

DATA REQUIREMENTS - PROCEDURE CODE FOR TYPE OF SERVICE

PROCEDURE CODE FOR TYPE OF SERVICE ¹				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 ³	HCPCS	CHAMPUS ASSIGNED
AMBULANCE	I	93005-93041	A0021-A0999 C1744, C9000-C9010, C9105 J0120-J8999 Q3014, Q3017, Q3019, Q3020	98305-98318, 98330-98338
AMBULATORY SURGERY	C	0016T 00100-01999, 10000-69999, 70010-76999, 78000-79999, 80048-89399	C1762-C1764, C9000-C9010, C9105, C9503, C9704, C9713, C9716 G0001, G0168 J0120-J9999 P2028-P9615 Q1001-Q1005 R0070-R0076 S0800-S2351	90593, 90595-90597, 90599, 99070, 99088 W0002-W0019
ANESTHESIA	7	00100-01999, 99100, 99116, 99135, 99140-99142	C9000-C9010, C9105	
ASSIST AT SURGERY	8	0016T 10000-69999, 92950-92998, 93025	C1762-C1774, C9713, C9716 G0168 J0120-J8999 Q1001-Q1005 S0800-S2351	36526, 38298, 47150 W0002-W0019
CONSULTATION	3	76140, 77336-77370, 80500-80502, 88321-88332, 99241-99275	Q3014	

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002
 CHAPTER 2, ADDENDUM F
 DATA REQUIREMENTS - PROCEDURE CODE FOR TYPE OF SERVICE

PROCEDURE CODE FOR TYPE OF SERVICE¹ (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4³	HCPCS	CHAMPUS ASSIGNED
DENTAL ²	G		D0120-D9999 ²	
DIAGNOSTIC LAB	5	0004T, 0010T, 0022T, 0023T, 0026T, 0030T, 0041T, 0043T, 0046T, 0058T, 0059T 80048-89399	C1010-C1018, C9503 G0001, G0026, G0027, G0101, G0103, G0107, G0123, G0124, G0141-G0148, G0265, G0266, G0306, G0307 P2028-P9615 Q0091, Q0111-Q0115 S3600, S3601, S3620, S3625, S3630, S3645-S3652, S3701, S3708, S3818-S3820, S3822, S3823, S3828-S3831, S3833-S3835, S3837, S3840-S3853, S3890, S3900, S4011, S4015, S4016, S4018, S4020-S4022, S4025-S4031	84999, 90593 W0002-W0019
DIAGNOSTIC X-RAY	4	0003T, 0008T, 0012T, 0013T, 0025T, 0028T, 0040T, 0042T 31632, 31633 70010-76999 78000-79999 91110	A9500-A9605 C1064-C1066, C1079, C1080, C1082, C1088, C1122, C1188-C1202, C1348, C1770, C8900-C8914, C8918-C8920, C9013, C9100-C9103, C9400-C9405 E2000, E2100, E2101 G0030-G0050, G0117, G0118, G0125, G0130-G0132, G0193-G0196, G0202-G0236, G0242, G0243, G0252-G0254, G0259, G0260, G0262, G0275-G0278, G0288, G0296, G0347, G0348 Q0092, Q3000, Q3002-Q3012 R0070-R0076	76499

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PROCEDURE CODE FOR TYPE OF SERVICE ¹ (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 ³	HCPCS	CHAMPUS ASSIGNED
DIAGNOSTIC X-RAY (Continued)			S0820, S8035-S8092, S9022-S9024	
DME RENTAL/ PURCHASE	A	95991	A9300, A9901, A9999 B9000-B9006 C1170, C1175-C1177, C1179, C1300, C1321- C1324, C1329, C1368, C1713, C1721, C1722, C1760, C1764, C1767, C1768, C1771-C1773, C1776, C1780-C1782, C1784-C1789, C1813- C1819, C1874-C1884, C1891, C1895-C1899, C2617-C2622, C2625, C2626, C2631, C8514, C8515, C8517, C9708, C9711 E0100-E2621, E8000- E8002 G0329 K0001-K0547, K0549- K0559, K0600-K0609, K0618-K0620, K0627- K0669 L0100-L9900 Q0101-Q0105, Q0132, Q1001-Q1005 S1030, S1031, S5036, S5497, S5498, S5501, S5502, S5517, S5518, S5520-S5523, S8095- S8300 T5001 V2020-V2799, V5030- V5299, V5336	
HOSPICE	D	All payable codes to be accepted.		

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CHAPTER 2, ADDENDUM F

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PROCEDURE CODE FOR TYPE OF SERVICE ¹ (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 ³	HCPCS	CHAMPUS ASSIGNED
MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS	M	99070		98800 000MN, 000PA
MATERNITY CARE	F	59000-59899, 99201- 99215	G9011, G9012 H1000-H1005 Q3014 S3625, S9208, S9209, S9211-S9214, S9216- S9218	99590, 99591, 99592
MEDICAL CARE (EXCLUSIVE OF CONSULTATIONS, SECOND OPINION, MENTAL HEALTH, AMBULANCE, ECHO)	1	0001F-0011F 0018T, 0024T, 0029T, 0044T-0047T 90201-90799, 90901- 92700, 92950-99602	A9150 C1178, C1300, C8899- C9010, C9105, C9109, C1166, C1167, C1207, C1762, C1763, C1768, C1771, C1773, C1774, C1776, C1781, C1782, C1784, C1787, C1788, C1819, C9113, C9202- C9218, C9399, C9410- C9439, C9704 G0004-G0025, G0101, G0102, G0108-G0122, G0128, G0151-G0156, G0166, G0167, G0175- G0182, G0192, G0197- G0201, G0237-G0241, G0244-G0250, G0255, G0257, G0258, G0263, G0264, G0270, G0271, G0281-G0283, G0292, G0295-G9020 J0120-J9999 L0100-L9900 M0064-M0302 P9612	90199, 90599, 92190, 94799, 98691, 99070, 99088

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PROCEDURE CODE FOR TYPE OF SERVICE ¹ (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 ³	HCPCS	CHAMPUS ASSIGNED
MEDICAL CARE (EXCLUSIVE OF CONSULTATIONS, SECOND OPINION, MENTAL HEALTH, AMBULANCE, ECHO) (Continued)			Q0034, Q0035, Q0081, Q0083-Q0085, Q0092, Q0136, Q0144, Q0163- Q0184, Q0187, Q1001- Q1005, Q2002-Q2022, Q3014, Q3021-Q3026, Q4052-Q4055, Q4075- Q4077, Q9920-Q9940 S0009-S0630, S1025, S1030, S1031, S2083 , S2120, S2152 , S2370, S2371, S3000, S3620- S5001, S5010-S5014, S5035, S5036, S5100- S5199, S5497, S5498, S5501, S5502, S5517, S5518, S5520-S5523, S8301 , S8950-S9001, S9015, S9025, S9034, S9055-S9075, S9083, S9088, S9090-S9127, S9140-S9543, S9558- S9562, S9590, S9800, S9810, S9981 T1000-T1005, T1013- T2007, T2010-T2046, T2101 V2790, V5008-V5020, V5095, V5298	
MENTAL HEALTH CARE	H	90801-90899 96100	G0175-G0177 H0001-H2037 Q0082 S9475-S9495 T1006-T1012, T2048	90834, 90892- 90896, 92845- 92899
OTHER MEDICAL SERVICE & SUPPLIES	9	Any code that is considered a medical supply or which has not been assigned a type of service classification.		
ECHO CARE	J	All payable codes to be accepted.		

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PROCEDURE CODE FOR TYPE OF SERVICE¹ (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 ³	HCPCS	CHAMPUS ASSIGNED
PHYSICAL/ OCCUPATIONAL THERAPY	K	97001-97799	G0129, G0151, G0152 Q0086, Q0103, Q0104, Q0109, Q0110 S8948, S8990, S9129, S9033, S9131	92845
RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS	B	99070	A9150 J8499, J8999	98800 000MN, 000PA
SECOND OPINION- ELECTIVE SURGERY	E	99271-99275		
SPEECH THERAPY	L	92506-92508	G0153 S9128 V5336, V5362-V5364	
SURGERY	2	0001T, 0002T, 0005T- 0007T, 0009T, 0014T- 0017T, 0019T-0021T, 0027T, 0031T-0039T, 0048T-0057T 10000-69999, 92950- 92998, 93015-93025, 93580, 93581, 96920- 96922	C1305, C1762, C1763, C1774, C9000-C9010, C9105, C9123, C9704, C9713, C9716 G0001, G0002, G0104- G0106, G0120-G0122, G0127, G0159, G0160, G0168, G0173, G0183- G0187, G0251, G0259, G0260, G0267-G0269, G0272, G0279, G0280, G0289-G0291, G0293, G0294, G2097-G0300, G0302-G0305, G0343- G0365 J0120-J9999 Q0068, Q0136, Q1001- Q1005, Q9920-Q9940 S0079-S0189, S0206, S0630, S0800-S2351, S2360-S2363, S2400- S2405, S2409, S2411, S8030	36526, 38298, 47150 W0002-W0019

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PROCEDURE CODE FOR TYPE OF SERVICE ¹ (CONTINUED)				
TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4 ³	HCPCS	CHAMPUS ASSIGNED
THERAPEUTIC RADIOLOGY	6	0054T-0057T, 0060T, 0061T 77261-77799	C1081, C1083, C1715-C1720, C2616, C2633 G0173, G0179, G0251, G0256, G0261, G0273, G0274 J9000-J9999 Q3001 S8004-S8030, S8049	

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