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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 6
7950.2-M
MAY 28, 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: OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) UPDATES

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change brings this manual up-to-date with published Change 70 to the Aug 2002 TRICARE Systems Manual 7950.1-M.

EFFECTIVE DATE: May 1, 2009.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TOM, Change No. 6, Feb 2008 TPM, Change No. 7, and Feb 2008 TRM, Change No. 7.


Jack Atendale
Chief, Purchased Care Systems
Integration Branch

ATTACHMENT(S): 10 PAGES
DISTRIBUTION: 7950.2-M

CHANGE 6
7950.2-M
MAY 28, 2009

REMOVE PAGE(S)

CHAPTER 2

Section 2.6, pages 3 through 6

Section 2.7, pages 27 and 28

Addendum H, pages 9 and 10

Addendum N, pages 3 and 4

INSERT PAGE(S)

Section 2.6, pages 3 through 6

Section 2.7, pages 27 and 28

Addendum H, pages 9 and 10

Addendum N, pages 3 and 4

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Chapter 2, Section 2.6

Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-380	Up to 450	Yes
Non-Institutional	2-145	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Three (3) numeric digits.			
DEFINITION	A unique number for each utilization/revenue data occurrence within the TED record. Occurrence/line item number must be assigned in sequential ascending order.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE			GROUP
N/A			N/A
NOTES AND SPECIAL INSTRUCTIONS:			
N/A			

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Chapter 2, Section 2.6

Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OPPS PAYMENT STATUS INDICATOR CODE

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-331	Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.			
DEFINITION Identifies how a service or procedure is paid under OPPS.			
CODE/VALUE SPECIFICATIONS	A	Services paid under some payment method other than OPPS (e.g., payment for non-implantable prosthetic and orthotic devices, DME, ambulance services, and individual professional services).	
	B	More appropriate code required for TRICARE OPPS.	
	C	Inpatient services.	
	E	Items or services not covered by TRICARE.	
	F	Acquisition of corneal tissue and certain CRNA services and Hepatitis B vaccines.	
	G	Pass-through drugs and biologicals.	
	H	<ol style="list-style-type: none"> 1. Pass-through device categories. 2. Therapeutic radiopharmaceuticals. 	
	K	Non-pass-through drugs and biologicals.	
	N	Items and services packaged into APC rates.	
	P	Partial hospitalization service.	
	Q	Packaged services subject to separate payment based on payment criteria. See codes Q1 through Q3 listed below.	
	R	Blood and blood products.	
	S	Significant procedures not subject to multiple procedure discounting.	
	T	Significant procedures subject to multiple procedure discounting.	
	U	Brachytherapy sources.	
	V	Clinic or ED visits.	
	W	Invalid HCPCS or invalid revenue code with blank HCPCS.	
	X	Ancillary services.	
	Z	Valid revenue code with blank HCPCS and no other SI assigned.	
	TB	TRICARE reimbursement not allowed for CPT/HCPCS code submitted.	
	Q1	STVX-packaged codes.	

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required on all TED records reimbursed under OPPS.

Refer to the TRM for additional information and more complete definitions of the OPPS Payment SI Codes. Must be left justified and blank filled.

The list of Payment SIs For Hospital OPPS and OPPS Payment Status can be found at <http://www.tricare.mil/opps>.

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Chapter 2, Section 2.6

Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OPPS PAYMENT STATUS INDICATOR CODE (Continued)

**CODE/VALUE SPECIFICATIONS
(CONTINUED)**

Q2

T-packaged codes.

Q3

Codes that may be paid through a composite APC.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE

GROUP

N/A

N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required on all TED records reimbursed under OPPS.

Refer to the TRM for additional information and more complete definitions of the OPPS Payment SI Codes. Must be left justified and blank filled.

The list of Payment SIs For Hospital OPPS and OPPS Payment Status can be found at <http://www.tricare.mil/oppo>.

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Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) BEGIN REASON CODE

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Institutional	1-132	1	Yes ¹
Non-Institutional	2-192	Up to 99	Yes ¹

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.

DEFINITION The code that indicates the reason that the person's period of eligibility for a non-DoD OGP began. The OGP begin reason code only applies to OGP type codes of 'A' or 'B' only. Download field from DEERS.

CODE/VALUE SPECIFICATIONS		
A	Eligible for Medicare. Eligibility began after age 65 (the person did not have enough quarters of Social Security contributions to qualify at age 65). This value applies to Medicare Part A.	
B	Enrollment in Medicare Part B, C or D; over or under age 65. Medicare Part B can only be obtained by payment of monthly premiums. This value applies to Medicare Part B, C or D.	
D	Eligible for Medicare because of disability. This value applies to Medicare Part A.	
E	Eligible for Medicare at age 65. This value applies to Medicare Part A.	
F	Eligibility for Medicare defaulted at age 65; verification not received from Center for Medicare and Medicaid Services (CMS). Applies to Medicare Part A only.	
N	Not eligible for Medicare. Under age 65 this is the default value. At age 65 this indicates eligibility could not begin because the person did not have enough quarters of Social Security contributions to qualify. This value applies to Medicare Part A.	
P	Eligible for Medicare at or after 65 because of purchase. This value applies to Medicare Part A.	
R	Eligible for Medicare because of end-stage renal disease. This value applies to Medicare Part A.	
V	Eligible for the CHAMPVA.	
W	Not applicable.	

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ If the DEERS response does not contain an OGP BEGIN REASON CODE, report 'W' in this field.

If person not on DEERS but claim is payable (i.e., government liability), report 'W' in this field.

Note: For MOP use the data element Medicare Begin Reason Code from the DEERS inquiry/response to report this information. If the DEERS response does not contain an OGP BEGIN REASON CODE, report 'W' in this field.

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Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PROCEDURE CODE MODIFIER

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-165	4/Up to 99	No
PRIMARY PICTURE (FORMAT) Four (4) occurrences of two (2) alphanumeric characters per occurrence/line item.			
DEFINITION Two digit code which provides the means by which the health care professional can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. (Refer to Physician's Current Procedure Terminology, 4th Edition ¹ (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) National Level II Medicare Codes.)			
CODE/VALUE SPECIFICATIONS Must be 21-27, 32, 47, 50-59, 62, 63, 66, 73-82, 90-92, 99, 0A-0P, 0Z, 1A-1J, 1P, 1Z, 2A-2T, 2Z, 3A-3I, 3K, 3P, 3Z, 4A-4O, 4Z, 5A-5O, 5Z, 6A-6F, 6Z, 7A-7F, 7Z, 8A-8C, 8P, 8Z, 9A-9D, 9L-9Q, 9Z, A1-A9, AA, AD-AH, AJ, AK, AM, AP-AX, BA, BL, BO-BR, BU, CA-CG, CR, DE, DG-DJ, DN, DP, DR, DS, DX, E1-E4, EA-EE, EG-EJ, EM, EN, EP, ER-ET, EX, EY, F1-F9, FA-FC, FP, G1-G9, GA-GT, GV-GZ, H9, HA-HZ, ID, IE, IG-IJ, IN, IR, IS, IX, J1-J3, JA-JE, JG-JJ, JN, JP, JR, JS, JW, JX, K0-K4, KA-KZ, LC, LD, LL, LR-LT, M2, MR, MS, ND, NE, NG-NJ, NN, NP, NR-NU, NX, P1-P6, PA-PE, PG, PI, PJ, PL, PN, PP, PR, PS, PX, Q0-Q9, QA-QH, QJ-QZ, RA-RE, RG-RJ, RN, RP-RT, RX, SA-SN, SQ-SY, T1-T9, TA, TC-TK, TL-TN, TP-TW, U1-U9, UA-UH, UJ-UK, UN, UP-US, VP, XD, XE, XG-XJ, XN, XR, XS, or blank.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:

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Note: Can report from zero to four codes. Each occurrence consists of two characters left justified and blank filled. Do not duplicate.

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Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PROCESSING INFORMATION

		RECORDS/LOCATOR NUMBERS		
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-155	1	Yes	
PRIMARY PICTURE (FORMAT) Group				
DEFINITION Field containing multiple elements that describe processing related to the TED record.				
CODE/VALUE SPECIFICATIONS N/A				
ALGORITHM N/A				
SUBORDINATE AND/OR GROUP ELEMENTS				
SUBORDINATE			GROUP	
OVERRIDE CODE			N/A	
TYPE OF SUBMISSION				
CA/NAS NUMBER				
CA/NAS REASON FOR ISSUANCE				
CA/NAS EXCEPTION REASON				
SPECIAL PROCESSING CODE				
PRICING RATE CODE				
HEALTHCARE DELIVERY PROGRAM SPECIAL ENTITLEMENT CODE				

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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Chapter 2, Addendum H

Data Requirements - Revenue Codes

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
038X	Blood
	Charges for blood must be separately identified for private payer purposes.
	Subcategory
	0 General Classification
	1 Packed Red Cells
	2 Whole Blood
	3 Plasma
	4 Platelets
	5 Leukocytes
	6 Other Components
	7 Other Derivatives (Cryoprecipitates)
	9 Other Blood
039X	Blood and Blood Component Administration, Storage and Processing
	Charges for the storage and processing of whole blood.
	Subcategory
	0 General Classification
	1 Blood Administration (e.g., Transfusions)
	2 Blood Storage
	9 Other Blood Storage and Processing
040X	Other Imaging Services
	Subcategory
	0 General Classification
	1 Diagnostic Mammography
	2 Ultrasound
	3 Screening Mammography
	4 Positron Emission Tomography
	9 Other Imaging Services
041X	Respiratory Services
	Charges for administration of oxygen and certain potent drugs through inhalation or positive pressure and other forms of rehabilitative therapy through measurement of inhaled and exhaled gases and analysis of blood and evaluation of the patient's ability to exchange oxygen and other gases.
	Subcategory
	0 General Classification
	2 Inhalation Services
	3 Hyperbaric Oxygen Therapy
	9 Other Respiratory Services

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Chapter 2, Addendum H

Data Requirements - Revenue Codes

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
042X	Physical Therapy
	Charges for therapeutic exercises, massage and utilization of effective properties of light, heat, cold, water, electricity, and assistive devices for diagnosis and rehabilitation of patients who have neuromuscular, orthopedic and other disabilities.
	Subcategory
	0 General Classification
	1 Visit Charge
	2 Hourly Charge
	3 Group Rate
	4 Evaluation or Re-Evaluation
	9 Other Physical Therapy
043X	Occupational Therapy
	Services provided by a qualified occupational therapy practitioner for therapeutic interventions to improve, sustain or restore an individual's level of function in performance of activities of daily living and work, including: therapeutic activities; therapeutic exercises; sensorimotor processing; psychosocial skills training; cognitive retraining; fabrication and application of orthotic devices; and training in the use of orthotic and prosthetic devices; adaptation of environments; and application of physical agent modalities.
	Subcategory
	0 General Classification
	1 Visit Charge
	2 Hourly Charge
	3 Group Rate
	4 Evaluation or Re-Evaluation
	9 Other Occupational Therapy
044X	Speech - Language Pathology
	Charges for services provided to persons with impaired functional communication skills.
	Subcategory
	0 General Classification
	1 Visit Charge
	2 Hourly Charge
	3 Group Rate
	4 Evaluation or Re-Evaluation
	9 Other Speech - Language Pathology
045X	Emergency Room
	Charges for emergency treatment to those ill and injured persons who require immediate unscheduled medical or surgical care.
	Subcategory
	0 General Classification
	1 Emergency Medical Treatment & Active Labor Act (EMTALA) Emergency Medical Screening Services
	2 ER Beyond EMTALA Screening
	6 Urgent Care
	9 Other Emergency Room

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Chapter 2, Addendum N

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

REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
030X	Laboratory	
0300	General Classification	99499
0301	Chemistry	
0302	Immunology	
0303	Renal Patient (home)	
0304	Non-Routine Dialysis	
0305	Hematology	
0306	Bacteriology & Microbiology	
0307	Urology	
0309	Other Laboratory	
031X	Laboratory Pathological	
0310	General Classification	99499
0311	Cytology	
0312	Histology	
0314	Biopsy	
0319	Other Laboratory Pathological	
032X	Radiology - Diagnostic	
0320	General Classification	99499
0321	Angiocardiography	
0322	Arthrography	
0323	Arteriography	
0324	Chest X-Ray	
0329	Other Radiology - Diagnostic	
033X	Radiology - Therapeutic	
0330	General Classification	99499
0331	Chemotherapy - Injected	
0332	Chemotherapy - Oral	
0333	Radiation Therapy	
0335	Chemotherapy - IV	
0339	Other Radiology - Therapeutic	
034X	Nuclear Medicine	
0340	General Classification	99499
0341	Diagnostic Procedures	
0342	Therapeutic Procedures	
0343	Diagnostic Radiopharmaceuticals (Effective 10/01/2004)	
0344	Therapeutic Radiopharmaceuticals (Effective 10/01/2004)	
0349	Other Nuclear Medicine	

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** Must use appropriate CPT/HCPCS Codes.

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Chapter 2, Addendum N

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

REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
035X	CT Scan	
0350	General Classification	99499
0351	Head Scan	
0352	Body Scan	
0359	Other CT Scan	
036X¹	Operating Room Services	
0360	General Classification	99499
0361	Minor Surgery	
0362	Organ Transplant - Other than Kidney	
0367	Kidney Transplant	
0369	Other Operating Room Services	
¹ These must be reported as "Other Medical Services" in Type of Services, position 2.		
037X²	Anesthesia	
0370	General Classification	01999
0371	Anesthesia Incident to Radiology	
0372	Anesthesia Incident to Other Diagnostic Services	
0374	Acupuncture	T5999
0379	Other Anesthesia	01999
² These must be reported as "Other Medical Services" in Type of Services, position 2.		
038X	Blood	
0380	General Classification	99499
0381	Packed Red Cells	
0382	Whole Blood	
0383	Plasma	
0384	Platelets	
0385	Leukocytes	
0386	Other Components	
0387	Other Derivatives (cryoprecipitates)	
0389	Other Blood	
039X	Blood Storage and Blood Component Administration, Storage, and Processing	
0390	General Classification	85396
0391	Blood Administration (e.g., Transfusions)	99499
0392	Blood Storage	85396
0399	Other Blood Storage and Processing	
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** Must use appropriate CPT/HCPCS Codes.		