



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

**DEFENSE
HEALTH AGENCY**

PAT&IS

**CHANGE 81
7950.2-M
DECEMBER 16, 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: CENTERS FOR MEDICARE AND MEDICAID SERVICES PLACE OF SERVICE CHANGE

CONREQ: 17725

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change updates Centers for Medicare and Medicaid Services (CMS). In order to differentiate between on-campus and off-campus provider-based hospital departments, CMS is utilizing a previously unassigned Place of Service (POS) code (POS 19) and revising the current POS code descriptor for outpatient hospital (POS 22). TRICARE has historically used unassigned POS 19 as the place of service for Pharmacy TRICARE Encounter Data (TED) records. In order to comply with this change, the Defense Health Agency (DHA) must now change TED record POS logic 19 to POS 01. POS 01 is now designated by CMS as Pharmacy.

EFFECTIVE DATE: January 1, 2016.

IMPLEMENTATION DATE: January 18, 2016.

**ARENDALE.JOH
N.LOUIS.II.1150
775368**
Digitally signed by
ARENDALE JOHN.LOUIS.II.1150775368
DN: c=US, o=U S. Government, ou=DoD,
ou=PKI, ou=TMA,
cn=ARENDALE.JOHN.LOUIS.II.1150775
368
Date: 2015.12.14 13:09:47 -07'00'

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

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

CHANGE 81
7950.2-M
DECEMBER 16, 2015

REMOVE PAGE(S)

CHAPTER 2

Section 2.7, pages 21 and 22

Section 6.3, pages 7 through 15

Addendum F, pages 1 through 4

INSERT PAGE(S)

Section 2.7, pages 21 and 22

Section 6.3, pages 7 through 14

Addendum F, pages 1 through 4

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PLACE OF SERVICE

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Non-Institutional	2-275	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.			
DEFINITION Code to indicate where the health care was provided.			
CODE/VALUE SPECIFICATIONS	01	Pharmacy	
	03	School	
	04	Homeless Shelter	
	05	Indian Health Service (IHS) Freestanding Facility	
	06	Indian Health Service (IHS) Provider-based Facility	
	07	Tribal 638 Freestanding Facility	
	08	Tribal 638 Provider-based Facility	
	09	Prison-Correctional Facility	
	11	Office	
	12	Home	
	13	Assisted Living Facility	
	14	Group Home	
	15	Mobile Unit	
	16	Temporary Lodging	
	17	Walk-in Retail Health Clinic	
	18	Place of Employment Worksite	
	19	Pharmacy (Terminated 12/31/2015)	
	19	Off Campus-Outpatient Hospital	
	20	Urgent Care Facility	
	21	Inpatient Hospital	
	22	On Campus-Outpatient Hospital	
	23	Emergency Room - Hospital	
	24	Ambulatory Surgical Center (ASC)	
	25	Birthing Center	
	26	Military Treatment Facility (MTF)	
	31	Skilled Nursing Facility (SNF)	
	32	Nursing Facility	
	33	Custodial Care Facility	
	34	Hospice	
	41	Ambulance - Land	
	42	Ambulance - Air or Water	
	49	Independent Clinic	
	50	Federally Qualified Health Center	

NOTES AND SPECIAL INSTRUCTIONS:

This data element must be '19' for Mail Order Pharmacy (MOP).

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PLACE OF SERVICE (Continued)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	51	Inpatient Psychiatric Facility
	52	Psychiatric Facility Partial Hospitalization
	53	Community Mental Health Center (CMHC)
	54	Intermediate Care Facility/Mentally Retarded
	55	Residential Substance Abuse Treatment Facility
	56	Psychiatric Residential Treatment Center (RTC)
	57	Non-Residential Substance Abuse Treatment Facility
	60	Mass Immunization Center
	61	Comprehensive Inpatient Rehabilitation Facility
	62	Comprehensive Outpatient Rehabilitation Facility (CORF)
	65	End Stage Renal Disease (ESRD) Treatment Facility
	71	Public Health Clinic
	72	Rural Health Clinic (RHC)
	81	Independent Laboratory
	99	Other Unlisted Facility
ALGORITHM N/A		
SUBORDINATE AND/OR GROUP ELEMENTS		
SUBORDINATE		GROUP
N/A		N/A
NOTES AND SPECIAL INSTRUCTIONS:		
This data element must be '19' for Mail Order Pharmacy (MOP).		

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXONOMY (SPECIALTY) (2-255)

VALIDITY EDITS

2-255-01V THIS FIELD MUST BE A VALID PROVIDER SPECIALTY (REFER TO [HTTP://WWW.WPC-EDI.COM/CODES](http://www.wpc-edi.com/codes)).

RELATIONAL EDITS

2-255-03R IF PROVIDER SPECIALTY = 333600000X (SUPPLIERS/PHARMACY)
THEN TYPE OF SERVICE (SECOND POSITION) = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

2-255-04R IF PROVIDER SPECIALTY = 183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)
THEN TYPE OF SERVICE (SECOND POSITION) = M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (2-260)

VALIDITY EDITS

2-260-01V MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (2-265)

VALIDITY EDITS

2-265-01V PROVIDER NETWORK STATUS INDICATOR MUST =
 1 NETWORK PROVIDER **OR**
 2 NON-NETWORK PROVIDER

RELATIONAL EDITS

NONE

ELEMENT NAME: PHYSICIAN REFERRAL NUMBER (2-270)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

ELEMENT NAME: PLACE OF SERVICE (2-275)

VALIDITY EDITS

2-275-01V VALUE MUST BE A VALID PLACE OF SERVICE.

RELATIONAL EDITS

2-275-01R IF ADJUSTMENT/DENIAL REASON CODE IS NOT A CODE LISTED IN [ADDENDUM G, FIGURE 2.G-2](#)
THEN PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE, REFER TO [ADDENDUM F](#).

2-275-06R IF PLACE OF SERVICE = 21 INPATIENT HOSPITAL
THEN TYPE OF SERVICE (FIRST POSITION) MUST = I INPATIENT

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: TYPE OF SERVICE (2-280)			
VALIDITY EDITS			
2-280-01V	FIRST POSITION MUST BE = 'A', 'I', 'K', 'M', 'N', 'O', OR 'P'.		
	SECOND POSITION MUST BE = 1-9; A-M.		
	IF FIRST POSITION = 'A'; SECOND POSITION MUST ≠ 'C'.		
	IF FIRST POSITION = 'P'; SECOND POSITION MUST = 'H'.		
	IF FIRST POSITION = 'N'; SECOND POSITION MUST = 'I'.		
2-280-02V	IF CONTRACT NUMBER =	MDA906-02-C-0013	
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
RELATIONAL EDITS			
2-280-07R	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT (ACTIVE DUTY DEPENDENTS ONLY) OR
		M	OUTPATIENT MATERNITY COST-SHARED AS INPATIENT OR
		N	OUTPATIENT COST-SHARED AS INPATIENT OR
		O	OUTPATIENT, EXCLUDING M, P, OR N OR
		P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST-SHARED AS INPATIENT
	THEN PLACE OF SERVICE CANNOT =	21	INPATIENT HOSPITAL
2-280-08R	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN NATIONAL DRUG CODE MUST ≠ BLANK		
	UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A)		
2-280-09R	IF TYPE OF SERVICE (SECOND POSITION) =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN TYPE OF SUBMISSION MUST ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO		
	AND CA/NAS EXCEPTION REASON MUST = BLANK		
	AND CA/NAS NUMBER MUST = BLANK		
	AND CA/NAS REASON FOR ISSUANCE MUST = BLANK		
	AND NATIONAL DRUG CODE MUST ≠ BLANK		
	AND IF BEGIN DATE OF CARE < 01/01/2016		
	THEN PLACE OF SERVICE MUST =	19	PHARMACY
	ELSE PLACE OF SERVICE MUST =	01	PHARMACY
	AND PRICING RATE CODE MUST = 0		
	AND PROVIDER NETWORK STATUS INDICATOR MUST =	1	NETWORK PROVIDER
	AND PROVIDER PARTICIPATING INDICATOR MUST =	Y	YES

¹ CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: TYPE OF SERVICE (2-280) (Continued)

AND PROVIDER SPECIALTY MUST = 183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)		
AND IF PROCEDURE CODE =	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
	000PA	PRESCRIPTION PRIOR AUTHORIZATIONS
THEN AMOUNT PATIENT COST-SHARE MUST = ZERO		
AND CLAIM FORM TYPE/EMC INDICATOR MUST =	J	OTHER
ELSE IF OCCURRENCE/LINE ITEM NUMBER = 002		
THEN AMOUNT BILLED BY PROCEDURE CODE ON THIS LINE ITEM MUST = ZERO		
AND AMOUNT PATIENT COST-SHARE ON THIS LINE ITEM MUST = ZERO		
AND NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO		
ELSE CLAIM FORM TYPE/EMC INDICATOR MUST =	I	ELECTRONIC DRUG CLAIM SUBMISSION
AND NUMBER OF SERVICES = 1		
2-280-10R	IF TYPE OF SERVICE (SECOND POSITION) =	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
		M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
THEN REGION INDICATOR MUST = BLANK		
UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A)		
2-280-11R	IF TYPE OF SERVICE (SECOND POSITION) =	M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND OCCURRENCE/LINE ITEM COUNT = 002		
THEN PROCEDURE CODE¹ MUST =	99070	SUPPLIES
2-280-12R	IF TYPE OF SERVICE (SECOND POSITION) =	G DENTAL
THEN PROCEDURE CODE¹ ≠ 00100 - 09999		
2-280-13R	IF TYPE OF SERVICE (SECOND POSITION) =	B RETAIL PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
		M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND CLAIM FORM TYPE/EMC INDICATOR =	J	OTHER
THEN PROCEDURE CODE MUST =	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
	000PA	PRESCRIPTION PRIOR AUTHORIZATIONS

¹ CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)

VALIDITY EDITS

2-285-01V MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO [SECTION 2.5](#))

RELATIONAL EDITS

2-285-01R	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN HCC MEMBER CATEGORY 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
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADASM - USA OR
		X	FOREIGN ADASM OR
		Y	CHCBP - STANDARD OR
		AA	CHCBP - EXTRA OR
		SN	SHCP - NON-MTF-REFERRED CARE OR
		SO	SHCP - NON-TRICARE ELIGIBLE OR
		SR	SHCP - REFERRED CARE OR
		ST	SHCP - TRICARE ELIGIBLE OR
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN OR
		WA	TPR FOREIGN ADASM
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
	OR HCDP PLAN COVERAGE CODE =	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
		402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
		405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
		406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
		407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
		408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
		409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)		
	410	TRS SURVIVOR CONTINUING WITH 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	TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE
2-285-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF ECHO
	THEN HHC MEMBER CATEGORY CODE MUST =	A ACTIVE DUTY OR
		G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J ACADEMY STUDENT OR
		P TAMP MEMBER OR
		S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
2-285-03R	IF TYPE OF SERVICE (FIRST POSITION) =	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN 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 MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		P TAMP MEMBER OR
		S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T FOREIGN MILITARY MEMBER OR
		V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		Z UNKNOWN
	UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = 0	
2-285-04R	IF HC DP PLAN COVERAGE CODE =	004 DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		005 TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		016 DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)	
017	TRICARE STANDARD FOR SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS OR
021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
149	TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
205	TDP INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
206	TDP FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
212	TDP INDIVIDUAL COVERAGE FOR SURVIVORS OF SELECTED RESERVE (SelRes) DECEASED SPONSORS OR
213	TDP FAMILY COVERAGE FOR SURVIVORS OF SELECTED RESERVE (SelRes) DECEASED SPONSORS OR
409	RESERVE SELECT SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
410	RESERVE SELECT SURVIVOR CONTINUING WITH FAMILY COVERAGE OR

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)	
	411 RESERVE SELECT SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412 RESERVE SELECT SURVIVOR NEW FAMILY COVERAGE
OR AMOUNT ALLOWED BY PROCEDURE CODE = 0	
THEN BYPASS THIS EDIT	
ELSE IF TYPE OF SERVICE (SECOND POSITION) =	C AMBULATORY SURGERY
THEN HCC MEMBER CATEGORY CODE MUST =	D DISABLED AMERICAN VETERAN OR
	F FORMER MEMBER OR
	H MEDAL OF HONOR RECIPIENT OR
	R RETIRED OR
	W FORMER SPOUSE OR
	Z UNKNOWN
2-285-05R IF HCC MEMBER CATEGORY CODE =	T FOREIGN MILITARY MEMBER
THEN ONE OCCURRENCE OF OVERRIDE CODE =	M NATO

ELEMENT NAME: PAY GRADE CODE (SPONSOR) (2-291)	
VALIDITY EDITS	
2-291-01V	MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO SECTION 2.7)
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292)	
VALIDITY EDITS	
2-292-01V	MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO ADDENDUM K)
RELATIONAL EDITS	
NONE	

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)

VALIDITY EDITS

2-295-01V MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO [SECTION 2.5](#))

RELATIONAL EDITS

2-295-06R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

PF ECHO

THEN HCC MEMBER RELATIONSHIP CODE MUST =

B SPOUSE **OR**

C CHILD OR STEPCHILD **OR**

D PRE-ADOPTIVE CHILD **OR**

E WARD (COURT ORDERED) **OR**

G SURVIVING SPOUSE

2-295-07R IF TYPE OF SERVICE (FIRST POSITION) =

A AMBULATORY SURGERY COST-SHARED AS INPATIENT

THEN HCC MEMBER RELATIONSHIP CODE MUST =

A SELF **OR**

B SPOUSE **OR**

C CHILD OR STEPCHILD **OR**

D PRE-ADOPTIVE CHILD **OR**

E WARD (COURT ORDERED) **OR**

G SURVIVING SPOUSE **OR**

Z UNKNOWN

AND HCC MEMBER CATEGORY CODE ≠

W FORMER SPOUSE

UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

SC SHCP - NON-TRICARE ELIGIBLE

2-295-10R IF HCC MEMBER CATEGORY CODE =

T FOREIGN MILITARY MEMBER

AND HCC MEMBER RELATIONSHIP CODE =

A SELF

THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =

AN SHCP - NON-REFERRED CARE **OR**

AR SHCP - REFERRED CARE **OR**

SC SHCP - NON-TRICARE ELIGIBLE **OR**

SM SHCP - EMERGENCY

OR ENROLLMENT/HEALTH PLAN CODE MUST =

SN SHCP - NON-MTF REFERRED **OR**

SO SHCP - NON-TRICARE ELIGIBLE **OR**

SR SHCP - REFERRED **OR**

SU SHCP - REFERRAL DESIGNATION UNKNOWN

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = ZERO

THEN BYPASS THIS EDIT

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

- END -

Data Requirements - Place Of Service/Type Of Service Allowable Relationships

FIGURE 2.F-1 PLACE OF SERVICE CODES

PLACE OF SERVICE CODE	TYPE OF SERVICE CODE(S) ALLOWED (SECOND POSITION VALUES)
01	B, M
03	1, 2, 3, 4, 5, 7, 9, A, B, F, H, J, K, L
04	1, H
05	1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, J, K, L
06	1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, J, K, L
07	1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, J, K, L
08	1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, J, K, L
09	1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, I, J, K, L, M
11	1, 2, 3, 4, 5, 6, 7, 9, A, B, C, E, F, G, H, J, K, L
12	1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, D, F, H, J, K, L
13	1, 2, 9, H, I, K
14	1, 2, 9, H, I, K
15	1, 2, 3, 4, 5, 6, 7, 9, A, C, E, F, G, H, J, K, L
16	1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, D, F, H, J, K, L
17	1, 2, 3, 4, 5, 6, 7, 9, A, B, C, E, F, G, H, J, K, L
18	1, 3, 9, A, B, F, H, J, K, L, M
19	1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, E, F, G, H, I, J, K, L, M
20	1, 2, 3, 4, 5, 6, 7, 9, A, C, E, F, G, H, J, K, L
21	1, 2, 3, 4, 5, 6, 7, 8, 9, E, F, G, H, K, L
22	1, 2, 3, 4, 5, 6, 7, 8, 9, A, C, E, F, G, H, I, J, K, L
23	1, 2, 3, 4, 5, 6, 7, 8, 9, A, C, E, F, G, H, I, J, K, L
24	1, 2, 3, 4, 5, 6, 7, 8, 9, A, C, F, G, H, K
25	1, 2, 3, 4, 5, 7, 9, F
26	1, 2, 3, 4, 5, 6, 7, 8, 9, A, C, E, F, G, H, I, J, K, L
31	1, 2, 3, 4, 5, 9, A, E, H, J, K, L
32	1, 2, 3, 4, 5, 6, 9, A, E, H, J, K, L
33	1, 2, 3, 4, 5, 9, A, E, H, J, K, L
34	1, 2, 3, 9, A, D
41	1, 9, A, F, I, J
42	1, 9, A, I

This table is used in edit 2-275-01R.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Addendum F

Data Requirements - Place Of Service/Type Of Service Allowable Relationships

FIGURE 2.F-1 PLACE OF SERVICE CODES (CONTINUED)

PLACE OF SERVICE CODE	TYPE OF SERVICE CODE(S) ALLOWED (SECOND POSITION VALUES)
49	1, 2, 3, 4, 5, 6, 7, 9, A, C, D, E, F, G, H, J, K, L
50	1, 2, 3, 4, 5, F, H
51	1, 2, 3, 4, 5, 7, 9, H, K, L
52	1, 3, 4, 5, 9, H, J, K, L
53	1, 3, 4, 5, 9, H, K, L
54	1, 2, 3, 4, 5, 9, A, H, J, K, L
55	1, 3, 4, 5, 9, H, J, K, L
56	1, 3, 9, H, K, L
57	1, 3, 5, 9, H
60	1, 9, B
61	1, 2, 3, 4, 5, 9, A, B, H, J, K, L
62	1, 2, 3, 4, 5, 9, A, H, J, K, L
65	1, 2, 3, 4, 5, 6, 9, A, E, J
71	1, 2, 3, 4, 5, 6, 7, 8, 9, E, F, G, H, J, K, L
72	1, 2, 3, 4, 5, 6, 7, 8, 9, E, F, G, H, J, K, L
81	1, 2, 4, 5, 9, F
99	1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, J, K, L

This table is used in edit 2-275-01R.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Addendum F

Data Requirements - Place Of Service/Type Of Service Allowable Relationships

FIGURE 2.F-2 PLACE OF SERVICE VALUES

PLACE OF SERVICE VALUE	DESCRIPTION
01	Pharmacy
03	School
04	Homeless Schedule
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider-based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-based Facility
09	Prison-Correctional Facility
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-in Retail Health Clinic
18	Place of Employment Worksite
19	Pharmacy (Terminated 12/31/2015)
19	Off Campus-Outpatient Hospital
20	Urgent Care Facility
21	Inpatient Hospital
22	On Campus-Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance - Land
42	Ambulance - Air or Water
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Addendum F

Data Requirements - Place Of Service/Type Of Service Allowable Relationships

FIGURE 2.F-2 PLACE OF SERVICE VALUES (CONTINUED)

PLACE OF SERVICE VALUE	DESCRIPTION
57	Non-Residential Substance Abuse Treatment Facility
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility