



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 5
7950.2-M
MAY 15, 2009

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

The TRICARE Management Activity has authorized the following addition(s)/revision(s) to 7950.2-M, issued February 2008.

CHANGE TITLE: FISCAL YEAR (FY) 2009 REIMBURSEMENT UPDATES

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change includes annual updates for the following reimbursement systems/rates: Residential Treatment Centers (RTCs), Hospice, Diagnosis Related Group (DRG), Inpatient Mental Health, Partial Hospitalization, Skilled Nursing Facilities (SNFs), and Birthing Centers. This change brings this TRICARE Systems Manual up-to-date with published Change 68 (October 17, 2008) to the August 2002 TRICARE Systems Manual (TSM), 7950.1-M.

EFFECTIVE DATE: October 1, 2008

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TRM, Change No. 5.

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

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

CHANGE 5
7950.2-M
MAY 15, 2009

REMOVE PAGE(S)

CHAPTER 2

Section 2.4, page 31

Section 5.3, pages 13 through 17

INSERT PAGE(S)

Section 2.4, page 31

Section 5.3, pages 13 through 15

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 2.4

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

DATA ELEMENT DEFINITION

ELEMENT NAME: DRG NUMBER

		RECORDS/LOCATOR NUMBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-290	1	Yes ¹
PRIMARY PICTURE (FORMAT) Three (3) alphanumeric characters.			
DEFINITION Number identifying the Diagnosis Related Group (DRG) determined for this care.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if TED record is processed under TRICARE DRG reimbursement methodology. See TRICARE Reimbursement Manual (TRM), [Chapter 6 effective dates](#).

- END -

TRICARE Systems Manual 7950.2-M, February 1, 2008

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

TRICARE Systems Manual 7950.2-M, February 1, 2008

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 =	B	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 OR
		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
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THEN DRG NUMBER MUST = BLANK

1-290-31R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER

THEN DRG MUST NOT BE BLANK

AND DATE OF ADMISSION **MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE**

ELEMENT NAME: HIPPS CODE (1-292)

VALIDITY EDITS

1-292-01V MUST BE VALID HIPPS CODES REFER TO [SECTION 2.8](#).

RELATIONAL EDITS

1-292-01R IF HIPPS CODE = BLANK

THEN NO OCCURRENCE OF REVENUE CODE CAN =

0022 SNF **OR**

0023 HHA PPS

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: ADMISSION DIAGNOSIS (1-295)

VALIDITY EDITS

1-295-01V FOR FILING DATE PRIOR TO OCTOBER 1, 2004 VALUE MUST BE VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.

UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS = 0023 HHA

THEN VALUE MUST BE BLANK OR A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1

1-295-02V FOR FILING DATE ON OR AFTER OCTOBER 1, 2004 VALUE MUST BE VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.

AND BEGIN DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD-9-CM DIAGNOSIS REFERENCE TABLE

OR END DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD-9-CM DIAGNOSIS REFERENCE TABLE

UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS = 0023 HHA

OR TYPE OF INSTITUTION = 70 HHA

OR AMOUNT ALLOWED (TOTAL) = ZERO

OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 11 HOSPICE

THEN VALUE MUST BE BLANK OR VALUE MUST BE A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1

AND BEGIN DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD-9-CM DIAGNOSIS REFERENCE TABLE

OR END DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD-9-CM DIAGNOSIS REFERENCE TABLE

RELATIONAL EDITS

NONE

- END -

