CHAPTER 1
SECTION 5

PRICING FILE RECORD SUBMISSION

1.0. GENERAL

1.1. Contractors are required to submit Health Care Pricing Records via electronic media to TRICARE Management Activity (TMA). Contractors are required to report applicable pricing data for all medical procedure codes for which a prevailing fee, by report or a conversion amount, has been developed. This must be done for each state in the contractor's region. This does not apply to unique network pricing arrangements or dental (ADA) procedures. Contractors shall not submit national prevailings on pricing file updates to TMA. Refer to the TRICARE Reimbursement Manual for requirements. The records contain required information for each procedure code including the state of care, an element identifying the type of procedure code, and detailed pricing information. Separate pricing records are submitted for area prevailing, by report, or conversion data. These data will be used by TMA to verify amounts paid on Health Care Service Records. (See Chapter 2 for element descriptions and record layouts for the pricing and corresponding batch header record). In the following text, the Element Locator Number will be provided in brackets following each element, where applicable.

1.2. The data must be submitted to TMA according to the procedures outlined in Section 2. Initial submission of the pricing file must contain all procedures for which a price exists including by report. If the contractor uses unique internal procedure codes (e.g., further defined DME codes), a hardcopy listing of these codes and the CPT-4/TMA approved code each equates to must be submitted to the Contracting Officer's Representative, TMA. Additionally, when the Relative Value Unit (RVU) is greater than 99.9, conversion pricing record data for all procedures must be reported via hardcopy listing to POA.

2.0. PRICING FILE REPORTING REQUIREMENTS

Pricing records must be reported for logical data relationships. The following rules are to be used in building the Pricing File for reporting to TMA.

2.1. The 'key' to the Pricing File consists of PRICING STATE OR COUNTRY CODE [4-005], PROCEDURE CODE [4-010], CLASS OF PROVIDER [4-020], TYPE OF PRICING SERVICE [4-025], CATEGORY OF CARE FOR CONVERSION FACTOR [4-050], and PRICING PROFILE [4-052]. No duplicates are allowed within this key.

2.2. Within each PRICING STATE OR COUNTRY CODE, and PRICING PROFILE, the following are the logical relationships for area prevailing records, including Medicare Economic Index (MEI) where applied:

LOGICAL RELATIONSHIPS FOR AREA PREVAILING RECORDS

PROCEDURE CODE RANGE	SURGERY 10000-69999*	RADIOLOGY 70000-79999*	PATHOLOGY 80000-89999*	PSYCHIATRY 90800-90911*	ALL OTHERS
Class of Provider	01, 04	01, 04	01, 04	01, 02, 03	01, 04
Type of Pricing Svc.	04, 09	01, 02, 05	01, 02, 05	07, 08	03

[1] **Procedure codes* 90901-90911 can be reported with CLASS OF PROVIDER CODES 01, 02, 03, and 04 and TYPE OF PRICING SERVICE CODES 01, 02, 03 and 05, in the psychiatry range. Procedure codes* 92820 and 92850 can be reported with CLASS OF PROVIDER CODES 01, 02 and 03 and TYPE OF PRICING SERVICE CODES 07 and 08.**

NOTE: CATEGORY OF CARE FOR CONVERSION FACTOR must be blank on all area prevailing pricing records. RELATIVE VALUE UNITS [4-040], CONVERSION FACTOR [4-045], and CONVERSION AMOUNT [4-035] must be zeros.

2.3.   Within each PRICING STATE OR COUNTRY CODE, and PRICING PROFILE, the following are the logical relationships for conversion pricing records, including MEI, where applied:

LOGICAL RELATIONSHIPS FOR CONVERSION PRICING RECORDS

PROCEDURE CODE RANGE	SURGERY 10000-69999*	RADIOLOGY 70000-79999*	PATHOLOGY 80000-89999*	PSYCHIATRY 90800-90911*	ALL OTHERS
Class of Provider	01, 04	01, 04	01, 04	01, 02, 03	01, 04
Type of Pricing Svc.	04, 09	01, 02, 05	01, 02, 05	03	03
Category of Care for Conversion Factor	S, A, B^1	R, B^1	P, B^2	M, B^2	M, B^2

[1] **Within the surgery procedure code* range (10000-69999), code 'B' (By Report) can be reported with either code 'A' or 'S' but not both. If 'B' is reported in combination with 'A' or 'S,' the TYPE OF PRICING SERVICE cannot be the same for both pricing records.**
[2] **Except for the surgery procedure code* range (10000-69999), CATEGORY OF CARE FOR CONVERSION FACTOR code 'B' (By Report) cannot be reported with any of the other CATEGORY OF CARE FOR CONVERSION FACTOR codes for a given PROCEDURE CODE.**

NOTE: RELATIVE VALUE UNITS [4-040], CONVERSION FACTOR [4-045], and CONVERSION AMOUNT [4-035] must be zeros on 'By Report' pricing records.

3.0.   PRICING FILE RECORD MAINTENANCE

3.1.   The Pricing File is a dynamic file where records can be added or, when a change is required, records can be modified or inactivated. The contractor must submit transactions indicating the type of change and updated information. These transactions will be submitted on an as-needed basis. Each group of transaction records must be preceded by a batch header record that identifies the subsequent records as pricing transaction records.

3.2.   The contractor's initial pricing file is submitted with all ADD transactions. Upon subsequent completion of area prevailing profile update (normally on an annual basis), the complete pricing file is once again submitted, including records for procedures with no change. These files shall be submitted as MODIFY transactions, except for new (ADD) records.

3.2.1.   ADD Transactions

The TRANSACTION CODE [4-060] must be coded 'A' and all required data elements must be included. An ADD cannot be made if the PRICING STATE OR COUNTRY CODE [4-005], PROCEDURE CODE [4-010], CLASS OF PROVIDER [4-020], TYPE OF PRICING SERVICE [4-025], CATEGORY OF CARE FOR CONVERSION FACTOR [4-050], and PRICING PROFILE [4-052] are already on the file.

3.2.2.   MODIFY Transactions

The TRANSACTION CODE must be coded 'M' and all required data elements must be included. A MODIFY will replace the previous record with a new record. Records being replaced will be archived. Historical prices will automatically be stored on the TMA master pricing file. A MODIFY will not be accepted if the PRICING STATE OR COUNTRY CODE, PROCEDURE CODE, CLASS OF PROVIDER, TYPE OF PRICING SERVICE, CATEGORY OF CARE FOR CONVERSION FACTOR, and PRICING PROFILE are not already on the file.

3.2.3.   INACTIVATE Transactions

The TRANSACTION CODE must be coded 'I' and the PRICING STATE OR COUNTRY CODE, PROCEDURE CODE, CLASS OF PROVIDER, TYPE OF PRICING SERVICE, CATEGORY OF CARE FOR CONVERSION FACTOR, and PRICING PROFILE must be coded. These six data elements must match the same fields on the record at TMA to be inactivated. The INACTIVATE process is to be used only when there is an error on any of the above data elements. To correct an error on these six (6) data elements, the incorrect record must be inactivated and the correct record added using two separate transactions.