



DEFENSE
HEALTH AGENCY

PAT&IS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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CHANGE 84
7950.2-M
FEBRUARY 25, 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: INCORPORATING HEALTH AFFAIRS (HA) POLICIES

CONREQ: 17373

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change defines the use of Special Processing Code "PF".

EFFECTIVE DATE: March 25, 2016.

IMPLEMENTATION DATE: March 25, 2016.

This change is made in conjunction with Feb 2008 TOM, Change No. 173.

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.L.1231416397
Digitally signed by
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ATTACHMENT(S): 4 PAGES
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WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

CHANGE 84
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FEBRUARY 25, 2016

REMOVE PAGE(S)

CHAPTER 2

Section 5.1, pages 7 and 8

Section 6.3, pages 13 and 14

INSERT PAGE(S)

Section 5.1, pages 7 and 8

Section 6.3, pages 13 and 14

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.1

Institutional Edit Requirements (ELN 000 - 099)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070)

VALIDITY EDITS

1-070-01V MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO [SECTION 2.5](#)).

RELATIONAL EDITS

1-070-06R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

PF ECHO

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

1-070-08R 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 **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

UNLESS TYPE OF SUBMISSION =

D COMPLETE DENIAL OF INITIAL TED

THEN BYPASS THIS EDIT

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

ELEMENT NAME: PERSON LAST NAME (PATIENT) (1-076)

VALIDITY EDITS

1-076-01V MUST BE AT LEAST ONE CHARACTER (LEFT-JUSTIFIED).

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON FIRST NAME (PATIENT) (1-077)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.1

Institutional Edit Requirements (ELN 000 - 099)

ELEMENT NAME: PERSON MIDDLE NAME (PATIENT) (1-078)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON CADENCY NAME (PATIENT) (1-079)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON IDENTIFIER (PATIENT) (1-080)

VALIDITY EDITS

1-080-01V MUST BE NINE NUMERIC DIGITS **AND CANNOT** EQUAL ALL BLANKS.

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (PATIENT) (1-081)

VALIDITY EDITS

1-081-01V MUST HAVE A VALID VALUE LISTED IN [SECTION 2.7](#).

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON BIRTH CALENDAR DATE (PATIENT) (1-085)

VALIDITY EDITS

1-085-01V MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.

RELATIONAL EDITS

1-085-01R PATIENT AGE¹ MUST BE < 125 YEARS

1-085-02R PERSON BIRTH CALENDAR DATE (PATIENT) ≤ BEGIN DATE OF CARE

1-085-03R PERSON BIRTH CALENDAR DATE (PATIENT) ≤ ADMISSION DATE

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

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 =

A SELF **OR**

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 -