CHAPTER 5
SECTION 5

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: MAJOR DIAGNOSTIC CATEGORY (1-200)			
	VALIDITY EDITS		
1-200-01	VALUE MUST = 1 - 25, 60, 90, **OR** BLANK.		
	RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	NON-AVAILABILITY STATEMENT NUMBER	SEE BELOW	
	EDITED ELEMENT RELATIONSHIP		
1-200-02R	IF NAS NUMBER IS NOT CODED THE MAJOR DIAGNOSTIC CATEGORY MUST NOT BE CODED.		

ELEMENT NAME: REASON FOR ISSUANCE (1-202)			
	VALIDITY EDITS		
1-202-01	VALUE MUST = 1 - 9, **OR** BLANK.		
	RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	NON-AVAILABILITY STATEMENT NUMBER	SEE BELOW	
	MAJOR DIAGNOSTIC CATEGORY	SEE BELOW	
	ENROLLMENT CODE	SEE BELOW	
	EDITED ELEMENT RELATIONSHIP		
	IF NAS NUMBER IS CODED THE NAS REASON FOR ISSUANCE MUST NOT BE BLANK		
1-202-03R	IF NAS NUMBER IS BLANK THE REASON FOR ISSUANCE MUST = BLANK.		
1-202-04R	IF MAJOR DIAGNOSTIC CATEGORY IS NOT CODED, REASON FOR ISSUANCE MUST = BLANK 7, 8 **OR** 9		
1-202-05R	IF REASON FOR ISSUANCE = 7, 8 **OR** 9		
	THEN		
	ENROLLMENT CODE =	D	MANAGED CARE SUPPORT TRICARE-TIDEWATER STANDARD PROGRAM

ELEMENT NAME: REASON FOR ISSUANCE (1-202) (CONTINUED)		
	E	MANAGED CARE SUPPORT TRICARE-TIDEWATER PRIME
	G	MANAGED CARE SUPPORT TRICARE-TIDEWATER EXTRA
	R	TRICARE EXTRA - NORTH CAROLINA
	T	MANAGED CARE SUPPORT STANDARD TRICARE PROGRAM
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	V	MANAGED CARE SUPPORT EXTRA
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) STANDARD
	Z	MANAGED CARE SUPPORT PRIME, MTF / PCM
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) EXTRA

ELEMENT NAME: CLAIM FORM TYPE (1-204)	
VALIDITY EDITS	
1-204-01	VALUE MUST BE 'A' - 'J' IF FILING DATE ≥ 10 / 1 / 93; OTHERWISE NO EDIT APPLIES.

RELATIONAL EDITS			
	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	NONE		

ELEMENT NAME: PCM LOCATION DMIS-ID (1-205)			
	VALIDITY EDITS		
1-205-01	MUST BE VALID DMIS CODE.		
	RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	REGION CODE	SEE BELOW	
	ENROLLMENT CODE	SEE BELOW	
	EDITED ELEMENT RELATIONSHIP		
1-205-02R	IF DATE OF ADMISSION ≥ 10/1/97		
	AND IF ENROLLMENT STATUS CODE = 'Z' OR 'BB' (PRIME ENROLLEE WITH MTF/CLINIC PCM) PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID		
	OR IF ENROLLMENT STATUS CODE = 'U' (PRIME ENROLLEE WITH CONTRACTOR NETWORK PCM) **THEN** PCM LOCATION DMIS-ID MUST BE BETWEEN 6901 AND 6912 FOR CONUS PRIMARY CARE MANAGERS, **OR** 8XXX WHEN HCS REGION CODE = 1, 2, **OR** 5. **THEN** PCM LOCATION DMIS-ID MUST BE BETWEEN 6913 AND 6915 FOR PRIMARY CARE MANAGER IN EUROPE. **OR** PCM LOCATION DMIS-ID MUST = 6501 FOR TIDEWATER		
	OR IF ENROLLMENT STATUS CODE **NOT** = 'U', 'W', 'Z', OR 'BB' (INDICATING NON-PRIME BENEFICIARIES) PCM LOCATION DMIS-ID MUST BE BLANK		
1-205-03R	**CONVERSELY**,		
	IF BEGIN DATE OF ADMISSION ≥ 10/01/97		
	AND IF PCM LOCATION DMIS-ID = BLANK (FOR BENEFICIARY NOT ENROLLED IN PRIME) **THEN** ENROLLMENT STATUS CODE MUST **NOT** = 'U', 'W', 'Z', **OR** 'BB'.		
	OR IF PCM LOCATION DMIS-ID = 6901 - 6912 **THEN** ENROLLMENT STATUS CODE MUST = 'U'.		
	OR IF PCM LOCATION DMIS-ID = 8000 - 8999 ENROLLMENT STATUS CODE MUST = 'U' **OR** 'W' **AND** REGION CODE MUST = 1, 2, **OR** 5.		
	OR IF PCM LOCATION DMIS-ID = 7900 - 7999 ENROLLMENT STATUS CODE MUST = 'W' **AND** REGION CODE MUST ≠ 1, 2, **OR** 5.		

ELEMENT NAME: PCM LOCATION DMIS-ID (1-205) (CONTINUED)

OR
IF PCM LOCATION DMIS-ID = 6913 - 6915
THEN ENROLLMENT STATUS CODE MUST = 'U'.

OR
IF PCM LOCATION DMIS-ID = 6501
THEN ENROLLMENT STATUS CODE MUST = 'U'

OR
IF PCM LOCATION DMIS-ID = VALID MTF / CLINIC DMIS-ID
THEN ENROLLMENT STATUS CODE MUST = 'W', 'Z' **OR** 'BB'.

ELEMENT NAME: NUMBER OF PAYMENT REDUCTION DAYS/SERVICES (1-207)

VALIDITY EDITS

1-207-01 MUST BE NUMERIC

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	REASON FOR PAYMENT REDUCTION	SEE BELOW	AMOUNT PAYMENT REDUCTION ENROLLMENT STATUS
	NUMBER OF PAYMENT REDUCTION DAYS / SERVICES	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-207-02R IF REASON FOR PAYMENT REDUCTION IS NOT EQUAL TO BLANK
NUMBER OF PAYMENT REDUCTION DAYS / SERVICES MUST NOT BE ZERO.

ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE (1-209)

VALIDITY EDITS

1-209-01 MUST BE AN ALPHANUMERIC VALUE OF '0' (NOT APPLICABLE), **OR** '1' (CONTRACTED), **OR** '2' (NOT CONTRACTED), **OR** '3' (CONTRACTED / NOT CONTRACTED), **OR** '4' (ACTIVE DUTY - TPR).

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	NONE		

ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (1-210)			
	VALIDITY EDITS		
1-210-01	MUST APPEAR IN A FIGURE OF VALID STATE **OR** COUNTRY CODES.		
	RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	PROVIDER STATE/COUNTRY CODE[1]	SEE BELOW	BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE[1], PROVIDER TAXPAYER NUMBER[1], ZIP CODE[1], TYPE OF INSTITUTION[1]
	AMOUNT ALLOWED	SEE BELOW	
	EDITED ELEMENT RELATIONSHIP		
1-210-02R	MUST MATCH THE PROVIDER STATE/COUNTRY CODE ON THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON CARE DATES, AND INSTITUTIONAL PROVIDER KEY: PROVIDER TAXPAYER NUMBER, ZIP CODE, AND TYPE OF INSTITUTION.		
	IF AMOUNT ALLOWED ≤ ZERO		
	DO NOT CHECK FOR MATCH ON PROVIDER FILE.		
[1] PROVIDER FILE			

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-212)			
	VALIDITY EDITS		
1-212-01	MUST BE NUMERIC, **OR** FIRST 2 CHARACTERS MUST BE A VALID STATE/COUNTRY CODE AND LAST 7 CHARACTERS MUST BE NUMERIC, **OR** FIRST 2 CHARACTERS MUST BE A VALID STATE/COUNTRY CODE AND THIRD CHARACTER MUST BE = 'A' AND LAST 6 CHARACTERS MUST BE NUMERIC.		
	RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	PROVIDER TAXPAYER NUMBER[1]	SEE BELOW	PROVIDER ZIP CODE[1], TYPE OF INSTITUTION[1]
1-280-06R	BEGIN DATE OF CARE		RECORD EFFECTIVE DATE[1], PROVIDER ACCEPTANCE DATE[1], PROVIDER TERMINATION DATE[1], AMOUNT ALLOWED
1-285-06R	END DATE OF CARE		SAME AS ABOVE
	INST/NON-INST INDICATOR[1]	SEE BELOW	RECORD TYPE
[1] PROVIDER FILE **[2] USE 1-212-04R ONLY WHEN PROVIDER HISTORY DOES NOT MATCH. IF CURRENT PROVIDER INFORMATION DOES NOT MATCH, CONTINUE TO USE 1-212-03R.**			

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-212) (CONTINUED)			
EDITED ELEMENT RELATIONSHIP			
NO ERROR	IF SPECIAL PROCESSING CODE =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - ACTIVE DUTY NON-MTF-REFERRED CARE
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - ACTIVE DUTY MTF-REFERRED CARE
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON TRICARE ELIGIBLE
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
	DO NOT CHECK PROVIDER FILE.		
1-212-02R	MUST MATCH AN INSTITUTIONAL PROVIDER TAXPAYER NUMBER ON THE PROVIDER FILE **OR** TYPE OF INSTITUTION AND/OR ZIP CODE ON THE CLAIM MUST MATCH THE TYPE OF INSTITUTION AND/OR ZIP CODE ON THE PROVIDER FILE FOR THE PROVIDER TAXPAYER NUMBER **UNLESS** PROVIDER IS NOT CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF CARE (DENIAL REASON CODES 'M' **OR** 'N').		
1-212-04R[2]	**WHEN** AN AUTHORIZED PROVIDER IS FOUND ON THE DATABASE, THE INST/NON-INST INDICATOR MUST AGREE WITH THE HCSR RECORD TYPE. (IF HCSR IS INSTITUTIONAL AND PROVIDER IS NON-INSTITUTIONAL, THE PROVIDER DATABASE WILL **NOT CONTAIN** THE NECESSARY INSTITUTIONAL DATA.)		
NO ERROR	IF DENIAL REASON CODE = 'M' (PROVIDER IS NOT TRICARE CERTIFIED) OR 'N' (MULTIPLE DENIAL REASONS)		
	DO NOT CHECK PROVIDER FILE.		
NO ERROR	IF DENIAL REASON CODE = '7' (SUSPENSE LIMITATION EXCEEDED)		
	TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION OF PRIOR HCSR DATA
		D	COMPLETE CONTRACTOR DENIAL HCSR SUBMISSION
		E	COMPLETE CANCELLATION OF NON-HCSR DATA
	DO NOT CHECK PROVIDER FILE.		

[1] **PROVIDER FILE**
[2] **USE 1-212-04R ONLY WHEN PROVIDER HISTORY DOES NOT MATCH. IF CURRENT PROVIDER INFORMATION DOES NOT MATCH, CONTINUE TO USE 1-212-03R.**

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (1-215)			
	VALIDITY EDITS		
1-215-01	MUST BE ALPHA **OR** NUMERIC. NO BLANKS.		
	RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	NONE		

ELEMENT NAME: PROVIDER ZIP CODES (1-220)			
	VALIDITY EDITS		
1-220-01	MUST BE NINE CHARACTERS; EITHER 9 DIGITS, **OR** 5 DIGITS (NOT 5 ZEROES **OR** 5 NINES) FOLLOWED BY 4 BLANKS, **OR** 2 CHARACTERS FOLLOWED BY 7 BLANKS, **OR** ALL BLANKS.		
1-220-02	FIRST 3 DIGITS (IF NUMERIC) MUST APPEAR ON VALID ZIP CODE TABLE. FIRST 2 CHARACTERS (IF NOT NUMERIC AND NOT BLANK) MUST APPEAR ON VALID COUNTRY CODE TABLE.		
1-220-03	THE FIRST 5 DIGITS MUST MATCH CORRESPONDING RECORD ON THE PROVIDER FILE, BASED ON INSTITUTIONAL PROVIDER KEY PROVIDER TAXPAYER NUMBER, ZIP CODE, AND TYPE OF INSTITUTION.		
	RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	PROVIDER ZIP CODE[1]	SEE BELOW	PROVIDER TAXPAYER NUMBER[1], TYPE OF INSTITUTION[1]
1-280-06R	BEGIN DATE OF CARE		RECORD EFFECTIVE DATE[1], PROVIDER ACCEPTANCE DATE[1], PROVIDER TERMINATION DATE[1], AMOUNT ALLOWED
1-285-06R	END DATE OF CARE		SAME AS ABOVE
	EDITED ELEMENT RELATIONSHIP		
NO ERROR	IF DENIAL REASON CODE =	M	PROVIDER IS NOT TRICARE CERTIFIED
	DO NOT CHECK PROVIDER FILE		
NO ERROR	IF DENIAL REASON CODE =	7	SUSPENSE LIMITATION EXCEEDED
	TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION OF PRIOR HCSR DATA
		D	COMPLETE CONTRACTOR DENIAL HCSR SUBMISSION
		E	COMPLETE CANCELLATION OF NON-HCSR DATA
	DO NOT CHECK PROVIDER FILE.		
[1] PROVIDER FILE			

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (1-225)			
VALIDITY EDITS			
1-225-01	MUST BE ONE OF THE FOLLOWING VALUES	Y	YES
		N	NO
RELATIONAL EDITS			
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	SPECIAL PROCESSING CODE	SEE BELOW	
	SPECIAL RATE CODE	SEE BELOW	
	MEDICARE NUMBER[1]	SEE BELOW	
EDITED ELEMENT RELATIONSHIP			
1-225-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS
		E	HHC/CM
	PROVIDER PARTICIPATION INDICATOR MUST = 'Y'		
1-225-03R	MUST BE 'Y' (YES) **WHEN** SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q'.		
1-225-04R	IF THERE IS A MEDICARE NUMBER PRESENT ON THE PROVIDER FILE FOR THAT PROVIDER (IF MATCH WAS FOUND AND CORRECT HISTORY RECORD BASED ON CARE DATES WAS IDENTIFIED)		
	THEN THE PROVIDER PARTICIPATION INDICATOR ON HCSR MUST BE 'Y'. IF AMOUNT ALLOWED ≤ ZERO, DO NOT CHECK AGAINST PROVIDER FILE.		
[1] PROVIDER FILE			

ELEMENT NAME: TYPE OF INSTITUTION (1-230)			
VALIDITY EDITS			
1-230-01	MUST BE A VALID TYPE OF INSTITUTION (SEE CHAPTER 2, ADDENDUM D). MUST NOT BE BLANK.		
RELATIONAL EDITS			
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
1-212-03R	PROVIDER MAJOR SPECIALTY **OR** TYPE OF INSTITUTION[1]		PROVIDER TAXPAYER NUMBER[1], PROVIDER ZIP CODE[1]
1-280-06R	BEGIN DATE OF CARE		RECORD EFFECTIVE DATE[1], PROVIDER ACCEPTANCE DATE[1], PROVIDER TERMINATION DATE[1], AMOUNT ALLOWED
1-285-06R	END DATE OF CARE		SAME AS ABOVE
[1] PROVIDER FILE			

ELEMENT NAME: TYPE OF INSTITUTION (1-230) (CONTINUED)			
	NAS EXCEPTION REASON		SEE BELOW
	SPECIAL RATE CODE		SEE BELOW
	EDITED ELEMENT RELATIONSHIP		
1-230-02R	TYPE OF INSTITUTION MUST BE '72' (RTC) **WHEN** NAS EXCEPTION REASON IS '5' (RTC).		
1-230-03R	IF SPECIAL RATE CODE =	K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE
		L	REGION SPECIFIC PSYCHIATRIC PER DIEM RATE
	TYPE OF INSTITUTION MUST BE =	22	PSYCHIATRIC HOSPITAL / UNIT
		52	CHILDREN'S PSYCHIATRIC HOSPITAL / UNIT
NO ERROR	IF DENIAL REASON CODE =	M	PROVIDER IS NOT TRICARE CERTIFIED
	DO NOT CHECK PROVIDER FILE		
NO ERROR	IF DENIAL REASON CODE =	7	SUSPENSE LIMITATION EXCEEDED
	TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION OF PRIOR HCSR DATA
		D	COMPLETE CONTRACTOR DENIAL HCSR SUBMISSION
		E	COMPLETE CANCELLATION OF NON-HCSR DATA
	DO NOT CHECK PROVIDER FILE.		
[1] **PROVIDER FILE**			

ELEMENT NAME: ADMISSION DATE (1-235)			
	VALIDITY EDITS		
1-235-01	MUST BE A VALID GREGORIAN DATE.		
	RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
1-085-06R	PATIENT DATE OF BIRTH		
1-235-02R	DATE HCSR PROCESSED TO COMPLETION	≤	
1-235-03R	END DATE OF CARE	≤	
	BEGIN DATE OF CARE	SEE BELOW	FREQUENCY CODE
	DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
[1]	FILING DATE	≤	
[1] **SEE 1-235-03R (ADMISSION DATE ≤ END DATE OF CARE) AND/OR 1-280-03R (BEGIN DATE OF CARE ≤ FILING DATE) AND/OR 1-280-02R (BEGIN DATE OF CARE ≤ END DATE OF CARE).**			

ELEMENT NAME: ADMISSION DATE (1-235) (CONTINUED)		
EDITED ELEMENT RELATIONSHIP		
1-235-04R	ADMISSION DATE MUST BE < BEGIN DATE OF CARE **WHEN** FREQUENCY CODE IS INTERIM-INTERIM (3) **OR** INTERIM-FINAL (4).	
	ADMISSION DATE MUST = BEGIN DATE OF CARE **WHEN** FREQUENCY CODE IS ADMIT THRU DISCHARGE (1) **OR** INTERIM-INITIAL (2).	
1-235-05R	ADMISSION DATE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED **WHEN**:	
	TYPE OF SUBMISSION =	A ADJUSTMENT
		C COMPLETE CANCELLATION
		B ADJUSTMENT OF NON-HCSR DATA
		E CANCELLATION OF NON-HCSR DATA
		F ADJUSTMENT HCSR NEW SUFFIX
		G ADDITIONAL DRG INTERIM BILLING

[1] **SEE 1-235-03R (ADMISSION DATE ≤ END DATE OF CARE) AND/OR 1-280-03R (BEGIN DATE OF CARE ≤ FILING DATE) AND/OR 1-280-02R (BEGIN DATE OF CARE ≤ END DATE OF CARE).**

ELEMENT NAME: BILL CLASSIFICATION CODE (1-250)			
VALIDITY EDITS			
1-250-01	VALUE MUST BE '1' **OR** '2'		
RELATIONAL EDITS			
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	SPECIAL PROCESSING CODE	SEE BELOW	
EDITED ELEMENT RELATIONSHIP			
1-250-02R	IF BILL CLASSIFICATION CODE = '2' (HOSPITAL BASED HOSPICE) THEN SPECIAL PROCESSING CODE MUST EQUAL '#' (HOSPICE)		

ELEMENT NAME: FREQUENCY CODE (1-255)				
VALIDITY EDITS				
1-255-01	MUST BE WITHIN RANGE 1 - 4, 7, 8.			
RELATIONAL EDITS				
	RELATED TO ELEMENT		**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	DISCHARGE STATUS		SEE BELOW	
	SPECIAL RATE CODE		SEE BELOW	SPECIAL PROCESSING CODE
	DRG NUMBER		SEE BELOW	
	FREQUENCY CODE		SEE BELOW	
	SPECIAL PROCESSING CODE		SEE BELOW	
EDITED ELEMENT RELATIONSHIP				
1-255-02R	IF DISCHARGE STATUS = '30' (STILL A PATIENT)			
	FREQUENCY CODE MUST BE =	2	INITIAL	
		3	INTERIM	
	IF DISCHARGE STATUS = '01' (DISCHARGED) **OR** '20' (EXPIRED)			
	FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE	
		4	FINAL	
	IF DISCHARGE STATUS = '02' (TRANSFERRED)			
	FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE	
		4	FINAL	
1-255-03R	IF SPECIAL RATE CODE = 'H', 'J', 'N', **OR** 'Q'			
	FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE	
1-255-05R	IF SPECIAL PROCESSING CODE = 'D' (DRG QUALIFYING FOR INTERIM PAYMENT)			
	FREQUENCY CODE MUST BE =	2	INITIAL.	
		3	INTERIM	
		4	FINAL	
1-255-06R	IF SPECIAL RATE CODE = 'G', 'I', 'J', 'M', 'O' **OR** 'Q'			
	AND SPECIAL PROCESSING CODE ≠	D	DRG QUALIFYING FOR INTERIM PAYMENT	
	FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE	
1-255-07R	IF SPECIAL PROCESSING CODE =	#	HOSPICE	

ELEMENT NAME: FREQUENCY CODE (1-255) (CONTINUED)			
	FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE
		2	INITIAL
		3	INTERIM
		4	FINAL
		7	REPLACEMENT OF PRIOR CLAIM
		8	VOID/CANCEL OF A PRIOR CLAIM

ELEMENT NAME: TYPE OF ADMISSION (1-260)			
	VALIDITY EDITS		
1-260-01	VALUE MUST BE IN RANGE 1 - 4.		
	RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	SOURCE OF ADMISSION	SEE BELOW	
	NAS EXCEPTION REASON	SEE BELOW	
	PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	
	EDITED ELEMENT RELATIONSHIP		
1-260-02R	IF SOURCE OF ADMISSION = 'A' THRU 'D' (NEWBORN)		
	TYPE OF ADMISSION MUST BE =	4	NEWBORN
1-260-03R	IF NAS EXCEPTION REASON =	2	EMERGENCY
	TYPE OF ADMISSION MUST BE =	1	EMERGENCY
		4	NEWBORN
1-260-04R	IF TYPE OF ADMISSION =	4	NEWBORN
	PRINCIPAL DIAGNOSIS MUST =	4	NEWBORN
	USE ICD-9-CM TAPE FOR TABLE OF NEWBORN DIAGNOSIS CODES.		

ELEMENT NAME: SOURCE OF ADMISSION (1-265)				
	VALIDITY EDITS			
1-265-01	VALUE MUST BE IN RANGES 1 - 9; A - D.			
	RELATIONAL EDITS			
	RELATED TO ELEMENT		**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	TYPE OF ADMISSION		SEE BELOW	
	NAS EXCEPTION REASON		SEE BELOW	
	PRINCIPAL TREATMENT		SEE BELOW	
	EDITED ELEMENT RELATIONSHIP			
1-265-02R	IF TYPE OF ADMISSION =	4	NEWBORN	
	SOURCE OF ADMISSION MUST BE =	A	NORMAL DELIVERY	
		B	PREMATURE DELIVERY	
		C	SICK BABY	
		D	EXTRAMURAL BIRTH	
1-235-03R	IF NAS EXCEPTION REASON =	2	EMERGENCY	
	TYPE OF ADMISSION MUST BE =	1	EMERGENCY	
		4	NEWBORN	
1-265-04R	IF SOURCE OF ADMISSION =	A	NORMAL DELIVERY	
		B	PREMATURE DELIVERY	
		C	SICK BABY	
		D	EXTRAMURAL BIRTH	
	PRINCIPAL DIAGNOSIS MUST BE =		NEWBORN	
	USE ICD-9-CM TAPE FOR TABLE OF DIAGNOSIS / AGE RELATIONSHIPS			

ELEMENT NAME: DISCHARGE STATUE (1-275)			
	VALIDITY EDITS		
1-275-01	VALUE MUST BE IN RANGE 01, 02, 03, 04, 05, 06, 07, 08, 20, 30, 40, 41, AND 42.		
	RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	FREQUENCY CODE	SEE BELOW	
	SPECIAL RATE CODE	SEE BELOW	SPECIAL PROCESSING CODE

ELEMENT NAME: DISCHARGE STATUE (1-275) (CONTINUED)			
EDITED ELEMENT RELATIONSHIP			
1-275-02R	IF FREQUENCY CODE =	2	INITIAL
		3	INTERIM
	DISCHARGE STATUS MUST BE =	30	STILL A PATIENT
	IF FREQUENCY CODE =	1	ADMIT THRU DISCHARGE
	DISCHARGE STATUS MUST BE =	01	DISCHARGED
		02	TRANSFERRED
		03	DISCHARGED / TRANSFERRED TO SKILLED NURSING FACILITY (SNF)
		04	DISCHARGED / TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF)
		05	DISCHARGED / TRANSFERRED TO ANOTHER TYPE OF INSTITUTION FOR INPATIENT CARE, OR REFERRED FOR OUTPATIENT CARE TO ANOTHER INSTITUTION
		06	DISCHARGED / TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION
		07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE
		08	DISCHARGED / TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER
		20	EXPIRED
		40	DIED AT HOME
		41	DIED IN MEDICAL FACILITY, SUCH AS HOSPITAL, SNF OR FREE-STANDING HOSPICE
		42	PLACE OF DEATH UNKNOWN
1-275-03R	IF SPECIAL RATE CODE = 'H', 'J', 'N' **OR** 'Q' (TRICARE / CHAMPUS DRG)		
	THEN DISCHARGE STATUS MUST ≠	30	STILL A PATIENT
	UNLESS SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
1-275-04R	IF SPECIAL RATE CODE = 'G', 'I', 'M' **OR** 'O' (TRICARE / CHAMPUS DRG, WITH LONG STAY **OR** COST OUTLIER)		
	DISCHARGE STATUS MUST ≠	30	STILL A PATIENT
	UNLESS SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT

ELEMENT NAME: BEGIN DATE OF CARE (1-280)			
VALIDITY EDITS			
1-280-01	MUST BE A VALID GREGORIAN DATE.		
RELATIONAL EDITS			
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
1-280-02R	END DATE OF CARE	≤	
1-280-03R	FILING DATE	SEE BELOW	SPECIAL PROCESSING CODE, FREQUENCY CODE
1-280-04R	DATE HCSR PROCESSED TO COMPLETION	≤	
1-280-05R	DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
1-280-06R	PROVIDER TAXPAYER NUMBER[1]	SEE BELOW	PROVIDER ZIP CODE[1], TYPE OF INSTITUTION[1], PROVIDER ACCEPTANCE & TERMINATION DATES[1], PROVIDER RECORD EFFECTIVE DATE[1], AMOUNT ALLOWED
1-280-07R	PATIENT DATE OF BIRTH	≥	
1-280-08R	ADMISSION DATE	≥	
1-295-02R	TOTAL BED DAYS		END DATE OF CARE
EDITED ELEMENT RELATIONSHIP			
1-280-03R	BEGIN DATE OF CARE MUST BE ≤ FILING DATE.		
	UNLESS SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
	FREQUENCY CODE =	3	INTERIM
		4	FINAL
1-280-05R	BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED **WHEN**:		
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
		B	ADJUSTMENT TO NON-HCSR DATA
		E	CANCELLATION OF NON-HCSR DATA
		F	ADJUSTMENT HCSR NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
1-280-06R	PROVIDER MUST BE 'AUTHORIZED' ON PROVIDER FILE FOR THIS BEGIN DATE OF CARE, **UNLESS** AMOUNT ALLOWED ≤ ZERO. 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.		
[1] PROVIDER FILE			

ELEMENT NAME: END DATE OF CARE (1-285)			
VALIDITY EDITS			
1-285-01	MUST BE A VALID GREGORIAN DATE.		
RELATIONAL EDITS			
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
1-235-03R	ADMISSION DATE		
1-280-02R	BEGIN DATE OF CARE		
[1]	FILING DATE		
1-285-04R	DATE HCSR PROCESSED TO COMPLETION	≤	
1-285-05R	DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
1-285-06R	PROVIDER TAXPAYER NUMBER[1]	SEE BELOW	PROVIDER ZIP CODE[2],TYPE OF INSTITUTION[2], PROVIDER ACCEPTANCE & TERMINATION DATES[2], PROVIDER RECORD EFFECTIVE DATE[2], AMOUNT ALLOWED
EDITED ELEMENT RELATIONSHIP			
1-285-05R	END DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED **WHEN**:		
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
		B	ADJUSTMENT TO NON-HCSR DATA
		E	CANCELLATION OF NON-HCSR DATA
		F	ADJUSTMENT HCSR NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
1-285-06R	PROVIDER MUST BE 'AUTHORIZED' ON PROVIDER FILE FOR THIS END DATE OF CARE, **UNLESS** AMOUNT ALLOWED ≤ ZERO. 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.		

[1] SEE 1-280-02R (BEGIN DATE OF CARE ≤ END DATE OF CARE) AND 1-280-03R (BEGIN DATE OF CARE ≤ FILING DATE).
[2] PROVIDER FILE

ELEMENT NAME: NUMBER OF BIRTHS (1-290)			
VALIDITY EDITS			
1-290-01	VALUE MUST BE NUMERIC.		
RELATIONAL EDITS			
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	PRINCIPAL TREATMENT	SEE BELOW	TYPE OF SUBMISSION, FILING DATE, SECONDARY TREATMENT DIAGNOSIS
	PRINCIPAL AND SECONDARY OPERATION / NON-SURGICAL PROCEDURE CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
EDITED ELEMENT RELATIONSHIP			
1-290-02R	IF PRINCIPAL TREATMENT DIAGNOSIS IS FOR PREGNANCY-DELIVERY (640 - 669.9, INCLUSIVE, WITH FIFTH POSITION = 1 **OR** 2, **OR** 650) NUMBER OF BIRTHS MUST BE > ZERO		
	WHEN TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
1-290-03R	IN ADDITION, IF DIAGNOSIS IS FOR MULTIPLE GESTATION (651 - 651.9, INCLUSIVE, WITH FIFTH POSITION = 1 **OR** 2), NUMBER OF BIRTHS MUST BE CONSISTENT WITH PRINCIPAL TREATMENT DIAGNOSIS.		
	FOR EXAMPLE, IF PRINCIPAL TREATMENT DIAGNOSIS IS 651.01 (TWIN PREGNANCY), NUMBER OF BIRTHS MUST BE = 2		
	WHEN TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0
		0	AMOUNT ALLOWED > 0
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT

ELEMENT NAME: NUMBER OF BIRTHS (1-290) (CONTINUED)			
		C	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
1-290-04R	IF PRINCIPAL TREATMENT DIAGNOSIS IS FOR PREGNANCY-DELIVERY (640 - 669.9, INCLUSIVE, WITH FIFTH POSITION = 1 **OR** 2, **OR** 650), AT LEAST ONE SECONDARY TREATMENT DIAGNOSIS MUST BE FOR OUTCOME OF DELIVERY (V27.X), AND NUMBER OF BIRTHS MUST ALSO BE CONSISTENT WITH V-CODE. FOR EXAMPLE, IF SECONDARY TREATMENT DIAGNOSIS IS V27.3 (TWINS, ONE LIVEBORN AND ONE STILLBORN), NUMBER OF BIRTHS MUST BE = 2		
	WHEN TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING WITH AMOUNT > 0
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		B	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
1-290-05R	IF PRINCIPAL / SECONDARY OPERATION / NON-SURGICAL PROCEDURE CODE IS FOR OBSTETRICS-DELIVERY (72.0 - 74.99, INCLUSIVE), NUMBER OF BIRTHS MUST BE > ZERO		
	WHEN TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0
	OR	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		

ELEMENT NAME: TOTAL BED DAYS (1-295)			
VALIDITY EDITS			
1-295-01	VALUE MUST BE NUMERIC.		
RELATIONAL EDITS			
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	BEGIN DATE OF CARE AND END DATE OF CARE	SEE BELOW	FREQUENCY CODE, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE
	UNITS OF SERVICE BY REVENUE CODE	SEE BELOW	REVENUE CODE, TYPE OF SUBMISSION, FILING DATE
	GOVERNMENT AUTHORIZED BED DAYS	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
	TYPE OF SUBMISSION	SEE BELOW	FILING DATE, OVERRIDE CODE
EDITED ELEMENT RELATIONSHIP			
1-295-02R	IF FREQUENCY CODE = '1' (ADMIT THRU DISCHARGE HCSR) **OR** '4' (FINAL HCSR) AND BEGIN DATE OF CARE ≠ END DATE OF CARE, TOTAL BED DAYS = (END DATE OF CARE - BEGIN DATE OF CARE), **UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'Y' **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE '#' (HOSPICE **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '8' (CONTRACTED PROVIDER ARRANGEMENT)).		
	IF FREQUENCY CODE = '2' (INITIAL HCSR) **OR** '3' (INTERIM HCSR) **OR** BEGIN DATE OF CARE = END DATE OF CARE, TOTAL BED DAYS = (END DATE OF CARE - BEGIN DATE OF CARE) + 1, **UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'Y' **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE '#' (HOSPICE **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '8' (CONTRACTED PROVIDER ARRANGEMENT)).		
1-295-03R	TOTAL BED DAYS MUST BE ≤ SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES WHICH INDICATE THAT A ROOM WAS USED (10X - 18X, 20X - 21X, **OR** 724).		
1-295-04R	TOTAL BED DAYS MUST BE ≥ GOVERNMENT AUTHORIZED BED DAYS		
1-295-05R	TOTAL BED DAYS MUST BE > ZERO **WHEN**		
	TYPE OF SUBMISSION[1] =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		D	COMPLETE DENIAL
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		

[1] THIS TYPE OF SUBMISSION RELATIONSHIP APPLIES TO ALL EDITS ON THIS PAGE.

ELEMENT NAME: TOTAL BED DAYS (1-295) (CONTINUED)
NO OCCURRENCE OF OVERRIDE CODE = 'Y'
NO OCCURRENCE OF SPECIAL PROCESSING CODE = '#'
[1] THIS TYPE OF SUBMISSION RELATIONSHIP APPLIES TO ALL EDITS ON THIS PAGE.