TRICARE
MANAGEMENT ACTIVITY

PAT&IB

CHANGE 102
7950.1-M
APRIL 3, 2012

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM), AUGUST 2002

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: REIMBURSEMENT AND CODING UPDATES 13-001

CONREQ: 16410

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

EFFECTIVE DATE: As indicated, otherwise upon direction of the Contracting Officer.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TPM, Change No. 175 and Aug 2002 TRM, Change No. 159.

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DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USN, cn=ROSARIO.JUAN.NICANOR.1030738779
Date: 2013.04.01 13:47:57 -06'00'

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

ATTACHMENT(S): 2 PAGES
DISTRIBUTION: 7950.1-M

REMOVE PAGE(S)   **INSERT PAGE(S)**

CHAPTER 2

Section 2.7, pages 29 and 30   Section 2.7, pages 29 and 30

SUMMARY OF CHANGES

CHAPTER 2

1. Section 2.7. This change updates the modifiers for the January 2013 Outpatient Prospective Payment System (OPPS) update.

DATA ELEMENT DEFINITION

ELEMENT NAME:	PROCEDURE CODE MODIFIER		

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-165	4/Up to 99	No

PRIMARY PICTURE (FORMAT)	Four occurrences of two (2) alphanumeric characters per line item for non-institutional.
DEFINITION	Two digit code which provides the means by which the health care professional can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. (Refer to Physician's Current Procedure Terminology[1] (CPT-4), or HCPCS National Level II Medicare Codes.)
CODE/VALUE SPECIFICATIONS	Must be 21-27, 32, 33, 47, 50-59, 62, 63, 66, 73-82, 90-92, 99, 0A-0P, 0Z, 1A-1J, 1P, 1Z, 2A-2T, 2Z, 3A-3I, 3K, 3P, 3Z, 4A-4U, 4Z, 5A-5O, 5Z, 6A-6F, 6Z, 7A-7F, 7Z, 8A-8C, 8P, 8Z, 9A-9D, 9L-9Q, 9Z, A1-A9, AA, AD-AK, AM, AP-AZ, BA, BL, BO-BR, BU, CA-CN, CR, CS, DA, DE, DG-DJ, DN, DP, DR, DS, DX, E1-E4, EA-EE, EG-EJ, EM, EN, EP, ER-ET, EX, EY, F1-F9, FA-FC, FP, G1-G9, GA-GZ, H9, HA-HZ, ID, IE, IG-IJ, IN, IR, IS, IX, J1-J4, JA-JE, JG-JJ, JN, JP, JR, JS, JW, JX, K0-K4, KA-KZ, LC, LD, LL, LM, LR-LT, M2, MR, MS, NB, ND, NE, NG-NJ, NN, NP, NR-NU, NX, P1-P6, PA-PE, PG, PI, PJ, PL, PN, PP, PR-PT, PX, Q0-Q9, QA-QH, QJ-QZ, RA-RE, RG-RJ, RN, RP-RT, RX, SA-SN, SQ-SY, T1-T9, TA, TC-TK, TL-TN, TP-TW, U1-U9, UA-UH, UJ-UK, UN, UP-US, V5-V9, VP, XD, XE, XG-XJ, XN, XR, XS, or blank.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] **CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.**

NOTE: Can report from zero to four codes. Left justify and blank fill. Do not duplicate. Each occurrence consists of two characters left justify and blank fill to right.

DATA ELEMENT DEFINITION

ELEMENT NAME:	PROCESSING INFORMATION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-155	1	Yes

PRIMARY PICTURE (FORMAT)	Group
DEFINITION	Field containing multiple elements that describe processing related to the TED record.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
OVERRIDE CODE	N/A
TYPE OF SUBMISSION	
CA/NAS NUMBER	
CA/NAS REASON FOR ISSUANCE	
CA/NAS EXCEPTION REASON	
SPECIAL PROCESSING CODE	
PRICING RATE CODE	
HEALTH CARE DELIVERY PROGRAM SPECIAL ENTITLEMENT CODE	

NOTES AND SPECIAL INSTRUCTIONS:

N/A