



DEFENSE
HEALTH AGENCY

PAT&IO

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
16401 EAST CENTRETECH PARKWAY
AURORA, CO 80011-9066**

**CHANGE 65
7950.2-M
AUGUST 22, 2014**

**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: CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES
DIAGNOSIS RELATED GROUP-BASED PAYMENT SYSTEM AND PRICING OF
HOSPITAL CLAIMS**

CONREQ: 17004

PAGE CHANGE(S): See page 2.

**SUMMARY OF CHANGE(S): This change revises TRICARE's current regulatory provision for
inpatient hospital claims priced under the CHAMPUS DRG-based payment system.**

EFFECTIVE DATE: October 1, 2014.

IMPLEMENTATION DATE: September 22, 2014.

This change is made in conjunction with Feb 2008 TRM, Change No. 102.

**LOZOYA.JOSE
.L.1231416397**

Digitally signed by
LOZOYA.JOSE.L.1231416397
DN: c=US, o=U. S. Government,
ou=DoD, ou=PKI, ou=TMA,
cn=LOZOYA.JOSE.L.1231416397
Date: 2014.08.20 14:13:50 -06'00'

**Kenneth C. Jacobs
Team Chief, Performance, Analysis,
Transition, & Integration Office (PAT&IO)
Defense Health Agency (DHA)**

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

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

CHANGE 65
7950.2-M
AUGUST 22, 2014

REMOVE PAGE(S)

CHAPTER 2

Section 5.2, pages 25 and 26

Section 5.3, pages 13 and 14

INSERT PAGE(S)

Section 5.2, pages 25 and 26

Section 5.3, pages 13 and 14

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: SPECIAL PROCESSING CODE (1-185) (Continued)

	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE
1-185-49R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AU AUTISM DEMONSTRATION
	THEN BEGIN DATE OF CARE MUST BE ≥ 03/15/2008	
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	
	PF	ECHO
	AND PATIENT AGE ¹ MUST BE ≥ 18 MONTHS	
1-185-50R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	49 HOSPITAL REIMBURSEMENT REDUCED BY MANUFACTURER CREDIT/REPLACEMENT OF DEVICE DURING WARRANTY PERIOD OR
		50 HOSPITAL REIMBURSEMENT REDUCED BY MANUFACTURER CREDIT/RECALLED DEVICE
	THEN DRG NUMBER MUST EQUAL A DRG SUBJECT TO THE REPLACEMENT DEVICE POLICY POSTED ON TRICARE'S DRG WEB PAGE AT HTTP://WWW.TRICARE.MIL/DRGRATES/ .	
	AND IF END DATE OF CARE < 10/01/2014	
	THEN DATE OF ADMISSION MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE AS PER THE REPLACEMENT DEVICE POLICY POSTED ON TRICARE'S DRG WEB PAGE AT HTTP://WWW.TRICARE.MIL/DRGRATES/ .	
	ELSE END DATE OF CARE MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE	
1-185-51R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PH PHILIPPINES DEMONSTRATION PROJECT
	THEN BEGIN DATE OF CARE MUST BE ≥ 01/01/2013	
	AND HCDP PLAN COVERAGE CODE MUST =	
	003	TRICARE STANDARD FOR ADFMS OR
	005	TRICARE STANDARD SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	007	TRICARE STANDARD TRANSITIONAL ASSISTANCE SPONSORS AND FAMILY MEMBERS OR
	009	TRICARE STANDARD RETIRED AND MOH SPONSORS AND FAMILY MEMBERS OR
	010	TRICARE STANDARD TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	015	TRICARE STANDARD TRANSITIONAL SURVIVORS OF NG/RESERVE DECEASED SPONSORS OR
	017	TRICARE STANDARD SURVIVORS OF NG/RESERVE DECEASED SPONSORS OR
	018	TFL RETIRED SPONSORS AND FAMILY MEMBERS AND MOH OR
	020	TFL TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

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Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: SPECIAL PROCESSING CODE (1-185) (Continued)	
021	TFL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
022	TFL TRANSITIONAL SURVIVORS OF NG/RESERVE DECEASED SPONSORS OR
023	TFL SURVIVORS OF NG/RESERVE DECEASED SPONSORS OR
028	TRICARE STANDARD FOR MEDICALLY RETIRED SPONSORS AND FAMILY MEMBERS OR
029	TFL FOR MEDICALLY RETIRED SPONSORS AND FAMILY MEMBERS OR
409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR
410	TRS SURVIVOR CONTINUING FAMILY COVERAGE OR
411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
412	TRS SURVIVOR NEW FAMILY COVERAGE OR
413	TRS MEMBER-ONLY COVERAGE OR
414	TRS MEMBER AND FAMILY COVERAGE OR
418	TRR MEMBER-ONLY COVERAGE OR
419	TRR MEMBER AND FAMILY COVERAGE OR
420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
421	TRR SURVIVOR FAMILY COVERAGE OR
422	TYA STANDARD FOR ADFMS OR
423	TYA STANDARD FOR RETIRED AND MOH FAMILY MEMBERS OR
424	TYA RESERVE SELECT OR
425	TYA RETIRED RESERVE OR
999	UNVERIFIED NEWBORN
AND PATIENT ZIP CODE MUST =	PHL PHILIPPINES
AND PROVIDER STATE OR COUNTRY CODE MUST =	PHL PHILIPPINES

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE (1-186)

VALIDITY EDITS

1-186-01V MUST BE A VALID HCDP SPECIAL ENTITLEMENT CODE (REFER TO [SECTION 2.5](#)).

RELATIONAL EDITS

NONE

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: DRG NUMBER (1-290)	
VALIDITY EDITS	
1-290-01V	MUST BE A VALID DRG NUMBER OR BLANK FILLED.
RELATIONAL EDITS	
1-290-01R	IF PRICING RATE CODE =
	B NO SPECIAL RATE CODE OR
	K HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE OR
	L REGIONAL-SPECIFIC PSYCHIATRIC PER DIEM RATE OR
	P PER DIEM RATE AGREEMENT OR
	CA CAH REIMBURSEMENT
	THEN DRG NUMBER MUST = BLANK
1-290-02R	IF ANY OCCURRENCE OF OVERRIDE CODE = Y NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES
	THEN DRG NUMBER MUST = BLANK
1-290-31R	IF PRICING RATE CODE =
	H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
	I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
	J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR
	DD DISCOUNTED DRG
	THEN DRG MUST NOT BE BLANK
	AND IF END DATE OF CARE < 10/01/2014
	THEN DATE OF ADMISSION MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE
	ELSE END DATE OF CARE MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE

ELEMENT NAME: HIPPS CODE (1-292)	
VALIDITY EDITS	
1-292-01V	MUST BE VALID HIPPS CODES REFER TO SECTION 2.8 .
RELATIONAL EDITS	
1-292-01R	IF HIPPS CODE = BLANK
	THEN NO OCCURRENCE OF REVENUE CODE CAN =
	0022 SNF OR
	0023 HHA PPS

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: ICD VERSION (1-293)

VALIDITY EDITS

1-293-01V VALUE MUST BE A VALID ICD VERSION.

RELATIONAL EDITS

NO ERROR IF AMOUNT ALLOWED (TOTAL) = ZERO

1-293-01R IF ADMISSION DATE ≥ 10/01/2014

THEN ICD VERSION MUST BE 0 ICD-10

1-293-02R IF END DATE OF CARE ≥ 10/01/2014

AND PATIENT STATUS ≠ 30 STILL PATIENT

THEN ICD VERSION MUST BE 0 ICD-10

1-293-03R IF ADMISSION DATE < 10/01/2014

AND PATIENT STATUS = 30 STILL PATIENT

THEN ICD VERSION MUST BE 9 ICD-9

1-293-04R IF END DATE OF CARE < 10/01/2014

THEN ICD VERSION MUST BE 9 ICD-9