



DEFENSE
HEALTH AGENCY

PAT&IS

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**CHANGE 82
7950.2-M
FEBRUARY 11, 2016**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM), FEBRUARY 2008**

The Defense Health Agency has authorized the following addition(s)/revision(s).

CHANGE TITLE: INTEGRATED DISABILITY EVALUATION SYSTEM

CONREQ: 17510

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change revises the begin date of care for contractors to process under the new directions, and adds principal diagnosis codes for the special processing code "DC".

EFFECTIVE DATE: March 11, 2016.

IMPLEMENTATION DATE: March 11, 2016.

This change is made in conjunction with Feb 2008 TOM, Change No. 169.

**JACOBS.KENNE
TH.C.1067162311**

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DN: c=US, o=U.S. Government, ou=DoD,
ou=PKI, ou=DHA,
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Date: 2016.02.08 08:54:38 -0700

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

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

CHANGE 82
7950.2-M
FEBRUARY 11, 2016

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CHAPTER 2

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TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.4

Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (Continued)

	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	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	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE
2-305-31R	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 ² MUST BE ≥ 18 MONTHS	
2-305-32R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	RB RESPITE BENEFIT FOR AD SM s
	THEN BEGIN DATE OF CARE MUST BE ≥ 01/01/2008	
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SE SHCP - TRICARE ELIGIBLE
2-305-33R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PS SPECIALTY PHARMACY SERVICES
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND PROCEDURE CODE MUST ≠	000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR 000PA PRESCRIPTION PRIOR AUTHORIZATIONS
2-305-34R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PV RETAIL PHARMACY FOR DVA BENEFICIARIES
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND PROVIDER NETWORK STATUS INDICATOR MUST =	1 NETWORK PROVIDER
	AND PROCEDURE CODE MUST ≠	000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR 000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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² PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.4

Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (Continued)

2-305-35R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	DE	TDRL PHYSICAL EXAMS
	THEN BEGIN DATE OF CARE MUST BE ≥ 03/30/2009		
	AND ENROLLMENT/HEALTH PLAN CODE MUST =	SR	SHCP - MTF REFERRED CARE
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SE	SHCP - TRICARE ELIGIBLE
2-305-36R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	EF	TRICARE RESERVE AND NATIONAL GUARD FAMILY MEMBER BENEFITS
	THEN BEGIN DATE OF CARE MUST BE ≥ 11/01/2009		
	AND ENROLLMENT/HEALTH PLAN CODE MUST =	T	TRICARE STANDARD PROGRAM OR
		V	TRICARE EXTRA
	AND HCDP SPECIAL ENTITLEMENT CODE MUST =	02	NOBLE EAGLE PARTICIPATION SPECIAL ENTITLEMENT OR
		03	ENDURING FREEDOM PARTICIPATION SPECIAL ENTITLEMENT
	AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO		
2-305-37R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	DC	DCPE-DVA
	THEN BEGIN DATE OF CARE MUST BE ≥ 10/01/2014		
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	17	VA MEDICAL PROVIDER CLAIM OR
		AD	FOREIGN ACTIVE DUTY CLAIMS
	AND ENROLLMENT/HEALTH PLAN CODE MUST =	W	TPR ADSM - USA OR
		X	FOREIGN ADSM OR
		SR	SHCP - MTF REFERRED CARE OR
		WA	TPR FOREIGN ADSM
	AND AT LEAST ONE PROCEDURE CODE ¹ MUST = 99456		
	OR PRINCIPLE DIAGNOSIS CODE MUST = V68.01 OR Z02.71		
2-305-38R	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

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TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.4

Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (Continued)

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
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

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TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.4

Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (Continued)

AND PROVIDER STATE OR COUNTRY
CODE MUST =

PHL PHILIPPINES

2-305-39R IF ANY OCCURRENCE OF SPECIAL
PROCESSING CODE =

AS COMPREHENSIVE AUTISM CARE DEMONSTRATION

THEN BPROCEDURE CODE MUST BE 0359T, 0360T, 0361T, 0364T, 0365T, 0368T, 0369T, **OR** 0370T

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ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE (2-306)

VALIDITY EDITS

2-306-01V MUST BE A VALID HCDP SPECIAL ENTITLEMENT CODE (REFER TO [SECTION 2.5](#))

RELATIONAL EDITS

NONE