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DEFENSE  
HEALTH AGENCY

PAT&IB

CHANGE 3  
7950.3-M  
JUNE 30, 2017

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The Defense Health Agency has authorized the following addition(s)/revision(s).

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**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** See page 3.

**EFFECTIVE DATE:** See page 3.

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**CHANGE 3**  
**7950.3-M**  
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**REMOVE PAGE(S)**

**CHAPTER 2**

Addendum N, pages 1, 2, 9 through 12

**INSERT PAGE(S)**

Addendum N, pages 1, 2, 9 through 12

**SUMMARY OF CHANGES**

**CHAPTER 2**

1. Addendum N. This change updates codes. EFFECTIVE DATE: 01/01/2017.



## UB-04/UB-92 Conversion Table - To Be Used For Reporting Non-Institutional TRICARE Encounter Data (TED) Records

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Revision: C-3, June 30, 2017

**Note:** Providers are not to use this addendum for billing purposes. The contractors shall use the following codes for reporting purposes only and only in those rare occurrences where an appropriate Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code is not available. If a hospital outpatient claim is submitted by the provider with a Level III HCPCS code, the claim shall be rejected as these codes are not Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant.

The revenue codes listed below are authorized by the National Uniform Billing Committee (NUBC). See the National Uniform Billing Data Element specifications-Form Locator (FL) 42 for UB-04/UB-92. The codes are required for reporting to the Defense Health Agency (DHA), but do not indicate TRICARE payment policy. Refer to the 32 Code of Federal Regulations (CFR) 199, the TRICARE Policy Manual (TPM), the Reimbursement Manual (TRM), or TRICARE Operations Manual (TOM) to determine the TRICARE payment policy.

| REVENUE CODE                                       | DESCRIPTION                                 | VALUE IF APPROPRIATE CPT/HCPCS CODE IS NOT AVAILABLE <sup>1</sup> |
|--|---|---|
| <b>0001-0239</b>                                   | <b>Not Valid For Reporting</b>              |   |
| <b>024X</b>  | <b>All Inclusive Ancillary</b>              |   |
| 0240   | General Classification                      | 99499   |
| 0241   | Basic                                       |   |
| 0242   | Comprehensive                               |   |
| 0243   | Specialty                                   |   |
| 0249   | Other Inclusive Ancillary                   |   |
| <b>025X</b>  | <b>Pharmacy</b>                             |   |
| 0250   | General Classification                      | 99070   |
| 0251   | Generic Drugs                               |   |
| 0252   | Non-Generic Drugs                           |   |
| 0253   | Take Home Drugs                             |   |
| 0254   | Drugs Incident to Other Diagnostic Services |   |
| 0255   | Drugs Incident to Radiology                 |   |
| <sup>1</sup> Must use appropriate CPT/HCPCS codes. |   |   |

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Chapter 2, Addendum N

UB-04/UB-92 Conversion Table - To Be Used For Reporting Non-Institutional TRICARE Encounter Data (TED) Records

| <b>REVENUE CODE</b>                                | <b>DESCRIPTION</b>   | <b>VALUE IF APPROPRIATE CPT/HCPCS CODE IS NOT AVAILABLE<sup>1</sup></b> |
|--|--|---|
| 0256   | Experimental Drugs   | T5999   |
| 0257   | Non-Prescription   | 99070   |
| 0258   | IV Solutions   |   |
| 0259   | Other Pharmacy   |   |
| <b>026X</b>  | <b>IV Therapy</b>  |   |
| 0260   | General Classification   | 99070   |
| 0261   | Infusion Pump  | 99499   |
| 0262   | IV Therapy/Pharmacy Services                                   | 99070   |
| 0263   | IV Therapy/Drug/Supply Delivery                                |   |
| 0264   | IV Therapy/Supplies  |   |
| 0269   | Other IV Therapy   |   |
| <b>027X</b>  | <b>Medical/Surgical Supplies and Devices</b>                   |   |
| 0270   | General Classification   | 99070   |
| 0271   | Non-Sterile Supply   |   |
| 0272   | Sterile Supply   |   |
| 0273   | Take Home Supplies   |   |
| 0274   | Prosthetic/Orthotic Devices                                    | 99499   |
| 0275   | Pacemaker  | 99070   |
| 0276   | Intraocular Lens   |   |
| 0277   | Oxygen - Take Home   |   |
| 0278   | Other Implants   |   |
| 0279   | Other Supplies/Devices   |   |
| <b>028X</b>  | <b>Oncology</b>  |   |
| 0280   | General Classification   | 99078   |
| 0289   | Other Oncology   |   |
| <b>029X</b>  | <b>Durable Medical Equipment (Other Than Renal)</b>            |   |
| 0290   | General Classification   | 99499   |
| 0291   | Rental   |   |
| 0292   | Purchase of New DME  |   |
| 0293   | Purchase of Used DME   |   |
| 0294   | Supplies/Drugs for DME Effectiveness (Home Health Agency only) |   |
| 0299   | Other Equipment  |   |
| <sup>1</sup> Must use appropriate CPT/HCPCS codes. |  |   |

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| <b>REVENUE CODE</b>                                | <b>DESCRIPTION</b>  | <b>VALUE IF APPROPRIATE CPT/HCPCS CODE IS NOT AVAILABLE<sup>1</sup></b> |
|--|---|---|
| <b>063X</b>  | <b>Pharmacy</b>   |   |
| 0631   | Single Source Drug  | 99070   |
| 0632   | Multiple Source Drug  |   |
| 0633   | Restrictive Prescription  |   |
| 0634   | Erythropoietin (EPO) Less Than 10,000 Units   | 99499   |
| 0635   | Erythropoietin (EPO) 10,000 or More Units   |   |
| 0636   | Drugs Requiring Detailed Coding (Blood Clotting Factor Only)<br>Note: Detail is not required for TRICARE. |   |
| 0637   | Self-Administrable Drugs  | 99070   |
| <b>064X</b>  | <b>Home IV Therapy Services</b>   |   |
| 0640   | General Classification  | 99499   |
| 0641   | Non-Routine Nursing, Central Line   |   |
| 0642   | IV Site Care, Central Line  |   |
| 0643   | IV Site/Change, Peripheral Line   |   |
| 0644   | Non-Routine Nursing, Peripheral Line  |   |
| 0645   | Training Patient/Caregiver, Central Line  |   |
| 0646   | Training, Disabled Patient, Central Line  |   |
| 0647   | Training, Patient/Caregiver Peripheral Line   |   |
| 0648   | Training, Disabled Patient, Peripheral Line   |   |
| 0649   | Other IV Therapy Services   |   |
| <b>065X</b>  | <b>Hospice Service</b>  |   |
| 0650   | General Classification  | 99499   |
| 0651   | Routine Home Care   |   |
| 0652   | Continuous Home Care  |   |
| 0655   | Inpatient Respite Care  |   |
| 0656   | General Inpatient Care (Non-Respite)  |   |
| 0657   | Physician Services  |   |
| 0658   | Hospice Room and Board Nursing Facility   |   |
| 0659   | Other Hospice Services  |   |
| <b>066X</b>  | <b>Respite Care (HHA Only)</b>  |   |
| 0660   | General Classification  | 99499   |
| 0661   | Hourly Charge/Nursing   |   |
| 0662   | Hourly Charge/Home Health Aide/Home Maker/Companion   |   |
| 0663   | Daily Respite Charge  |   |
| 0669   | Other Respite Care  |   |
| <sup>1</sup> Must use appropriate CPT/HCPCS codes. |   |   |

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| <b>REVENUE CODE</b>                                | <b>DESCRIPTION</b>                          | <b>VALUE IF APPROPRIATE CPT/HCPCS CODE IS NOT AVAILABLE<sup>1</sup></b> |
|--|---|---|
| <b>067X</b>  | <b>Outpatient Special Residence Charge</b>  |   |
| 0670   | General Classification                      | 99499   |
| 0671   | Hospital-Based                              |   |
| 0672   | Contracted                                  |   |
| 0679   | Other Special Residence Charges             |   |
| <b>068X</b>  | <b>Trauma Response</b>                      |   |
| 0681   | Level I                                     | 99499   |
| 0682   | Level II                                    |   |
| 0683   | Level III                                   |   |
| 0684   | Level IV                                    |   |
| 0689   | Other Trauma Response                       |   |
| <b>069X</b>  | <b>Pre-Hospice</b>                          |   |
| 0690   | General Classification                      | 99499   |
| 0691   | Visit Charge                                |   |
| 0692   | Hourly Charge                               |   |
| 0693   | Evaluation                                  |   |
| 0694   | Consultation and Education                  |   |
| 0695   | Inpatient Care                              |   |
| 0696   | Physician Services                          |   |
| 0697   | RESERVED                                    |   |
| 0698   | RESERVED                                    |   |
| 0699   | Other Pre-hospice/Palliative                |   |
| <b>070X</b>  | <b>Cast Room</b>                            |   |
| 0700   | General Classification                      | 99078   |
| 0709   | Other Cast Room (Terminated 10/01/2007)     |   |
| <b>071X</b>  | <b>Recovery Room</b>                        |   |
| 0710   | General Classification                      | 99078   |
| 0719   | Other Recovery Room (Terminated 10/01/2007) |   |
| <b>072X</b>  | <b>Labor Room/Delivery</b>                  |   |
| 0720   | General Classification                      | 99078   |
| 0721   | Labor                                       |   |
| 0722   | Delivery                                    | 99499   |
| 0723   | Circumcision                                |   |
| 0724   | Birth Center                                |   |
| 0729   | Other Labor Room/Delivery                   |   |
| <sup>1</sup> Must use appropriate CPT/HCPCS codes. |   |   |



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| <b>REVENUE CODE</b> | <b>DESCRIPTION</b>   | <b>VALUE IF APPROPRIATE CPT/HCPCS CODE IS NOT AVAILABLE<sup>1</sup></b> |
|---------------------|--|---|
| <b>073X</b>         | <b>EKG/ECG (Electrocardiogram)</b>                         |   |
| 0730                | General Classification                                     | 99499   |
| 0731                | Holter Monitor   |   |
| 0732                | Telemetry  |   |
| 0739                | Other EKG/ECG  |   |
| <b>074X</b>         | <b>EEG (Electroencephalogram)</b>                          |   |
| 0740                | General Classification                                     | 99499   |
| 0749                | Other EEG (Terminated 10/01/2007)                          |   |
| <b>075X</b>         | <b>Gastro-intestinal Services</b>                          |   |
| 0750                | General Classification                                     | 99499   |
| 0759                | Other Gastro-intestinal (Terminated 10/01/2007)            |   |
| <b>076X</b>         | <b>Treatment or Observation Room</b>                       |   |
| 0760                | General Classification                                     | 99499   |
| 0761                | Treatment Room   |   |
| 0762                | Observation Room   | G0378   |
| 0769                | Other Treatment Room/Observation Room                      | 99499   |
| <b>077X</b>         | <b>Preventive Care Services</b>                            |   |
| 0770                | General Classification                                     | 99078   |
| 0771                | Vaccine Administration                                     |   |
| 0779                | Other (Terminated 10/01/2007)                              |   |
| <b>078X</b>         | <b>Telemedicine</b>  |   |
| 0780                | General Classification                                     | 99499   |
| 0789                | Other Telemedicine (Terminated 10/01/2007)                 |   |
| <b>079X</b>         | <b>Lithotripsy</b>   |   |
| 0790                | General Classification                                     | 99499   |
| 0799                | Other Lithotripsy (Terminated 10/01/2007)                  |   |
| <b>080X</b>         | <b>Inpatient Renal Dialysis</b>                            |   |
| 0800                | General Classification                                     | 99499   |
| 0801                | Inpatient Hemodialysis                                     |   |
| 0802                | Inpatient Peritoneal (non-CAPD)                            |   |
| 0803                | Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD) |   |
| 0804                | Inpatient Continuous Cycling Peritoneal Dialysis           |   |
| 0809                | Other Inpatient Dialysis                                   |   |

<sup>1</sup> Must use appropriate CPT/HCPCS codes.

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|--|---|---|
| <b>081X</b>  | <b>Acquisition of Stem Cell and Body Components</b>                     |   |
| 0810   | General Classification  | C9899   |
| 0811   | Living Donor  |   |
| 0812   | Cadaver Donor   |   |
| 0813   | Unknown Donor   |   |
| 0814   | Unsuccessful Organ Search - Donor Bank Charges                          |   |
| 0815   | Cadaver Donor - Heart (Terminated 10/01/2000)                           |   |
| 0815   | Allogeneic Stem Cell Acquisition Services (Effective 01/01/2017)        |   |
| 0816   | Other Heart Acquisition (Terminated 10/01/2000)                         |   |
| 0817   | Donor - Liver (Terminated 10/01/2000)                                   |   |
| 0819   | Other Donor   |   |
| <b>082X</b>  | <b>Hemodialysis - Outpatient or Home</b>                                |   |
| 0820   | General Classification  | 99499   |
| 0821   | Hemodialysis/Composite or Other Rate                                    |   |
| 0822   | Home Supplies   |   |
| 0823   | Home Equipment  |   |
| 0824   | Maintenance/100%  |   |
| 0825   | Support Services  |   |
| 0829   | Other Outpatient Hemodialysis   |   |
| <b>083X</b>  | <b>Peritoneal Dialysis - Outpatient or Home</b>                         |   |
| 0830   | General Classification  | 99499   |
| 0831   | Peritoneal/Composite or Other Rate                                      |   |
| 0832   | Home Supplies   |   |
| 0833   | Home Equipment  |   |
| 0834   | Maintenance/100%  |   |
| 0835   | Support Services  |   |
| 0839   | Other Outpatient Peritoneal Dialysis                                    |   |
| <b>084X</b>  | <b>Cont. Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home</b> |   |
| 0840   | General Classification  | 99499   |
| 0841   | CAPD/Composite or Other Rate  |   |
| 0842   | Home Supplies   |   |
| 0843   | Home Equipment  |   |
| 0844   | Maintenance/100%  |   |
| 0845   | Support Services  |   |
| 0849   | Other Outpatient CAPD   |   |
| <sup>1</sup> Must use appropriate CPT/HCPCS codes. |   |   |