



DEFENSE  
HEALTH AGENCY

**HPOD**

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS**

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**CHANGE 48  
7950.3-M  
APRIL 9, 2021**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL FOR  
TRICARE SYSTEMS MANUAL (TSM), APRIL 2015**

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

**CHANGE TITLE: TEMPORARY CHANGES TO TRICARE BENEFITS AND REIMBURSEMENT DUE TO COVID19**

**CONREQ: 21244**

**SUMMARY OF CHANGE(S): This change provides a new pricing code.**

**EFFECTIVE DATE: January 27, 2020.**

**IMPLEMENTATION DATE: May 10, 2021.**

**This change is made in conjunction with Apr 2015 TPM, Change No. 80, and Apr 2015 TRM, Change No. 57.**

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**John L. Arendale  
Chief, Health Plan Operations  
Support Section (HPOSS)  
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TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.7

Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PRICING RATE CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-190	1	Yes
Non-Institutional	2-325	Up to 99	Yes
<b>PRIMARY PICTURE (FORMAT)</b> Two (2) alphanumeric characters.			
<b>DEFINITION</b> Code indicating the pricing methodology used in determining the amount allowed for the service(s)/supplies. Left justify and blank fill.			
<b>CODE/VALUE SPECIFICATIONS</b>		<b>INSTITUTIONAL CODE</b>	
	<del>B</del>	No special rate	
	D	Discount rate agreement	
	H	TRICARE Diagnosis Related Group (DRG) reimbursement with Short Stay Outlier	
	I	TRICARE DRG reimbursement with Cost Outlier	
	J	TRICARE DRG reimbursement with No Outlier	
	K	Hospital-specific Psychiatric per diem rate	
	L	Region-specific Psychiatric per diem rate	
	P	Per diem rate	
	S	HVBP Adjustment Factor	
	U	Supplemental Health Care Program (SHCP) claim or active duty member TPR claim paid outside normal limits	
	V	Medicare Reimbursement Rate	
	CA	Critical Access Hospital (CAH) Reimbursement	
	CI	CAH Inpatient Rehabilitation Facility (IRF) Reimbursement (Effective 10/01/2018)	
	CP	CAH Psychiatric Hospital per diem rate (Effective 10/01/2018)	
	CR	Cost-To-Charge Ratio (CCR) (Effective 01/01/2014)	
	CV	COVID-19 Adjustment Factor	
	DD	Discounted DRG	
	LT	Standard Long-Term Care Hospital (LTCH) Reimbursement (Effective 10/01/2018)	
	RF	TRICARE IRF Reimbursement (Effective 10/01/2018)	
	SN	Site-Neutral LTCH Reimbursement (Effective 10/01/2018)	
		<b>NON-INSTITUTIONAL CODE</b>	
	0	Pricing not applicable (denied service/supplies and allowed drugs) <sup>1</sup>	
	1	Priced Manually <sup>2</sup>	
	2	Prevailing charge (state)	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Code <b>0</b> for all allowed drug charges.			
<sup>2</sup> Use Pricing Rate Code <b>1</b> (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.			
To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes <b>49</b> or <b>50</b> should be used. See <a href="#">Section 2.8</a> .			

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

Chapter 2, Section 2.7

Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PRICING RATE CODE (Continued)</b>	
3	Conversion amount (state)
4	Paid as billed
5	Paid on negotiated rate
A	National prevailing charge
B	National conversion factor
C	Ambulatory surgery facility payment rate
D	Discounted ambulatory surgery facility payment rate
E	Ambulatory surgery-paid as billed
F	Claim Auditing Software-added procedure, priced manually
G	Claim Auditing Software-added procedure, prevailing charge (State)
H	Claim Auditing Software-added procedure, conversion factor (Contractor)
I	Claim Auditing Software-added procedure, paid as billed
J	Claim Auditing Software-added procedure, paid on negotiated rate
N	Claim Auditing Software-added procedure, national prevailing charge
O	Claim Auditing Software-added procedure, national conversion factor
P	Claim Auditing Software-added procedure, ambulatory surgery facility payment rate
Q	Claim Auditing Software-added procedure, discounted ambulatory surgery facility payment rate
R	Claim Auditing Software-added procedure, ambulatory surgery-paid as billed
T	Claim Auditing Software-added procedure, allowed as billed but paid less than billed
U	SHCP or active duty member TPR claim paid outside normal limits
V	Medicare Reimbursement Rate
W	Priced over CMAC (Effective 09/27/2001)
BR	Blended Rate
CA	CAH Reimbursement
GG	Global Rate Agreement (used with corporate service providers only) (Effective 08/01/2003)
GP	Per Diem Rate Agreement (used with corporate service providers only) (Effective 08/01/2003)
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>	
<sup>1</sup> Code <b>0</b> for all allowed drug charges. <sup>2</sup> Use Pricing Rate Code <b>1</b> (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.  To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes <b>49</b> or <b>50</b> should be used. See <a href="#">Section 2.8</a> .	

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

<b>ELEMENT NAME: PRICING RATE CODE (1-190)</b>			
<b>VALIDITY EDITS</b>			
<b>1-190-01V</b>	VALUE MUST BE A VALID INSTITUTIONAL PRICING RATE CODE.		
<b>RELATIONAL EDITS</b>			
<b>1-190-01R</b>	IF FILING STATE/COUNTRY CODE =	MD	MARYLAND
	<b>THEN</b> PRICING RATE CODE MUST ≠	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		I	TRICARE DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
		S	HVBP ADJUSTMENT FACTOR <b>OR</b>
		CV	COVID-19 ADJUSTMENT FACTOR <b>OR</b>
		DD	DISCOUNTED DRG
<b>1-190-02R</b>	IF DRG NUMBER IS CODED (OTHER THAN ZERO)		
	<b>THEN</b> PRICING RATE CODE MUST =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		I	TRICARE DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
		S	HVBP ADJUSTMENT FACTOR <b>OR</b>
		U	SHCP CLAIM <b>OR</b> ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS <b>OR</b>
		V	MEDICARE REIMBURSEMENT RATE <b>OR</b>
		CV	COVID-19 ADJUSTMENT FACTOR <b>OR</b>
		DD	DISCOUNTED DRG
<b>1-190-03R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	<b>THEN</b> PRICING RATE CODE MUST =	D	DISCOUNT RATE AGREEMENT <b>OR</b>
		P	PER DIEM RATE AGREEMENT <b>OR</b>
		U	SHCP CLAIM <b>OR</b> ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS <b>OR</b>
		V	MEDICARE REIMBURSEMENT RATE
	<b>UNLESS</b> TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	<b>OR</b> AMOUNT ALLOWED (TOTAL) = ZERO		
<b>1-190-04R</b>	IF PRICING RATE CODE =	V	MEDICARE REIMBURSEMENT RATE
	<b>THEN</b> AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) <b>AND</b> EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 <b>OR</b>
		FS	TFL (SECOND PAYOR) <b>OR</b>
		MN	TSP - NON-NETWORK <b>OR</b>
		MS	TSP - NETWORK
	<b>OR</b> TYPE OF INSTITUTION =	70	HHA <b>OR</b>
		76	SNF

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Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

<b>ELEMENT NAME: PRICING RATE CODE (1-190) (Continued)</b>			
<b>1-190-05R</b>	IF PRICING RATE CODE =	U	SHCP CLAIM <b>OR</b> ACTIVE DUTY MEMBER TPR CLAIM PAID OUTSIDE NORMAL LIMITS
	<b>THEN</b> AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-MTF/eMSM-REFERRED CARE <b>OR</b>
		AR	SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
		CE	SHCP - CCEP <b>OR</b>
		GU	SERVICE MEMBER ENROLLED IN TPR <b>OR</b>
		SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
		SM	SHCP - EMERGENCY
	<b>OR</b> ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF/eMSM-REFERRED CARE <b>OR</b>
		SR	SHCP - MTF/eMSM REFERRED CARE
<b>1-190-06R</b>	IF ANY OCCURRENCE OF REVENUE CODE =	0022	SNF - PPS
	<b>THEN</b> PRICING RATE CODE MUST =	D	DISCOUNT RATE AGREEMENT <b>OR</b>
		V	MEDICARE REIMBURSEMENT RATE
	<b>UNLESS</b> AMOUNT ALLOWED (TOTAL) = ZERO		
<b>1-190-07R</b>	IF ANY OCCURRENCE OF REVENUE CODE =	0023	HHA PPS
	<b>THEN</b> PRICING RATE CODE MUST =	D	DISCOUNT RATE AGREEMENT <b>OR</b>
		V	MEDICARE REIMBURSEMENT RATE
	<b>UNLESS</b> AMOUNT ALLOWED (TOTAL) = ZERO		
<b>1-190-08R</b>	IF PRICING RATE CODE =	CA	CAH REIMBURSEMENT
	<b>THEN</b> ADMISSION DATE MUST BE ≥ 12/01/2009		
	<b>UNLESS</b> PROVIDER STATE <b>OR</b> COUNTRY CODE =	AK	ALASKA
	<b>THEN</b> ADMISSION DATE MUST BE ≥ 07/01/2007		
<b>1-190-09R</b>	IF PRICING RATE CODE =	CR	CCR
	<b>THEN</b> ADMISSION DATE MUST BE ≥ 01/01/2014.		
<b>1-190-10R</b>	IF PRICING RATE CODE =	CA	CAH REIMBURSEMENT
	<b>AND</b> ADMISSION DATE ≥ 01/01/2014.		
	<b>THEN</b> TYPE OF INSTITUTION MUST =	93	CAH

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

<b>ELEMENT NAME: DRG NUMBER (1-290)</b>																						
<b>VALIDITY EDITS</b>																						
<b>1-290-01V</b>	MUST BE A VALID DRG NUMBER <b>OR</b> BLANK FILLED.																					
<b>RELATIONAL EDITS</b>																						
<b>1-290-01R</b>	IF PRICING RATE CODE =	<table border="0"> <tr> <td><del>h</del></td> <td>NO SPECIAL RATE CODE <b>OR</b></td> </tr> <tr> <td>K</td> <td>HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE <b>OR</b></td> </tr> <tr> <td>L</td> <td>REGIONAL-SPECIFIC PSYCHIATRIC PER DIEM RATE <b>OR</b></td> </tr> <tr> <td>P</td> <td>PER DIEM RATE AGREEMENT <b>OR</b></td> </tr> <tr> <td>CA</td> <td>CAH REIMBURSEMENT <b>OR</b></td> </tr> <tr> <td>CI</td> <td>CAH IRF REIMBURSEMENT <b>OR</b></td> </tr> <tr> <td>CP</td> <td>CAH PSYCHIATRIC HOSPITAL PER DIEM RATE <b>OR</b></td> </tr> <tr> <td>LT</td> <td>STANDARD LTCH REIMBURSEMENT <b>OR</b></td> </tr> <tr> <td>RF</td> <td>TRICARE IRF REIMBURSEMENT <b>OR</b></td> </tr> <tr> <td>SN</td> <td>SITE-NEUTRAL LTCH REIMBURSEMENT</td> </tr> </table>	<del>h</del>	NO SPECIAL RATE CODE <b>OR</b>	K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE <b>OR</b>	L	REGIONAL-SPECIFIC PSYCHIATRIC PER DIEM RATE <b>OR</b>	P	PER DIEM RATE AGREEMENT <b>OR</b>	CA	CAH REIMBURSEMENT <b>OR</b>	CI	CAH IRF REIMBURSEMENT <b>OR</b>	CP	CAH PSYCHIATRIC HOSPITAL PER DIEM RATE <b>OR</b>	LT	STANDARD LTCH REIMBURSEMENT <b>OR</b>	RF	TRICARE IRF REIMBURSEMENT <b>OR</b>	SN	SITE-NEUTRAL LTCH REIMBURSEMENT
<del>h</del>	NO SPECIAL RATE CODE <b>OR</b>																					
K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE <b>OR</b>																					
L	REGIONAL-SPECIFIC PSYCHIATRIC PER DIEM RATE <b>OR</b>																					
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LT	STANDARD LTCH REIMBURSEMENT <b>OR</b>																					
RF	TRICARE IRF REIMBURSEMENT <b>OR</b>																					
SN	SITE-NEUTRAL LTCH REIMBURSEMENT																					
<b>THEN</b> DRG NUMBER MUST = BLANK																						
<b>1-290-02R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	Y NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES																				
<b>THEN</b> DRG NUMBER MUST = BLANK																						
<b>1-290-31R</b>	IF PRICING RATE CODE =	<table border="0"> <tr> <td>H</td> <td>TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b></td> </tr> <tr> <td>I</td> <td>TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b></td> </tr> <tr> <td>J</td> <td>TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b></td> </tr> <tr> <td>S</td> <td>HVBP ADJUSTMENT FACTOR <b>OR</b></td> </tr> <tr> <td>CV</td> <td>COVID-19 ADJUSTMENT FACTOR <b>OR</b></td> </tr> <tr> <td>DD</td> <td>DISCOUNTED DRG</td> </tr> </table>	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>	I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>	J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>	S	HVBP ADJUSTMENT FACTOR <b>OR</b>	CV	COVID-19 ADJUSTMENT FACTOR <b>OR</b>	DD	DISCOUNTED DRG								
H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>																					
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S	HVBP ADJUSTMENT FACTOR <b>OR</b>																					
CV	COVID-19 ADJUSTMENT FACTOR <b>OR</b>																					
DD	DISCOUNTED DRG																					
<b>THEN</b> DRG MUST NOT BE BLANK																						
<b>AND</b> IF END DATE OF CARE < 10/01/2014																						
<b>THEN</b> DATE OF ADMISSION MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE																						
<b>ELSE</b> END DATE OF CARE MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE																						

<b>ELEMENT NAME: HIPPS CODE (1-292)</b>		
<b>VALIDITY EDITS</b>		
<b>1-292-01V</b>	MUST BE VALID HIPPS CODES REFER TO <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/HIPPSCodes">SECTION 2.5</a> <b>AND</b> REFER TO CMS WEBSITE AT <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/HIPPSCodes">HTTPS://WWW.CMS.GOV/MEDICARE/MEDICARE-FEE-FOR-SERVICE-PAYMENT/PROSPMEDICAREFEESVCPMTGEN/HIPPSCODES</a> .	
<b>RELATIONAL EDITS</b>		
<b>1-292-01R</b>	IF HIPPS CODE = BLANK	
<b>THEN</b> NO OCCURRENCE OF REVENUE CODE CAN =		
	0022	SNF <b>OR</b>
	0023	HHA PPS

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

<b>ELEMENT NAME: ICD VERSION (1-293)</b>			
<b>VALIDITY EDITS</b>			
<b>1-293-01V</b>	VALUE MUST BE A VALID ICD VERSION.		
<b>RELATIONAL EDITS</b>			
<b>NO ERROR</b>	IF AMOUNT ALLOWED (TOTAL) = ZERO		
<b>1-293-02R</b>	IF END DATE OF CARE ≥ 10/01/2015		
	<b>THEN</b> ICD VERSION MUST BE	0	ICD-10
<b>1-293-04R</b>	IF END DATE OF CARE < 10/01/2015		
	<b>THEN</b> ICD VERSION MUST BE	9	ICD-9