



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 43
7950.2-M
SEPTEMBER 13, 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: APPLIED BEHAVIOR ANALYSIS (ABA) BASIC BENEFIT CHANGE

CONREQ: 16172

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change revises the effective date and adds a new TRICARE Encounter Data (TED) Special Processing Code of "BA Applied Behavior Analysis (Interim Benefit)." Adding "BA" to this edit restricts procedure codes S5108 and 99080 to the ABA Interim Benefit and the Extended Care Health Option (ECHO) Autism Demonstration.

EFFECTIVE DATE: February 16, 2010.
Except for services overseas which is February 2, 2008.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TPM, Change No. 76

Jack Arendale
Chief, Purchased Care Systems
Integration Branch

ATTACHMENT(S): 6 PAGES
DISTRIBUTION: 7950.2-M

CHANGE 43
7950.2-M
SEPTEMBER 13, 2012

REMOVE PAGE(S)

CHAPTER 2

Section 2.8, pages 11 - 14

Section 6.2, pages 17 and 18

INSERT PAGE(S)

Section 2.8, pages 11 - 14

Section 6.2, pages 17 and 18

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 2.8

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

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE

| RECORDS/LOCATOR NUMBERS | | | |
|---|----------|---|------------------|
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Institutional | 1-185 | 4 | Yes ¹ |
| Non-Institutional | 2-305 | 4/Up to 99 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Four occurrences of two (2) alphanumeric characters per occurrence/line item for non-institutional. | | | |
| DEFINITION Code indicating care that requires special processing. | | | |
| CODE/VALUE SPECIFICATIONS | 0 | Hospice non-affiliated provider | |
| | 1 | Medicaid | |
| | 3 | Allogeneic bone marrow recipient (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002) | |
| | 4 | Allogeneic bone marrow donor (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002) | |
| | 5 | Liver transplant (effective for care before 03/01/1997, or between 02/20/1998 and 08/31/1999 and after 05/31/2003) | |
| | 6 | Home Health Care (HHC) (non-institutional only) | |
| | 7 | Heart Transplant | |
| | 10 | Active duty cost-share ambulatory surgery taken from professional claim | |
| | 11 | Hospice | |
| | 12 | Capitated Arrangements | |
| | 14 | Bone marrow transplants (BMTs) - TMA approved | |
| | 16 | Ambulatory Surgery Facility charge | |
| | 17 | VA medical provider claim (care rendered by a VA provider) | |
| | 49 | Hospital reimbursement reduced by manufacturer credit/replacement of device during warranty period | |
| | 50 | Hospital reimbursement reduced by manufacturer credit/recalled device | |
| | A | Partnership Program (internal providers with signed agreements) | |
| | E | HHC/CM Demonstration (After 03/15/1999, grandfathered into the Individual Case Management Program (ICMP)) ² | |

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.
- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- ³ Whenever SPECIAL PROCESSING CODE = 'AU' (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- ⁴ Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill ADSM) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP- TRICARE Eligible) must be present.

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Chapter 2, Section 2.8

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

DATA ELEMENT DEFINITION

| ELEMENT NAME: SPECIAL PROCESSING CODE (Continued) | | |
|--|-----------|---|
| CODE/VALUE SPECIFICATIONS (CONTINUED) | Q | Active Duty Delayed Deductible |
| | R | Medicare/TRICARE Dual Entitlement First Payor - not a Medicare Benefit (Effective 10/01/2001) |
| | S | Resource Sharing - External |
| | T | Medicare/TRICARE Dual Entitlement (formally normal COB processing (Effective 10/01/2001 process as Second Payor)) |
| | U | BRAC Medicare Pharmacy (Section 702) claim (Terminated 04/01/2001) |
| | V | Financially underwritten payment by contractor |
| | W | Non-financially underwritten payment by financially underwritten contractor |
| | X | Partial hospitalization - provider not contracted with or employed by the PHP billing for psychotherapy services in a PHP |
| | Y | Heart-lung transplant |
| | Z | Kidney transplant |
| | AB | Abused dependent of discharged or dismissed member (Effective 07/28/1999) |
| | AC | Access To Care (ATC) Demonstration (South Region only) |
| | AD | Foreign active duty claims (Effective 06/30/1996) |
| | AN | SHCP - Non-MTF-Referral Care (Effective 10/01/1999 through 05/31/2004) |
| | AR | SHCP - Referred Care (Effective 10/01/1999 through 05/31/2004) |
| | AU | Autism Demonstration (Effective 03/15/2008) ³ |
| | BA | Applied Behavior Analysis (ABA) (Interim Benefit) |
| | BD | Bosnia Deductible (Effective 12/08/1995) |
| | CA | Civil Action Payment (Effective 07/01/1999) |
| | CE | SHCP - CCEP (Effective 10/01/1999) |
| | CL | Clinical Trials Demonstration (Enrollment Effective 03/17/2003 through 03/31/2008) |
| | CM | ICMP claims (Effective 03/15/1999) |
| | CP | Cancer Clinical Trials (Enrollment Effective on or after 04/01/2008) |
| | CT | CCTP (Effective 12/28/2001) |

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.
- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- ³ Whenever SPECIAL PROCESSING CODE = 'AU' (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- ⁴ Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill ADJM) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP- TRICARE Eligible) must be present.

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Chapter 2, Section 2.8

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

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)

| CODE/VALUE SPECIFICATIONS (CONTINUED) | DC | DCPE-DVA - C&P exams used to determine fit for duty |
|--|----|--|
| | DE | TDRL physical exams (Effective 03/30/2009) |
| | EF | TRICARE Reserve and National Guard Family Member Benefits (Reservists and National Guard members called to active duty for more than 30 days in support of a contingency operation) (Effective 11/01/2009) |
| | EU | Emergency services rendered by an unauthorized provider (Effective 06/01/1999) |
| | FF | TFL (First Payor - Not A Medicare Benefit) (Effective 10/01/2001) |
| | FG | TFL (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001) |
| | FS | TFL (Second Payor) (Effective 10/01/2001) |
| | GF | TPR for eligible ADFM residing with a TPR Eligible ADSM (Effective 10/30/2000 through 08/31/2002) |
| | GU | ADSM enrolled in TPR (Effective 10/01/1999) |
| | KO | Allied Forces - Kosovo (Effective 06/01/1999) |
| | LD | Laboratory Developed Tests (LDTs) Demonstration |
| | MH | Mental Health Active Duty Cost- Share |
| | MN | TSP (Non-Network) (Effective 01/01/1998 through 12/31/2001) |
| | MS | TSP (Network) (Effective 01/01/1998 through 12/31/2001) |
| | NE | Operation Noble Eagle/Operation Enduring Freedom Demonstration (Reservists called to active duty under Executive Order 13223) (Effective 09/14/2001 through 10/31/2009) |
| | PD | Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001) |
| | PF | ECHO (formerly PFPWD) |
| | PH | Philippines Demonstration Project |
| | PO | TRICARE Prime - Point of Service |
| | PS | Specialty Pharmacy Service (MOP Only) |
| | PV | Retail Network Pharmacy Services for DVA Beneficiaries (TPharm Retail Pharmacies Only) |

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.
- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- ³ Whenever SPECIAL PROCESSING CODE = 'AU' (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- ⁴ Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill ADSM) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP- TRICARE Eligible) must be present.

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

DATA ELEMENT DEFINITION

| ELEMENT NAME: SPECIAL PROCESSING CODE (Continued) | | |
|---|------------------------|---|
| CODE/VALUE SPECIFICATIONS (CONTINUED) | RB | Respite Benefit for Seriously Injured or Ill ADsMs ⁴ |
| | RI | Resource Sharing - Internal |
| | RS | Medicare/TRICARE Dual Entitlement (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001) |
| | SC | SHCP - Non-TRICARE Eligible (Effective 10/01/1999) |
| | SE | SHCP - TRICARE Eligible (Effective 10/01/1999) |
| | SM | SHCP - Emergency (Effective 10/01/1999) |
| | SN | TSS (Non-Network) (Effective 04/01/2000 through 12/31/2002) |
| | SP | Special/Emergent Care (Effective 06/01/1999) |
| | SS | TSS (Network) (Effective 04/01/2000 through 12/31/2002) |
| | ST | Specialized Treatment (Effective 03/01/1997 through 05/31/2003) |
| | WR | Mental Health Wraparound Demonstration (Effective 01/01/1998 through 06/30/2001) |
| ALGORITHM | N/A | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | |
| SUBORDINATE | GROUP | |
| N/A | PROCESSING INFORMATION | |
| NOTES AND SPECIAL INSTRUCTIONS: | | |
| ¹ Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters. | | |
| ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present. | | |
| ³ Whenever SPECIAL PROCESSING CODE = 'AU' (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present. | | |
| ⁴ Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill ADsM) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP- TRICARE Eligible) must be present. | | |

- END -

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

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

| | | | |
|------------------|--|-------|---|
| 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-1). | | |
| 2-160-08R | IF PROCEDURE CODE ¹ = | 98800 | FOR DRUGS OR |
| | | 00MN | PRESCRIPTION MEDICAL NECESSITY REVIEWS OR |
| | | 00PA | PRESCRIPTION PRIOR AUTHORIZATIONS |
| | THEN TYPE OF SERVICE (SECOND POSITION) MUST = | B | RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS OR |
| | | M | MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS |
| | AND NATIONAL DRUG CODE MUST ≠ BLANK | | |
| | UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A) | | |
| 2-160-11R | IF PROCEDURE CODE ¹ = S5108 OR 99080 | | |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | AU | AUTISM DEMONSTRATION OR |
| | | BA | ABA (INTERIM BENEFIT) |
| | 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 |

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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 2-160-02V.

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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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: NATIONAL DRUG CODE (2-170)

VALIDITY EDITS

2-170-01V MUST BE A VALID NATIONAL DRUG CODE OR BLANK

RELATIONAL EDITS

2-170-01R IF NATIONAL DRUG CODE = BLANK

THEN TYPE OF SERVICE (SECOND POSITION) MUST ≠

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

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

AND PROCEDURE CODE¹ MUST ≠ 98800 FOR DRUGS

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

2-170-02R IF NATIONAL DRUG CODE ≠ BLANK

THEN TYPE OF SERVICE (SECOND POSITION) MUST =

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

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

AND PROCEDURE CODE¹ MUST = 98800 FOR DRUGS **OR**

99070 FOR SUPPLIES **OR**

000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS **OR**

000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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