



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 20
7950.2-M
AUGUST 25, 2010

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM), FEBRUARY 2008**

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

CHANGE TITLE: TRICARE RESERVE SELECT (TRS) UPDATE

CONREQ: 15019

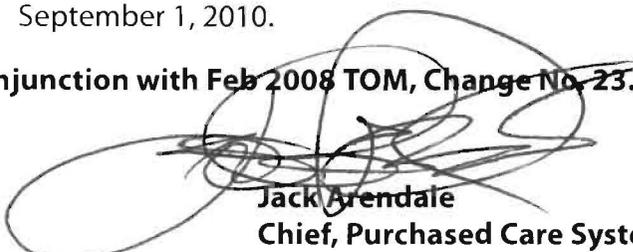
PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change updates existing procedures and policies related to the TRS health plan. 1) Following Office of General Counsel (OGC) review, it was determined that being eligible to enroll in a health benefits plan under Chapter 89 of the Title 5 USC, the Federal Employees Health Benefit Program (FEHBP) is NOT an exclusionary criteria for TRS members' survivors. 2) A second change is related to the timing of TRS coverage purchase following the termination of coverage under another TRICARE program. 3) Contractors will be directed to pend claims associated with a TRS member's newborn/adoptee for 60 days, or until the child is added to the TRS policy/plan. 4) The impact of the final proposed change is to not immediately disqualify and terminate coverage for TRS members who become eligible for FEHBP. Instead, such members will be allowed to continue their TRS coverage for a period of up to 45 days, allowing them time to transfer/change their coverage as they see fit.

EFFECTIVE DATE: October 1, 2010.

IMPLEMENTATION DATE: September 1, 2010.

This change is made in conjunction with Feb 2008 TOM, Change No. 23.



Jack Arendale
Chief, Purchased Care Systems
Integration Branch

ATTACHMENT(S): 19 PAGES

DISTRIBUTION: 7950.2-M

CHANGE 20
7950.2-M
AUGUST 25, 2010

REMOVE PAGE(S)

CHAPTER 2

Section 5.2, pages 17 - 28

Section 6.4, pages 13 - 21

INSERT PAGE(S)

Section 5.2, pages 17 - 27

Section 6.4, pages 13 - 20

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Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: CA/NAS NUMBER (1-170) (Continued)			
THEN BYPASS ALL CA/NAS NUMBER EDITING			
NO ERROR	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
THEN BYPASS ALL CA/NAS NUMBER EDITING			
NO ERROR	IF ANY OCCURRENCE OF ADJUSTMENT/ DENIAL REASON CODE =	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
		26	EXPENSES INCURRED PRIOR TO COVERAGE OR
		27	EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
		30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
		31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
		32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
		33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
		34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
		62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
THEN BYPASS ALL CA/NAS NUMBER EDITING			
NO ERROR	IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO		
THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS NUMBER EDITING.			
1-170-02R	IF CA/NAS EXCEPTION REASON IS NOT BLANK		
THEN CA/NAS NUMBER MUST = BLANK			
1-170-03R	IF CA/NAS EXCEPTION REASON = BLANK		
AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316 (MENTAL HEALTH)			
AND PATIENT ZIP CODE IS IN AN MTF ² CATCHMENT AREA ¹			
THEN CA/NAS NUMBER MUST BE CODED			
	UNLESS ANY OCCURRENCE OF OVERRIDE CODE =	C	GOOD FAITH PAYMENT
1-170-04R	IF CA/NAS NUMBER IS CODED		
THEN CA/NAS EXCEPTION REASON MUST = BLANK			
¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.			
² MTF IS A 40 MILES CATCHMENT AREA.			

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Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: CA/NAS REASON FOR ISSUANCE (1-175)

VALIDITY EDITS

1-175-01V VALUE MUST BE A VALID CA/NAS REASON OF ISSUANCE.

RELATIONAL EDITS

1-175-02R IF CA/NAS NUMBER IS BLANK

THEN CA/NAS REASON FOR ISSUANCE MUST = BLANK.

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Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: CA/NAS EXCEPTION REASON (1-180)

VALIDITY EDITS

1-180-01V VALUE MUST BE A VALID CA/NAS EXCEPTION REASON CODE OR BLANK (REFER TO [SECTION 2.4](#)).

RELATIONAL EDITS

NO ERROR IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION **OR**
D COMPLETE DENIAL

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR IF ADMISSION DATE IS OLDER THAN 6 YEARS

THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**

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 - **CCEP** **OR**

PF ECHO **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 **OR**

SC SHCP - NON-TRICARE ELIGIBLE **OR**

SE SHCP - TRICARE ELIGIBLE **OR**

SM SHCP - EMERGENCY **OR**

ST SPECIALIZED TREATMENT **OR**

WR MENTAL HEALTH WRAP AROUND

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING

NO ERROR IF ENROLLMENT/HEALTH PLAN CODE = U TRICARE PRIME, CIVILIAN PCM **OR**

W TPR ADSM - USA **OR**

X FOREIGN ADSM **OR**

Y CHCBP - STANDARD **OR**

Z TRICARE PRIME, MTF/PCM **OR**

AA CHCBP - EXTRA **OR**

BB TSP **OR**

FE TFL - EXTRA **OR**

FS TFL - STANDARD **OR**

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

SR SHCP - REFERRED CARE **OR**

WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

² MTF IS A 40 MILES CATCHMENT AREA.

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Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: CA/NAS EXCEPTION REASON (1-180) (Continued)

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING

NO ERROR IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING

NO ERROR IF ANY OCCURRENCE OF ADJUSTMENT/
DENIAL REASON CODE =

	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
	26	EXPENSES INCURRED PRIOR TO COVERAGE OR
	27	EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
	31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
	32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
	33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
	34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING

NO ERROR IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO

THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

1-180-03R IF PATIENT ZIP CODE IS IN AN MTF² CATCHMENT AREA¹

AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316 (MENTAL HEALTH)

AND CA/NAS NUMBER IS **NOT** CODED

THEN CA/NAS EXCEPTION REASON MUST BE CODED

1-180-07R IF CA/NAS EXCEPTION REASON = 5 RTC

AND PATIENT ZIP CODE IS IN AN MTF² CATCHMENT AREA¹

THEN TYPE OF INSTITUTION = 72 RTC

1-180-08R IF CA/NAS EXCEPTION REASON = S HHA PPS

THEN TYPE OF INSTITUTION MUST = 70 HHA

AND ONE OCCURRENCE OF REVENUE CODE MUST = 0023 HHA PPS

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

² MTF IS A 40 MILES CATCHMENT AREA.

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Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: SPECIAL PROCESSING CODE (1-185)

VALIDITY EDITS

1-185-01V OCCURRENCE NUMBER 1--MUST BE A VALID SPECIAL PROCESSING CODE (REFER TO [SECTION 2.8](#)).

1-185-02V OCCURRENCE NUMBER 2--MUST BE A VALID SPECIAL PROCESSING CODE (REFER TO [SECTION 2.8](#)).

1-185-03V OCCURRENCE NUMBER 3--MUST BE A VALID SPECIAL PROCESSING CODE (REFER TO [SECTION 2.8](#)).

1-185-04V OCCURRENCE NUMBER 4--MUST BE A VALID SPECIAL PROCESSING CODE (REFER TO [SECTION 2.8](#)).

1-185-05V A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

1-185-06V SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.

1-185-07V IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AN SHCP - NON-MTF-REFERRED CARE **OR**

AR SHCP - REFERRED CARE

THEN BEGIN DATE OF CARE MUST BE < 06/01/2004

1-185-08V IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM

THEN BEGIN DATE OF CARE MUST BE < 09/01/2002

1-185-10V IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = MN TSP - NON-NETWORK **OR**

MS TSP - NETWORK

THEN BEGIN DATE OF CARE MUST BE < 12/31/2001

1-185-11V IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = SN TSS - NON-NETWORK **OR**

SS TSS - NETWORK

THEN BEGIN DATE OF CARE MUST BE < 12/31/2002

1-185-14V IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = ST SPECIALIZED TREATMENT

THEN BEGIN DATE OF CARE MUST BE < 10/01/2004

RELATIONAL EDITS

1-185-08R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PO TRICARE PRIME - POS

THEN ENROLLMENT/HEALTH PLAN CODE MUST = U TRICARE PRIME (CIVILIAN PCM) **OR**

Z TRICARE PRIME, MTF/PCM **OR**

WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM **OR**

XF FOREIGN ADFM

1-185-14R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AN SHCP - NON-MTF-REFERRED CARE **OR**

AR SHCP - REFERRED CARE **OR**

CE SHCP - CCEP **OR**

SC SHCP - NON-TRICARE ELIGIBLE **OR**

SE SHCP - TRICARE ELIGIBLE **OR**

SM SHCP - EMERGENCY

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

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Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: SPECIAL PROCESSING CODE (1-185) (Continued)

THEN ENROLLMENT/HEALTH PLAN CODE MUST =		SR	SHCP - REFERRED CARE OR
		SN	SHCP - NON-MTF REFERRED CARE OR
		SO	SHCP - NON-TRICARE ELIGIBLE OR
		ST	SHCP - TRICARE ELIGIBLE
1-185-32R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	E	HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP)
THEN BEGIN DATE OF CARE IS ≥ 03/15/1999			
AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		CM	ICMP
1-185-34R	<ul style="list-style-type: none"> TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001. IF BEGIN DATE OF CARE IS < 10/01/2001, THE LINE ITEMS MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT. 		
IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =		FF	TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) OR
		FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) OR
		FS	TFL (SECOND PAYOR)
AND TYPE OF INSTITUTION ≠		10	GENERAL MEDICAL AND SURGICAL
THEN BEGIN DATE OF CARE MUST BE ≥ 10/01/2001			
AND ENROLLMENT/HEALTH PLAN CODE MUST =		FE	TFL - EXTRA OR
		FS	TFL - STANDARD
ELSE IF BEGIN DATE OF CARE IS < 10/01/2001			
THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAILED LINE ITEM (EXCEPT LINE CONTAINING REVENUE CODE 0001) MUST =		15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
		26	EXPENSES INCURRED PRIOR TO COVERAGE OR
		27	EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
		30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
		31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
		32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
		33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR

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

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Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: SPECIAL PROCESSING CODE (1-185) (Continued)

	34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
1-185-35R		<ul style="list-style-type: none"> • TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001 UNLESS THE BENEFICIARY IS AN INPATIENT AND THE ADMISSION DATE WAS PRIOR TO 10/01/2001, TFL WILL PAY FOR THE ENTIRE HOSPITAL STAY.
IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FF	TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) OR
	FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, I.E., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) OR
	FS	TFL (SECOND PAYOR)
AND TYPE OF INSTITUTION =	10	GENERAL MEDICAL AND SURGICAL
THEN END DATE OF CARE MUST BE ≥ 10/01/2001		
AND ENROLLMENT/HEALTH PLAN CODE MUST =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
1-185-39R		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
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR

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

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Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: SPECIAL PROCESSING CODE (1-185) (Continued)

		418	TRR MEMBER-ONLY COVERAGE OR
		419	TRR MEMBER AND FAMILY COVERAGE OR
		420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
		421	TRR SURVIVOR FAMILY COVERAGE
1-185-49R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AU	AUTISM DEMONSTRATION
	THEN BEGIN DATE OF CARE MUST BE \geq 03/15/2008		
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	PF	ECHO
	AND PATIENT AGE ¹ MUST BE \geq 18 MONTHS		
1-185-50R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	49	HOSPITAL REIMBURSEMENT REDUCED BY MANUFACTURER CREDIT/REPLACEMENT OF DEVICE DURING WARRANTY PERIOD OR
		50	HOSPITAL REIMBURSEMENT REDUCED BY MANUFACTURER CREDIT/RECALLED DEVICE
	THEN DRG NUMBER MUST EQUAL A DRG SUBJECT TO THE REPLACEMENT DEVICE POLICY POSTED ON TRICARE'S DRG WEB PAGE AT HTTP://WWW.TRICARE.MIL/DRGRATES/ .		
	AND DATE OF ADMISSION MUST BE \geq THE DRG EFFECTIVE DATE AND \leq THE DRG TERMINATION DATE AS PER THE REPLACEMENT DEVICE POLICY POSTED ON TRICARE'S DRG WEB PAGE AT HTTP://WWW.TRICARE.MIL/DRGRATES/ .		

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

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE (1-186)

VALIDITY EDITS

1-186-01V MUST BE A VALID HCDP SPECIAL ENTITLEMENT CODE (REFER TO [SECTION 2.5](#)).

RELATIONAL EDITS

NONE

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Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PRICING RATE CODE (1-190)

VALIDITY EDITS

1-190-01V VALUE MUST BE A VALID INSTITUTIONAL PRICING RATE CODE.

RELATIONAL EDITS

1-190-01R	IF FILING STATE/COUNTRY CODE =	MD	MARYLAND
	THEN PRICING RATE CODE MUST ≠	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER
1-190-02R	IF DRG NUMBER IS CODED (OTHER THAN ZERO)		
	THEN PRICING RATE CODE MUST =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER OR
		U	SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR
		V	MEDICARE REIMBURSEMENT RATE
1-190-03R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	THEN PRICING RATE CODE MUST =	D	DISCOUNT RATE AGREEMENT OR
		P	PER DIEM RATE AGREEMENT OR
		U	SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR
		V	MEDICARE REIMBURSEMENT RATE
	UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	OR AMOUNT ALLOWED (TOTAL) = ZERO		
1-190-04R	IF PRICING RATE CODE =	V	MEDICARE REIMBURSEMENT RATE
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR
		FS	TFL (SECOND PAYOR) OR
		MN	TSP - NON-NETWORK OR
		MS	TSP - NETWORK
	OR TYPE OF INSTITUTION =	70	HHA OR
		76	SNF
1-190-05R	IF PRICING RATE CODE =	U	SHCP CLAIM OR ACTIVE DUTY MEMBER TPR CLAIM PAID OUTSIDE NORMAL LIMITS
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-MTF-REFERRED CARE OR
		AR	SHCP - REFERRED CARE OR
		CE	SHCP - CCEP OR

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Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PRICING RATE CODE (1-190) (Continued)		
	GU	ADSM ENROLLED IN TPR OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF-REFERRED CARE OR
	SR	SHCP - REFERRED CARE
1-190-06R IF ANY OCCURRENCE OF REVENUE CODE =	0022	SNF - PPS
THEN PRICING RATE CODE MUST =	D	DISCOUNT RATE AGREEMENT OR
	V	MEDICARE REIMBURSEMENT RATE
UNLESS AMOUNT ALLOWED (TOTAL) = ZERO		
1-190-07R IF ANY OCCURRENCE OF REVENUE CODE =	0023	HHA PPS
THEN PRICING RATE CODE MUST =	D	DISCOUNT RATE AGREEMENT OR
	V	MEDICARE REIMBURSEMENT RATE
UNLESS AMOUNT ALLOWED (TOTAL) = ZERO		
1-190-08R IF PRICING RATE CODE =	CA	CAH REIMBURSEMENT
THEN ADMISSION DATE MUST BE ≥ 12/01/2009		
UNLESS PROVIDER STATE OR COUNTRY CODE =	AK	ALASKA
THEN ADMISSION DATE MUST BE ≥ 07/01/2007		

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Institutional Edit Requirements (ELN 100 - 199)

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

VALIDITY EDITS

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

RELATIONAL EDITS

1-195-01R PROVIDER STATE/COUNTRY CODE MUST MATCH THE CORRESPONDING RECORD¹ IN THE PROVIDER FILE.

UNLESS AMOUNT ALLOWED (TOTAL) ≤ ZERO

OR ADJUSTMENT/DENIAL REASON
CODE =

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

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

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

OR ANY OCCURRENCE OF SPECIAL
PROCESSING CODE =

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

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

FS TFL (SECOND PAYOR) **OR**

RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST
PAYOR - NO TRICARE PROVIDER CERTIFICATION, i.e.,
MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND
BEGIN DATE OF CARE ≥ 10/01/2001

THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE

¹ "CORRESPONDING RECORD" ON PROVIDER FILE IS BASED ON INSTITUTIONAL TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, AND TYPE OF INSTITUTION. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (1-200-02R).

- END -

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Chapter 2, Section 6.4

Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310)

VALIDITY EDITS

2-310-01V IF CA/NAS NUMBER IS NOT BLANK **THEN** MUST BE 1 TO 11 **OR** 1 TO 15 ALPHANUMERIC CHARACTERS.

RELATIONAL EDITS

NO ERROR IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION **OR**
D COMPLETE DENIAL

THEN BYPASS ALL CA/NAS NUMBER RELATIONAL EDITING.

NO ERROR IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS
THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

R	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
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 - CCEP OR
PF	ECHO
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 OR
SC	SHCP - NON-TRICARE ELIGIBLE OR
SE	SHCP - TRICARE ELIGIBLE OR
SM	SHCP - EMERGENCY OR
ST	SPECIALIZED TREATMENT OR
WR	MENTAL HEALTH WRAP AROUND

THEN BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR IF ENROLLMENT/HEALTH PLAN CODE =

U	TRICARE PRIME, CIVILIAN PCM OR
W	TPR ADSM - USA OR
X	FOREIGN ADSM OR
Y	CHCBP - STANDARD OR
Z	TRICARE PRIME, MTF/PCM OR
AA	CHCBP - EXTRA OR
BB	TSP OR
FE	TFL - EXTRA OR
FS	TFL - STANDARD OR
PS	TSRx OR
SN	SHCP - NON-MTF-REFERRED CARE OR
SR	SHCP - REFERRED CARE OR
WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310) (Continued)

THEN BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER

THEN BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR IF ANY OCCURRENCE OF ADJUSTMENT/
DENIAL REASON CODE FOR THAT DETAIL
OCCURRENCE =

	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
	26	EXPENSES INCURRED PRIOR TO COVERAGE OR
	27	EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
	31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
	32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
	33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
	34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE

THEN BYPASS ALL CA/NAS NUMBER EDITING

NO ERROR IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO

THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS NUMBER EDITING.

2-310-02R IF CA/NAS EXCEPTION REASON ≠ BLANK

THEN CA/NAS NUMBER MUST = BLANK

2-310-03R • MENTAL HEALTH CHECK

IF CA/NAS EXCEPTION REASON = BLANK

AND TYPE OF SERVICE (FIRST POSITION) = I INPATIENT

AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316

AND PATIENT ZIP CODE IS IN AN MTF CATCHMENT AREA¹

THEN CA/NAS NUMBER MUST BE CODED

UNLESS ANY OCCURRENCE OF OVERRIDE CODE = C GOOD FAITH PAYMENT

THEN CA/NAS NUMBER MUST = BLANK

2-310-04R IF CA/NAS NUMBER IS CODED

THEN CA/NAS EXCEPTION REASON MUST = BLANK

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: CA/NAS REASON FOR ISSUANCE (2-315)

VALIDITY EDITS

2-315-01V VALUE MUST A VALID CA/NAS REASON FOR ISSUANCE.

RELATIONAL EDITS

2-315-02R IF CA/NAS NUMBER = BLANK

THEN CA/NAS REASON FOR ISSUANCE MUST = BLANK.

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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320)		
VALIDITY EDITS		
2-320-01V	VALUE MUST BE A VALID CA/NAS EXCEPTION REASON.	
RELATIONAL EDITS		
NO ERROR	IF TYPE OF SUBMISSION =	C COMPLETE CANCELLATION OR D COMPLETE DENIAL
THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.		
NO ERROR	IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS	
THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA		
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR AN SHCP - NON-MTF-REFERRED CARE OR AR SHCP - REFERRED CARE OR CE SHCP - CCEP OR PF ECHO 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 OR SC SHCP - NON-TRICARE ELIGIBLE OR SE SHCP - TRICARE ELIGIBLE OR SM SHCP - EMERGENCY OR ST SPECIALIZED TREATMENT OR WR MENTAL HEALTH WRAP AROUND
THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.		
NO ERROR	IF ENROLLMENT/HEALTH PLAN CODE =	U TRICARE PRIME, CIVILIAN PCM OR W TPR ADSM - USA OR X FOREIGN ADSM OR Y CHCBP - STANDARD OR Z TRICARE PRIME, MTF/PCM OR AA CHCBP - EXTRA OR BB TSP OR FE TFL - EXTRA OR FS TFL - STANDARD OR PS TSRx OR SN SHCP - NON-MTF-REFERRED CARE OR SR SHCP - REFERRED CARE OR WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM

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Chapter 2, Section 6.4

Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320) (Continued)

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR IF ANY OCCURRENCE OF ADJUSTMENT/
DENIAL REASON CODE FOR THAT DETAIL
OCCURRENCE =

- 15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER **OR**
- 26 EXPENSES INCURRED PRIOR TO COVERAGE **OR**
- 27 EXPENSES INCURRED AFTER COVERAGE TERMINATED **OR**
- 30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS **OR**
- 31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED **OR**
- 32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED **OR**
- 33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE **OR**
- 34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS **OR**
- 62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION **OR**
- 141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING

NO ERROR IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO

THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS EXCEPTION REASON EDITING

2-320-04R IF PATIENT ZIP CODE IS IN AN MTF CATCHMENT AREA

AND TYPE OF SERVICE (FIRST POSITION) = I INPATIENT

AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316

AND CA/NAS NUMBER NOT CODED

THEN CA/NAS EXCEPTION REASON MUST BE CODED

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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325)		
VALIDITY EDITS		
2-325-01V	VALUE MUST A VALID NON-INSTITUTIONAL PRICING RATE CODE.	
RELATIONAL EDITS		
2-325-01R	IF PRICING RATE CODE =	C AMBULATORY SURGERY FACILITY PAYMENT RATE OR
		D DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE OR
		E AMBULATORY SURGERY-PAID AS BILLED OR
		P CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
		Q CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
		R CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	16 AMBULATORY SURGERY FACILITY CHARGE
2-325-02R	IF ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 .	
	THEN PRICING RATE CODE MUST =	0 PRICING NOT APPLICABLE (DENIED SERVICE/ SUPPLIES AND ALLOWED DRUGS)
2-325-03R	IF PRICING RATE CODE FOR THAT OCCURRENCE/LINE ITEM =	0 PRICING NOT APPLICABLE (DENIED SERVICE/ SUPPLIES AND ALLOWED DRUGS)
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO	
	UNLESS TYPE OF SERVICE (SECOND POSITION) =	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
		M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	OR TYPE OF SUBMISSION =	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR)
2-325-04R	IF PRICING RATE CODE =	V MEDICARE REIMBURSEMENT RATE
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	16 AMBULATORY SURGERY FACILITY CHARGE OR
		T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		FS TFL (SECOND PAYOR) OR
		MN TSP - NON-NETWORK OR
		MS TSP - NETWORK
2-325-05R	IF PRICING RATE CODE =	U SHCP CLAIM OR ACTIVE DUTY MEMBER TPR PAID OUTSIDE NORMAL LIMITS
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AR SHCP - REFERRED CARE OR
		AN SHCP - NON-MTF-REFERRED CARE OR
		CE SHCP - CCEP OR

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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325) (Continued)		
	GU	ADSM ENROLLED IN TPR OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF-REFERRED CARE OR
	SR	SHCP - REFERRED CARE
2-325-06R IF PRICING CODE =	W	PRICED OVER CMAC
AND ENROLLMENT/HEALTH PLAN CODE =	T	TRICARE STANDARD PROGRAM
AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE =	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM DEMONSTRATION
AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2009		
THEN PROVIDER PARTICIPATING INDICATOR MUST =	N	NO
2-325-08R IF PRICING RATE CODE =	P1	OPPS OR
	P2	OPPS WITH COST OUTLIER OR
	P3	OPPS WITH DISCOUNT OR
	P5	PARTIAL HOSPITALIZATION - PAID AS OPPS
THEN APC CODE MUST ≠ BLANK OR ZEROES.		
2-325-09R IF PRICING RATE CODE =	CA	CAH REIMBURSEMENT
THEN BEGIN DATE OF CARE MUST BE ≥ 12/01/2009		
UNLESS PROVIDER STATE OR COUNTRY CODE =	AK	ALASKA
THEN BEGIN DATE OF CARE MUST BE ≥ 07/01/2007		
2-325-10R IF PRICING CODE =	W	PRICED OVER CMAC
AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE =	EF	TRICARE RESERVE AND NATIONAL GUARD FAMILY MEMBER BENEFITS
AND ENROLLMENT/HEALTH PLAN CODE =	T	TRICARE STANDARD PROGRAM
THEN PROVIDER PARTICIPATING INDICATOR MUST =	N	NO

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Non-Institutional Edit Requirements (ELN 300 - 399)

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

VALIDITY EDITS

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

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = ZERO

RELATIONAL EDITS

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

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

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

VALIDITY EDITS

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

RELATIONAL EDITS

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

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

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

VALIDITY EDITS

2-335-01V MUST BE NUMERIC AND ≥ ZERO

RELATIONAL EDITS

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

THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO

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

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

THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO

- END -