

## Chapter 2

## Section 6.4

### Non-Institutional Edit Requirements (ELN 300 - 399)

Revision: C-21, January 31, 2019

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300)			
VALIDITY EDITS			
2-300-01V	MUST BE A VALID ENROLLMENT/HEALTH PLAN CODE (REFER TO <a href="#">SECTION 2.5</a> )		
RELATIONAL EDITS			
2-300-02R	IF ENROLLMENT/HEALTH PLAN CODE =	Y	CHCBP - NON-NETWORK <b>OR</b>
		AA	CHCBP - NETWORK
	<b>THEN NO</b> OCCURRENCE OF SPECIAL PROCESSING CODE =	CL	CLINICAL TRIALS <b>OR</b>
		PF	ECHO
2-300-07R	IF ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP - NON-MTF/eMSM-REFERRED CARE <b>OR</b>
		SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SR	SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
		ST	SHCP - TRICARE ELIGIBLE
	<b>THEN AT LEAST ONE</b> 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>
		SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
		SM	SHCP - EMERGENCY
2-300-10R	IF ENROLLMENT/HEALTH PLAN CODE =	PS	TSRx
	<b>THEN</b> TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b>
		M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
2-300-11R	IF ENROLLMENT/HEALTH PLAN CODE =	PS	TSRx
<b>THEN</b> NATIONAL DRUG CODE <b>CANNOT</b> BE BLANK.			
<b>UNLESS</b> AMOUNT ALLOWED BY PROCEDURE CODE FOR THAT OCCURRENCE/LINE ITEM = ZERO			
	<b>OR ANY</b> OCCURRENCE OF SPECIAL PROCESSING CODE =	1	MEDICAID
<b>OR</b> PROVIDER STATE OR COUNTRY CODE IS FOREIGN COUNTRY CODE ( <a href="#">ADDENDUM A</a> )			
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.			

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<b>ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (Continued)</b>			
<b>2-300-12R</b>	<ul style="list-style-type: none"> <li>TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001. FOR EACH LINE ITEM WHERE BEGIN DATE OF CARE IS &lt; 10/01/2001, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT.</li> </ul>		
	IF ENROLLMENT/HEALTH PLAN CODE =	FE	TFL - NETWORK <b>OR</b>
		FS	TFL - NON-NETWORK
	<b>THEN</b> BEGIN DATE OF CARE MUST BE ≥ 10/01/2001		
	<b>AND</b> AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	FF	TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) <b>OR</b>
		FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) <b>OR</b>
		FS	TFL (SECOND PAYOR)
	<b>ELSE IF</b> BEGIN DATE OF CARE IS < 10/01/2001 (FOR THAT DETAILED LINE ITEM)		
	<b>THEN</b> ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE MUST =	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER <b>OR</b>
		26	EXPENSES INCURRED PRIOR TO COVERAGE <b>OR</b>
		27	EXPENSES INCURRED AFTER COVERAGE TERMINATED <b>OR</b>
		30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS <b>OR</b>
		31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED <b>OR</b>
		32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED <b>OR</b>
		33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE <b>OR</b>
		34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS <b>OR</b>
		62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION <b>OR</b>
		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
<b>2-300-15R</b>	IF ENROLLMENT/HEALTH PLAN CODE =	SU	SCHP - REFERRAL DESIGNATION UNKNOWN
	<b>THEN</b> TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b>
		M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
<b>2-300-16R</b>	IF ENROLLMENT/HEALTH PLAN CODE =	SU	SCHP - REFERRAL DESIGNATION UNKNOWN
	<b>THEN</b> AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.			

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<b>ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (Continued)</b>		
	SE	SHCP - TRICARE ELIGIBLE
<b>2-300-17R</b>	<ul style="list-style-type: none"> <li>FOR MOP ONLY: FOR TSRx, THE PATIENT MUST BE 64 YEARS AND 8 MONTHS OR GREATER. IF THE PATIENT IS LESS THAN THIS AGE, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT.</li> </ul>	
IF ENROLLMENT/HEALTH PLAN CODE =	PS	TSRx
<b>AND</b> TYPE OF SERVICE (SECOND POSITION) =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
<b>THEN</b> PATIENT AGE <sup>1</sup> MUST BE ≥ 64 YEARS AND 8 MONTHS		
<b>ELSE IF</b> PATIENT AGE <sup>1</sup> < 64 YEARS AND 8 MONTHS		
<b>THEN</b> ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE MUST =	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER <b>OR</b>
	26	EXPENSES INCURRED PRIOR TO COVERAGE <b>OR</b>
	27	EXPENSES INCURRED AFTER COVERAGE TERMINATED <b>OR</b>
	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS <b>OR</b>
	31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED <b>OR</b>
	32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED <b>OR</b>
	33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE <b>OR</b>
	34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS <b>OR</b>
	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION <b>OR</b>
	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
<b>2-300-18R</b>	IF ENROLLMENT/HEALTH PLAN CODE =	X FOREIGN SERVICE MEMBER
<b>THEN</b> HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF <b>OR</b>
	T	FOREIGN MILITARY MEMBER
<b>AND</b> HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.		

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<b>ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (Continued)</b>		
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
<b>2-300-19R</b>	IF BEGIN DATE OF CARE IS ≥ 01/01/2018	
<b>AND</b> ENROLLMENT/HEALTH PLAN CODE =	ME	MEDICARE/TRICARE DUAL ELIGIBLE UNDER 65/NETWORK <b>OR</b>
	MS	MEDICARE/TRICARE DUAL ELIGIBLE UNDER 65/NON-NETWORK
<b>THEN</b> AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	R	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 <b>OR</b>
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 <b>OR</b>
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.		

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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (2-301)			
VALIDITY EDITS			
<b>2-301-01V</b>	MUST BE A VALID HCDP PLAN COVERAGE CODE LISTED IN <a href="#">ADDENDUM L</a> .		
<b>2-301-02V</b>	IF FILING DATE ≥ 09/01/2007		
	<b>AND</b> HCDP PLAN COVERAGE CODE =	109	TRICARE USFHP DIRECT CARE COVERAGE FOR ADFMs OR
		114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		118	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR RETIRED SPONSORS AND FAMILY MEMBERS OR
		119	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR RETIRED SPONSORS AND FAMILY MEMBERS OR
		133	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OR ACTIVE DUTY DECEASED SPONSORS OR
		138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
		139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
		316	USFHP PRIME - SPONSOR AND FAMILY MEMBERS (PRESENTATION ONLY)
	<b>THEN</b> THE TOTAL OF ALL OCCURRENCES/LINEITEMS OF AMOUNT ALLOWED BY PROCEDURE CODES MUST = ZERO		
<b>2-301-03R</b>	IF HCDP PLAN COVERAGE CODE =	417	TCSRC
	<b>THEN</b> ENROLLMENT/HEALTH PLAN CODE MUST =	X	FOREIGN SERVICE MEMBER OR
		SR	SHCP - MTF/eMSM REFERRED CARE
RELATIONAL EDITS			
<b>2-301-01R</b>	IF HCDP PLAN COVERAGE CODE =	306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS <b>OR</b>
		307	TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS <b>OR</b>
		401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
		406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
		407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>

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<b>ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (2-301) (Continued)</b>		
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE <b>OR</b>
	418	TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE <b>OR</b>
	419	TRR MEMBER AND FAMILY COVERAGE <b>OR</b>
	420	TRR SURVIVOR INDIVIDUAL COVERAGE <b>OR</b>
	421	TRR SURVIVOR FAMILY COVERAGE
<b>THEN ENROLLMENT/HEALTH PLAN CODE MUST =</b>	T	TRICARE STANDARD <b>OR</b>
	V	TRICARE EXTRA <b>OR</b>
	FE	TFL - NETWORK <b>OR</b>
	FS	TFL - NON-NETWORK <b>OR</b>
	ME	MEDICARE/TRICARE DUAL ELIGIBLE UNDER 65/ NETWORK <b>OR</b>
	MS	MEDICARE/TRICARE DUAL ELIGIBLE UNDER 65/NON NETWORK <b>OR</b>
	PS	TSRx <b>OR</b>
	SR	SHCP-MTF/eMSM REFERRED CARE <b>OR</b>
	TV	TRICARE SELECT
<b>2-301-02R</b> IF HCDP PLAN COVERAGE CODE =	305	TRICARE SELECT - RETIRED SPONSORS AND FAMILY MEMBERS <b>OR</b>
	306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS <b>OR</b>
	307	TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS <b>OR</b>
	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>

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<b>ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (2-301) (Continued)</b>		
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE <b>OR</b>
	418	TRR MEMBER-ONLY COVERAGE <b>OR</b>
	419	TRR MEMBER AND FAMILY COVERAGE <b>OR</b>
	420	TRR SURVIVOR INDIVIDUAL COVERAGE <b>OR</b>
	421	TRR SURVIVOR FAMILY COVERAGE
<b>THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =</b>	PF	ECHO

<b>ELEMENT NAME: REGION INDICATOR (2-303)</b>		
<b>VALIDITY EDITS</b>		
<b>2-303-01V</b>	MUST BE A VALID REGION INDICATOR (REFER TO <a href="#">SECTION 2.8</a> )	
<b>2-303-02V</b>	IF TYPE OF SUBMISSION ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>AND REGION INDICATOR =</b>	NC	NORTH CONTRACT <b>OR</b>
	OC	OVERSEAS CONTRACT <b>OR</b>
	SC	SOUTH CONTRACT <b>OR</b>
	WC	WEST CONTRACT <b>OR</b>
	E7	EAST CONTRACT 2017 <b>OR</b>
	W7	WEST CONTRACT 2017
<b>THEN ADJUSTMENT KEY MUST =</b>	0	BATCH <b>OR</b>
	5	VOUCHER
<b>RELATIONAL EDITS</b>		
NONE		

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ELEMENT NAME: SPECIAL PROCESSING CODE (2-305)			
VALIDITY EDITS			
2-305-01V	OCCURRENCE NUMBER 1--MUST BE A VALID SPECIAL PROCESSING CODE (REFER TO <a href="#">SECTION 2.8</a> )		
2-305-02V	OCCURRENCE NUMBER 2--MUST BE A VALID SPECIAL PROCESSING CODE (REFER TO <a href="#">SECTION 2.8</a> )		
2-305-03V	OCCURRENCE NUMBER 3--MUST BE A VALID SPECIAL PROCESSING CODE (REFER TO <a href="#">SECTION 2.8</a> )		
2-305-04V	OCCURRENCE NUMBER 4--MUST BE A VALID SPECIAL PROCESSING CODE (REFER TO <a href="#">SECTION 2.8</a> )		
2-305-05V	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).		
2-305-06V	ALL OCCURRENCES OF SPECIAL PROCESSING CODE MUST BE BLANK FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK FILLED SPECIAL PROCESSING CODE.		
2-305-07V	• SHCP - MTF/eMSM REFERRED/NON-REFERRED		
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-MTF/eMSM-REFERRED CARE <b>OR</b>
		AR	SHCP - MTF/eMSM REFERRED CARE
	<b>THEN</b> BEGIN DATE OF CARE MUST BE < 06/01/2004		
2-305-08V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE SERVICE MEMBER
	<b>THEN</b> BEGIN DATE OF CARE MUST BE < 09/01/2002		
2-305-10V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	MN	TSP - NON-NETWORK <b>OR</b>
		MS	TSP - NETWORK
	<b>THEN</b> BEGIN DATE OF CARE MUST BE < 12/31/2001		
2-305-11V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SN	TSS - NON-NETWORK <b>OR</b>
		SS	TSS - NETWORK
	<b>THEN</b> BEGIN DATE OF CARE MUST BE < 12/31/2002		
2-305-14V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	ST	SPECIALIZED TREATMENT
	<b>THEN</b> BEGIN DATE OF CARE MUST BE < 10/01/2004		
RELATIONAL EDITS			
2-305-02R	IF CA/NAS EXCEPTION REASON =	6	RESOURCE SHARING
	<b>THEN</b> AT LEAST ONE SPECIAL PROCESSING CODE MUST =	S	RESOURCE SHARING - EXTERNAL
2-305-08R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	ECHO
	<b>THEN NO</b> OCCURRENCE OF SPECIAL PROCESSING CODE =	6	HHC <b>OR</b>
		A	PARTNERSHIP PROGRAM <b>OR</b>
		E	HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP) <b>OR</b>
		S	RESOURCE SHARING - EXTERNAL <b>OR</b>
		CM	ICMP <b>OR</b>
		CT	CCTP <b>OR</b>
		RI	RESOURCE SHARING - INTERNAL
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.			



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<b>ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (Continued)</b>			
<b>2-305-12R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	BRAC MEDICARE PHARMACY
	<b>THEN</b> TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>AND</b> BEGIN DATE OF CARE MUST BE < 04/01/2001		
<b>2-305-13R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	16	AMBULATORY SURGERY FACILITY CHARGE
	<b>THEN</b> PRICING RATE CODE MUST =	0	PRICING NOT APPLICABLE (DENIED SERVICE/SUPPLIES AND ALLOWED DRUGS) <b>OR</b>
		1	PRICED MANUALLY <b>OR</b>
		C	AMBULATORY SURGERY FACILITY PAYMENT RATE <b>OR</b>
		D	DISCOUNTED AMBULATORY SURGERY - FACILITY PAYMENT RATE <b>OR</b>
		E	AMBULATORY SURGERY-PAID AS BILLED <b>OR</b>
		P	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE <b>OR</b>
		Q	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE <b>OR</b>
		R	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED <b>OR</b>
		V	MEDICARE REIMBURSEMENT RATE <b>OR</b>
		CA	CAH REIMBURSEMENT <b>OR</b>
		P1	OPPS <b>OR</b>
		P2	OPPS WITH COST OUTLIER <b>OR</b>
		P3	OPPS WITH DISCOUNT
<b>2-305-14R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PO	TRICARE PRIME - POS
	<b>THEN</b> ENROLLMENT/HEALTH PLAN CODE MUST =	U	TRICARE PRIME, CIVILIAN PCM <b>OR</b>
		Z	TRICARE PRIME, MTF/eMSM/PCM <b>OR</b>
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE SERVICE MEMBER <b>OR</b>
		XF	FOREIGN ADFM
<b>2-305-22R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	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>
		SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
		SM	SHCP - EMERGENCY
	<b>THEN</b> ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF/eMSM-REFERRED CARE <b>OR</b>
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.			

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<b>ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (Continued)</b>		
	SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SR	SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
	ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
	SU	SHCP - REFERRAL DESIGNATION UNKNOWN
<b>2-305-24R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
	E	HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP)
	<b>THEN</b> BEGIN DATE OF CARE MUST BE ≥ 03/15/1999	
	<b>AND</b> AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	
	CM	ICMP
<b>2-305-26R</b>	• TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001.	
	IF AMOUNT ALLOWED BY PROCEDURE CODE IS ≤ ZERO	
	<b>THEN</b> BYPASS THIS EDIT	
	<b>ELSE</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
	FF	TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) <b>OR</b>
	FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) <b>OR</b>
	FS	TFL (SECOND PAYOR)
	<b>THEN</b> BEGIN DATE OF CARE MUST BE ≥ 10/01/2001	
	<b>AND</b> ENROLLMENT/HEALTH PLAN CODE MUST =	
	FE	TFL - NETWORK <b>OR</b>
	FS	TFL - NON-NETWORK
<b>2-305-30R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
	PF	ECHO
	<b>THEN</b> HCDP PLAN COVERAGE CODE MUST ≠	
	305	TRICARE SELECT - RETIRED SPONSORS AND FAMILY MEMBERS <b>OR</b>
	306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS <b>OR</b>
	307	TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS <b>OR</b>
	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.		

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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (Continued)		
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE <b>OR</b>
	418	TRR MEMBER-ONLY COVERAGE <b>OR</b>
	419	TRR MEMBER AND FAMILY COVERAGE <b>OR</b>
	420	TRR SURVIVOR INDIVIDUAL COVERAGE <b>OR</b>
	421	TRR SURVIVOR FAMILY COVERAGE
<b>2-305-31R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AU AUTISM DEMONSTRATION	
	<b>THEN</b> BEGIN DATE OF CARE MUST BE ≥ 03/15/2008	
	<b>AND</b> AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = PF ECHO	
	<b>AND</b> PATIENT AGE <sup>1</sup> MUST BE ≥ 18 MONTHS	
<b>2-305-32R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = RB RESPITE BENEFIT FOR ADSMS	
	<b>THEN</b> BEGIN DATE OF CARE MUST BE ≥ 01/01/2008	
	<b>AND</b> AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = SE SHCP - TRICARE ELIGIBLE	
<b>2-305-33R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PS SPECIALTY PHARMACY SERVICES	
	<b>THEN</b> TYPE OF SERVICE (SECOND POSITION) MUST = M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS	
	<b>AND</b> PROCEDURE CODE MUST ≠ 000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS <b>OR</b>	
	000PA PRESCRIPTION PRIOR AUTHORIZATIONS	
<b>2-305-34R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PV RETAIL PHARMACY FOR DVA BENEFICIARIES	
	<b>THEN</b> TYPE OF SERVICE (SECOND POSITION) MUST = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS	
	<b>AND</b> PROVIDER NETWORK STATUS INDICATOR MUST = 1 NETWORK PROVIDER	
	<b>AND</b> PROCEDURE CODE MUST ≠ 000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS <b>OR</b>	
	000PA PRESCRIPTION PRIOR AUTHORIZATIONS	
<b>2-305-35R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = DE TDRL PHYSICAL EXAMS	
	<b>THEN</b> BEGIN DATE OF CARE MUST BE ≥ 03/30/2009	
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.		

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Non-Institutional Edit Requirements (ELN 300 - 399)

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (Continued)</b>			
	<b>AND</b> ENROLLMENT/HEALTH PLAN CODE MUST =	SR	SHCP - MTF/eMSM REFERRED CARE
	<b>AND</b> AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SE	SHCP - TRICARE ELIGIBLE
<b>2-305-36R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	EF	TRICARE RESERVE AND NATIONAL GUARD FAMILY MEMBER BENEFITS
	<b>THEN</b> BEGIN DATE OF CARE MUST BE ≥ 11/01/2009		
	<b>AND</b> ENROLLMENT/HEALTH PLAN CODE MUST =	T	TRICARE STANDARD PROGRAM OR
		V	TRICARE EXTRA <b>OR</b>
		TV	TRICARE SELECT <b>OR</b>
		ME	MEDICARE/TRICARE DUAL ELIGIBLE UNDER 65/ NETWORK <b>OR</b>
		MS	MEDICARE/TRICARE DUAL ELIGIBLE UNDER 65/NON- NETWORK
	<b>AND</b> HCDP SPECIAL ENTITLEMENT CODE MUST =	02	NOBLE EAGLE PARTICIPATION SPECIAL ENTITLEMENT OR
		03	ENDURING FREEDOM PARTICIPATION SPECIAL ENTITLEMENT <b>OR</b>
		08	SPECIAL ENTITLEMENT FOR GUARD/RESERVE ON ACTIVE DUTY MORE THAN 30 DAYS (EXCL. AGR)
	<b>AND</b> AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO		
<b>2-305-37R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	DC	DCPE-VA
	<b>THEN</b> BEGIN DATE OF CARE MUST BE ≥ 10/01/2014		
	<b>AND</b> AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	17	VA MEDICAL PROVIDER CLAIM <b>OR</b>
		AD	FOREIGN ACTIVE DUTY CLAIMS
	<b>AND</b> ENROLLMENT/HEALTH PLAN CODE MUST =	W	TPR SERVICE MEMBER - USA <b>OR</b>
		X	FOREIGN SERVICE MEMBER <b>OR</b>
		SR	SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
		WA	TPR FOREIGN SERVICE MEMBER
	<b>AND</b> AT LEAST ONE PROCEDURE CODE MUST = 99456		
	<b>OR</b> PRINCIPLE DIAGNOSIS CODE MUST = V68.01 <b>OR</b> Z02.71		
<b>2-305-38R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PH	PHILIPPINES DEMONSTRATION PROJECT
	<b>THEN</b> BEGIN DATE OF CARE MUST BE ≥ 01/01/2013		
	<b>AND</b> HCDP PLAN COVERAGE CODE MUST =	003	TRICARE STANDARD FOR ADFMs <b>OR</b>
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.			

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Non-Institutional Edit Requirements (ELN 300 - 399)

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (Continued)</b>		
	005	TRICARE STANDARD SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	007	TRICARE STANDARD TRANSITIONAL ASSISTANCE SPONSORS AND FAMILY MEMBERS <b>OR</b>
	009	TRICARE STANDARD RETIRED AND MOH SPONSORS AND FAMILY MEMBERS <b>OR</b>
	010	TRICARE STANDARD TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	015	TRICARE STANDARD TRANSITIONAL SURVIVORS OF NG/RESERVE DECEASED SPONSORS <b>OR</b>
	017	TRICARE STANDARD SURVIVORS OF NG/RESERVE DECEASED SPONSORS <b>OR</b>
	018	TFL RETIRED SPONSORS AND FAMILY MEMBERS AND MOH <b>OR</b>
	020	TFL TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	021	TFL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	022	TFL TRANSITIONAL SURVIVORS OF NG/RESERVE DECEASED SPONSORS <b>OR</b>
	023	TFL SURVIVORS OF NG/RESERVE DECEASED SPONSORS <b>OR</b>
	028	TRICARE STANDARD FOR MEDICALLY RETIRED SPONSORS AND FAMILY MEMBERS <b>OR</b>
	029	TFL FOR MEDICALLY RETIRED SPONSORS AND FAMILY MEMBERS <b>OR</b>
	303	TRICARE SELECT - ADFMs <b>OR</b>
	304	TRICARE SELECT - TAMP SPONSORS AND FAMILY MEMBERS <b>OR</b>
	305	TRICARE SELECT - RETIRED SPONSORS AND FAMILY MEMBERS <b>OR</b>
	306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS <b>OR</b>
	307	TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS <b>OR</b>
	308	TRICARE SELECT - YOUNG ADULT <b>OR</b>
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE <b>OR</b>
	418	TRR MEMBER-ONLY COVERAGE <b>OR</b>
	419	TRR MEMBER AND FAMILY COVERAGE <b>OR</b>
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.		

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Non-Institutional Edit Requirements (ELN 300 - 399)

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (Continued)</b>			
	420	TRR SURVIVOR INDIVIDUAL COVERAGE	<b>OR</b>
	421	TRR SURVIVOR FAMILY COVERAGE	<b>OR</b>
	422	TYA STANDARD FOR ADFMs	<b>OR</b>
	423	TYA STANDARD FOR RETIRED AND MOH FAMILY MEMBERS	<b>OR</b>
	424	TYA RESERVE SELECT	<b>OR</b>
	425	TYA RETIRED RESERVE	<b>OR</b>
	999	UNVERIFIED NEWBORN	
<b>OR</b> ENROLLMENT/HEALTH PLAN CODE =	AS	TRICARE SELECT - ACTIVE DUTY SURVIVORS	<b>OR</b>
	AT	TRICARE SELECT - ACTIVE DUTY TRANSITIONAL SURVIVORS	<b>OR</b>
	GS	TRICARE SELECT - GUARD/RESERVE SURVIVORS	<b>OR</b>
	GT	TRICARE SELECT - GUARD/RESERVE TRANSITIONAL SURVIVORS	
<b>AND</b> PATIENT ZIP CODE MUST =	PHL	PHILIPPINES	
<b>AND</b> PROVIDER STATE OR COUNTRY CODE MUST =	PHL	PHILIPPINES	
<b>2-305-39R</b> IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AS	COMPREHENSIVE AUTISM CARE DEMONSTRATION	
<b>THEN</b> PROCEDURE CODE MUST BE 0359T, 0360T, 0361T, 0364T, 0365T, 0368T, 0369T, 0370T, <b>OR</b> T1023			
<b>2-305-40R</b> IF BEGIN DATE OF CARE IS $\geq$ 01/01/2018			
<b>AND</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE $\geq$ 10/01/2001	<b>OR</b>
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE $\geq$ 10/01/2001	<b>OR</b>
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE $\geq$ 10/01/2001	
<b>THEN</b> ENROLLMENT/HEALTH PLAN CODE MUST =	U	TRICARE PRIME, CIVILIAN CARE	<b>OR</b>
	Z	TRICARE PRIME, MTF/eMSM/PCM	<b>OR</b>
	ME	MEDICARE/TRICARE DUAL ELIGIBLE UNDER 65/NETWORK	<b>OR</b>
	MS	MEDICARE/TRICARE DUAL ELIGIBLE UNDER 65/NON-NETWORK	<b>OR</b>
	WF	TPR FOR ENROLLMENT ADFM RESIDING WITH A TPR ELIGIBLE SERVICE MEMBER	
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.			

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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE (2-306)	
VALIDITY EDITS	
<b>2-306-01V</b>	MUST BE A VALID HCDP SPECIAL ENTITLEMENT CODE (REFER TO <a href="#">SECTION 2.5</a> )
RELATIONAL EDITS	
NONE	

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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310)			
VALIDITY EDITS			
2-310-01V	IF BEGIN DATE OF CARE ≥ 03/28/2013		
	THEN CA/NAS NUMBER MUST BE BLANK.		
	ELSE IF CA/NAS NUMBER IS NOT BLANK		
	THEN MUST BE 1 TO 11 OR 1 TO 15 ALPHANUMERIC CHARACTERS.		
RELATIONAL EDITS			
NO ERROR	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION OR
		D	COMPLETE DENIAL
	THEN BYPASS ALL CA/NAS NUMBER RELATIONAL EDITING.		
NO ERROR	IF BEGIN DATE OF CARE IS OLDER THAN SIX YEARS		
	THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA <sup>1</sup>		
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		AN	SHCP - NON-MTF/eMSM-REFERRED CARE OR
		AR	SHCP - MTF/eMSM REFERRED CARE OR
		CE	SHCP - CCEP OR
		PF	ECHO
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY OR
		ST	SPECIALIZED TREATMENT OR
		WR	MENTAL HEALTH WRAP AROUND
	THEN BYPASS ALL CA/NAS NUMBER EDITING.		
NO ERROR	IF ENROLLMENT/HEALTH PLAN CODE =	U	TRICARE PRIME, CIVILIAN PCM OR
		W	TPR SERVICE MEMBER - USA OR
		X	FOREIGN SERVICE MEMBER OR
		Y	CHCBP - NON-NETWORK OR
		Z	TRICARE PRIME, MTF/eMSM/PCM OR
		AA	CHCBP - NETWORK OR
		BB	TSP OR
		FE	TFL - NETWORK OR
		FS	TFL - NON-NETWORK OR
		PS	TSRx OR
		SN	SHCP - NON-MTF/eMSM-REFERRED CARE OR
<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.			



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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310) (Continued)			
		SR	SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE SERVICE MEMBER
THEN BYPASS ALL CA/NAS NUMBER EDITING.			
NO ERROR	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
THEN BYPASS ALL CA/NAS NUMBER EDITING.			
NO ERROR	IF ANY OCCURRENCE OF ADJUSTMENT/ DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE =	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER <b>OR</b>
		26	EXPENSES INCURRED PRIOR TO COVERAGE <b>OR</b>
		27	EXPENSES INCURRED AFTER COVERAGE TERMINATED <b>OR</b>
		30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS <b>OR</b>
		31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED <b>OR</b>
		32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED <b>OR</b>
		33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE <b>OR</b>
		34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS <b>OR</b>
		62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION <b>OR</b>
		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
THEN BYPASS ALL CA/NAS NUMBER EDITING			
NO ERROR	IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO		
THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS NUMBER EDITING.			
2-310-02R	IF CA/NAS EXCEPTION REASON ≠ BLANK		
THEN CA/NAS NUMBER MUST = BLANK			
2-310-03R	• MENTAL HEALTH CHECK		
IF CA/NAS EXCEPTION REASON = BLANK			
	AND TYPE OF SERVICE (FIRST POSITION) =	I	INPATIENT
	AND PRINCIPAL TREATMENT DIAGNOSIS/ POA INDICATOR (POSITIONS 1-7) =	290-316 (MENTAL HEALTH, ICD-9-CM)	
	AND PATIENT ZIP CODE IS IN AN MTF/eMSM CATCHMENT AREA <sup>1</sup>		
	AND BEGIN DATE OF CARE IS < 03/28/2013		
THEN CA/NAS NUMBER MUST BE CODED			
	UNLESS ANY OCCURRENCE OF OVERRIDE CODE =	C	GOOD FAITH PAYMENT
<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.			

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<b>ELEMENT NAME: CA/NAS NUMBER (2-310) (Continued)</b>	
<b>THEN</b> CA/NAS NUMBER MUST = BLANK	
<b>2-310-04R</b>	IF CA/NAS NUMBER IS CODED
<b>THEN</b> CA/NAS EXCEPTION REASON MUST = BLANK	
<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.	

<b>ELEMENT NAME: CA/NAS REASON FOR ISSUANCE (2-315)</b>	
<b>VALIDITY EDITS</b>	
<b>2-315-01V</b>	IF BEGIN DATE OF CARE ≥ 03/28/2013
<b>THEN</b> CA/NAS REASON FOR ISSUANCE MUST BE BLANK.	
<b>ELSE</b> VALUE MUST A VALID CA/NAS REASON FOR ISSUANCE.	
<b>RELATIONAL EDITS</b>	
<b>2-315-02R</b>	IF CA/NAS NUMBER = BLANK
<b>THEN</b> CA/NAS REASON FOR ISSUANCE MUST = BLANK.	

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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320)			
VALIDITY EDITS			
2-320-01V	IF BEGIN DATE OF CARE ≥ 03/28/2013		
	THEN CA/NAS EXCEPTION REASON MUST BE BLANK.		
	ELSE VALUE MUST BE A VALID CA/NAS EXCEPTION REASON.		
RELATIONAL EDITS			
NO ERROR	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION OR
		D	COMPLETE DENIAL
	THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.		
NO ERROR	IF BEGIN DATE OF CARE IS OLDER THAN SIX YEARS		
	THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA		
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		AN	SHCP - NON-MTF/eMSM-REFERRED CARE OR
		AR	SHCP - MTF/eMSM REFERRED CARE OR
		CE	SHCP - CCEP OR
		PF	ECHO
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY OR
		ST	SPECIALIZED TREATMENT OR
		WR	MENTAL HEALTH WRAP AROUND
	THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.		
NO ERROR	IF ENROLLMENT/HEALTH PLAN CODE =	U	TRICARE PRIME, CIVILIAN PCM OR
		W	TPR SERVICE MEMBER - USA OR
		X	FOREIGN SERVICE MEMBER OR
		Y	CHCBP - NON-NETWORK OR
		Z	TRICARE PRIME, MTF/eMSM/PCM OR
		AA	CHCBP - NETWORK OR
		BB	TSP OR
		FE	TFL - NETWORK OR
		FS	TFL - NON-NETWORK OR
		PS	TSRx OR
		SN	SHCP - NON-MTF/eMSM-REFERRED CARE OR
<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.			

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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320) (Continued)		
	SR	SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE SERVICE MEMBER
<b>THEN</b> BYPASS ALL CA/NAS EXCEPTION REASON EDITING.		
<b>NO ERROR</b>	IF HCC MEMBER CATEGORY CODE =	T FOREIGN MILITARY MEMBER
<b>THEN</b> BYPASS ALL CA/NAS EXCEPTION REASON EDITING.		
<b>NO ERROR</b>	IF ANY OCCURRENCE OF ADJUSTMENT/ DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE =	15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER <b>OR</b>
		26 EXPENSES INCURRED PRIOR TO COVERAGE <b>OR</b>
		27 EXPENSES INCURRED AFTER COVERAGE TERMINATED <b>OR</b>
		30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS <b>OR</b>
		31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED <b>OR</b>
		32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED <b>OR</b>
		33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE <b>OR</b>
		34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS <b>OR</b>
		62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION <b>OR</b>
		141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
<b>THEN</b> BYPASS ALL CA/NAS EXCEPTION REASON EDITING		
<b>NO ERROR</b>	IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO	
<b>THEN</b> NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS EXCEPTION REASON EDITING		
<b>2-320-04R</b>	IF PATIENT ZIP CODE IS IN AN MTF/eMSM CATCHMENT AREA <sup>1</sup>	
	<b>AND</b> TYPE OF SERVICE (FIRST POSITION) =	I INPATIENT
	<b>AND</b> PRINCIPAL TREATMENT DIAGNOSIS/ POA INDICATOR (POSITIONS 1-7) =	290-316 (MENTAL HEALTH, ICD-9-CM)
	<b>AND</b> CA/NAS NUMBER NOT CODED	
	<b>AND</b> BEGIN DATE OF CARE IS < 03/28/2013	
<b>THEN</b> CA/NAS EXCEPTION REASON MUST BE CODED		
<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.		

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Non-Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325)			
VALIDITY EDITS			
2-325-01V	VALUE MUST A VALID NON-INSTITUTIONAL PRICING RATE CODE.		
RELATIONAL EDITS			
2-325-01R	IF PRICING RATE CODE =	C	AMBULATORY SURGERY FACILITY PAYMENT RATE <b>OR</b>
		D	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE <b>OR</b>
		E	AMBULATORY SURGERY-PAID AS BILLED <b>OR</b>
		P	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE <b>OR</b>
		Q	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE <b>OR</b>
		R	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	<b>THEN</b> ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	16	AMBULATORY SURGERY FACILITY CHARGE
2-325-02R	IF ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A CODE LISTED IN <a href="#">ADDENDUM G, FIGURE 2.G-1</a> .		
	<b>THEN</b> PRICING RATE CODE MUST =	0	PRICING NOT APPLICABLE (DENIED SERVICE/SUPPLIES AND ALLOWED DRUGS)
2-325-03R	IF PRICING RATE CODE FOR THAT OCCURRENCE/LINE ITEM =	0	PRICING NOT APPLICABLE (DENIED SERVICE/SUPPLIES AND ALLOWED DRUGS)
	<b>THEN</b> AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO		
	<b>UNLESS</b> TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b>
		M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>OR</b> TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR)
2-325-04R	IF PRICING RATE CODE =	V	MEDICARE REIMBURSEMENT RATE
	<b>THEN</b> ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	16	AMBULATORY SURGERY FACILITY CHARGE <b>OR</b>
		T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) <b>AND</b> 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
2-325-05R	IF PRICING RATE CODE =	U	SHCP CLAIM OR ACTIVE DUTY MEMBER TPR PAID OUTSIDE NORMAL LIMITS
	<b>THEN</b> ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AR	SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
		AN	SHCP - NON-MTF/eMSM-REFERRED CARE <b>OR</b>
		CE	SHCP - CCEP <b>OR</b>

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Non-Institutional Edit Requirements (ELN 300 - 399)

<b>ELEMENT NAME: PRICING RATE CODE (2-325) (Continued)</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>2-325-06R</b> IF PRICING CODE =	W	PRICED OVER CMAC
<b>AND</b> ENROLLMENT/HEALTH PLAN CODE =	T	TRICARE STANDARD PROGRAM
<b>AND</b> AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE =	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM DEMONSTRATION
<b>AND</b> BEGIN DATE OF CARE ≥ 09/14/2001 <b>AND</b> < 11/01/2009		
<b>THEN</b> PROVIDER PARTICIPATING INDICATOR MUST =	N	NO
<b>2-325-08R</b> IF PRICING RATE CODE =	P1	OPPS <b>OR</b>
	P2	OPPS WITH COST OUTLIER <b>OR</b>
	P3	OPPS WITH DISCOUNT <b>OR</b>
	P5	PARTIAL HOSPITALIZATION - PAID AS OPPS
<b>THEN</b> APC CODE MUST ≠ BLANK		
<b>2-325-09R</b> IF PRICING RATE CODE =	CA	CAH REIMBURSEMENT
<b>THEN</b> BEGIN DATE OF CARE MUST BE ≥ 12/01/2009		
<b>UNLESS</b> PROVIDER STATE OR COUNTRY CODE =	AK	ALASKA
<b>THEN</b> BEGIN DATE OF CARE MUST BE ≥ 07/01/2007		

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ELEMENT NAME: AMBULATORY PAYMENT CLASSIFICATION (APC) CODE (2-330)			
VALIDITY EDITS			
2-330-01V	MUST BE A VALID APC CODE AS LISTED ON DHA'S OPPTS WEB SITE AT <a href="http://health.mil/military-health-topics/business-support/rates-and-reimbursement/outpatient-prospective-payment-system">HTTP://HEALTH.MIL/MILITARY-HEALTH-TOPICS/BUSINESS-SUPPORT/RATES-AND-REIMBURSEMENT/OUTPATIENT-PROSPECTIVE-PAYMENT-SYSTEM</a> , BLANK, <b>OR</b> ALL ZEROES		
UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = ZERO			
RELATIONAL EDITS			
2-330-01R	IF APC CODE = BLANK		
THEN PRICING RATE CODE ≠		P1	OPPS <b>OR</b>
		P2	OPPS WITH COST OUTLIER <b>OR</b>
		P3	OPPS WITH DISCOUNT <b>OR</b>
		P5	PARTIAL HOSPITALIZATION - PAID AS OPPS

ELEMENT NAME: OPPTS PAYMENT STATUS INDICATOR CODE (2-331)	
VALIDITY EDITS	
2-331-01V	MUST BE A VALID OPPTS PAYMENT STATUS INDICATOR CODE (REFER TO <a href="#">SECTION 2.6</a> ) <b>OR</b> BLANK.
RELATIONAL EDITS	
2-331-01R	IF OPPTS PAYMENT STATUS INDICATOR CODE = BLANK
	<b>THEN</b> APC CODE MUST = ALL ZEROES <b>OR</b> BLANK.

ELEMENT NAME: AMOUNT NETWORK PROVIDER DISCOUNT (2-335)			
VALIDITY EDITS			
2-335-01V	MUST BE NUMERIC AND ≥ ZERO		
RELATIONAL EDITS			
2-335-01R	IF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED (HCSR) DATA <b>OR</b>
		C	COMPLETE CANCELLATION <b>OR</b>
		D	COMPLETE DENIAL <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
		O	ZERO GOVERNMENT TED RECORD DUE TO 100% OHI
THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO			
2-335-02R	IF PROVIDER NETWORK STATUS INDICATOR =	2	NON-NETWORK PROVIDER
THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO			
2-335-03R	IF REGION INDICATOR =	<del>h</del>	BLANK
THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO			

- END -

