



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY  
AURORA, COLORADO 80011-9066

TRICARE  
MANAGEMENT ACTIVITY

PCSIB

CHANGE 37  
7950.2-M  
MAY 17, 2012

**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: OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) AND RELATED CHANGES**

**CONREQ:** 15217

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** This change revises the methodology in calculating the General Temporary Military Contingency Payment Adjustment (TMCPA) percentage for qualifying hospitals OPPS year four and after, allows non-network TMCPA payments to be underwritten following the applicable financing rules of the contract. Clarifies the observation stay policy for non-OPPS facilities, clarifies that the Partial Hospitalization Program (PHP) and Substance Use Disorder Rehabilitation Facility (SUDRF) per diem reimbursement applies to other providers who are exempt (except for Maryland hospitals) from the TRICARE OPPS, adds new valid procedure code modifiers, and changes the default code for reporting observation stay services.

**EFFECTIVE DATE:** As indicated, otherwise upon direction of the Contracting Officer.

**IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

**This change is made in conjunction with Feb 2008 TPM, Change No. 66, and Feb 2008 TRM, Change No. 68.**

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

**ATTACHMENT(S): 4 PAGES  
DISTRIBUTION: 7950.2-M**

**CHANGE 37**  
**7950.2-M**  
**MAY 17, 2012**

**REMOVE PAGE(S)**

**CHAPTER 2**

Section 2.7, pages 27 and 28

Addendum N, pages 11 and 12

**INSERT PAGE(S)**

Section 2.7, pages 27 and 28

Addendum N, pages 11 and 12

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 2.7

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

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: PROCEDURE CODE**

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-160	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Five (5) alphanumeric characters.			
<b>DEFINITION</b> The code that identifies the procedure performed or describes the care received as submitted on the claim form.			
<b>CODE/VALUE SPECIFICATIONS</b> Refer to Physician's Current Procedure Terminology, 4th Edition <sup>1</sup> (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) National Level II Medicare Codes or TMA approved codes ( <a href="#">Addendum E, Figure 2.E-5</a> ). For Dental Services, use HCPC or ADA Dental procedure codes.			
<b>ALGORITHM</b> N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

For MOP report procedure code <sup>1</sup>98800 for all drug prescriptions and procedure code <sup>1</sup>99070 for all supplies. The first line item must report the information on the prescription and the second line item to report corresponding supplies that are issued such as alcohol pads, lancets, etc. The procedure code on the second occurrence/line item on MOP records must be procedure code 99070.

For Mail Order and Retail Pharmacy Prior Authorizations and Medical Necessity Reviews report 000PA or 000MN.

For the list of the No Government Pay Procedure Codes that are excluded from TRICARE coverage and are not payable under TRICARE, refer to the No Government Pay Procedure Code list on TMA's web site at <http://tricare.mil/nogovernmentpay>.

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 2.7

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

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: PROCEDURE CODE MODIFIER**

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-165	4/Up to 99	No
<b>PRIMARY PICTURE (FORMAT)</b> Four (4) occurrences of two (2) alphanumeric characters per occurrence/line item.			
<b>DEFINITION</b> Two digit code which provides the means by which the health care professional can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. (Refer to Physician's Current Procedure Terminology, 4th Edition <sup>1</sup> (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) National Level II Medicare Codes.)			
<b>CODE/VALUE SPECIFICATIONS</b> Must be 21-27, 32, 33, 47, 50-59, 62, 63, 66, 73-82, 90-92, 99, 0A-0P, 0Z, 1A-1J, 1P, 1Z, 2A-2T, 2Z, 3A-3I, 3K, 3P, 3Z, 4A-4U, 4Z, 5A-5O, 5Z, 6A-6F, 6Z, 7A-7F, 7Z, 8A-8C, 8P, 8Z, 9A-9D, 9L-9Q, 9Z, A1-A9, AA, AD-AK, AM, AP-AZ, BA, BL, BO-BR, BU, CA-CG, CR, CS, DA, DE, DG-DJ, DN, DP, DR, DS, DX, E1-E4, EA-EE, EG-EJ, EM, EN, EP, ER-ET, EX, EY, F1-F9, FA-FC, FP, G1-G9, GA-GZ, H9, HA-HZ, ID, IE, IG-IJ, IN, IR, IS, IX, J1-J4, JA-JE, JG-JJ, JN, JP, JR, JS, JW, JX, K0-K4, KA-KZ, LC, LD, LL, LR-LT, M2, MR, MS, NB, ND, NE, NG-NJ, NN, NP, NR-NU, NX, P1-P6, PA-PE, PG, PI, PJ, PL, PN, PP, PR-PT, PX, Q0-Q9, QA-QH, QJ-QZ, RA-RE, RG-RJ, RN, RP-RT, RX, SA-SN, SQ-SY, T1-T9, TA, TC-TK, TL-TN, TP-TW, U1-U9, UA-UH, UJ-UK, UN, UP-US, V5-V9, VP, XD, XE, XG-XJ, XN, XR, XS, or blank.			
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	N/A		

**NOTES AND SPECIAL INSTRUCTIONS:**  
<sup>1</sup> CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.  
**Note:** Can report from zero to four codes. Each occurrence consists of two characters left justified and blank filled. Do not duplicate.

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Addendum N

UB-04/UB-92 Conversion Table - To Be Used For Reporting Non-Institutional TED Records

REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
<b>076X</b>	<b>Treatment or Observation Room</b>	
0760	General Classification	99499
0761	Treatment Room	
0762	Observation Room	G0378
0769	Other Treatment Room/Observation Room	99499
<b>077X</b>	<b>Preventive Care Services</b>	
0770	General Classification	99420
0771	Vaccine Administration	
0779	Other (Terminated 10/01/2007)	
<b>078X</b>	<b>Telemedicine</b>	
0780	General Classification	99499
0789	Other Telemedicine (Terminated 10/01/2007)	
<b>079X</b>	<b>Lithotripsy</b>	
0790	General Classification	99499
0799	Other Lithotripsy (Terminated 10/01/2007)	
<b>080X</b>	<b>Inpatient Renal Dialysis</b>	
0800	General Classification	99499
0801	Inpatient Hemodialysis	
0802	Inpatient Peritoneal (non-CAPD)	
0803	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	
0804	Inpatient Continuous Cycling Peritoneal Dialysis	
0809	Other Inpatient Dialysis	
<b>081X</b>	<b>Acquisition of Body Components</b>	
0810	General Classification	C9899
0811	Living Donor	
0812	Cadaver Donor	
0813	Unknown Donor	
0814	Unsuccessful Organ Search - Donor Bank Charges	
0815	Cadaver Donor - Heart (Terminated 10/01/2000)	
0816	Other Heart Acquisition (Terminated 10/01/2000)	
0817	Donor - Liver (Terminated 10/01/2000)	
0819	Other Donor	

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

\*\* Must use appropriate CPT/HCPCS Codes.

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Addendum N

UB-04/UB-92 Conversion Table - To Be Used For Reporting Non-Institutional TED Records

REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
<b>082X</b>	<b>Hemodialysis - Outpatient or Home</b>	
0820	General Classification	99499
0821	Hemodialysis/Composite or Other Rate	
0822	Home Supplies	
0823	Home Equipment	
0824	Maintenance/100%	
0825	Support Services	
0829	Other Outpatient Hemodialysis	
<b>083X</b>	<b>Peritoneal Dialysis - Outpatient or Home</b>	
0830	General Classification	99499
0831	Peritoneal/Composite or Other Rate	
0832	Home Supplies	
0833	Home Equipment	
0834	Maintenance/100%	
0835	Support Services	
0839	Other Outpatient Peritoneal Dialysis	
<b>084X</b>	<b>Cont. Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home</b>	
0840	General Classification	99499
0841	CAPD/Composite or Other Rate	
0842	Home Supplies	
0843	Home Equipment	
0844	Maintenance/100%	
0845	Support Services	
0849	Other Outpatient CAPD	
<b>085X</b>	<b>Cont. Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home</b>	
0850	General Classification	99499
0851	CCPD/Composite or Other Rate	
0852	Home Supplies	
0853	Home Equipment	
0854	Maintenance/100%	
0855	Support Services	
0859	Other Outpatient CCPD	
<b>086X</b>	<b>RESERVED for Dialysis (National Assignment)</b>	
<b>087X</b>	<b>RESERVED for Dialysis (National Assignment)</b>	
* CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.		
** Must use appropriate CPT/HCPCS Codes.		