	MI	North	16
Minnesota	MN	West	18
Mississippi	MS	South	17
Missouri ²	MO	North/West	16/18
Montana	MT	West	18
Nebraska	NE	West	18
Nevada	NV	West	18
New Hampshire	NH	North	16
New Jersey	NJ	North	16
New Mexico	NM	West	18
New York	NY	North	16
North Carolina	NC	North	16
North Dakota	ND	West	18
Ohio	OH	North	16
Oklahoma	OK	South	17

¹ Beneficiaries residing in these geographic areas.

² States that are shared with more than one contract.

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Chapter 2, Addendum I

Data Requirements - Contract Area Of Responsibility

**FIGURE 2.I-2 CONTRACT AREAS OF RESPONSIBILITY AWARDED AFTER TBD¹
(CONTINUED)**

STATE/CONTRACT	PROVIDER STATE OR COUNTRY CODE	REGION	CONTRACTOR NUMBER
Oregon	OR	West	18
Overseas	Refer to Addendum A		15
Pennsylvania	PA	North	16
TPharm	National	National	70
Rhode Island	RI	North	16
South Carolina	SC	South	17
South Dakota	SD	West	18
Tennessee ²	TN	South	17
Texas ²	TX	South/West	17/18
TRICARE Dual Eligible Fiscal Intermediary (TDEFIC)	National	National	71
Utah	UT	West	18
Vermont	VT	North	16
Virginia	VA	North	16
Washington	WA	West	18
West Virginia	WV	North	16
Wisconsin	WI	North	16
Wyoming	WY	West	18

¹ Beneficiaries residing in these geographic areas.

² States that are shared with more than one contract.

- END -

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Chapter 3, Section 1.4

DEERS Functions

the initial loss of eligibility, DEERS terminates the enrollment. Upon receipt of the notice of reinstatement, DEERS reinstates the eligibility and enrollment as long as there are no gaps in eligibility. DEERS will reinstate eligibility and enrollments only if DEERS receives new personnel information reinstating eligibility within 90 days of the initial loss of eligibility and only if the plan does not require fee payment.

1.2.6.3 Disenrollment - Voluntary

An enrollee may choose to terminate his or her current enrollment prior to the end date, or choose not to re-enroll into the current coverage plan. This transaction is performed in DOES. DEERS then terminates the enrolled coverage plan for the beneficiary and reverts to the DEERS assigned coverage, starting on the day after the termination of the enrollment. If additional systems need notification of the disenrollment, DEERS sends disenrollment notifications as necessary, notifying them of the termination of coverage benefits.

1.2.6.4 Disenrollment - Involuntary

The enrollee may fail to pay enrollment fees. In this case, the enrolling organization performs a disenrollment with a reason code of "failure to pay fees". Individuals who are waived from paying enrollment fees are not disenrolled because of this exemption from enrollment fee payments. Disenrollment for failure to pay fees is either performed in DOES or through a batch 'disenrollment for failure to pay fees' system to system interaction.

Prior to processing a disenrollment with a reason of "non-payment of fees", the contractor must reconcile their fee payment system against the fee totals in DEERS. Once the contractor confirms that payment amounts match, the disenrollment may be entered in DOES or through the failure to pay fees interface.

When there is a disenrollment, the appropriate systems are notified, as necessary. The following table lists the functions and applications that allow each action:

	DOES	BWE	FEE INTERFACE	PCM PANEL REASSIGNMENT	DEERS (UNSOLICITED)
Enrollment	X	X			
Enrollment Cancellation	X	X (if pending)			
Disenrollment	X	X	X (failure to pay fees only)		X
Disenrollment Cancellation	X				
PCM Change	X	X		X	
PCM Cancellation	X	X (if pending)			
PCM Panel Reassignment				X	
Modify Enrollment Begin Date	X				X
Modify Prior Enrollment End Date	X				X

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Chapter 3, Section 1.4

DEERS Functions

	DOES	BWE	FEE INTERFACE	PCM PANEL REASSIGNMENT	DEERS (UNSOLICITED)
Modify Prior Enrollment End Reason	X				X
Modify PCM Effective Date	X				
Transfer	X	X			
Transfer Cancellation	X	X			X (if loss of eligibility before transfer)
Apply Enrollment Fee/ TRICARE Reserve Select (TRS) Premium	X	X (initial)	X		

1.2.7 Modification Of Enrollment

Whenever there is a modification to an enrollment, the appropriate systems are notified, as necessary.

1.2.7.1 PCM Change And Cancellation

PCM reassignments occur when the enrollee changes regions or desires to change PCM's within the region or MTF. An enrollee changes PCMs by completing a PCM change request form and submitting the change request to the contractor, which makes the change via DOES. Only the current enrolling organization may change the PCM selection. A PCM change can be made only on the latest PCM segment. DEERS then terminates the previous PCM with an end date, which will be the day before the begin date for the new PCM. Upon change of PCM, DEERS will notify the enrollee of the new PCM information, as well as sending notifications to the appropriate MTFs and contractors.

DOES will allow PCM's with available capacities to be assigned as new PCM's. If a contractor is canceling a PCM assignment, DOES will permit reinstatement of a PCM whose capacity has been reached.

1.2.7.2 PCM Panel Reassignment

PCM Panel Reassignment Application (PCMRA) allows the user to select all or part of a PCM's panel for reassignment to other PCMs. PCM reassignments are processed periodically by DEERS. DEERS will decrement and increment PCM capacities when processing panel reassignments, but will not prevent the reassignment if the selected gaining PCM does not have available capacity. As part of the moves, DEERS sends notifications to the appropriate systems. Note that PCM change letters may be suppressed during a panel reassignment, but the suppression must apply to the entire transaction.

1.2.7.2.1 DC Care PCM Panel Reassignment

All PCM changes for DC PCMs must be performed by the MCSC. The MTF will set up the panel reassignments using PCMRA. The contractor shall complete the required moves using PCMRA within **three** business days of submission.

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
AGR	Active Guard/Reserve
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

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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Appendix A

Acronyms And Abbreviations

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
PRPP	Pharmacy Redesign Pilot Project
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

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Appendix A

Acronyms And Abbreviations

QI	Quality Improvement Quality Issue
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

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Appendix A

Acronyms And Abbreviations

SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
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)

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Appendix A

Acronyms And Abbreviations

SPOC	Service Point of Contact
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

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Appendix A

Acronyms And Abbreviations

TFL	TRICARE For Life
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

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Appendix A

Acronyms And Abbreviations

TRPB	TRICARE Retail Pharmacy Benefits
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

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Appendix A

Acronyms And Abbreviations

USFHP	Uniformed Services Family Health Plan
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 Thorascopic 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

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