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TRICARE
MANAGEMENT ACTIVITY
PAT&IB

CHANGE 51
7950.2-M
AUGUST 22, 2013

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: **COMPLIANCE DATE CHANGE FOR CONVERSION FROM INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION (ICD-9) TO INTERNATIONAL CLASSIFICATION OF DISEASES, 10TH REVISION (ICD-10) CODING**

CONREQ: 16287

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): The Health Insurance Portability and Accountability Act (HIPAA) Final Rule published in the Federal Register on January 16, 2009, mandated nationwide conversion from ICD-9, Clinical Modification (ICD-9-CM) coding to ICD-10, Clinical Modification (ICD-10-CM) (diagnosis) and ICD-10, Procedure Coding System (ICD-10-PCS) (procedures). On September 5, 2012, the compliance date was changed to October 1, 2014, as part of a Final Rule published by Health and Human Services (HHS), for the ICD-10-CM and ICD-10-PCS Medical Data Code Sets. Language previously published in the TRICARE Operations Manual (TOM), TRICARE Policy Manual (TPM), TRICARE Reimbursement Manual (TRM), and TRICARE Systems Manual (TSM) is revised to include the new compliance date.

EFFECTIVE DATE: October 1, 2014.

IMPLEMENTATION DATE: October 1, 2014.

This change is made in conjunction with Feb 2008 TOM, Change No. 103, Feb 2008 TPM, Change No. 95, and Feb 2008 TRM, Change No. 85.

JACOBS.KENNETH.C.1067162311

Digitally signed by JACOBS.KENNETH.C.1067162311
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=TMA, cn=JACOBS.KENNETH.C.1067162311
Date: 2013.08.20 12:55:49 -06'00'

Kenneth Jacobs
Chief, Performance, Analysis, Transitions, and Integration Branch

ATTACHMENT(S): **23 PAGES**
DISTRIBUTION: **7950.2-M**

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

CHANGE 51
7950.2-M
AUGUST 22, 2013

REMOVE PAGE(S)	INSERT PAGE(S)
CHAPTER 2	
Section 1.1, pages 9 and 10	Section 1.1, pages 9 and 10
Section 2.7, pages 25 and 26	Section 2.7, pages 25 and 26
Section 5.3, pages 15 and 16	Section 5.3, pages 15 and 16
Section 5.4, pages 3 and 4	Section 5.4, pages 3 and 4
Section 6.2, pages 7 and 8	Section 6.2, pages 7 and 8
Addendum M, pages 1 through 4	Addendum M, pages 1 through 4
APPENDIX A	
pages 25 through 33	pages 25 through 33

6.2.1 Criteria For Selecting TMA Foreign Non-Financially Underwritten ASAP Accounts (Foreign Contract Only)

All claims submitted by the foreign contract shall be submitted to TMA, CRM using the non-financially underwritten ASAP Account Numbers with a '3', or '4', or '5', or '6' in position 8. The BATCH/VOUCHER CLIN/ASAP Account Number with a '3' in position 8 shall be used for all appropriated fund foreign benefit payments - excluding Navy/Marine deployed claims covered by TRICARE Overseas Program (TOP). The BATCH/VOUCHER CLIN/ASAP Account Number with a '4' in position 8 shall be used for all Accrual/Trust fund foreign benefit payments. The BATCH/VOUCHER CLIN/ASAP Account Number with a '5' in position 8 shall be used for all Navy deployed claims covered by TOP. The BATCH/VOUCHER CLIN/ASAP Account Number with a '6' in position 8 shall be used for all Marine deployed claims covered by TOP.

6.2.2 Criteria For Selecting TMA Non-Financially Underwritten ASAP Account (excludes foreign contract and claims that meet criteria specified under paragraph 6.2.1)

All non-financially underwritten claims shall be submitted to TMA, CRM using the non-financially underwritten ASAP Account Number with a '1' in position 8.

6.2.3 Criteria For Selecting Financially Underwritten CLINs (excludes claims that meet criteria specified under paragraphs 6.2.1 and 6.2.2)

All financially underwritten benefit payments and all Resource Sharing claims must use the BATCH/VOUCHER CLIN/ASAP Account Number containing the TMA Benefit CLIN (positions 1 through 6 of ASAP).

6.2.4 Criteria For Selecting ASAP Type (Pass Through) BATCH/VOUCHER CLIN/ASAP Account Number based on 'Active' Dates (Fiscal Year)

All ASAP Type BATCH/VOUCHER CLIN/ASAP Account Numbers assigned by TMA, CRM shall have an 'active' date range assigned. The BATCH/VOUCHER CLIN/ASAP Account Number's 'active' dates shall not overlap across fiscal years. The BATCH/VOUCHER Date (0-030) is the field TMA shall use when editing for proper selection of ASAP Type BATCH/VOUCHER CLIN/ASAP Account Number based on date. All disbursements shall be made using a currently 'active' ASAP Type BATCH/VOUCHER CLIN/ASAP Account Number. All credits where reported disbursements did not occur (stale dated checks, voids, etc.) shall be credited back to the BATCH/VOUCHER CLIN/ASAP Account Number originally used to report the disbursement. All collections (credits) of funds where the disbursement was originally reported to TMA using a ASAP Type BATCH/VOUCHER CLIN/ASAP Account Numbers (BATCH/VOUCHER CLIN/ASAP Account Number with a '1' or '3' or '4' or '5' or '6' in position 8) shall be credited to TMA using currently 'active' BATCH/VOUCHER CLIN/ASAP Account Number.

6.2.5 Criteria For Selecting CLIN TYPE (UNDERWRITTEN) BATCH/VOUCHER CLIN/ASAP Account Number based on 'Active' Dates (Fiscal Year and Option Period)

All CLIN Type BATCH/VOUCHER CLIN/ASAP Account Numbers assigned by TMA, CRM shall have an 'active' date range assigned. The BATCH/VOUCHER CLIN/ASAP Account Number's 'active' dates shall not overlap across Option Periods or fiscal year. The BEGIN DATE OF CARE (1-275 or 2-150) is the field TMA shall use when editing for proper selection of CLIN Type BATCH/VOUCHER

CLIN/ASAP Account Number based on date. All disbursements shall be made using the CLIN Type BATCH/VOUCHER CLIN/ASAP Account Number that was 'active' at the time care started. All credits shall cite the original CLIN Type BATCH/VOUCHER CLIN/ASAP Account Number originally used to report the disbursement.

7.0 INTERIM INSTITUTIONAL PAYMENTS

7.1 In certain cases, providers can submit interim bills for institutional claims as a method to facilitate cash flow. Interim-interim and interim-final TED records with filing dates before January 1, 2011 must be submitted as an adjustment using the same TED Record Indicator (TRI) as the initial submission.

7.2 Interim-interim and interim-final TED records (FREQUENCY CODES '3' and '4') with filing dates on or after January 1, 2011 **with the exception of interim billings reimbursed under the DRG or Home Health Agency (HHA) payment methodology** must be submitted with a unique TRI and must be submitted on batch/vouchers with HEADER TYPE INDICATOR '0' or '5'. DRG and HHA interim-interim and interim-final TED records will continue to be submitted as an adjustment using the same TRI as the initial submission.

7.3 For claims that are reimbursed under the TRICARE Diagnosis Related Group (DRG) payment methodology please see the TRICARE Reimbursement Manual (TRM), Chapter 6, Section 3 for requirements on submitting DRG interim bills.

7.4 For claims that are reimbursed under the Home Health Agency Prospective Payment System (HHA PPS) methodology, please see the guidelines on submitting interim bills in the TRM, Chapter 12, Section 6.

7.5 International Classification of Diseases (ICD) version and Operation/Non-Surgical Procedure (OP/NSP) codes are determined by patient discharge date. ICD, 10th Revision, Clinical Modification, (ICD-10-CM) diagnosis and ICD-10-Procedure Coding System (ICD-10-PCS) OP/NSP codes are appropriate for claims with discharge dates on or after October 1, 2014 and ICD, 9th Revision, Clinical Modification (ICD-9-CM) and ICD-9-Procedure Coding System (ICD-9-PCS) codes are appropriate for discharge dates on or before September 30, 2014. Since the TED record does not report discharge date, end date of care will determine ICD version when patient status indicates discharged, transferred or expired (i.e., codes 01, 02, 03). Admission date will determine ICD version when the patient status indicates the patient remains hospitalized (i.e., 30).

8.0 PROCESS FOR REPORTING EXTERNAL RESOURCE SHARING ENCOUNTERS TO TMA

The following process is to be used by claims processors to submit data to TMA which relates to External Resource Sharing encounters.

8.1 Special Processing Code

For External Resource Sharing encounters, submit a TED record which includes SPECIAL PROCESSING CODE of 'S' Resource Sharing - External, for each patient encounter.

DATA ELEMENT DEFINITION

ELEMENT NAME: PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-345	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Seven (7) alphanumeric characters.
DEFINITION	The code that identifies the principal procedure performed during the period reported on the TED record as submitted on the UB-04/UB-92.
CODE/VALUE SPECIFICATIONS	Use the most current procedure code edition (ICD-9-CM or ICD-10-PCS) as directed by TMA. Must provide the most detailed code. Do not code the decimal point.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] Required if one of the following Revenue Codes are present 036X or 072X.

DATA ELEMENT DEFINITION

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS/PRESENT ON ADMISSION (POA) INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-300	1	Yes
Non-Institutional	2-115	1	Yes

PRIMARY PICTURE (FORMAT)	Eight (8) alphanumeric characters.	
DEFINITION	Principal Treatment Diagnosis: The condition established, after study, to be the major cause for the patient to obtain medical care as submitted on the claim form or otherwise indicated by the provider.	
	POA Indicator: Diagnosis present at the time the order for inpatient admission occurs.	
CODE/VALUE SPECIFICATIONS	Principal Treatment Diagnosis (Positions 1 through 7): Use the most current diagnosis code edition (ICD-9-CM or ICD-10-CM), as directed by TMA. Must provide the most detailed code. Do not code the decimal point.	
	POA Indicator (Position 8):	
	Valid POA values are:	
	~~b~~	Not reported
	1	Unreported/Not Used - Exempt from POA reporting
	N	No - Not present at time of admission
	U	Unknown - Documentation insufficient to determine if the condition was present at time of admission
	W	Clinically Undetermined - The provider is unable to clinically determine if the condition was present at time of admission
	Y	Yes - Present at time of admission
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
For MOP and Retail Pharmacy, if a more specific diagnosis code is not available, use ICD-9-CM 799.89 on or before September 30, 2014, and ICD-10-CM R68.89 on or after October 1, 2014.

ELEMENT NAME: ICD VERSION (1-293)			
	VALIDITY EDITS		
1-293-01V	VALUE MUST BE A VALID ICD VERSION.		
	RELATIONAL EDITS		
NO ERROR	IF AMOUNT ALLOWED (TOTAL) = ZERO		
1-293-01R	IF ADMISSION DATE ≥ 10/01/2014		
	THEN ICD VERSION MUST BE	0	ICD-10
1-293-02R	IF END DATE OF CARE ≥ 10/01/2014		
	AND PATIENT STATUS ≠	30	STILL PATIENT
	THEN ICD VERSION MUST BE	0	ICD-10
1-293-03R	IF ADMISSION DATE < 10/01/2014		
	AND PATIENT STATUS =	30	STILL PATIENT
	THEN ICD VERSION MUST BE	9	ICD-9
1-293-04R	IF END DATE OF CARE < 10/01/2014		
	THEN ICD VERSION MUST BE	9	ICD-9

ELEMENT NAME: ADMISSION DIAGNOSIS (1-295)			
	VALIDITY EDITS		
1-295-01V	**IF** FILING DATE IS PRIOR TO 10/01/2004		
	THEN VALUE MUST BE VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1		
	UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS =	0023	HHA
	THEN VALUE MUST BE BLANK OR A VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1		
1-295-02V	**IF** FILING DATE ON OR AFTER 10/01/2004		
	THEN VALUE MUST BE VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1 (ICD-9-CM) AND V00-Y99.9 (ICD-10-CM).		
	AND BEGIN DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD DIAGNOSIS REFERENCE TABLE		
	OR END DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD DIAGNOSIS REFERENCE TABLE		
	UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS =	0023	HHA
	OR TYPE OF INSTITUTION =	70	HHA
	OR AMOUNT ALLOWED (TOTAL) = ZERO		
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	THEN VALUE MUST BE BLANK **OR** VALUE MUST BE A VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1 (ICD-9-CM) AND V00-Y99.9 (ICD-10-CM)		
	AND BEGIN DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD DIAGNOSIS REFERENCE TABLE		
	OR END DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD DIAGNOSIS REFERENCE TABLE		
	RELATIONAL EDITS		
	NONE		

- END -

ELEMENT NAME: PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE (OP/NSP) (1-345)	
	VALIDITY EDITS
1-345-01V	**IF** FILING DATE IS PRIOR TO 10/01/2004
	THEN VALUE MUST BE A VALID ICD OP/NSP CODE IF PRESENT **OR** BLANK FILLED
1-345-02V	**IF** FILING DATE IS ON OR AFTER 10/01/2004
	THEN VALUE MUST BE A VALID ICD OP/NSP CODE IF PRESENT **OR** BLANK FILLED
	AND BEGIN DATE OF CARE MUST BE ON OR AFTER THE OP/NSP EFFECTIVE DATE AND NOT LATER THAN THE OP/NSP TERMINATION DATE ON THE ICD OP/NSP REFERENCE TABLE
	OR END DATE OF CARE MUST BE ON OR AFTER THE OP/NSP EFFECTIVE DATE AND NOT LATER THAN THE OP/NSP TERMINATION DATE ON THE ICD OP/NSP REFERENCE TABLE
	RELATIONAL EDITS
1-345-01R	IF ANY OCCURRENCE OF REVENUE CODE = 036X **OR** 0722
	THEN PRINCIPAL OP/NSP PROCEDURE CODE IS REQUIRED.
	UNLESS DRG NUMBER = BLANK
1-345-02R	IF ANY OCCURRENCE OF REVENUE CODE = 036X OR 0722
	AND DIAGNOSIS CODE FOR DELIVERY (640-669, V27)
	THEN PRINCIPAL OP/NSP PROCEDURE CODE MUST = 54.21, 64.0 (CIRCUMCISION), 65.0-75.99, 87.81, 88.03, 88.46, 88.78, **OR** 92.17.
	ELSE IF ANY OCCURRENCE OF REVENUE CODE = 036X OR 0722
	AND THE DIAGNOSIS CODE IS FOR MATERNITY/OBSTETRICS (630-676, V27) **EXCLUDING** PRENATAL **AND** POSTPARTUM
	THEN PRICIPAL OP/NSP PROCEDURE CODE MUST = 54.21, 65.0-75.99, 87.81, 88.03, 88.46, 88.78, **OR** 92.17

ELEMENT NAME: SECONDARY OPERATION/NON/SURGICAL PROCEDURE CODE OCCURRENCES 1-24 (1-350 THROUGH 1-373)	
	VALIDITY EDITS
1-XXX-01V[1]	**IF** FILING DATE IS PRIOR TO 10/01/2004
	THEN VALUE MUST BE A VALID ICD OP/NSP CODE IF PRESENT **OR** BLANK FILLED
1-XXX-02V[1]	**IF** FILING DATE IS ON OR AFTER 10/01/2004
	THEN VALUE MUST BE VALID ICD OP/NSP CODE IF PRESENT **OR** BLANK FILLED
	AND BEGIN DATE OF CARE MUST BE ON OR AFTER THE OP/NSP EFFECTIVE DATE AND NOT LATER THAN THE OP/NSP TERMINATION DATE ON THE ICD OP/NSP REFERENCE TABLE
	OR END DATE OF CARE MUST BE ON OR AFTER THE OP/NSP EFFECTIVE DATE AND NOT LATER THAN THE OP/NSP TERMINATION DATE ON THE ICD OP/NSP REFERENCE TABLE
1-XXX-03V[1]	ALL OCCURRENCES OF SECONDARY OP/NSP CODE FIELD MUST BE BLANK FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK FILLED SECONDARY OP/NSP CODE.
	RELATIONAL EDITS
	NONE

[1] XXX EQUALS ELN (350 THROUGH 373) FOR EACH OCCURRENCE OF SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE.

ELEMENT NAME: TED RECORD CORRECTION INDICATOR (1-374)			
	VALIDITY EDITS		
1-374-01V	VALUE MUST BE A VALID TED RECORD CORRECTION INDICATOR		
1-374-02V	IF TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) **SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD OR**
		2	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT CLAIM PROCESSING ERRORS OR TO UPDATE PRIOR DATA WITH MORE CURRENT/ACCURATE INFORMATION. (**NOT TO BE USED TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD**) **OR**
		3	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT **BOTH** CLAIM PROCESSING ERRORS AND EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD
	THEN TYPE OF SUBMISSION MUST =	A	ADJUSTMENT **OR**
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		C	COMPLETE CANCELLATION OF TED RECORD DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND CONTRACT NUMBER MUST =	MDA906-02-C-0013 **OR**	
		MDA906-03-C-0009 **OR**	
		MDA906-03-C-0010 **OR**	
		MDA906-03-C-0011 **OR**	
		MDA906-03-C-0015 **OR**	
		MDA906-03-C-0019	
1-374-03V	IF TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OR SUBMISSION A, B, C, OR E) **SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD OR**
		3	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT **BOTH** CLAIM PROCESSING ERRORS AND EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD
	THEN A MATCH TO A PROVISIONALLY ACCEPTED TED RECORD **MUST** BE PRESENT ON THE TMA DATABASE.		
1-374-04V	IF TED RECORD CORRECTION INDICATOR =	2	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT CLAIM PROCESSING ERRORS OR TO UPDATE PRIOR DATA WITH MORE CURRENT/ACCURATE INFORMATION
	THEN A CORRESPONDING PROVISIONALLY ACCEPTED TED RECORD **MUST NOT** BE PRESENT ON THE TMA DATABASE.		
	RELATIONAL EDITS		
	NONE		

ELEMENT NAME: ICD VERSION (2-114)			
	VALIDITY EDITS		
2-114-01V	VALUE MUST BE A VALID ICD VERSION		
	RELATIONAL EDITS		
NO ERROR	IF THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO		
2-114-01R	IF ICD VERSION =	9	ICD-9
	THEN END DATE OF CARE OF EACH LINE ITEM MUST BE < 10/01/2014.		
2-114-02R	IF ICD VERSION =	0	ICD-10
	THEN BEGIN DATE OF CARE OF EACH LINE ITEM MUST BE ON OR AFTER ≥ 10/01/2014.		

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (2-115)			
	VALIDITY EDITS		
2-115-01V	**IF** FILING DATE IS PRIOR TO 10/01/2004		
	THEN VALUE IN POSITIONS 1-7 MUST BE A VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1		
2-115-02V	**IF** FILING DATE IS ON OR AFTER 10/01/2004		
	THEN VALUE IN POSITIONS 1-7 MUST BE A VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1 (ICD-9-CM) AND V00-Y99.9 (ICD-10-CM)		
	AND FOR AT LEAST ONE LINE ITEM		
	EITHER BEGIN DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD DIAGNOSIS REFERENCE TABLE		
	OR END DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD DIAGNOSIS REFERENCE TABLE		
2-115-03V	POA INDICATOR (POSITION 8 OF THE PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR) MUST BE A VALID VALUE.		
	RELATIONAL EDITS		
2-115-01R	IF PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR FEMALE		
	AND PERSON SEX (PATIENT) IS MALE		
	THEN AT LEAST ONE OVERRIDE CODE MUST =	G	DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
2-115-02R	IF PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR MALE		
	AND PERSON SEX (PATIENT) IS FEMALE		
	THEN AT LEAST ONE OVERRIDE CODE MUST =	H	DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
2-115-05R	IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9		
	THEN CALCULATED AMOUNT BILLED (TOTAL) MUST > ZERO AND ≤ $200.00		
	AND TYPE OF SERVICE (FIRST POSITION) MUST =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT (ADFMs ONLY) **OR**
		I	INPATIENT **OR**
		N	OUTPATIENT COST-SHARED AS INPATIENT **OR**
		O	OUTPATIENT, EXCLUDING M, P, **OR** N
	AND TYPE OF SERVICE (SECOND POSITION) MUST =	4	DIAGNOSTIC/THERAPEUTIC X-RAY **OR**
		5	DIAGNOSTIC LABORATORY **OR**
		7	ANESTHESIA
	UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	1	MEDICAID
2-115-06R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	ECHO
	THEN PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) **CANNOT** =	799.9	ICD-9-CM **OR**
		R69	ICD-10-CM **OR**

Chapter 2 Addendum M

Data Requirements - Default Values For Complete Claims Denials

The values used as defaults can be used only on complete claim denials and only when the appropriate value is not available from the claim and/or supporting documents, history, provider file, or other available resources. Thus, the defaults are element-specific and are not to be used as a "blanket" approach for complete claim denials, edits are in place to ensure appropriate reporting of defaults.

The following is arranged in alphabetical order, with those elements that are common to both Institutional and Non-Institutional addressed first, then the Institutional-specific elements followed by the Non-Institutional-specific elements. Where "N/D" (No Default) appears, the TRICARE Encounter Data (TED) must be reported in accordance with current requirements. Wherever a group level element is listed, the value shown applies to all subordinate elements unless shown separately.

FIGURE 2.M-1 COMMON ELEMENTS

ELEMENT NAME	DEFAULT VALUE
Adjustment/Denial Reason Code	N/D
Administrative CLIN	N/D
AGR Legal Authority Code	Z
Amount Interest Payment	Zeroes
Amount Paid By Other Health Insurance	Zeroes
Amount Patient Cost-share	Zeroes
Begin Date Of Care	N/D
CA/NAS Exception Reason	N/D
CA/NAS Number	N/D
CA/NAS Reason For Issuance	N/D
Claim Form Type/EMC Indicator	N/D
Date Adjustment Identified	N/D
Date Ted Record Processed To Completion	N/D
DEERS Identifier (Patient)	Zeroes
End Date Of Care	N/D
Enrollment/Health Plan Code	N/D
Health Care Coverage Copayment Factor Code	Z
Health Care Coverage Member Category Code	Z
Health Care Coverage Member Relationship Code	Z

* Prior to 10/01/2014.
** On or after October 1, 2014.

FIGURE 2.M-1 COMMON ELEMENTS (CONTINUED)

ELEMENT NAME	DEFAULT VALUE
Health Care Delivery Program Plan Coverage Code	000
Health Care Delivery Program Special Entitlement Code	00
Occurrence/Line Item Number	N/D
Other Government Program Begin Reason Code	W
Other Government Program Type Code	N
Override Code	N/D
Patient Identifier (DoD)	Zeroes
Patient Zip Code	N/D
Pay Grade Code (Sponsor)	00
Pay Plan Code (Sponsor)	ZZ
PCM Location DMIS-ID (Enrollment) Code	N/D
Person Birth Calendar Date (Patient)	19111111
Person Cadency Name (Patient)	Blanks
Person First Name (Patient)	Blanks
Person Identifier (Patient)	Zeroes
Person Identifier (Sponsor)	N/D
Person Identifier Type Code (Patient)	Z
Person Identifier Type Code (Sponsor)	Z
Person Last Name (Patient)	N/D
Person Middle Name (Patient)	Blanks
Person Sex (Patient)	Z
Pricing Rate Code	Blanks
Principal Treatment Diagnosis	7999* R69**
Provider Group NPI Number (Reserved)	Reserved
Provider Individual NPI Number (Reserved)	Reserved
Provider Network Status Indicator	N/D
Provider Participation Indicator	N/D
Provider State Or Country Code	N/D
Provider Sub-Identifier	N/D
Provider Taxpayer Number	N/D
Provider Zip Code	N/D
Reason For Interest Payment	Blanks
Record Type Indicator	N/D
Region Indicator	N/D
Secondary Treatment Diagnosis	N/D
Service Branch Classification Code (Sponsor)	Z
Special Processing Code	N/D
TED Record Indicator	N/D

* Prior to 10/01/2014.
** On or after October 1, 2014.

FIGURE 2.M-1 COMMON ELEMENTS (CONTINUED)

ELEMENT NAME	DEFAULT VALUE
Total Occurrence/Line Item Count	N/D
Type Of Submission	D

* Prior to 10/01/2014.
** On or after October 1, 2014.

FIGURE 2.M-2 INSTITUTIONAL-SPECIFIC ELEMENTS

ELEMENT NAME	DEFAULT VALUE
Admission Date	Report same date as Begin Date of Care
Admission Diagnosis	7999* R69**
Amount Allowed (Total)	Zeroes
Amount Billed (Total)	N/D
Amount Paid By Gov't Contractor (Total)	Zeroes
Covered Days	Zeroes
DRG Number	Zeroes
Frequency Code	1 (N/D on DRG interim billing)
Patient Status	01 (N/D on DRG interim billing)
Principal Op/Nonsurgical Procedure Code	Blanks
Revenue Code	N/D
Secondary Op/Nonsurgical Procedure Code	Blanks
SNF HIPPS Code	N/D
Source of Admission	9
Total Charge by Revenue Code	N/D
Type of Admission	3
Type of Institution	N/D
Units of Service by Revenue Code	0000000001

* Prior to 10/01/2014.
** On or after October 1, 2014.

PPSM	Ports, Protocols, and Service Management
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRFA	Percutaneous Radiofrequency Ablation
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
PSD	Personnel Security Division
PSG	Polysomnography
PSI	Personnel Security Investigation
PST	Pacific Standard Time
PT	Pacific Time Physical Therapist Physical Therapy Prothrombin Time
PTA	Pancreas Transplant Alone Percutaneous Transluminal Angioplasty
PTC	Processed To Completion
PTCA	Percutaneous Transluminal Coronary Angioplasty
PTK	Phototherapeutic Keratectomy
PTNS	Posterior Tibial Nerve Stimulation
PTSD	Post-Traumatic Stress Disorder
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group

RA	Radiofrequency Annuloplasty Remittance Advice
RADDP	Remote Active Duty Dental Program
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RARC	Remittance Advice Remark Code
RC	Reserve Component
RCC	Recurring Credit/Debit Charge Renal Cell Carcinoma
RCCPDS	Reserve Component Common Personnel Data System
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director Registered Dietitian
RDBMS	Relational Database Management System
RDDB	Reportable Disease Database
REM	Rapid Eye Movement
RF	Radiofrequency
RFA	Radiofrequency Ablation
RFI	Request For Information
RFP	Request For Proposal
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
RIA	Radioimmunoassay
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory Rough Order of Magnitude
ROMF	Record Object Metadata File
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI OASIS Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RRS	Records Retention Schedule
RTC	Residential Treatment Center
rTMS	Repetitive Transcranial Magnetic Stimulation

RUG	Resource Utilization Group
RV	Residual Volume Right Ventricle [Ventricular]
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAMHSA	Substance Abuse and Mental Health Services Administration
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCA	Service Contract Act
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCI	Sensitive Compartmented Information Spinal Cord Injury
SCIC	Significant Change in Condition
SCOO	Special Contracts and Operations Office
SCR	Stem Cell Rescue
S/D	Security Division
SD (Form)	Secretary of Defense (Form)
SEP	Sensory Evoked Potentials
SES	Senior Executive Service
SelRes	Selected Reserve
SF	Standard Form
SFTP	Secure File Transfer Protocol
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile

SIRT	Selective Internal Radiation Therapy
SIT	Standard Insurance Table
SMC	System Management Center
SNF	Skilled Nursing Facility
SNS	Sacral Nerve Root Stimulation
SOC	Start of Care
SOFA	Status Of Forces Agreement
SOIC	Senior Officer of the Intelligence Community
SON	Submitting Office Number
SOR	Statement of Reasons
SPA	Simple Power Analysis
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
T-3	TRICARE Third Generation
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office

TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCMHC	TRICARE Certified Mental Health Counselor
TCP/IP	Transmission Control Protocol/Internet Protocol
TCSRC	Transitional Care for Service-Related Conditions
TDD	Targeted Disc Decompression
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Program/Plan
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIP	Thermal Intradiscal Procedure
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy

TMR	Transmyocardial Revascularization
TMS	Transcranial Magnetic Stimulation
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online
TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program
TOPO	TRICARE Overseas Program Office
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TPSA	Transitional Prime Service Area
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRIAP	TRICARE Assistance Program
TRIP	Temporary Records Information Portal
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions

TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTOP	TRICARE Transitional Outpatient Payment
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
UCCI	United Concordia Companies, Inc.
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
URFS	Unremarried Former Spouse
URL	Universal Resource Locator
US	Ultrasound United States
USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence

USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thorascopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WebDOES	DEERS Online Enrollment System Web (application)
WEDI	Workgroup for Electronic Data Interchange
WHS	Washington Headquarters Services
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured
WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
WTU	Warrior Transition Unit
WWW	World Wide Web

X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer
2D	Two Dimensional
3D	Three Dimensional

- END -