



TRICARE
MANAGEMENT ACTIVITY

PAT&IB

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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CHANGE 52
7950.2-M
SEPTEMBER 13, 2013

**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: NEW INPATIENT REIMBURSEMENT METHODOLOGY FOR SOLE COMMUNITY HOSPITALS

CONREQ: 16069

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change implements the new inpatient reimbursement methodology for Sole Community Hospitals (SCHs).

EFFECTIVE DATE: January 1, 2014.

IMPLEMENTATION DATE: January 1, 2014.

This change is made in conjunction with Feb 2008 TRM, Change No. 87.

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ATTACHMENT(S): 57 PAGES
DISTRIBUTION: 7950.2-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

CHANGE 52
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REMOVE PAGE(S)

CHAPTER 2

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Section 2.7, pages 21 through 24

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Section 5.2, pages 27 and 28

Section 5.3, pages 1 through 4

Section 5.4, pages 5 and 6

Addendum C, pages 1 and 2

Addendum D, pages 1 and 2

Addendum M, pages 1 through 4

APPENDIX A

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Chapter 2, Section 2.2

Data Requirements - Data Element Layout

2.0 INSTITUTIONAL DATA ELEMENT (CONTINUED)

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
1-135	AMOUNT PATIENT COST-SHARE	S9(7)V99	247	255
1-136	HEALTH CARE COVERAGE COPAYMENT FACTOR CODE	X	256	256
1-140	AMOUNT PAID BY GOV'T CONTRACTOR (TOTAL)	S9(7)V99	257	265
1-145	AMOUNT INTEREST PAYMENT	S9(7)V99	266	274
1-150	REASON FOR INTEREST PAYMENT	X(2)	275	276
1-155	PROCESSING INFORMATION		277	313
1-160	OVERRIDE CODE	X(6)	277	282
1-165	TYPE OF SUBMISSION	X	283	283
1-170	CA/NAS NUMBER	X(15)	284	298
1-175	CA/NAS REASON FOR ISSUANCE	X	299	299
1-180	CA/NAS EXCEPTION REASON	X(2)	300	301
1-185	SPECIAL PROCESSING CODE	X(8)	302	309
1-186	HEALTH CARE DELIVERY PROGRAM SPECIAL ENTITLEMENT CODE	X(2)	310	311
1-190	PRICING RATE CODE	X(2)	312	313
1-195	PROVIDER STATE OR COUNTRY CODE	X(3)	314	316
1-200	PROVIDER TAXPAYER NUMBER	X(9)	317	325
1-205	PROVIDER SUB-IDENTIFIER	X(4)	326	329
1-208	SCH DRG CALCULATION	S9(7)V99	330	338
	FILLER	X	339	339
1-215	PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2)	X(10)	340	349
1-220	PROVIDER ZIP CODE	X(9)	350	358
1-225	PROVIDER PARTICIPATION INDICATOR	X	359	359
1-230	PROVIDER NETWORK STATUS INDICATOR	X	360	360
1-235	TYPE OF INSTITUTION	X(2)	361	362
1-240	CLAIM FORM TYPE/EMC INDICATOR	X	363	363
1-245	TYPE OF BILL		364	365
1-250	FREQUENCY CODE	X	364	364
1-255	TYPE OF ADMISSION	X	365	365
1-260	SOURCE OF ADMISSION	X	366	366
1-265	ADMISSION DATE	YYYYMMDD	367	374
1-270	PATIENT STATUS	X(2)	375	376
1-275	BEGIN DATE OF CARE	YYYYMMDD	377	384
1-280	END DATE OF CARE	YYYYMMDD	385	392
1-283	ADMINISTRATIVE CLIN	X(18)	393	410
1-285	COVERED DAYS	S9(3)	411	413
1-290	DRG NUMBER	X(3)	414	416
1-292	HIPPS CODE	X(5)	417	421
1-293	ICD VERSION	X	422	422
1-295	ADMISSION DIAGNOSIS	X(7)	423	429

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Chapter 2, Section 2.2

Data Requirements - Data Element Layout

2.0 INSTITUTIONAL DATA ELEMENT (CONTINUED)

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
1-300	PRINCIPAL TREATMENT DIAGNOSIS/PRESENT ON ADMISSION	X(8)	430	437
1-305	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-1	X(8)	438	445
1-306	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-2	X(8)	446	453
1-307	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-3	X(8)	454	461
1-308	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-4	X(8)	462	469
1-309	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-5	X(8)	470	477
1-310	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-6	X(8)	478	485
1-311	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-7	X(8)	486	493
1-312	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-8	X(8)	494	501
1-313	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-9	X(8)	502	509
1-314	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-10	X(8)	510	517
1-315	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-11	X(8)	518	525
1-316	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-12	X(8)	526	533
1-317	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-13	X(8)	534	541
1-318	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-14	X(8)	542	549
1-319	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-15	X(8)	550	557
1-320	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-16	X(8)	558	565
1-321	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-17	X(8)	566	573
1-322	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-18	X(8)	574	581
1-323	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-19	X(8)	582	589
1-324	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-20	X(8)	590	597
1-325	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-21	X(8)	598	605
1-326	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-22	X(8)	606	613
1-327	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-23	X(8)	614	621
1-328	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-24	X(8)	622	629
1-345	PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE	X(7)	630	636
1-350	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-1	X(7)	637	643
1-351	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-2	X(7)	644	650
1-352	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-3	X(7)	651	657
1-353	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-4	X(7)	658	664
1-354	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-5	X(7)	665	671
1-355	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-6	X(7)	672	678
1-356	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-7	X(7)	679	685
1-357	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-8	X(7)	686	692
1-358	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-9	X(7)	693	699
1-359	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-10	X(7)	700	706
1-360	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-11	X(7)	707	713
1-361	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-12	X(7)	714	720
1-362	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-13	X(7)	721	727

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Chapter 2, Section 2.2

Data Requirements - Data Element Layout

2.0 INSTITUTIONAL DATA ELEMENT (CONTINUED)

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
1-363	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-14	X(7)	728	734
1-364	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-15	X(7)	735	741
1-365	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-16	X(7)	742	748
1-366	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-17	X(7)	749	755
1-367	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-18	X(7)	756	762
1-368	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-19	X(7)	763	769
1-369	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-20	X(7)	770	776
1-370	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-21	X(7)	777	783
1-371	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-22	X(7)	784	790
1-372	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-23	X(7)	791	797
1-373	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-24	X(7)	798	804
1-374	TED RECORD CORRECTION INDICATOR	X	805	805
1-375	TOTAL OCCURRENCE/LINE ITEM COUNT	9(3)	806	808
1-377	AMOUNT NETWORK PROVIDER DISCOUNT	S9(7)V99	809	817
1-378	ADJUSTMENT SEQUENCE NUMBER	X(3)	818	820
1-379	SCH DRG NUMBER	X(3)	821	823
	FILLER	X(17)	824	840
1-380	OCCURRENCE/LINE ITEM NUMBER (OCCURS 1 TO 450 TIMES)	9(3)	841	843
1-385	REVENUE CODE	X(4)	844	847
1-390	UNITS OF SERVICE BY REVENUE CODE	S9(10)	848	857
1-395	TOTAL CHARGE BY REVENUE CODE	S9(7)V99	858	866
1-400	ADJUSTMENT/DENIAL REASON CODE	X(5)	867	871
	FILLER	X(30)	872	901

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Chapter 2, Section 2.2

Data Requirements - Data Element Layout

3.0 NON-INSTITUTIONAL DATA ELEMENT

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
2-001	RECORD TYPE INDICATOR	X	1	1
2-005	TED RECORD INDICATOR		2	25
2-010	INTERNAL CONTROL NUMBER (ICN)		2	18
2-015	FILING DATE	YYYYDDD	2	8
2-020	FILING STATE/COUNTRY CODE	X(3)	9	11
2-025	SEQUENCE NUMBER	X(7)	12	18
2-030	TIME STAMP	X(6)	19	24
2-035	ADJUSTMENT KEY	X	25	25
2-040	DATE TED RECORD PROCESSED TO COMPLETION	YYYYMMDD	26	33
2-045	DATE ADJUSTMENT IDENTIFIED	YYYYMMDD	34	41
2-050	PERSON IDENTIFIER (SPONSOR)	X(9)	42	50
2-051	PERSON IDENTIFIER TYPE CODE (SPONSOR)	X	51	51
2-055	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR)	X	52	52
2-056	AGR SERVICE LEGAL AUTHORITY CODE	X	53	53
2-060	PERSON NAME (PATIENT)		54	148
2-061	PERSON LAST NAME (PATIENT)	X(35)	54	88
2-062	PERSON FIRST NAME (PATIENT)	X(25)	89	113
2-063	PERSON MIDDLE NAME (PATIENT)	X(25)	114	138
2-064	PERSON CADENCY NAME (PATIENT)	X(10)	139	148
2-065	PERSON IDENTIFIER (PATIENT)	X(9)	149	157
2-066	PERSON IDENTIFIER TYPE CODE (PATIENT)	X	158	158
2-070	PERSON BIRTH CALENDAR DATE (PATIENT)	YYYYMMDD	159	166
2-075	DEERS DEPENDENT SUFFIX	X(2)	167	168
2-080	PATIENT IDENTIFIER (DOD)	X(10)	169	178
2-082	DEERS IDENTIFIER (PATIENT)	X(11)	179	189
2-085	PERSON SEX (PATIENT)	X	190	190
2-090	PATIENT ZIP CODE	X(9)	191	199
2-095	OVERRIDE CODE	X(6)	200	205
2-100	TYPE OF SUBMISSION	X	206	206
2-105	CLAIM FORM TYPE/EMC INDICATOR	X	207	207
2-108	ADMINISTRATIVE CLIN	X(18)	208	225
2-110	PCM LOCATION DMIS-ID (ENROLLMENT) CODE	X(4)	226	229
2-112	AMOUNT INTEREST PAYMENT	S9(7)V99	230	238
2-113	REASON FOR INTEREST PAYMENT	X(2)	239	240
2-114	ICD VERSION	X	241	241
2-115	PRINCIPAL TREATMENT DIAGNOSIS/PRESENT ON ADMISSION	X(8)	242	249
2-116	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-1	X(8)	250	257
2-117	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-2	X(8)	258	265
2-118	SECONDARY TREATMENT DIAGNOSIS/PRESENT ON ADMISSION-3	X(8)	266	273

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Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PLACE OF SERVICE (Continued)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	57	Non-Residential Substance Abuse Treatment Facility
	60	Mass Immunization Center
	61	Comprehensive Inpatient Rehabilitation Facility
	62	Comprehensive Outpatient Rehabilitation Facility (CORF)
	65	End Stage Renal Disease (ESRD) Treatment Facility
	71	Public Health Clinic
	72	Rural Health Clinic (RHC)
	81	Independent Laboratory
	99	Other Unlisted Facility
ALGORITHM N/A		
SUBORDINATE AND/OR GROUP ELEMENTS		
SUBORDINATE	GROUP	
N/A	N/A	
NOTES AND SPECIAL INSTRUCTIONS:		
This data element must be '19' for Mail Order Pharmacy (MOP).		

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Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING RATE CODE

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Institutional	1-190	1	Yes
Non-Institutional	2-325	Up to 99	Yes

PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.

DEFINITION Code indicating the pricing methodology used in determining the amount allowed for the service(s)/supplies. Left justify and blank fill.

CODE/VALUE SPECIFICATIONS	INSTITUTIONAL CODE
	h No special rate
	D Discount rate agreement
	H TRICARE DRG reimbursement with Short Stay Outlier
	I TRICARE DRG reimbursement with Cost Outlier
	J TRICARE DRG reimbursement with No Outlier
	K Hospital-specific Psychiatric per diem rate
	L Region-specific Psychiatric per diem rate
	P Per diem rate
	U Supplemental Health Care Program (SHCP) claim or active duty member TPR claim paid outside normal limits
	V Medicare Reimbursement Rate
	CA Critical Access Hospital (CAH) Reimbursement
	CR Cost-To-Charge Ratio (CCR) (Effective 01/01/2014)
	DD Discounted DRG
NON-INSTITUTIONAL CODE	
	0 Pricing not applicable (denied service/supplies and allowed drugs) ¹
	1 Priced Manually ²
	2 Prevailing charge (state)
	3 Conversion amount (state)
	4 Paid as billed
	5 Paid on negotiated rate
	A National prevailing charge
	B National conversion factor
	C Ambulatory surgery-facility payment rate
	D Discounted ambulatory surgery-facility payment rate
	E Ambulatory surgery-paid as billed

NOTES AND SPECIAL INSTRUCTIONS:

¹ Code '0' for all allowed drug charges.

² Use Pricing Rate Code '1' (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.

To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes 49 or 50 should be used. See [Section 2.8](#).

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Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING RATE CODE (Continued)

CODE/VALUE SPECIFICATIONS (CONTINUED)	NON-INSTITUTIONAL CODE (CONTINUED)
F	Claim Auditing Software-added procedure, priced manually
G	Claim Auditing Software-added procedure, prevailing charge (State)
H	Claim Auditing Software-added procedure, conversion factor (Contractor)
I	Claim Auditing Software-added procedure, paid as billed
J	Claim Auditing Software-added procedure, paid on negotiated rate
N	Claim Auditing Software-added procedure, national prevailing charge
O	Claim Auditing Software-added procedure, national conversion factor
P	Claim Auditing Software-added procedure, ambulatory surgery-facility payment rate
Q	Claim Auditing Software-added procedure, discounted ambulatory surgery-facility payment rate
R	Claim Auditing Software-added procedure, ambulatory surgery-paid as billed
T	Claim Auditing Software-added procedure, allowed as billed but paid less than billed
U	SHCP or active duty member TPR claim paid outside normal limits
V	Medicare Reimbursement Rate
W	Priced over CMAC (Effective 09/27/2001)
BR	Blended Rate
CA	Critical Access Hospital (CAH) Reimbursement
GG	Global Rate Agreement (used with corporate service providers only) (Effective 08/01/2003)
GP	Per Diem Rate Agreement (used with corporate service providers only) (Effective 08/01/2003)
LC	TRICARE Claim-added procedure, CMAC priced laboratory code
P1	OPPS
P2	OPPS with Cost Outlier
P3	OPPS with Discount
P5	Hospital-based Partial Hospitalization - paid as OPPS

NOTES AND SPECIAL INSTRUCTIONS:

¹ Code '0' for all allowed drug charges.

² Use Pricing Rate Code '1' (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.

To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes 49 or 50 should be used. See [Section 2.8](#).

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Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING RATE CODE (Continued)

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE

GROUP

N/A

PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

¹ Code '0' for all allowed drug charges.

² Use Pricing Rate Code '1' (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.

To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes 49 or 50 should be used. See [Section 2.8](#).

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Chapter 2, Section 2.8

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

DATA ELEMENT DEFINITION

ELEMENT NAME: SOLE COMMUNITY HOSPITAL (SCH) DRG CALCULATION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-208	1	Yes ¹

PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal places.

DEFINITION Amount the SCH would be allowed if reimbursed under DRG based payment system.

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 for SCH records with admission dates on or after 01/01/2014 and AMOUNT ALLOWED (TOTAL) greater than zero. All others must have a zero value.

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Chapter 2, Section 2.8

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

DATA ELEMENT DEFINITION

ELEMENT NAME: SOLE COMMUNITY HOSPITAL (SCH) DRG NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-379	1	Yes ¹

PRIMARY PICTURE (FORMAT) Three (3) alphanumeric characters.

DEFINITION Number identifying the DRG classification used to determine the SCH DRG CALCULATION.

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 SCH DRG CALCULATION is greater than zero.

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Chapter 2, Section 2.8

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

DATA ELEMENT DEFINITION

ELEMENT NAME: SOURCE OF ADMISSION

		RECORDS/LOCATOR NUMBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-260	1	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code indicating the source of the referral for this admission.			
CODE/VALUE SPECIFICATIONS	SOURCE OF ADMISSION CODE		
1	Physician Referral	The patient was admitted to this facility upon the recommendation of his or her personal physician.	
2	Clinic Referral	The patient was admitted to this facility upon recommendation of this facility's clinic physician.	
3	HMO Referral	The patient was admitted to this facility upon the recommendation of a HMO physician.	
4	Transfer from a Hospital (Different Facility)	The patient was admitted to this facility as a hospital transfer from a different acute care facility where he or she was an inpatient.	
5	Transfer from a SNF	The patient was admitted to this facility as a transfer from a SNF where he or she was a resident.	
6	Transfer from another Health Care Facility	The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or a SNF.	
7	Emergency	The patient was admitted to this facility upon the recommendation of this facility's emergency room physician. (Discontinued effective 07/01/2010).	
8	Court/Law Enforcement	The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.	
9	Information Not Available	The means by which the patient was admitted to this hospital is not known.	
A	Transfer from a CAH	The patient was admitted to this facility as a transfer from a CAH where he or she was an inpatient.	
B	Transfer from Another HHA	The patient was admitted to this HHA as a transfer from another HHA. (Discontinued effective 07/01/2010).	
C	Readmission to the Same HHA	The patient was readmitted to this HHA within the existing 60 day payment. (Discontinued effective 07/01/2010).	
D	Transfer from Hospital Inpatient in the same facility resulting in a separate claim to the payer	The patient was admitted to this facility as a transfer from Hospital Inpatient within this facility resulting in a separate claim.	

NOTES AND SPECIAL INSTRUCTIONS:
¹ Use this coding structure when the TYPE OF ADMISSION = '4' (newborn).

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Chapter 2, Section 2.8

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

DATA ELEMENT DEFINITION

ELEMENT NAME: SOURCE OF ADMISSION (Continued)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	CODE STRUCTURE FOR NEWBORN¹	
1 Normal Delivery	A baby delivered without complications. (Discontinued effective 10/01/2007.)	
2 Premature Delivery	A baby delivered with time and/or weight factors qualifying it for premature status. (Discontinued effective 10/01/2007.)	
3 Sick Baby	A baby delivered with medical complications, other than those relating to premature status. (Discontinued effective 10/01/2007.)	
4 Extramural Birth	A newborn born in a non-sterile environment. (Discontinued effective 10/01/2007.)	
5 Born Inside This Hospital	A baby born inside this hospital. (Effective 10/01/2007.)	
6 Born Outside This Hospital	A baby born outside this hospital. (Effective 10/01/2007.)	
ALGORITHM	N/A	
SUBORDINATE AND/OR GROUP ELEMENTS		
SUBORDINATE	GROUP	
N/A	N/A	
NOTES AND SPECIAL INSTRUCTIONS:		
¹ Use this coding structure when the TYPE OF ADMISSION = '4' (newborn).		

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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

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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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)
	AE	Abortion performed due to rape
	AF	Abortion performed due to incest
	AG	Abortion performed due to life endangering physical condition
	AN	SHCP - Non-MTF-Referral Care (Effective 10/01/1999 through 05/31/2004)
	AP	Applied Behavior Analysis (ABA) Pilot
	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)

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 AD/SM) 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)		
	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)
	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
	MM	Maryland Multi-Payer Patient-Centered Medical Home Program (MMPCMHP)
	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)

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)	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)
	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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Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PRICING RATE CODE (1-190) (Continued)			
		AR	SHCP - REFERRED CARE OR
		CE	SHCP - CCEP OR
		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		
1-190-09R	IF PRICING RATE CODE =	CR	CCR
	THEN ADMISSION DATE MUST BE ≥ 01/01/2014.		
1-190-10R	IF PRICING RATE CODE =	CA	CAH REIMBURSEMENT
	AND ADMISSION DATE ≥ 01/01/2014.		
	THEN TYPE OF INSTITUTION MUST =	93	CAH

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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 -

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200)			
VALIDITY EDITS			
1-200-01V	MUST BE NUMERIC		
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE AND LAST 6 POSITIONS MUST BE NUMERIC)		
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE AND FOURTH POSITION MUST BE = 'A' AND LAST 5 POSITIONS MUST BE NUMERIC)		
RELATIONAL EDITS			
NO ERROR	IF 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
	THEN DO NOT CHECK PROVIDER FILE		
NO ERROR	IF 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		
NO ERROR	IF AMOUNT ALLOWED (TOTAL) ≤ ZERO		
	THEN DO NOT CHECK PROVIDER FILE		
1-200-02R	IF ANY OCCURRENCE OF OVERRIDE CODE =	NC	NON-CERTIFIED PROVIDER
¹ ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.			

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Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200) (Continued)

THEN THE NON-CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:

INSTITUTIONAL PROVIDER TAXPAYER NUMBER

AND TYPE OF INSTITUTION

AND PROVIDER ZIP CODE¹

AND PROVIDER SUB-IDENTIFIER

AND ACCEPTANCE AND TERMINATION DATES MUST = ZEROES

AND PROVIDER CONTRACT AFFILIATION CODE MUST = '5' (NON-CERTIFIED PROVIDER)

IF NO OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER

THEN CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:

INSTITUTIONAL PROVIDER TAXPAYER NUMBER

AND TYPE OF INSTITUTION

AND PROVIDER ZIP CODE¹

AND PROVIDER SUB-IDENTIFIER

¹ ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (1-205)

VALIDITY EDITS

1-205-01V MUST BE ALPHA **OR** NUMERIC--CANNOT BE BLANKS

RELATIONAL EDITS

NONE

ELEMENT NAME: SCH DRG CALCULATION (1-208)

VALIDITY EDITS

1-208-01V MUST BE NUMERIC

RELATIONAL EDITS

1-208-01R IF SCH DRG NUMBER IS NOT BLANK

THEN SCH DRG CALCULATION MUST BE > ZERO

ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2) (1-215)

VALIDITY EDITS

1-215-01V MUST BE ALL BLANKS **OR** 10 DIGITS (MUST NOT BE ALL ZEROES)

1-215-02V IF PROVIDER ORGANIZATIONAL NPI NUMBER IS ALL DIGITS

THEN THE CHECK DIGIT (POSITION 10 OF THE PROVIDER ORGANIZATIONAL NPI NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM

RELATIONAL EDITS

NONE

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Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PROVIDER ZIP CODE (1-220)

VALIDITY EDITS

1-220-01V MUST BE NINE DIGITS OR FIVE DIGITS WITH FOUR BLANKS

MUST BE A VALID ZIP CODE (BASED ON ADMISSION DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE **OR**

MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE¹) 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: PROVIDER PARTICIPATION INDICATOR (1-225)

VALIDITY EDITS

1-225-01V MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.

RELATIONAL EDITS

1-225-01R	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 OR
			DD	DISCOUNTED DRG
	THEN PROVIDER PARTICIPATION INDICATOR MUST =		Y	YES

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (1-230)

VALIDITY EDITS

1-230-01V MUST BE ONE OF THE FOLLOWING VALUES

1	NETWORK PROVIDER OR
2	NON-NETWORK PROVIDER

RELATIONAL EDITS

NONE

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Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: TYPE OF INSTITUTION (1-235)

VALIDITY EDITS

1-235-01V VALUE MUST BE A VALID TYPE OF INSTITUTION CODE.

RELATIONAL EDITS

1-235-01R IF TYPE OF INSTITUTION = 72 RTC

AND PATIENT ZIP CODE IS IN AN MTF CATCHMENT AREA

THEN CA/NAS EXCEPTION REASON

MUST = 5 RTC

1-235-02R IF PRICING RATE CODE = K HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE **OR**

L REGION SPECIFIC PSYCHIATRIC PER DIEM RATE

THEN TYPE OF INSTITUTION MUST = 22 PSYCHIATRIC HOSPITAL/UNIT **OR**

52 CHILDREN'S PSYCHIATRIC HOSPITAL/UNIT

1-235-03R IF TYPE OF INSTITUTION = 70 HHA

AND BEGIN DATE OF CARE ≥ 06/01/2004

THEN ONE OCCURRENCE OF REVENUE

CODE MUST = 0023 HHA PPS

UNLESS AMOUNT ALLOWED (TOTAL) = ZERO

1-235-04R IF TYPE OF INSTITUTION = 91 SCH

AND ADMISSION DATE ≥ 01/01/2014

AND AMOUNT ALLOWED (TOTAL) > 0

THEN PRICING RATE CODE MUST = CR CCR

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (1-240)

VALIDITY EDITS

1-240-01V VALUE MUST BE A VALID CLAIM FORM TYPE/EMC INDICATOR.

RELATIONAL EDITS

NONE

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Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM COUNT (1-375)

VALIDITY EDITS

1-375-01V VALUE MUST BE IN RANGE 001-450.

AND MUST EQUAL THE PHYSICAL COUNT OF THE DETAIL LINE ITEMS ON THE TED RECORD

1-375-02V IF TYPE OF SUBMISSION =

A ADJUSTMENT **OR**

B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**

C COMPLETE CANCELLATION **OR**

E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

THEN TOTAL OCCURRENCE/LINE ITEM COUNT MUST BE \geq TOTAL OCCURRENCE/LINE ITEM COUNT FROM TMA DATABASE

RELATIONAL EDITS

NONE

ELEMENT NAME: AMOUNT NETWORK PROVIDER DISCOUNT (1-377)

VALIDITY EDITS

1-377-01V MUST BE NUMERIC AND \geq ZERO

RELATIONAL EDITS

1-377-01R 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

1-377-02R IF PROVIDER NETWORK STATUS INDICATOR =

2 NON-NETWORK PROVIDER

THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO

1-377-03R IF REGION INDICATOR =

~~B~~ BLANK **OR**

OC OVERSEAS CONTRACT

THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO

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Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: ADJUSTMENT SEQUENCE NUMBER (1-378)¹

VALIDITY EDITS

1-378-01V MUST BE NUMERIC

RELATIONAL EDITS

1-378-01R IF TYPE OF SUBMISSION = D COMPLETE DENIAL **OR**

I INITIAL SUBMISSION **OR**

O ZERO PAYMENT WITH 100% OHI/TPL **OR**

R RESUBMISSION

THEN ADJUSTMENT SEQUENCE NUMBER MUST = 000 (ZEROES)

1-378-02R IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**

C COMPLETE CANCELLATION

THEN ADJUSTMENT SEQUENCE NUMBER MUST BE ONE GREATER THAN THE CURRENT VALUE IN THE TED DATABASE

1-378-03R IF TYPE OF SUBMISSION = B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**

E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

THEN ADJUSTMENT SEQUENCE NUMBER MUST = 000 (ZEROES)

¹ BYPASS ALL 1-378 EDITS FOR CONTRACT NUMBERS MDA90602C0013, MDA90603C0019, MDA90603C0009, MDA90603C0010, MDA90603C0011, AND MDA90603C0015.

ELEMENT NAME: SCH DRG NUMBER (1-379)

VALIDITY EDITS

1-379-01V MUST BE A VALID DRG NUMBER **OR** BLANK-FILLED.

RELATIONAL EDITS

1-379-01R IF SCH DRG CALCULATION > 0

THEN SCH DRG NUMBER MUST NOT BE BLANK

ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER (1-380)

VALIDITY EDITS

1-380-01V EACH VALUE MUST BE NUMERIC.

1-380-02V OCCURRENCE/LINE ITEM NUMBER MUST BE CODED FOR EACH NUMBER OF OCCURRENCES SPECIFIED BY THE TOTAL OCCURRENCE/LINE ITEM COUNT.

1-380-03V OCCURRENCE/LINE ITEM NUMBER MUST BE REPORTED IN ASCENDING CONSECUTIVE ORDER.

RELATIONAL EDITS

NONE

Data Requirements - Provider's Major Specialty Codes

FIGURE 2.C-1 PROVIDER MAJOR SPECIALTY CODES FOR USE ON NON-INSTITUTIONAL TED RECORDS FOR OUTPATIENT HOSPITAL CARE

TYPE OF INSTITUTION		PROVIDER MAJOR SPECIALTY	
CODE	DESCRIPTION	CODE	DESCRIPTION
10	General Medical and Surgical	282N00000X	General Acute Care Hospital
11	Hospital unit of an institution (prison hospital, college infirmary etc.)	See below.	See below.
	Prison	261QP2400X	Prison Health
	College infirmary	261QS1000X	Student Health
12	Hospital unit within an institution for the mentally retarded	315P00000X	Intermediate Care Facility, Mentally
22	Psychiatric hospital or unit	283Q00000X	Retarded
		273R00000X	Psychiatric Hospital
33	Tuberculosis and other respiratory diseases	281P00000X	Psychiatric Unit
44	Obstetrics and Gynecology	282NW0100X	Chronic Disease Hospital
45	Eye, Ear, Nose, and Throat	284300000X	Women (General Acute Care Hospital - main category)
46	Rehabilitation	283X00000X	Special Hospital
47	Orthopedic	284300000X	Rehabilitation Hospital
48	Chronic Disease	281P00000X	Special Hospital
49	Other Specialty	284300000X	Chronic Disease Hospital
50	Children's General	282NC2000X	Special Hospital
51	Children's Hospital Unit of an Institution	282NC2000X	Children General Acute Care Hospital
		283Q00000X	Children General Acute Care Hospital
52	Children's Psychiatric Hospital or Unit of	273R00000X	Psychiatric Hospital
		281PC2000X	Psychiatric Unit
53	Children's tuberculosis and other respiratory disease	281PC2000X	Psychiatric Unit
55	Children's eye, ear, nose, and throat	284300000X	Children Chronic Disease Hospital
56	Children's rehabilitation	273Y00000X	Special Hospital
57	Children's Orthopedic	284300000X	Rehabilitation Unit
58	Children's Chronic	281PC2000X	Special Hospital
59	Children's Other Specialty	284300000X	Children Chronic Disease Hospital
62	Institution for Mental Retardation	320600000X	Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities

This table should be used as a reference when assigning Provider Major Specialty Codes to Outpatient Hospital Non-Institutional Provider Records and Outpatient Hospital Non-Institutional TED records.

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Chapter 2, Addendum C

Data Requirements - Provider's Major Specialty Codes

FIGURE 2.C-1 PROVIDER MAJOR SPECIALTY CODES FOR USE ON NON-INSTITUTIONAL TED RECORDS FOR OUTPATIENT HOSPITAL CARE

TYPE OF INSTITUTION		PROVIDER MAJOR SPECIALTY	
CODE	DESCRIPTION	CODE	DESCRIPTION
70	Home Health Agency	251E00000X	Home Health Agency
71	Specialized Treatment Facility	284300000X	Special Hospital
72	Residential Treatment Center	322D00000X	Residential Treatment Facility, Emotionally Disturbed Children
73	Extended Care Facility	313M00000X	Nursing Facility/Intermediate Care Facility
74	Christian Science Facility	287300000X	Christian Science Sanitarium (hospital services)
75	Hospital-Based Ambulatory Surgery Center	261QA1903X	Ambulatory Surgical
76	Skilled Nursing Facility	314000000X	Skilled Nursing Facility
78	Non-Hospital-Based Hospice	251G00000X	Hospice Care, Community Based
79	Hospital-Based Hospice	315D00000X	Hospice, Inpatient
82	Substance Use Disorders Rehabilitation Facility (SUDRF)	276400000X	Rehabilitation, Substance Use Disorder Unit
90	Cancer	284300000X	Special Hospital
91	Sole Community Hospital (SCH)	282N00000X	General Acute Care Hospital
92	Freestanding Ambulatory Surgery Center	261QA1903X	Ambulatory Surgical
93	Critical Access Hospital (CAH)	282NC0060X	Critical Access

This table should be used as a reference when assigning Provider Major Specialty Codes to Outpatient Hospital Non-Institutional Provider Records and Outpatient Hospital Non-Institutional TED records.

- END -

Data Requirements - Type Of Institution Codes

FIGURE 2.D-1 TYPE OF INSTITUTION

SERVICE	SPECIALIZATION	DRG NON-EXEMPT
10	General medical and surgical	
11	Hospital unit of an institution (prison hospital, college infirmary, etc.)	
12	Hospital unit within an institution for the mentally retarded	E
22	Psychiatric hospital or unit of	E
33	Tuberculosis and other respiratory disease	E
44	Obstetrics and gynecology	
45	Eye, ear, nose and throat	
46	Rehabilitation	E
47	Orthopedic	
48	Chronic disease	E
49	Other specialty ¹	
50	Children's general	
51	Children's hospital unit of an institution	
52	Children's psychiatric hospital or unit of	E
53	Children's tuberculosis and other respiratory diseases	E
55	Children's eye, ear, nose, and throat	
56	Children's rehabilitation	E
57	Children's orthopedic	
58	Children's chronic	
59	Children's other specialty ¹	
62	Institution for mental retardation	E
70	Home Health Agency (HHA)	E
71	Specialized Treatment Facility	E
72	Residential Treatment Center (RTC)	E
73	Extended Care Facility	E
74	Christian Science Facility	E
75	Hospital-based Ambulatory Surgery Center (ASC)	E
76	Skilled Nursing Facility (SNF)	E
78	Non-hospital-based hospice	E
79	Hospital-based hospice	E
82	Substance Use Disorders Rehabilitation Facility (SUDRF)	
90	Cancer	E

¹ When a hospital restricts its service to a specialty not defined by a specific code, it is coded 49 (59 if a children's hospital) and the specialty is indicated in parentheses following the name of the hospital.

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Data Requirements - Type Of Institution Codes

FIGURE 2.D-1 TYPE OF INSTITUTION (CONTINUED)

SERVICE	SPECIALIZATION	DRG NON-EXEMPT
91	Sole Community Hospital (SCH)	E
92	Freestanding Ambulatory Surgery Center (ASC)	
93	Critical Access Hospital (CAH)	E
INSTITUTIONAL SUFFIX		
S	Short-term - average Length Of Stay (LOS) for all patients is less than 30 days or over 50% of all patients are admitted to units where average LOS is less than 30 days.	
L	Long-term - average LOS for all patients is 30 days or more or over 50% of all patients are admitted to units where average LOS is 30 days or more.	
¹ When a hospital restricts its service to a specialty not defined by a specific code, it is coded 49 (59 if a children's hospital) and the specialty is indicated in parentheses following the name of the hospital.		

- END -

Data Requirements - Default Values For Complete Claims Denials

The values used as defaults can be used only on complete claim denials and only when the appropriate value is not available from the claim and/or supporting documents, history, provider file, or other available resources. Thus, the defaults are element-specific and are not to be used as a “blanket” approach for complete claim denials, edits are in place to ensure appropriate reporting of defaults.

The following is arranged in alphabetical order, with those elements that are common to both Institutional and Non-Institutional addressed first, then the Institutional-specific elements followed by the Non-Institutional-specific elements. Where “N/D” (No Default) appears, the TRICARE Encounter Data (TED) must be reported in accordance with current requirements. Wherever a group level element is listed, the value shown applies to all subordinate elements unless shown separately.

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 Data Requirements - Default Values For Complete Claims Denials

FIGURE 2.M-1 COMMON ELEMENTS

ELEMENT NAME	DEFAULT VALUE
Adjustment Sequence Number	000
Adjustment/Denial Reason Code	N/D
Administrative CLIN	N/D
AGR Legal Authority Code	Z
Amount Interest Payment	Zeroes
Amount Network Provider Discount	Zeroes
Amount Paid By Other Health Insurance	Zeroes
Amount Patient Cost-share	Zeroes
Begin Date Of Care	N/D
CA/NAS Exception Reason	N/D
CA/NAS Number	N/D
CA/NAS Reason For Issuance	N/D
Claim Form Type/EMC Indicator	N/D
Date Adjustment Identified	N/D
Date Ted Record Processed To Completion	N/D
DEERS Identifier (Patient)	Zeroes
End Date Of Care	N/D
Enrollment/Health Plan Code	N/D
Health Care Coverage Copayment Factor Code	Z
Health Care Coverage Member Category Code	Z
Health Care Coverage Member Relationship Code	Z
Health Care Delivery Program Plan Coverage Code	000
Health Care Delivery Program Special Entitlement Code	00
Occurrence/Line Item Number	N/D
Other Government Program Begin Reason Code	W
Other Government Program Type Code	N
Override Code	N/D
Patient Identifier (DoD)	Zeroes
Patient Zip Code	N/D
Pay Grade Code (Sponsor)	00
Pay Plan Code (Sponsor)	ZZ
PCM Location DMIS-ID (Enrollment) Code	N/D
Person Birth Calendar Date (Patient)	19111111
Person Cadency Name (Patient)	Blanks
Person First Name (Patient)	Blanks
Person Identifier (Patient)	Zeroes
Person Identifier (Sponsor)	N/D
Person Identifier Type Code (Patient)	Z

* Prior to 10/01/2014.

** On or after October 1, 2014.

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 Data Requirements - Default Values For Complete Claims Denials

FIGURE 2.M-1 COMMON ELEMENTS (CONTINUED)

ELEMENT NAME	DEFAULT VALUE
Person Identifier Type Code (Sponsor)	Z
Person Last Name (Patient)	N/D
Person Middle Name (Patient)	Blanks
Person Sex (Patient)	Z
Pricing Rate Code	Blanks
Principal Treatment Diagnosis	7999* R69**
Provider Group NPI Number (Reserved)	Reserved
Provider Individual NPI Number (Reserved)	Reserved
Provider Network Status Indicator	N/D
Provider Participation Indicator	N/D
Provider State Or Country Code	N/D
Provider Sub-Identifier	N/D
Provider Taxpayer Number	N/D
Provider Zip Code	N/D
Reason For Interest Payment	Blanks
Record Type Indicator	N/D
Region Indicator	N/D
Secondary Treatment Diagnosis	N/D
Service Branch Classification Code (Sponsor)	Z
Special Processing Code	N/D
TED Record Indicator	N/D
Total Occurrence/Line Item Count	N/D
Type Of Submission	D
* Prior to 10/01/2014.	
** On or after October 1, 2014.	

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FIGURE 2.M-2 INSTITUTIONAL-SPECIFIC ELEMENTS

ELEMENT NAME	DEFAULT VALUE
Admission Date	Report same date as Begin Date of Care
Admission Diagnosis	7999* R69**
Amount Allowed (Total)	Zeroes
Amount Billed (Total)	N/D
Amount Paid By Gov't Contractor (Total)	Zeroes
Covered Days	Zeroes
DRG Number	Zeroes
Frequency Code	1 (N/D on DRG interim billing)
Patient Status	01 (N/D on DRG interim billing)
Principal Op/Nonsurgical Procedure Code	Blanks
Revenue Code	N/D
Secondary Op/Nonsurgical Procedure Code	Blanks
SNF HIPPS Code	N/D
Sole Community Hospital DRG Calculation	Zeroes
Sole Community Hospital DRG Number	Blanks
Source of Admission	9
Total Charge by Revenue Code	N/D
Type of Admission	3
Type of Institution	N/D
Units of Service by Revenue Code	0000000001

* Prior to 10/01/2014.

** On or after October 1, 2014.

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Appendix A

Acronyms And Abbreviations

DHP	Defense Health Program
DIA	Defense Intelligence Agency
DIACAP	DoD Information Assurance Certification And Accreditation Process
DII	Defense Information Infrastructure
DIS	Defense Investigative Service
DISA	Defense Information System Agency
DISCO	Defense Industrial Security Clearance Office
DISN	Defense Information Systems Network
DISP	Defense Industrial Security Program
DITSCAP	DoD Information Technology Security Certification and Accreditation Process
DLAR	Defense Logistics Agency Regulation
DLE	Dialyzable Leukocyte Extract
DLI	Donor Lymphocyte Infusion
DM	Disease Management
DMDC	Defense Manpower Data Center
DME	Durable Medical Equipment
DMEPOS	Durable medical equipment, prosthetics, orthotics, and supplies
DMI	DMDC Medical Interface
DMIS	Defense Medical Information System
DMIS-ID	Defense Medical Information System Identification (Code)
DMLSS	Defense Medical Logistics Support System
DMR	Direct Member Reimbursement
DMZ	Demilitarized Zone
DNA	Deoxyribonucleic Acid
DNA-HLA	Deoxyribonucleic Acid - Human Leucocyte Antigen
DNACI	DoD National Agency Check Plus Written Inquiries
DO	Doctor of Osteopathy Operations Directorate
DOB	Date of Birth
DOC	Dynamic Orthotic Cranioplasty (Band)
DoD	Department of Defense
DoD AI	Department of Defense Administrative Instruction
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDIG	Department of Defense Inspector General
DoD P&T	Department of Defense Pharmacy and Therapeutics (Committee)
DOE	Department of Energy
DOEBA	Date of Earliest Billing Action
DOES	DEERS Online Enrollment System
DOHA	Defense Office of Hearings and Appeals
DOJ	Department of Justice
DOLBA	Date of Latest Billing Action

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DOS	Date Of Service
DP	Designated Provider
DPA	Differential Power Analysis
DPI	Designated Providers Integrator
DPO	DEERS Program Office
DPPO	Designated Provider Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnosis Related Group
DRPO	DEERS RAPIDS Program Office
DRS	Decompression Reduction Stabilization
DSAA	Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DS Logon	DoD Self-Service Logon
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-III	Diagnostic and Statistical Manual of Mental Disorders, Third Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSMC	Data and Safety Monitoring Committee
DSMO	Designated Standards Maintenance Organization
DSMT	Diabetes Self-Management Training
DSO	DMDC Support Office
DSPOC	Dental Service Point of Contact
DSU	Data Sending Unit
DTF	Dental Treatment Facility
DTM	Directive-Type Memorandum
DTR	Derived Test Requirements
DTRO	Director, TRICARE Regional Office
DUA	Data Use Agreement
DVA	Department of Veterans Affairs
DVAHCF	Department of Veterans Affairs Health Care Finder
DVD	Digital Versatile Disc (formerly Digital Video Disc)
DVD-R	Digital Versatile Disc-Recordable
DWR	DSO Web Request
Dx	Diagnosis
DXA	Dual Energy X-Ray Absorptiometry
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EACH	Essential Access Community Hospital

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EAL	Common Criteria Evaluation Assurance Level
EAP	Employee-Assistance Program Ethandamine phosphate
EBC	Enrollment Based Capitation
ECA	External Certification Authority
ECAS	European Cardiac Arrhythmia Society
ECG	Electrocardiogram
ECHO	Extended Care Health Option
ECT	Electroconvulsive Therapy
ED	Emergency Department
EDC	Error Detection Code
EDI	Electronic Data Information Electronic Data Interchange
EDIPI	Electronic Data Interchange Person Identifier
EDIPN	Electronic Data Interchange Person Number
EDI_PN	Electronic Data Interchange Patient Number
EEG	Electroencephalogram
EEPROM	Erasable Programmable Read-Only Memory
EFM	Electronic Fetal Monitoring
EFMP	Exceptional Family Member Program
EFP	Environmental Failure Protection
eFRC	Electronic Federal Records Center
EFT	Electronic Funds Transfer Environmental Failure Testing
EGHP	Employer Group Health Plan
E/HPC	Enrollment/Health Plan Code
EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care
EHP	Employee Health Program
EHRA	European Heart Rhythm Association
EIA	Educational Interventions for Autism Spectrum Disorders
EID	Early Identification Enrollment Information for Dental
EIDS	Executive Information and Decision Support
EIN	Employer Identification Number
EIP	External Infusion Pump
EKG	Electrocardiogram
ELN	Element Locator Number
ELISA	Enzyme-Linked Immunoabsorbent Assay
E/M	Evaluation and Management
EMC	Electronic Media Claim Enrollment Management Contractor
EMDR	Eye Movement Desensitization and Reprocessing

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EMG	Electromyograma
EMTALA	Emergency Medical Treatment & Active Labor Act
ENTNAC	Entrance National Agency Check
EOB	Explanation of Benefits
EOBs	Explanations of Benefits
EOC	Episode of Care
EOE	Evoked Otoacoustic Emission
EOG	Electro-oculogram
EOMB	Explanation of Medicare Benefits
EOP	Explanation of Payment
ePHI	electronic Protected Health Information
EPO	Erythropoietin Exclusive Provider Organization
EPR	EIA Program Report
EPROM	Erasable Programmable Read-Only Memory
ER	Emergency Room
ERA	Electronic Remittance Advice
ERISA	Employee Retirement Income and Security Act of 1974
ESRD	End Stage Renal Disease
EST	Eastern Standard Time
ESWT	Extracorporeal Shock Wave Therapy
ET	Eastern Time
ETIN	Electronic Transmitter Identification Number
EWPS	Enterprise Wide Provider System
EWRAS	Enterprise Wide Referral and Authorization System
F&AO	Finance and Accounting Office(r)
FAI	Femoroacetabular Impingement
FAP	Familial Adenomatous Polyposis
FAR	Federal Acquisition Regulations
FASB	Federal Accounting Standards Board
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FCCA	Federal Claims Collection Act
FDA	Food and Drug Administration
FDB	First Data Bank
FDL	Fixed Dollar Loss
Fed	Federal Reserve Bank
FEHBP	Federal Employee Health Benefit Program
FEL	Familial Erythrophagocytic Lymphohistiocytosis
FEV ₁	Forced Expiratory Volume
FFM	Foreign Force Member
FHL	Familial Hemophagocytic Lymphohistiocytosis

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FI	Fiscal Intermediary
FIPS	Federal Information Processing Standards (or System)
FIPS PUB	FIPS Publication
FISH	Fluorescence In Situ Hybridization
FISMA	Federal Information Security Management Act
FL	Form Locator
FMCRA	Federal Medical Care Recovery Act
FMRI	Functional Magnetic Resonance Imaging
FOBT	Fecal Occult Blood Testing
FOC	Full Operational Capability
FOIA	Freedom of Information Act
FOUO	For Official Use Only
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FSH	Follicle Stimulating Hormone
FSO	Facility Security Officer
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)
FY	Fiscal Year
GAAP	Generally Accepted Accounting Principles
GAO	General Accounting Office
GDC	Guglielmi Detachable Coil
GFE	Government Furnished Equipment
GHP	Group Health Plan
GHz	Gigahertz
GIFT	Gamete Intrafallopian Transfer
GIQD	Government Inquiry of DEERS
GP	General Practitioner
GPCI	Geographic Practice Cost Index
H/E	Health and Environment
HAC	Health Administration Center Hospital Acquired Condition
HAVEN	Home Assessment Validation and Entry
HBA	Health Benefits Advisor
HBO	Hyperbaric Oxygen Therapy
HCC	Health Care Coverage
HCDP	Health Care Delivery Program
HCF	Health Care Finder

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HCFA	Health Care Financing Administration
HCG	Human Chorionic Gonadotropin
HCIL	Health Care Information Line
HCM	Hypertrophic Cardiomyopathy
HCO	Healthcare Operations Division
HCP	Health Care Provider
HCPC	Healthcare Common Procedure Code (formerly HCFA Common Procedure Code)
HCPCS	Healthcare Common Procedure Coding System (formerly HCFA Common Procedure Coding System)
HCPR	Health Care Provider Record
HCSR	Health Care Service Record
HDC	High Dose Chemotherapy
HDC/SCR	High Dose Chemotherapy with Stem Cell Rescue
HDGC	Hereditary Diffuse Gastric Cancer
HDL	Hardware Description Language
HDR	High Dose Radiation
HEAR	Health Enrollment Assessment Review
HEDIS	Health Plan Employer Data and Information Set
HepB-Hib	Hepatitis B and Hemophilus influenza B
HHA	Home Health Agency
HHA PPS	Home Health Agency Prospective Payment System
HHC	Home Health Care
HHC/CM	Home Health Care/Case Management
HHRG	Home Health Resource Group
HHS	Health and Human Services
HI	Health Insurance
HIAA	Health Insurance Association of America
HIC	Health Insurance Carrier
HICN	Health Insurance Claim Number
HINN	Hospital-Issued Notice Of Noncoverage
HINT	Hearing in Noise Test
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPEC	Hyperthermic Intraperitoneal Chemotherapy
HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
HIV	Human Immunodeficiency Virus
HL7	Health Level 7
HLA	Human Leukocyte Antigen
HMAC	Hash-Based Message Authentication Code
HMO	Health Maintenance Organization
HNPCC	Hereditary Non-Polyposis Colorectal Cancer
HOPD	Hospital Outpatient Department

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HPA&E	Health Program Analysis & Evaluation
HPSA	Health Professional Shortage Area
HPV	Human Papilloma Virus
HRA	Health Reimbursement Arrangement
HRG	Health Resource Group
HRS	Heart Rhythm Society
HRT	Heidelberg Retina Tomograph Hormone Replacement Therapy
HSCRC	Health Services Cost Review Commission
HSWL	Health, Safety and Work-Life
HTML	HyperText Markup Language
HTTP	HyperText Transfer (Transport) Protocol
HTTPS	Hypertext Transfer (Transport) Protocol Secure
HUAM	Home Uterine Activity Monitoring
HUD	Humanitarian Use Device
HUS	Hemolytic Uremic Syndrome
HVPT	Hyperventilation Provocation Test
IA	Information Assurance
IATO	Interim Approval to Operate
IAVA	Information Assurance Vulnerability Alert
IAVB	Information Assurance Vulnerability Bulletin
IAVM	Information Assurance Vulnerability Management
IAW	In accordance with
IBD	Inflammatory Bowel Disease
IC	Individual Consideration Integrated Circuit
ICASS	International Cooperative Administrative Support Services
ICD	Implantable Cardioverter Defibrillator
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases, 10th Revision, Procedure Coding System
ICF	Intermediate Care Facility
ICMP	Individual Case Management Program
ICMP-PEC	Individual Case Management Program For Persons With Extraordinary Conditions
ICN	Internal Control Number
ICSP	Individual Corporate Services Provider
ID	Identification Identifier
IDB	Intradiscal Biacuplasty
IDD	Internal or Intervertebral Disc Decompression
IDE	Investigational Device Exemption Investigational Device
IDEA	Individuals with Disabilities Education Act

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IDES	Integrated Disability Evaluation System
IDET	Intradiscal Electrothermal Therapy
IDME	Indirect Medical Education
IdP	Identity Protection
IDTA	Intradiscal Thermal Annuloplasty
IE	Interface Engine Internet Explorer
IEA	Intradiscal Electrothermal Annuloplasty
IEP	Individualized Educational Program
IFC	Interim Final Rule with comment
IFR	Interim Final Rule
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IgA	Immunoglobulin A
IGCE	Independent Government Cost Estimate
IHI	Institute for Healthcare Improvement
IHS	Indian Health Service
IIHI	Individually Identifiable Health Information
IIP	Implantable Infusion Pump
IM	Information Management Instant Message/Messaging Intramuscular
IMRT	Intensity Modulated Radiation Therapy
IND	Investigational New Drugs
INR	International Normalized Ratio Intramuscular International Normalized Ratio
INS	Immigration and Naturalization Service
IOC	Initial Operational Capability
IOD	Interface Operational Description
IOLs	Intraocular Lenses
IOM	Internet Only Manual
IOP	Intraocular Pressure
IORT	Intra-Operative Radiation Therapy
IP	Inpatient
IPC	Information Processing Center (outdated term, see SMC)
IPHC	Intraperitoneal Hyperthermic Chemotherapy
IPN	Intraperitoneal Nutrition
IPP	In-Person Proofing
IPPS	Inpatient Prospective Payment System
IPS	Individual Pricing Summary
IPSEC	Secure Internet Protocol
IQ	Intelligence Quotient
IQM	Internal Quality Management

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IRB	Institutional Review Board
IRR	Individual Ready Reserve
IRS	Internal Revenue Service
IRTS	Integration and Runtime Specification
IS	Information System
ISN	Investigation Schedule Notice
ISO	International Standard Organization
ISP	Internet Service Provider
IT	Information Technology
ITSEC	Information Technology Security Evaluation Criteria
IV	Initialization Vector Intravenous
IVD	Ischemic Vascular Disease
IVF	In Vitro Fertilization
JC	Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO))
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCIH	Joint Committee on Infant Hearing
JCOS	Joint Chiefs of Staff
JFTR	Joint Federal Travel Regulations
JNI	Japanese National Insurance
JTF-GNO	Joint Task Force for Global Network Operations
JUSDAC	Joint Uniformed Services Dental Advisory Committee
JUSMAC	Joint Uniformed Services Medical Advisory Committee
JUSPAC	Joint Uniformed Services Personnel Advisory Committee
KB	Knowledge Base
KO	Contracting Officer
LAA	Limited Access Authorization
LAC	Local Agency Check
LAK	Lymphokine-Activated Killer
LAN	Local Area Network
LASER	Light Amplification by Stimulated Emission of Radiation
LCD	Local Coverage Determination
LCF	Long-term Care Facility
LCIS	Lobular Carcinoma In Situ
LDL	Low Density Lipoprotein
LDLT	Living Donor Liver Transplantation
LDR	Low Dose Rate
LDT	Laboratory Developed Test
LGS	Lennox-Gastaut Syndrome
LH	Luteinizing Hormone
LLLT	Low Level Laser Therapy

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LNT	Lexical Neighborhood Test
LOC	Letter of Consent
LOD	Letter of Denial/Revocation Line of Duty
LOI	Letter of Intent
LOS	Length-of-Stay
LOT	Life Orientation Test
LPN	Licensed Practical Nurse
LSIL	Low-grade Squamous Intraepithelial Lesion
LSN	Location Storage Number
LTC	Long-Term Care
LUPA	Low Utilization Payment Adjustment
LV	Left Ventricle [Ventricular]
LVEF	Left Ventricular Ejection Fraction
LVN	Licensed Vocational Nurse
LVRS	Lung Volume Reduction Surgery
LVSD	Left Ventricular Systolic Dysfunction
MAC	Maximum Allowable Charge Maximum Allowable Cost
MAC III	Mission Assurance Category III
MAID	Maximum Allowable Inpatient Day
MB&RB	Medical Benefits and Reimbursement Branch
MBI	Molecular Breast Imaging
MCIO	Military Criminal Investigation Organization
MCS	Managed Care Support
MCSC	Managed Care Support Contractor
MCSS	Managed Care Support Services
MCTDP	Myelomeningocele Clinical Trial Demonstration Protocol
MD	Doctor of Medicine
MDI	Mental Developmental Index Multiple Daily Injection
MDR	MHS Data Repository
MDS	Minimum Data Set
MEB	Medical Evaluation Board
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station
MEPRS	Medical Expense Performance Reporting System
MESA	Microsurgical Epididymal Sperm Aspiration
MET	Microcurrent Electrical Therapy
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board
MGIB	Montgomery GI Bill

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MH	Mental Health
MHCC	Maryland Health Care Commission
MHO	Medical Holdover
MHS	Military Health System
MHSO	Managing Health Services Organization
MHSS	Military Health Services System
MI	Myocardial Infarction
MI&L	Manpower, Installations, and Logistics
MIA	Missing In Action
MIAP	Multi-Host Internet Access Portal
MIDCAB	Minimally Invasive Direct Coronary Artery Bypass
mild®	Minimally Invasive Lumbar Decompression
MIRE	Monochromatic Infrared Energy
MLNT	Multisyllabic Lexical Neighborhood Test
MMA	Medicare Modernization Act
MMEA	Medicare and Medicaid Extenders Act (of 2010)
MMP	Medical Management Program
MMPCMHP	Maryland Multi-Payer Patient-Centered Medical Home Program
MMPP	Maryland Multi-Payer Patient
MMSO	Military Medical Support Office
MMWR	Morbidity and Mortality Weekly Report
MNR	Medical Necessity Report
MOA	Memorandum of Agreement
MOH	Medal Of Honor
MOMS	Management of Myelomeningocele Study
MOP	Mail Order Pharmacy
MOU	Memorandum of Understanding
MPI	Master Patient Index
MR	Magnetic Resonance Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRHFP	Medicare Rural Hospital Flexibility Program
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
MRS	Magnetic Resonance Spectroscopy
MS	Microsoft®
MSA	Metropolitan Statistical Area
MSC	Military Sealift Command
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
MST	Mountain Standard Time

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MSUD	Maple Syrup Urine Disease
MSW	Masters of Social Work Medical Social Worker
MT	Mountain Time
MTF	Military Treatment Facility
MUE	Medically Unlikely Edits
MV	Multivisceral (transplant)
MVS	Multiple Virtual Storage
MWR	Morale, Welfare, and Recreation
N/A	Not Applicable
N/D	No Default
NAC	National Agency Check
NACHA	National Automated Clearing House Association
NACI	National Agency Check Plus Written Inquiries
NACLC	National Agency Check with Law Enforcement and Credit
NADFM	Non-Active Duty Family Member
NARA	National Archives and Records Administration
NAS	Naval Air Station Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
NCD	National Coverage Determination
NCE	National Counselor Examination
NCF	National Conversion Factor
NCI	National Cancer Institute
NCMHCE	National Clinical Mental Health Counselor Examination
NCPAP	Nasal Continuous Positive Airway Pressure
NCPDP	National Council of Prescription Drug Program
NCQA	National Committee for Quality Assurance
NCVHS	National Committee on Vital and Health Statistics
NDAA	National Defense Authorization Act
NDC	National Drug Code
NDMS	National Disaster Medical System
NED	National Enrollment Database
NETT	National Emphysema Treatment Trial
NF	Nursing Facility
NG	National Guard
NGPL	No Government Pay List
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps

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NICHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NII	Networks and Information Integration
NIPRNET	Nonsecure Internet Protocol Router Network
NIS	Naval Investigative Service
NISPOM	National Industrial Security Program Operating Manual
NIST	National Institute of Standards and Technology
NLDA	Nursery and Labor/Delivery Adjustment
NLT	No Later Than
NMA	Non-Medical Attendant
NMES	Neuromuscular Electrical Stimulation
NMOP	National Mail Order Pharmacy
NMR	Nuclear Magnetic Resonance
NMT	Nurse Massage Therapist
NOAA	National Oceanic and Atmospheric Administration
NoPP	Notice of Private Practices
NOSCASTC	National Operating Standard Cost as a Share of Total Costs
NP	Nurse Practitioner
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NPR	Notice of Program Reimbursement
NPS	Naval Postgraduate School
NPWT	Negative Pressure Wound Therapy
NQF	National Quality Forum
NRC	Nuclear Regulatory Commission
NRS	Non-Routine [Medical] Supply
NSDSMEP	National Standards for Diabetes Self-Management Education Programs
NSF	Non-Sufficient Funds
NTIS	National Technical Information Service
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee
O/ATIC	Operations/Advanced Technology Integration Center
OA	Office of Administration
OAE	Otoacoustic Emissions
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OASD (H&E)	Office of the Assistant Secretary of Defense (Health and Environment)
OASD (MI&L)	Office of the Assistant Secretary of Defense (Manpower, Installations, and Logistics)
OASIS	Outcome and Assessment Information Set
OB/GYN	Obstetrician/Gynecologist
OBRA	Omnibus Budget Reconciliation Act

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OCE	Outpatient Code Editor
OCHAMPUS	Office of Civilian Health and Medical Program of the Uniformed Services
OCMO	Office of the Chief Medical Officer
OCONUS	Outside of the Continental United States
OCR	Office of Civil Rights Optical Character Recognition
OCSP	Organizational Corporate Services Provider
OCT	Optical Coherence Tomograph
OD	Optical Disk
OF	Optional Form
OGC	Office of General Counsel
OGC-AC	Office of General Counsel-Appeals, Hearings & Claims Collection Division
OGP	Other Government Program
OHI	Other Health Insurance
OHS	Office of Homeland Security
OIG	Office of Inspector General
OMB	Office of Management and Budget
OP/NSP	Operation/Non-Surgical Procedure
OPD	Outpatient Department
OPM	Office of Personnel Management
OPPS	Outpatient Prospective Payment System
OR	Operating Room
OSA	Obstructive Sleep Apnea
OSAS	Obstructive Sleep Apnea Syndrome
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
OSS	Office of Strategic Services
OT	Occupational Therapy (Therapist)
OTC	Over-The-Counter
OTCD	Ornithine Transcarbamylase Deficiency
OUSD	Office of the Undersecretary of Defense
OUSD (P&R)	Office of the Undersecretary of Defense (Personnel and Readiness)
P/O	Prosthetic and Orthotics
P&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO ₂	Partial Pressure of Carbon Dioxide
PAO ₂	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PAT	Performance Assessment Tracking
PatID	Patient Identifier

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PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PBT	Proton Beam Therapy
PC	Peritoneal Carcinomatosis Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager
PCMBN	PCM By Name
PCMH	Patient-Centered Medical Home
PCMRA	PCM Research Application
PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	Permanent Change of Station
PCSIB	Purchased Care Systems Integration Branch
PD	Passport Division
PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDD	Percutaneous (or Plasma) Disc Decompression
PDDBI	Pervasive Developmental Disorders Behavior Inventory
PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDI	Potentially Disqualifying Information
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PDX	Principal Diagnosis
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PESA	Percutaneous Epididymal Sperm Aspiration
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PPF	Partnership For Peace
PPPWD	Program for Persons with Disabilities

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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
PII	Personally Identifiable Information
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
PIRFT	Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)
PIT	PCM Information Transfer
PIV	Personal Identity Verification
PK	Public Key
PKE	Public Key Enabling
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group
PMPM	Per Member Per Month
PMR	Percutaneous Myocardial Laser Revascularization
PNET	Primitive Neuroectodermal Tumors
PNT	Policy Notification Transaction
POA	Power of Attorney Present On Admission
POA&M	Plan of Action and Milestones
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
PPACA	Patient Protection and Affordable Care Act
PPC-PCMH	Physician Practice Connections Patient-Centered Medical Home
PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPP	Purchasing Power Parity

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PPS	Prospective Payment System Ports, Protocols and Services
PPSM	Ports, Protocols, and Service Management
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRFA	Percutaneous Radiofrequency Ablation
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
PSD	Personnel Security Division
PSF	Provider Specific File
PSG	Polysomnography
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
PTNS	Posterior Tibial Nerve Stimulation
PTSD	Post-Traumatic Stress Disorder
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program

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QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group
RA	Radiofrequency Annuloplasty Remittance Advice
RADDP	Remote Active Duty Dental Program
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RARC	Remittance Advice Remark Code
RC	Reserve Component
RCC	Recurring Credit/Debit Charge Renal Cell Carcinoma
RCCPDS	Reserve Component Common Personnel Data System
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director Registered Dietitian
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RF	Radiofrequency
RFA	Radiofrequency Ablation
RFI	Request For Information
RFP	Request For Proposal
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
RIA	Radioimmunoassay
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
ROMF	Record Object Metadata File
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI OASIS Verification
RPM	Record Processing Mode
RRA	Regional Review Authority

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RRS	Records Retention Schedule
RTC	Residential Treatment Center
rTMS	Repetitive Transcranial Magnetic Stimulation
RUG	Resource Utilization Group
RV	Residual Volume Right Ventricle [Ventricular]
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAMHSA	Substance Abuse and Mental Health Services Administration
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCA	Service Contract Act
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	Stem 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
SFTP	Secure File Transfer Protocol
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry

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SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile
SIRT	Selective Internal Radiation Therapy
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
SPA	Simple Power Analysis
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
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
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
T-3	TRICARE Third Generation
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management

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TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCMHC	TRICARE Certified Mental Health Counselor
TCP/IP	Transmission Control Protocol/Internet Protocol
TCSRC	Transitional Care for Service-Related Conditions
TDD	Targeted Disc Decompression
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Program/Plan
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
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
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
TIP	Thermal Intradiscal Procedure
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
TMCPA	Temporary Military Contingency Payment Adjustment

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TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TMS	Transcranial Magnetic Stimulation
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
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
TOPO	TRICARE Overseas Program Office
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)
TPSA	Transitional Prime Service Area
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRIAP	TRICARE Assistance Program
TRIP	Temporary Records Information Portal
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application

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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
TTOP	TRICARE Transitional Outpatient Payment
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
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
UPPP	Uvulopalatopharyngoplasty
URFS	Unremarried Former Spouse
URL	Universal Resource Locator
US	Ultrasound 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

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USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
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	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thoroscopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
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
WebDOES	DEERS Online Enrollment System Web (application)
WEDI	Workgroup for Electronic Data Interchange
WHS	Washington Headquarters Services
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured
WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report

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WTU	Warrior Transition Unit
WWW	World Wide Web
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer

2D	Two Dimensional
3D	Three Dimensional

- END -

