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DEFENSE
HEALTH AGENCY

PAT&IS

**CHANGE 78
7950.2-M
SEPTEMBER 17, 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: DISCREPANCY BETWEEN MEDICARE AND TRICARE

CONREQ: 17410

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change will allow the Begin Date of Care to be earlier than the Admission Date for diagnostic/non-diagnostic and emergency room services on an initial institutional claim.

EFFECTIVE DATE: October 19, 2015.

IMPLEMENTATION DATE: October 19, 2015.

JACOBS.KENNE
TH.C.1067162311

Digitally signed by
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DN: c=US, o=U.S. Government,
ou=DoD, ou=PKI, ou=DHA,
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**ATTACHMENT(S): 6 PAGES
DISTRIBUTION: 7950.2-M**

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

CHANGE 78
7950.2-M
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CHAPTER 2

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: SOURCE OF ADMISSION (1-260)			
VALIDITY EDITS			
1-260-01V	VALUE MUST BE A VALID SOURCE OF ADMISSION.		
RELATIONAL EDITS			
1-260-01R	IF TYPE OF ADMISSION =	4	NEWBORN
	THEN SOURCE OF ADMISSION MUST =	1	NORMAL DELIVERY (DISCONTINUED 10/01/2007) OR
		2	PREMATURE DELIVERY (DISCONTINUED 10/01/2007) OR
		3	SICK BABY (DISCONTINUED 10/01/2007) OR
		4	EXTRAMURAL BIRTH (DISCONTINUED 10/01/2007) OR
		4	EXTRAMURAL BIRTH OR
		5	BORN INSIDE THIS HOSPITAL OR
		6	BORN OUTSIDE THIS HOSPITAL

ELEMENT NAME: ADMISSION DATE (1-265)			
VALIDITY EDITS			
1-265-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.		
RELATIONAL EDITS			
1-265-01R	ADMISSION DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION		
1-265-02R	ADMISSION DATE MUST BE ≤ END DATE OF CARE		
1-265-03R	IF FREQUENCY CODE =	1	ADMIT THROUGH DISCHARGE
	THEN ADMISSION DATE MUST BE ≥ BEGIN DATE OF CARE		
	ELSE IF FREQUENCY CODE =	2	INTERIM-INITIAL
	AND TYPE OF INSTITUTION ≠	70	HHA
	THEN ADMISSION DATE MUST BE ≥ BEGIN DATE OF CARE		
1-265-04R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		B	ADJUSTMENT OF NON-TED RECORD (HCSR) DATA OR
		C	COMPLETE CANCELLATION OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN ADMISSION DATE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED		
	UNLESS TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD
	AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.		

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Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PATIENT STATUS (1-270)			
VALIDITY EDITS			
1-270-01V	VALUE MUST BE A VALID PATIENT STATUS CODE.		
RELATIONAL EDITS			
1-270-01R	IF FREQUENCY CODE =	2	INTERIM-INITIAL OR
		3	INTERIM-INTERIM
	THEN PATIENT STATUS MUST =	30	STILL A PATIENT
1-270-03R	IF PRICING RATE CODE =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER
	THEN PATIENT STATUS MUST ≠	30	STILL A PATIENT

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Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: BEGIN DATE OF CARE (1-275)

VALIDITY EDITS

1-275-01V MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.

1-275-02V BEGIN DATE OF CARE CANNOT BE < 01/01/1990.

1-275-03V BEGIN DATE OF CARE MUST BE ≤ END DATE OF CARE.

RELATIONAL EDITS

1-275-02R BEGIN DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION

1-275-03R BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT)

1-275-05R 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 BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED

UNLESS TED RECORD CORRECTION INDICATOR =

1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD
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AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

1-275-06R PROVIDER MUST BE "AUTHORIZED"¹ ON PROVIDER FILE FOR THIS BEGIN DATE OF CARE

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 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

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, TYPE OF INSTITUTION, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (1-200-02R).

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: END DATE OF CARE (1-280)

VALIDITY EDITS

1-280-01V MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.

1-280-02V **END DATE OF CARE** CANNOT BE < 01/01/1990.

1-280-03V END DATE OF CARE MUST BE ≥ BEGIN DATE OF CARE.

RELATIONAL EDITS

1-280-01R END DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION

1-280-02R 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 END DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED

UNLESS TED RECORD CORRECTION INDICATOR =

1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) **SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD**

AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

1-280-03R PROVIDER MUST BE "AUTHORIZED"¹ ON PROVIDER FILE FOR THIS END DATE OF CARE

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 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

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, TYPE OF INSTITUTION, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (1-200-02R).

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Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: ADMINISTRATIVE CLIN (1-283)

VALIDITY EDITS

1-283-01V MUST BE BLANKS OR A VALID CLIN FOR THE CONTRACT NUMBER ON THE TMA DATABASE.

1-283-02V IF TYPE OF SUBMISSION =

A ADJUSTMENT **OR**

B HCSR ADJUSTMENT **OR**

C COMPLETE CANCELLATION **OR**

E HCSR CANCELLATION

AND CONTRACT NUMBER =

MDA906-02-C-0013 (TMOP) **OR**

MDA906-03-C-0009 (WEST) **OR**

MDA906-03-C-0010 (SOUTH) **OR**

MDA906-03-C-0011 (NORTH) **OR**

MDA906-03-C-0015 (TDEFIC) **OR**

MDA906-03-C-0019 (TRRx)

AND ADMINISTRATIVE CLAIM COUNT
CODE (TMA DERIVED FIELD) ON TMA
FILE =

1 CLAIM RATE HAS BEEN PAID

THEN ADMINISTRATIVE CLIN ON THE ADJUSTMENT MUST = ADMINISTRATIVE CLIN ON TMA
DATABASE¹

1-283-03V IF CONTRACT NUMBER ≠

MDA906-02-C-0013 (TMOP) **OR**

MDA906-03-C-0009 (WEST) **OR**

MDA906-03-C-0010 (SOUTH) **OR**

MDA906-03-C-0011 (NORTH) **OR**

MDA906-03-C-0015 (TDEFIC) **OR**

MDA906-03-C-0019 (TRRx)

THEN ADMINISTRATIVE CLIN MUST BE BLANK.

RELATIONAL EDITS

REFER TO [SECTION 8.1](#).

¹ THIS EDIT IS CHECKED DURING THE ADJUSTMENT/CANCELLATION MATCH AND MARRY PROCESS.

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Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: COVERED DAYS (1-285)	
VALIDITY EDITS	
1-285-01V	MUST BE NUMERIC.
1-285-02V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	11 HOSPICE
	OR TYPE OF SUBMISSION =
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	OR TYPE OF INSTITUTION =
	78 NON-HOSPITAL BASED HOSPICE OR
	79 HOSPITAL BASED HOSPICE
	THEN BYPASS THIS EDIT
	ELSE IF AMOUNT ALLOWED (TOTAL) ≤ ZERO
	OR TYPE OF INSTITUTION = 70 HHA
	OR THE SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES THAT INDICATE THAT A ROOM WAS USED (010X-021X, OR 0724, OR 100X) = ZERO
	THEN COVERED DAYS MUST = ZERO
	ELSE IF FREQUENCY CODE = 3 INTERIM - INTERIM TED RECORD
	OR BEGIN DATE OF CARE = END DATE OF CARE
	THEN COVERDAYS MUST BE ≤ END DATE OF CARE - BEGIN DATE OF CARE +1
	ELSE IF FREQUENCY CODE = 1 ADMIT THRU DISCHARGE
	THEN COVERED DAYS MUST BE ≤ END DATE OF CARE - ADMISSION DATE
	ELSE IF FREQUENCY CODE = 2 INTERIM - INITIAL TED RECORD
	THEN COVERED DAYS MUST BE ≤ END DATE OF CARE - ADMISSION DATE +1
	ELSE COVERED DAYS MUST BE ≤ END DATE OF CARE - BEGIN DATE OF CARE
RELATIONAL EDITS	
	NONE