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HEALTH AGENCY

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**CHANGE 73
7950.2-M
JANUARY 13, 2015**

**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: TPHARM TRICARE ENCOUNTER DATA CHANGES

CONREQ: 17165

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change will allow the TRICARE Encounter Data system to accurately reimburse and edit data for the TPHARM4 contract.

EFFECTIVE DATE: February 13, 2015.

IMPLEMENTATION DATE: February 13, 2015.

JACOBS.KENNE
TH.C.1067162311

Digitally signed by
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DN: c=US, o=U.S. Government, ou=DoD,
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**ATTACHMENT(S): 13 PAGES
DISTRIBUTION: 7950.2-M**

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

CHANGE 73
7950.2-M
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REMOVE PAGE(S)

CHAPTER 2

Section 2.3, pages 9 and 10

Section 2.10, pages 5 and 6

Section 4.1, pages 1, 2, 15, 16, 19, and 20

Section 6.4, pages 3 and 4

Section 7.1, page 5

INSERT PAGE(S)

Section 2.3, pages 9 and 10

Section 2.10, pages 5 and 6

Section 4.1, pages 1, 2, 15, 16, 19, and 20

Section 6.4, pages 3 and 4

Section 7.1, page 5

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Chapter 2, Section 2.3

Data Requirements - Header Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: FUND ACCOUNTING

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Header	0-065	1	Yes ¹
PRIMARY PICTURE (FORMAT) Ten (10) signed numeric digits including two (2) decimal places.			
DEFINITION This field contains the total government drug cost dollars dispensed by the contractor.			
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 TRICARE Mail Order Pharmacy (TMOP) and TPHARM MOP records only, must be zero filled for all others.

Note: For TMOP records, the FUND ACCOUNTING must equal the sum of (AMOUNT ALLOWED BY PROCEDURE CODE minus AMOUNT BILLED BY PROCEDURE CODE) for all included records.

For TPHARM MOP records, the FUND ACCOUNTING must equal the sum of AMOUNT ALLOWED BY PROCEDURE CODE for all included records for Batch/Voucher Dates on or after 07/14/2011. FUND ACCOUNTING must be zero for Batch/Voucher Dates prior to 07/14/2011.

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Chapter 2, Section 2.3

Data Requirements - Header Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: HEADER TYPE INDICATOR

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Header	0-001	1	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code to indicate whether the record is a batch header or voucher header, and whether a voucher contains admin rate eligible records.			
CODE/VALUE SPECIFICATIONS	0	Batch Header (used on all provider batches, and for institutional/non-institutional non-admin claim rate TED records).	
	5	Voucher Header (used only for institutional/non-institutional non-admin claim rate eligible TED records).	
	6	Voucher Header (used only for institutional/non-institutional admin claim rate eligible TED records).	
	9	Batch Header (institutional/non-institutional admin claim rate eligible TED records).	
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		

NOTES AND SPECIAL INSTRUCTIONS:

Contractors are responsible for ensuring claims are submitted under the correct Header Type Indicator when billing Administrative CLINs on a TED record. TED records shall be submitted under the correct Header Type Indicator in order to receive and retain Administrative CLIN payment(s). Refer to Section G.II of the contract for guidance on using this field to invoice Administrative CLINs.

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Chapter 2, Section 2.10

Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: CONTRACTOR NUMBER

		RECORDS/LOCATOR NUMBERS	
		LOCATOR#	OCCURRENCES
RECORD NAME			REQUIRED
Provider	3-020	1	Yes
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.			
DEFINITION Identification code for the contractor. Used to identify each contractor submitting Provider File Records.			
CODE/VALUE SPECIFICATIONS TMA assigned contractor number.			
	02	TRICARE Mail Order Pharmacy (TMOP)	
	04	North Region (effective upon award of contracts dated TBD)	
	05	South Region (effective upon award of contracts dated TBD)	
	08	West Region (effective upon award of contracts dated TBD)	
	15	Overseas (Eurasia-Africa, Pacific, Latin America)	
	61	TRICARE Retail Pharmacy (TRRx)	
	62	West Region (effective prior to date of contracts TBD)	
	63	South Region (effective prior to date of contracts TBD)	
	64	North Region (effective prior to date of contracts TBD)	
	65	TDEFIC (effective for TDEFIC contract awarded prior to 08/03/2007)	
	70	TPharm (Retail Pharmacy, MOP)	
	71	TDEFIC (effective for contract awarded 08/03/2007)	
	73	TPharm (Retail Pharmacy, MOP) (effective 05/01/2015)	
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 2.10

Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: EXEMPT/NON-EXEMPT INDICATOR

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-150	1	Yes ¹
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Indicates whether the institutional provider is exempted from the TRICARE DRG-based payment system.			
CODE/VALUE SPECIFICATIONS	⊖	Not applicable	
	C	DRG Non-exempt/Contracted Reimbursement Arrangement	
	E	DRG Exempt	
	N	DRG Non-exempt	
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE			GROUP
N/A			N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Report blank for all non-institutional providers.

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: HEADER TYPE INDICATOR (0-001)			
VALIDITY EDITS			
0-001-01V	HEADER TYPE INDICATOR MUST =	0	BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
RELATIONAL EDITS			
0-001-01R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	THEN BATCH/VOUCHER IDENTIFIER MUST =	5	INSTITUTIONAL/NON-INSTITUTIONAL (BATCH/VOUCHER)
0-001-02R	IF CONTRACT NUMBER = H94002-10-D-0001		
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN ADJUSTMENT KEY MUST =	5	VOUCHER
0-001-03R	IF HEADER TYPE INDICATOR =	0	BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK ADMIN CLAIM RATE ELIGIBLE RED RECORDS)
IF THE FIRST POSITION OF EACH BATCH/VOUCHER HEADER RECORD IS NOT A '0', '5', '6', OR '9' THEN THE ENTIRE BATCH/VOUCHER WILL BE REJECTED.			

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: HEADER TYPE INDICATOR (0-001) (Continued)		
	AND TYPE OF SUBMISSION ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND BATCH/VOUCHER IDENTIFIER =	5 INSTITUTIONAL/NON-INSTITUTIONAL
	THEN ADJUSTMENT KEY MUST =	0 BATCH
0-001-04R	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND TYPE OF SUBMISSION =	D COMPLETE DENIAL OR
		O ZERO PAYMENT TED RECORD DUE TO 100% OHI
	THEN AMOUNT INTEREST PAYMENT MUST = ZERO	
	AND FOR INSTITUTIONAL RECORDS AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) MUST = ZERO	
	FOR NON-INSTITUTIONAL RECORDS THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO	
0-001-05R	IF DRG NUMBER IS NOT BLANK OR	
	TYPE OF INSTITUTION =	70 HHA
	THEN BYPASS THIS EDIT	
	ELSE IF FILING DATE IS ≥ 03/01/2012	
	AND FREQUENCY CODE ON ANY INSTITUTIONAL RECORD =	3 INTERIM-INTERIM OR
		4 INTERIM-FINAL
	THEN HEADER TYPE INDICATOR MUST =	0 BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE

IF THE FIRST POSITION OF EACH BATCH/VOUCHER HEADER RECORD IS NOT A '0', '5', '6', **OR** '9' THEN THE ENTIRE BATCH/VOUCHER WILL BE REJECTED.

ELEMENT NAME: CONTRACT NUMBER (0-010)		
VALIDITY EDITS		
0-010-01V	MUST BE A VALID VALUE FOUND ON THE TMA DATABASE.	
RELATIONAL EDITS		
0-010-01R	IF CONTRACT NUMBER =	H94002-08-C-0003 TPHARM OR HT9402-14-D-0002 TPHARM
	AND BATCH/VOUCHER INDICATOR =	5 INSTITUTIONAL/NON-INSTITUTIONAL
	THEN ALL OCCURRENCES OF RECORD TYPE INDICATOR MUST =	2 NON-INSTITUTIONAL
	AND ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	M MOP
	OR ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	B RETAIL PHARMACY

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	V	TRICARE EXTRA OR
	Z	TRICARE PRIME, MTF/PCM OR
	WF	TRICARE PRIME REMOTE ADFM
AND BEGIN DATE OF CARE MUST BE ≥ START DATE OF HEALTHCARE DELIVERY		
0-025-11R	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
AND POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER = 'MIPR'		
THEN ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =		
	M	MOP
0-025-12R	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
AND TYPE OF SERVICE (POSITION 2) =		
	M	MOP
THEN POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER MUST = 'MIPR'		
0-025-13R	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
AND CONTRACT NUMBER =		
		H94002-08-C-0003 TPHARM OR
		HT9402-14-D-0002 TPHARM
AND POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER ≠ 'MIPR'		
THEN ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =		
	B	RETAIL PHARMACY
0-025-14R	IF HCDP PLAN COVERAGE CODE =	018 TFL FOR RETIRED SPONSORS AND FAMILY MEMBERS AND MEDAL OF HONOR OR
		020 TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		021 TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		022 TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
		023 TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
		029 TFL FOR MEDICALLY RETIRED SPONSORS AND FAMILY MEMBERS
AND TYPE OF SUBMISSION =		
	I	INITIAL SUBMISSION OR
	R	RESUBMISSION
THEN OTHER GOVERNMENT PROGRAM TYPE CODE MUST ≠		
	N	NO MEDICARE OR
	V	CHAMPVA

¹ TMA DATABASE.

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)

AND OTHER GOVERNMENT PROGRAM

BEGIN REASON CODE MUST ≠

N

NOT ELIGIBLE FOR MEDICARE **OR**

W

NOT APPLICABLE

¹ TMA DATABASE.

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: TOTAL AMOUNT PAID (0-050)

VALIDITY EDITS

0-050-01V MUST BE NUMERIC.

RELATIONAL EDITS

0-050-01R IF BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL

THEN TOTAL AMOUNT PAID MUST = THE ACCUMULATED TOTAL OF AMOUNTS PAID BY GOVERNMENT CONTRACTOR **AND** AMOUNT OF INTEREST PAYMENT FOR ALL TED RECORDS IN THE BATCH/VOUCHER.

0-050-02R IF BATCH/VOUCHER IDENTIFIER = 3 PROVIDER

THEN TOTAL AMOUNT PAID MUST EQUAL ZERO.

0-050-03R² IF POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER = 'MIPR'

AND BATCH/VOUCHER DATE ≥ 07/14/2011

THEN BYPASS THIS EDIT

ELSE IF HEADER TYPE INDICATOR = 5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE **OR**

6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE

AND BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL

AND BATCH/VOUCHER RESUBMISSION NUMBER > ZERO

THEN TOTAL AMOUNT PAID MUST BE EQUAL TO THE VOUCHER BALANCE¹.

¹ TMA DATABASE (EXCLUDES CONTRACT NUMBER MDA906-02-C-0013(TMOP).

² ALL TMOP BATCH/VOUCHERS WITH A 'MIPR' CLIN/ASAP NUMBER AND BATCH/VOUCHER DATE ≥ 07/14/2011 WILL BYPASS THIS EDIT.

ELEMENT NAME: INITIAL TRANSMISSION DATE (TMA DERIVED) (0-055)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

ELEMENT NAME: TMA BATCH/VOUCHER PROCESSING DATE (TMA DERIVED) (0-060)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: FUND ACCOUNTING (0-065)

VALIDITY EDITS

0-065-01V MUST BE NUMERIC.

RELATIONAL EDITS

0-065-02R² IF POSITION 1 THRU 4 OF THE **BATCH/VOUCHER** CLIN/ASAP **ACCOUNT NUMBER** = 'MIPR'

AND BATCH/VOUCHER DATE ≥ 07/14/2011

AND HEADER TYPE INDICATOR = 5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE **OR**

6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE

AND BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL

AND BATCH/VOUCHER RESUBMISSION NUMBER > ZERO

THEN THE FUND ACCOUNTING MUST BE EQUAL TO THE VOUCHER BALANCE¹.

0-065-03R³ IF POSITION 1 THRU 4 OF THE **BATCH/VOUCHER** CLIN/ASAP **ACCOUNT NUMBER** = 'MIPR'

AND BATCH/VOUCHER DATE ≥ 07/14/2011

THEN THE FUND ACCOUNTING MUST = THE ACCUMULATED TOTAL OF AMOUNT ALLOWED BY PROCEDURE CODE FOR ALL TED RECORDS IN THIS VOUCHER.

¹ TMA DATABASE.

² THIS EDIT IS PERFORMED FOR ALL MAIL ORDER BATCH/VOUCHERS.

³ THIS EDIT IS PERFORMED FOR TPHARM MAIL ORDER BATCH/VOUCHERS.

- END -

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Chapter 2, Section 6.4

Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (Continued)

THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE MUST =	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
	26	EXPENSES INCURRED PRIOR TO COVERAGE OR
	27	EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
	31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
	32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
	33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
	34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
2-300-15R IF ENROLLMENT/HEALTH PLAN CODE =	SU	SCHP - REFERRAL DESIGNATION UNKNOWN
THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
2-300-16R IF ENROLLMENT/HEALTH PLAN CODE =	SU	SCHP - REFERRAL DESIGNATION UNKNOWN
THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE
2-300-17R		<ul style="list-style-type: none"> FOR MOP ONLY: FOR TSRx, THE PATIENT MUST BE 64 YEARS AND 8 MONTHS OR GREATER. IF THE PATIENT IS LESS THAN THIS AGE, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT.
IF ENROLLMENT/HEALTH PLAN CODE =	PS	TSRx
AND TYPE OF SERVICE (SECOND POSITION) =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
THEN PATIENT AGE ¹ MUST BE ≥ 64 YEARS AND 8 MONTHS		
ELSE IF PATIENT AGE ¹ < 64 YEARS AND 8 MONTHS		

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

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Chapter 2, Section 6.4

Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (Continued)

THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE MUST =	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
	26	EXPENSES INCURRED PRIOR TO COVERAGE OR
	27	EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
	31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
	32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
	33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
	34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
2-300-18R IF ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADISM
THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	T	FOREIGN MILITARY MEMBER
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)

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

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Chapter 2, Section 7.1

Provider Edit Requirements (ELN 000 - 099)

ELEMENT NAME: PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (3-090)	
VALIDITY EDITS	
NONE	
RELATIONAL EDITS	
3-090-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = I INSTITUTIONAL
THEN MUST BE VALID PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (REFER TO ADDENDUM D, FIGURE 2.D-1).	
3-090-02R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
THEN MUST BE A VALID PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (REFER TO HTTP://WWW.WPC-EDI.COM/CODES).	
3-090-03R	IF PROVIDER MAJOR SPECIALTY/TYPE INSTITUTION = 183500000X (PHARMACY SERVICE PROVIDERS/ PHARMACIST)
THEN CONTRACTOR NUMBER MUST =	02 TMOP OR
	70 TPHARM OR
	73 TPHARM

ELEMENT NAME: TYPE OF INSTITUTION TERM INDICATOR CODE (3-095)	
VALIDITY EDITS	
3-095-01V	MUST BE A VALID TYPE OF INSTITUTION TERM INDICATOR CODE.
RELATIONAL EDITS	
3-095-01R	IF TYPE OF INSTITUTION CODE TERM INDICATOR = L LONG-TERM OR
	S SHORT-TERM
THEN INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR MUST =	I INSTITUTIONAL

- END -

