



DEFENSE  
HEALTH AGENCY

**PAT&IO**

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**CHANGE 72  
7950.2-M  
DECEMBER 18, 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: FY15 REIMBURSEMENT AND CODING UPDATES 14-001**

**CONREQ: 17185**

**PAGE CHANGE(S): See page 2.**

**SUMMARY OF CHANGE(S): See page 3.**

**EFFECTIVE DATE: October 1, 2014.**

**IMPLEMENTATION DATE: January 19, 2015.**

**This change is made in conjunction with Feb 2008 TRM, Change No. 108.**

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**ATTACHMENT(S): 15 PAGES  
DISTRIBUTION: 7950.2-M**

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**CHANGE 72**  
**7950.2-M**  
**DECEMBER 18, 2014**

**REMOVE PAGE(S)**

**CHAPTER 2**

Addendum H, pages 15 - 20

Addendum N, pages 9 - 16

**INSERT PAGE(S)**

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Addendum N, pages 9 - 17

**SUMMARY OF CHANGES**

**CHAPTER 2**

1. Addendum H. This change provides the new pre-hospice revenue codes.
2. Addendum N. This change provides the new pre-hospice revenue codes.



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Chapter 2, Addendum H

Data Requirements - Revenue Codes

<b>CODES</b>	<b>MAJOR/SUB-CATEGORY (CONTINUED)</b>
<b>062X</b>	<b>Medical/Surgical Supplies and Devices - Other</b>
	Charges for supply items required for patient care. The category is an extension of 027X for reporting additional breakdown where needed. Subcode 1 is for providers that cannot bill supplies used for radiology procedures under radiology. Subcode 2 is for providers that cannot bill supplies used for other diagnostic procedures.
	<b>Subcategory</b>
	1 Supplies Incident to Radiology
	2 Supplies Incident to Other Diagnostic Service
	3 Surgical Dressings
	4 FDA Investigational Devices
<b>063X</b>	<b>Pharmacy</b>
	Charges for medication produced, manufactured, package, controlled, assayed, dispensed and distributed under the direction of a licensed pharmacist. The category is an extension of 025X for reporting addition breakdown where needed.
	<b>Subcategory</b>
	1 Single Source Drug
	2 Multiple Source Drug
	3 Restrictive Prescription
	4 Erythropoietin (EPO) Less than 10,000 Units
	5 Erythropoietin (EPO) 10,000 or More Units
	6 Drugs Requiring Detailed Coding (Blood Clotting Factor Only) (Note: Detail is not required for TRICARE.)
	7 Self-Adminstrable Drugs
<b>064X</b>	<b>Home IV Therapy Services</b>
	Charge for intravenous drug therapy services which are performed in the patient's residence. For Home IV providers the HCPCS code must be entered for all equipment, and all types of covered therapy.
	<b>Subcategory</b>
	0 General Classification
	1 Non-Routine Nursing, Central Line
	2 IV Site Care, Central Line
	3 IV Site/Change, Peripheral Line
	4 Non-Routine Nursing, Peripheral Line
	5 Training Patient/Caregiver, Central Line
	6 Training, Disabled Patient, Central Line
	7 Training, Patient/Caregiver Peripheral Line
	8 Training, Disabled Patient, Peripheral Line
	9 Other IV Therapy Services

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<b>CODES</b>	<b>MAJOR/SUB-CATEGORY (CONTINUED)</b>	
<b>065X</b>	<b>Hospice Service</b>	
	Charges for hospice care services for a terminally ill patient if he elects these services in lieu of other services for the terminal condition.	
	<b>Subcategory</b>	
	0	General Classification
	1	Routine Home Care
	2	Continuous Home Care
	5	Inpatient Respite Care
	6	General Inpatient Care (non-respite)
	7	Physician Services
	8	Hospice Room & Board Nursing Facility
	9	Other Hospice Services
<b>066X</b>	<b>Respite Care</b>	
	Charges for hours of care under the Respite Care Benefit for services of a homemaker or home health aide, personal care services, and nursing care provided by a licensed professional nurse.	
	<b>Subcategory</b>	
	0	General Classification
	1	Hourly Charge/Nursing
	2	Hourly Charge/Home Health Aide/Home Maker/Companion
	3	Daily Respite Charge
	9	Other Respite Care
<b>067X</b>	<b>Outpatient Special Residence Charges</b>	
	Residence arrangements for patients requiring continuous outpatient care.	
	<b>Subcategory</b>	
	0	General Classification
	1	Hospital-Based
	2	Contracted
	9	Other Special Residence Charges
<b>068X</b>	<b>Trauma Response</b>	
	Charge for a trauma team activation.	
	<b>Subcategory</b>	
	1	Level I
	2	Level II
	3	Level III
	4	Level IV
	9	Other Trauma Response

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CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>069X</b>	<b>Pre-Hospice</b>
	<b>Subcategory</b>
	0 General Classification
	1 Visit Charge
	2 Hourly Charge
	3 Evaluation
	4 Consultation and Education
	5 Inpatient Care
	6 Physician Services
	7 RESERVED
	8 RESERVED
	9 Other Pre-Hospice/Palliative
<b>070X</b>	<b>Cast Room</b>
	Charges for services related to the application, maintenance and removal of casts.
	<b>Subcategory</b>
	0 General Classification
	9 Other Cast Room (Terminated 10/01/2007)
<b>071X</b>	<b>Recovery Room</b>
	<b>Subcategory</b>
	0 General Classification
	9 Other Recovery Room (Terminated 10/01/2007)
<b>072X</b>	<b>Labor Room/Delivery</b>
	Charges for labor and delivery room services provided by specially trained nursing personnel to patients including prenatal care during labor, assistance during delivery, postnatal care in the recovery room, and minor gynecologic procedures if they are performed in the delivery suite.
	<b>Subcategory</b>
	0 General Classification
	1 Labor
	2 Delivery
	3 Circumcision
	4 Birthing Center
	9 Other Labor Room/Delivery
<b>073X</b>	<b>EKG/ECG (Electrocardiogram)</b>
	Charges for operation of specialized equipment to record electromotive variations in actions of the heart muscle on an electrocardiography for diagnosis of heart ailments.
	<b>Subcategory</b>
	0 General Classification
	1 Holter Monitor
	2 Telemetry
	9 Other EKG/ECG

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Data Requirements - Revenue Codes

<b>CODES</b>	<b>MAJOR/SUB-CATEGORY (CONTINUED)</b>
<b>074X</b>	<b>EEG (Electroencephalogram)</b>
	Charges for operation of specialized equipment to measure impulse frequencies and differences in electrical potential in various areas of the brain to obtain data for use in diagnosing brain disorders.
	<b>Subcategory</b>
	0 General Classification
	9 Other EEG (Terminated 10/01/2007)
<b>075X</b>	<b>Gastro-intestinal Services</b>
	Procedure room charges for endoscopic procedures not performed in the operating room.
	<b>Subcategory</b>
	0 General Classification
	9 Other Gastro-intestinal (Terminated 10/01/2007)
<b>076X</b>	<b>Treatment or Observation Room</b>
	Charges for the use of a treatment room; or for the room charge associated with outpatient observation services.
	Observation services are those services furnished by a hospital on the hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Such services are covered only when provided by the order of a physician or another individual authorized by State licensure law and hospital staff bylaws to admit patients to the hospital or order outpatient tests. The reason for observation must be stated in the orders for observation. Payers should establish written guidelines which identify coverage of observation.
	<b>Subcategory</b>
	0 General Classification
	1 Treatment Room
	2 Observation Room
	9 Other Treatment/Observation Room
<b>077X</b>	<b>Preventive Care Services</b>
	Revenue Code used to capture preventive services established by payers.
	<b>Subcategory</b>
	0 General Classification
	1 Vaccine Administration
	9 Other (Terminated 10/01/2007)
<b>078X</b>	<b>Telemedicine</b>
	Facility telemedicine charges related to a three year Medicare demonstration project commencing 10/01/1996.
	<b>Subcategory</b>
	0 General Classification
	9 Other Telemedicine (Terminated 10/01/2007)
<b>079X</b>	<b>Lithotripsy</b>
	Extra-corporeal Shockwave Therapy (formerly Lithotripsy).
	<b>Subcategory</b>
	0 General Classification
	9 Other Lithotripsy (Terminated 10/01/2007)

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Data Requirements - Revenue Codes

<b>CODES</b>	<b>MAJOR/SUB-CATEGORY (CONTINUED)</b>
<b>080X</b>	<b>Inpatient Renal Dialysis</b>
	A waste removal process performed in an inpatient setting, that uses an artificial kidney when the body's own kidneys have failed. The waste may be removed directly from the blood (hemodialysis) or indirectly from the blood by flushing a special solution between the abdominal covering and the tissue (peritoneal dialysis).
	<b>Subcategory</b>
	0 General Classification
	1 Inpatient Hemodialysis
	2 Inpatient Peritoneal (non-CAPD)
	3 Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)
	4 Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)
	9 Other Inpatient Dialysis
<b>081X</b>	<b>Acquisition of Body Components</b>
	The acquisition and storage costs of body tissue, bone marrow, organs and other components not otherwise identified used for transplantation.
	<b>Subcategory</b>
	0 General Classification
	1 Living Donor
	2 Cadaver Donor
	3 Unknown Donor
	4 Unsuccessful Organ Search - Donor Bank Charges
	5 Cadaver Donor - Heart (Terminated 10/01/2000)
	6 Other Heart Acquisition (Terminated 10/01/2000)
	7 Donor - Liver (Terminated 10/01/2000)
	9 Other Donor
<b>082X</b>	<b>Hemodialysis - Outpatient or Home (To be submitted on Non-Institutional TED)</b>
	A waste removal process, performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed directly from the blood.
	<b>Subcategory</b>
	0 General Classification
	1 Hemodialysis/Composite or Other Rate
	2 Home Supplies
	3 Home Equipment
	4 Maintenance/100%
	5 Support Services
	9 Other Outpatient Hemodialysis

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Data Requirements - Revenue Codes

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
<b>083X</b>	<b>Peritoneal Dialysis - Outpatient or Home (to be submitted on Non-Institutional TED)</b>
	A waste removal process, performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed indirectly by flushing a special solution between the abdominal covering and the tissue.
	<b>Subcategory</b>
	0   General Classification
	1   Peritoneal/Composite or Other Rate
	2   Home Supplies
	3   Home Equipment
	4   Maintenance/100%
	5   Support Services
	9   Other Outpatient Peritoneal Dialysis
<b>084X</b>	<b>Cont. Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home (To be submitted on Non-Institutional TED)</b>
	A continuous dialysis process performed in an outpatient or home setting which uses the patient peritoneal membrane as a dialyzer.
	<b>Subcategory</b>
	0   General Classification
	1   CAPD/Composite or Other Rate
	2   Home Supplies
	3   Home Equipment
	4   Maintenance/100%
	5   Support Services
	9   Other Outpatient CAPD
<b>085X</b>	<b>Cont. Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home (to be submitted on Non-Institutional TED)</b>
	A continuous dialysis process performed in an outpatient or home setting which uses a machine to make automatic exchanges at night.
	<b>Subcategory</b>
	0   General Classification
	1   CCPD/Composite or Other Rate
	2   Home Supplies
	3   Home Equipment
	4   Maintenance/100%
	5   Support Services
	9   Other Outpatient CCPD
<b>086X</b>	<b>Magnetoencephalography (MEG)</b>
	An imaging technique that identifies brain activity to pinpoint the source of seizures.
	<b>Subcategory</b>
	1   General Classification
	2   Magnetoencephalography (MEG)
<b>087X</b>	<b>RESERVED for Dialysis (National Assignment)</b>

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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
<b>063X</b>	<b>Pharmacy</b>	
0631	Single Source Drug	99070
0632	Multiple Source Drug	
0633	Restrictive Prescription	
0634	Erythropoietin (EPO) Less Than 10,000 Units	99499
0635	Erythropoietin (EPO) 10,000 or More Units	
0636	Drugs Requiring Detailed Coding (Blood Clotting Factor Only) Note: Detail is not required for TRICARE.	
0637	Self-Administrable Drugs	99070
<b>064X</b>	<b>Home IV Therapy Services</b>	
0640	General Classification	99499
0641	Non-Routine Nursing, Central Line	
0642	IV Site Care, Central Line	
0643	IV Site/Change, Peripheral Line	
0644	Non-Routine Nursing, Peripheral Line	
0645	Training Patient/Caregiver, Central Line	
0646	Training, Disabled Patient, Central Line	
0647	Training, Patient/Caregiver Peripheral Line	
0648	Training, Disabled Patient, Peripheral Line	
0649	Other IV Therapy Services	
<b>065X</b>	<b>Hospice Service</b>	
0650	General Classification	99499
0651	Routine Home Care	
0652	Continuous Home Care	
0655	Inpatient Respite Care	
0656	General Inpatient Care (Non-Respite)	
0657	Physician Services	
0658	Hospice Room and Board Nursing Facility	
0659	Other Hospice Services	
<b>066X</b>	<b>Respite Care (HHA Only)</b>	
0660	General Classification	99499
0661	Hourly Charge/Nursing	
0662	Hourly Charge/Home Health Aide/Home Maker/Companion	
0663	Daily Respite Charge	
0669	Other Respite Care	

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
<b>067X</b>	<b>Outpatient Special Residence Charge</b>	
0670	General Classification	99499
0671	Hospital-Based	
0672	Contracted	
0679	Other Special Residence Charges	
<b>068X</b>	<b>Trauma Response</b>	
0681	Level I	99499
0682	Level II	
0683	Level III	
0684	Level IV	
0689	Other Trauma Response	
<b>069X</b>	<b>Pre-Hospice</b>	
0690	General Classification	99499
0691	Visit Charge	
0692	Hourly Charge	
0693	Evaluation	
0694	Consultation and Education	
0695	Inpatient Care	
0696	Physician Services	
0697	RESERVED	
0698	RESERVED	
0699	Other Pre-hospice/Palliative	
<b>070X</b>	<b>Cast Room</b>	
0700	General Classification	99420
0709	Other Cast Room (Terminated 10/01/2007)	
<b>071X</b>	<b>Recovery Room</b>	
0710	General Classification	99420
0719	Other Recovery Room (Terminated 10/01/2007)	
<b>072X</b>	<b>Labor Room/Delivery</b>	
0720	General Classification	99420
0721	Labor	
0722	Delivery	99499
0723	Circumcision	
0724	Birthing Center	
0729	Other Labor Room/Delivery	
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UB-04/UB-92 Conversion Table - To Be Used For Reporting Non-Institutional TED Records

<b>REVENUE CODE</b>	<b>DESCRIPTION</b>	<b>VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE</b>
<b>073X</b>	<b>EKG/ECG (Electrocardiogram)</b>	
0730	General Classification	99499
0731	Holter Monitor	
0732	Telemetry	
0739	Other EKG/ECG	
<b>074X</b>	<b>EEG (Electroencephalogram)</b>	
0740	General Classification	99499
0749	Other EEG (Terminated 10/01/2007)	
<b>075X</b>	<b>Gastro-intestinal Services</b>	
0750	General Classification	99499
0759	Other Gastro-intestinal (Terminated 10/01/2007)	
<b>076X</b>	<b>Treatment or Observation Room</b>	
0760	General Classification	99499
0761	Treatment Room	
0762	Observation Room	G0378
0769	Other Treatment Room/Observation Room	99499
<b>077X</b>	<b>Preventive Care Services</b>	
0770	General Classification	99420
0771	Vaccine Administration	
0779	Other (Terminated 10/01/2007)	
<b>078X</b>	<b>Telemedicine</b>	
0780	General Classification	99499
0789	Other Telemedicine (Terminated 10/01/2007)	
<b>079X</b>	<b>Lithotripsy</b>	
0790	General Classification	99499
0799	Other Lithotripsy (Terminated 10/01/2007)	
<b>080X</b>	<b>Inpatient Renal Dialysis</b>	
0800	General Classification	99499
0801	Inpatient Hemodialysis	
0802	Inpatient Peritoneal (non-CAPD)	
0803	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	
0804	Inpatient Continuous Cycling Peritoneal Dialysis	
0809	Other Inpatient Dialysis	

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
<b>081X</b>	<b>Acquisition of Body Components</b>	
0810	General Classification	C9899
0811	Living Donor	
0812	Cadaver Donor	
0813	Unknown Donor	
0814	Unsuccessful Organ Search - Donor Bank Charges	
0815	Cadaver Donor - Heart (Terminated 10/01/2000)	
0816	Other Heart Acquisition (Terminated 10/01/2000)	
0817	Donor - Liver (Terminated 10/01/2000)	
0819	Other Donor	
<b>082X</b>	<b>Hemodialysis - Outpatient or Home</b>	
0820	General Classification	99499
0821	Hemodialysis/Composite or Other Rate	
0822	Home Supplies	
0823	Home Equipment	
0824	Maintenance/100%	
0825	Support Services	
0829	Other Outpatient Hemodialysis	
<b>083X</b>	<b>Peritoneal Dialysis - Outpatient or Home</b>	
0830	General Classification	99499
0831	Peritoneal/Composite or Other Rate	
0832	Home Supplies	
0833	Home Equipment	
0834	Maintenance/100%	
0835	Support Services	
0839	Other Outpatient Peritoneal Dialysis	
<b>084X</b>	<b>Cont. Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home</b>	
0840	General Classification	99499
0841	CAPD/Composite or Other Rate	
0842	Home Supplies	
0843	Home Equipment	
0844	Maintenance/100%	
0845	Support Services	
0849	Other Outpatient CAPD	
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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
<b>085X</b>	<b>Cont. Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home</b>	
0850	General Classification	99499
0851	CCPD/Composite or Other Rate	
0852	Home Supplies	
0853	Home Equipment	
0854	Maintenance/100%	
0855	Support Services	
0859	Other Outpatient CCPD	
<b>086X</b>	<b>Magnetoencephalography (MEG) - An imaging technique that identifies brain activity to pinpoint the source of seizures.</b>	
0860	General Classification	
0861	Magnetoencephalography (MEG)	
<b>087X</b>	<b>RESERVED for Dialysis (National Assignment)</b>	
<b>088X</b>	<b>Miscellaneous Dialysis</b>	
0880	General Classification	99499
0881	Ultrafiltration	
0882	Home Dialysis Aid Visit	
0889	Other Miscellaneous Dialysis	
<b>089X</b>	<b>RESERVED (Other Donor Bank was terminated on 04/01/1994)</b>	
<b>090X</b>	<b>Behavioral Health Treatments/Services</b>	
0900	General Classification	99499
0901	Electroshock Treatment	
0902	Milieu Therapy	T5999
0903	Play Therapy	
0904	Activity Therapy	
0905	Intensive Outpatient Services - Psychiatric (Effective 10/16/2003)	99499
0906	Intensive Outpatient Services - Clinical Dependency (Effective 10/16/2003)	
0907	Community Behavioral Health Program (Day Treatment) (Effective 10/16/2003)	
0908	RESERVED for National Use (Effective 10/16/2003)	
0909	RESERVED for National Use	
<b>091X</b>	<b>Behavioral Health Treatments/Services</b>	
0910	RESERVED for National Use	99499
0911	Rehabilitation	
0912	Partial Hospitalization - Less Intensive	H0035
0913	Partial Hospitalization - Intensive	H0037

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
<b>091X</b>	<b>Behavioral Health Treatments/Services (cont)</b>	
0914	Individual Therapy	99499
0915	Group Therapy	
0916	Family Therapy	
0917	Biofeedback	
0918	Testing	
0919	Other Behavioral Health Treatments/Services	
<b>092X</b>	<b>Other Diagnostic Services</b>	
0920	General Classification	99499
0921	Peripheral Vascular Laboratory	
0922	Electromyogram	
0923	Pap Smear	
0924	Allergy Test	
0925	Pregnancy Test	
0929	Other Diagnostic Services	
<b>093X</b>	<b>Medical Rehabilitation Day Program</b>	
0931	Half Day	T5999
0932	Full Day	
<b>094X</b>	<b>Other Therapeutic Services</b>	
0940	General Classification	T5999
0941	Recreational Therapy	
0942	Education/Training	99499
0943	Cardiac Rehabilitation	T5999
0944	Drug Rehabilitation	
0945	Alcohol Rehabilitation	
0946	Complex Medical Equipment - Routine	
0947	Complex Medical Equipment - Ancillary	
0948	Pulmonary Rehabilitation	
0949	Other Therapeutic Service	
<b>095X</b>	<b>Other Therapeutic Services (cont)</b>	
0950	RESERVED for National Use	
0951	Athletic Training	T5999
0952	Kinesiotherapy	

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

<b>REVENUE CODE</b>	<b>DESCRIPTION</b>	<b>VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE</b>
<b>096X</b>	<b>Professional Fees</b>	
0960	General Classification	99499
0961	Psychiatric	
0962	Ophthalmology	
0963	Anesthesiologist (MD)	
0964	Anesthetist (CRNA)	
0969	Other Professional Fees	
<b>097X</b>	<b>Professional Fees (cont)</b>	
0971	Laboratory	99499
0972	Radiology - Diagnostic	
0973	Radiology - Therapeutic	
0974	Radiology - Nuclear Medicine	
0975	Operating Room	
0976	Respiratory Therapy	
0977	Physical Therapy	
0978	Occupational Therapy	
0979	Speech Pathology	
<b>098X</b>	<b>Professional Fees (cont)</b>	
0981	Emergency Room	99499
0982	Outpatient Services	
0983	Clinic	
0984	Medical Social Services	
0985	EKG	
0986	EEG	
0987	Hospital Visit	
0988	Consultation	
0989	Private Duty Nursing	T5999
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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
<b>099X</b>	<b>Patient Convenience Items</b>	
0990	General Classification	T5999
0991	Cafeteria/Guest Tray	
0992	Private Linen Service	
0993	Telephone/Telegraph	
0994	TV/Radio	
0995	Non-Patient Room Rentals	
0996	Late Discharge Charge	
0997	Admission Kits	
0998	Beauty Shop/Barber	
0999	Other Patient Convenience Items	
<b>100X</b>	<b>Behavioral Health Accommodations</b>	
1000	General Classification (Effective 10/16/2003)	T5999
1001	Residential Treatment - Psychiatric (Effective 10/16/2003)	
1002	Residential Treatment - Chemical Dependency (Effective 10/16/2003)	
1003	Supervised Living (Effective 10/16/2003)	
1004	Halfway House (Effective 10/16/2003)	
1005	Group Home (Effective 10/16/2003)	
<b>101X to 209X</b>	<b>RESERVED for National Assignment</b>	
<b>210X</b>	<b>Alternative Therapy Services</b>	
2100	General Classification	T5999 (Outpatient)
2101	Acupuncture	
2102	Acupressure	
2103	Massage	
2104	Reflexology	
2105	Biofeedback	T5999 (Outpatient/ Inpatient)
2106	Hypnosis	
2109	Other Alternative Therapy Services	T5999 (Outpatient)
<b>211X to 309X</b>	<b>RESERVED for National Assignment</b>	
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** Must use appropriate CPT/HCPCS Codes.		

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
<b>310X</b>	<b>Adult Care</b>	
3101	Adult Day Care, Medical and Social - Hourly	T5999
3102	Adult Day Care, Social - Hourly	
3103	Adult Day Care, Medical and Social - Daily	
3104	Adult Day Care, Social - Daily	
3105	Adult Foster Care - Daily	
3109	Other Adult Care	
<b>311X to 999X</b>	<b>RESERVED for National Assignment</b>	
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