

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: REASON FOR ADJUSTMENT (2-200)**

**VALIDITY EDITS**

**2-200-01** VALUE MUST BE 'A' - 'F' OR BLANK.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

<b>2-200-02R</b> IF TYPE OF SUBMISSION	'A', 'B', OR 'F'
REASON FOR ADJUSTMENT MUST =	'A' - 'F'
IF TYPE OF SUBMISSION	'D', 'I', 'R', OR 'O'
REASON FOR ADJUSTMENT MUST =	SPACE.
IF TYPE OF SUBMISSION	'C' OR 'E'
REASON FOR ADJUSTMENT MUST =	'D' - 'F'.

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202)**

**VALIDITY EDITS**

<b>2-202-01,</b>	OCCURRENCE NUMBER 1
<b>2-202-02,</b>	OCCURRENCE NUMBER 2
<b>2-202-03</b>	OCCURRENCE NUMBER 3 VALUE MUST BE IN RANGE 0 - 9, BLANK, A, B, C, E THROUGH O, Q THROUGH Z, !, @, #, \$, &, %, ?, PO, *, AD, AN, AR, BD, CE, EU, GU, KO, MS, MN. SC, SE, SM, SP, ST, OR WR
<b>2-202-04</b>	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>2-140-14R,</b>	NAS EXCEPTION REASON	SEE BELOW
		PATIENT ZIP CODE

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

<b>2-145-14R,</b>	PATIENT COPAYMENT/ COINSURANCE	TYPE OF SERVICE, PROVIDER PARTICIPATION INDICATOR
<b>AND</b>		
<b>2-145-15R</b>	CONTRACTOR NUMBER	SEE BELOW
<b>2-235-06R</b>	PROVIDER MAJOR SPECIALTY	SEE BELOW
<b>2-100-05R</b>	PATIENT ZIP CODE	
	PROCEDURE CODE	SEE BELOW
	SPONSOR STATUS	SEE BELOW
	SPONSOR BRANCH OF SERVICE	SEE BELOW
	PROGRAM INDICATOR	SEE BELOW
	SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW
	FILING DATE	SEE BELOW
	PROVIDER STATE <b>OR</b> COUNTRY CODE	SEE BELOW
	BEGIN DATE OF CARE	SEE BELOW
	CONTRACTOR NUMBER	SEE BELOW
	DENIAL REASON CODE	SEE BELOW
	PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW

**EDITED ELEMENT RELATIONSHIP**

<b>2-202-05R</b>	IF NAS EXCEPTION REASON = '9' (DEMONSTRATION PROJECTS)	
	AT LEAST ONE SPECIAL PROCESSING CODE MUST BE =	3 ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY
		4 BONE MARROW DONOR - WILFORD HALL REFERRED ONLY
		9 FORT DRUM COOPERATIVE MEDICAL CARE
		6 HOME HEALTH CARE
		E HHC/CM
		U MEDICARE PHARMACY (SECTION 702) CLAIM
		& BONE MARROW TRANSPLANTS - TMA APPROVED
	IF NAS EXCEPTION REASON = '8' (HEART/LIVER TRANSPLANT) AND BEGINNING DATE OF CARE < MARCH 1, 1997	
	AT LEAST ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST BE =	5 LIVER TRANSPLANT
		7 HEART TRANSPLANT
	IF NAS EXCEPTION REASON = '8' (HEART TRANSPLANT) AND BEGINNING DATE OF CARE ≥ MARCH 1, 1997	

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE =	7 HEART TRANSPLANT
IF NAS EXCEPTION REASON = '6' (PARTNERSHIPS)	
AT LEAST ONE SPECIAL PROCESSING CODE MUST BE =	A PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	B PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	C PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
	O CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES
	S RESOURCE SHARING
IF NAS EXCEPTION REASON = 'L' (HOSPICE)	
AT LEAST ONE SPECIAL PROCESSING CODE MUST BE =	O HOSPICE NON-AFFILIATED PROVIDER
	# HOSPICE
IF NAS EXCEPTION REASON = 'Q' (ACTIVE DUTY CLAIMS)	
AT LEAST ONE SPECIAL PROCESSING CODE MUST BE 'AD' (ACTIVE DUTY CLAIMS).	
<b>2-202-06R</b>	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE IS 47133 AND BEGIN DATE OF CARE < 03/01/97 OR > 2/19/98 THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 5 (LIVER TRANSPLANT).
	<b>ELSE</b> IF BEGIN DATE OF CARE ≥ 03/01/97 AND < 2/20/98 THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = ST (SPECIALIZED TREATMENT)
	<b>OR</b> IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE IS 47135, OR 47136 AND BEGIN DATE OF CARE < 03/01/97 OR (> 2/19/98 AND < 3/1/99) THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 5 (LIVER TRANSPLANT)
	<b>ELSE</b> IF BEGIN DATE OF CARE (≥ 03/01/97 AND < 2/20/98) OR ≥ 03/01/99 THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = ST (SPECIALIZED TREATMENT)
	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE IS 33945, AT LEAST ONE SPECIAL PROCESSING CODE MUST = 7 (HEART TRANSPLANT).
	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE IS 90199, AT LEAST ONE SPECIAL PROCESSING CODE MUST = 6 (HOME HEALTH CARE).
<b>2-202-09R</b>	IF PROGRAM INDICATOR = 'H' (PFPWD)

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE =	A PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	B PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	C PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
	6 HOME HEALTH CARE
	E HHC/CM
	F ARMY CAM DEMONSTRATION
	G
	I AIR FORCE CAM DEMONSTRATION
	J
	N CHAMPUS SELECT
	S RESOURCE SHARING
IF PROGRAM INDICATOR =	D DRUG
NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE =	A PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	B PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	C PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS WHO ASSISTED OR PROVIDED ANCILLARY SUPPORT
IF PROGRAM INDICATOR =	T DENTAL
NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE =	A PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	B PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	C PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
	E HHC/CM
	F ARMY CAM DEMONSTRATION
	G
<b>2-202-10R</b>	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.
<b>2-202-11R</b>	IF SPECIAL PROCESSING CODE = F REYNOLDS ARMY COMMUNITY HOSPITAL, FT. SILL THE FILING DATE MUST BE ≥ JUNE 1, 1989, THE END DATE OF CARE ≤ MAY 31, 1992.
	IF SPECIAL PROCESSING CODE = G EVANS ARMY COMMUNITY HOSPITAL, FT. CARSON THE FILING DATE MUST BE ≥ OCT 1, 1989, AND THE BEGINNING DATE OF CARE ≤ SEPTEMBER 30, 1992

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

	IF SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA
	THE FILING DATE MUST BE $\geq$ MARCH 1, 1990 AND END DATE OF CARE $\leq$ APRIL 30, 1993.		
	IF SPECIAL PROCESSING CODE =	J	LUKE/WILLIAMS AFB CATCHMENT AREA
	THE FILING DATE MUST BE $\geq$ MARCH 1, 1990.		
<b>2-202-12R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
	THE PROVIDER STATE OR COUNTRY CODE =	12	FLORIDA
		13	GEORGIA
<b>2-202-13R</b>	IF EARLIEST BEGIN DATE OF CARE $<$ 6/30/88		
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY =	E	HHC/CM
<b>2-202-15R</b>	IF ANY DENIAL REASON CODE =	G	DEMONSTRATION AUTHORIZATION NOT ON FILE
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
		G	
		E	HHC/CM
<b>2-202-16R</b>	IF FIRST POSITION OF TYPE OF SERVICE =	C	AIR FORCE CAM PRIMARY/PREVENTIVE CARE
	SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA
		J	LUKE/WILLIAMS AFB CATCHMENT AREA
<b>2-202-17R</b>	IF SPECIAL PROCESSING CODE =	X	PROVIDERS NOT CONTRACTED WITH OR EMPLOYED BY THE PARTIAL HOSPITALIZATION PROGRAM WHO BILL FOR PSYCHOTHERAPY SERVICES IN A PARTIAL HOSPITALIZATION PROGRAM
	AT LEAST ONE PROCEDURE CODE MUST =		90812, 90813, 90814, 90815, 90816, 90817, 90843, 90844, 90846, 90847, 90849, OR 90855
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	AMOUNT PAID BY OTHER HEALTH INSURANCE MUST NOT = ZERO.		
<b>2-202-18R</b>	IF SPECIAL PROCESSING CODE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (NORMAL COB PROCESSING)
	SPONSOR STATUS =	A	ACTIVE DUTY
		Q	PRISON/APPELLATE
		D	100% DISABLED
		F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		K	DECEASED

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

	O	TEMPORARILY DISABLED
	R	RETIRED
	W	TITLE III RETIREE
<b>2-202-19R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U BRAC MEDICARE PHARMACY
	CONTRACTOR NUMBER MUST =	03 MANAGED CARE SUPPORT - REGION 3/4
		06 MANAGED CARE SUPPORT - REGION 6
		07 MANAGED CARE SUPPORT - CENTRAL REGION
		11 MANAGED CARE SUPPORT - REGION 11
		13 UNISYS
		25 MANAGED CARE SUPPORT - REGION 2/5
		26 MANAGED CARE SUPPORT - REGION 1
		60 MANAGED CARE SUPPORT - REGION 9, 10, 12
	<b>AND</b>	
	PROGRAM INDICATOR MUST =	D DRUG
<b>2-202-20R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	? AMBULATORY SURGERY FACILITY CHARGE
	SPECIAL RATE CODE MUST =	R AMBULATORY SURGERY FACILITY PAYMENT RATE
		S DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE
	<b>OR</b>	
	PRICE CODE MUST BE =	C AMBULATORY SURGERY - FACILITY PAYMENT RATE
		D DISCOUNTED AMBULATORY SURGERY - FACILITY PAYMENT RATE
		E AMBULATORY SURGERY - PAID AS BILLED
		P TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
		Q TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
		R TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	<b>AND AMOUNT ALLOWED &gt; 0</b>	
<b>2-202-21R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PO TRICARE PRIME - POINT OF SERVICE
	ENROLLMENT STATUS MUST =	E MCS - TRICARE - PRIME
		K MCS - CA/HI ENROLLED
		O NEW ORLEANS PRIME

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

	U	MANAGED CARE SUPPORT - PRIME WITH CONTRACTOR NETOWRK PCM
	Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)
IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY CLAIMS
	GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR
<b>THEN</b>		
ENROLLMENT STATUS MUST =	W	ACTIVE DUTY - USA
	X	ACTIVE DUTY - EUROPE
<b>2-202-22R</b>		
IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY
PATIENT RELATIONSHIP TO SPONSOR MUST =	b	SPONSOR
AND SPONSOR STATUS MUST =	A	ACTIVE DUTY
	B	RECALLED TO ACTIVE DUTY
	J	ACADEMY STUDENT/NAVY OCS
	N	NATIONAL GUARD
	Q	PRISONER/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY (NATO)
<b>2-202-23R</b>		
(REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY FOR REGION 3)		
IF REGION CODE = '03' (REGION 3)		
AND BEGIN DATE OF CARE ≥ MARCH 1, 1997		
AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER STSF CATCHMENT AREA		
AND PROCEDURE CODE = 33400-33690, 92975-92996		
<b>THEN</b> ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'.		
<b>2-202-24R</b>		
(NATIONAL STS)		
IF NAS EXCEPTION REASON =	K	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)
<b>OR</b>		
IF PATIENT ZIP CODE IS NOT IN THE 48 CONTIGUOUS UNITED STATES AND THE DISTRICT OF COLUMBIA		
<b>THEN</b> BYPASS EDIT		

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

**ELSE**

IF PROCEDURE CODE = 38240, 38230, [BONE MARROW TRANSPLANT]  
AND BEGIN DATE OF CARE < OCTOBER 1, 1997  
THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = '3' (BONE MARROW  
RECIPIENT (WILFORD HALL REFERRED ONLY) OR '&' (BONE MARROW  
TRANSPLANTS - TMA APPROVED ONLY))

**ELSE**

IF BEGIN DATE OF CARE ≥ 10/01/97  
THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 'ST' (SPECIALIZED  
TREATMENT)

IF PROCEDURE CODE = 50300, 50320, 50340, 50360, 50365, 50370, 50380 [KIDNEY  
TRANSPLANT]  
AND BEGIN DATE OF CARE < JUNE 1, 1999  
THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 'ST' (SPECIALIZED  
TREATMENT)

**2-202-25R** (MULTI-REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 1 & 2)

IF REGION CODE = '01' (REGION 1)

OR REGION CODE '02' (REGION 2)

AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997

AND PATIENT ZIP CODE IS IN THE WALTER REED ARMY MEDICAL CENTER (WRAMC)  
OR THE NATIONAL NAVAL MEDICAL CENTER (NNMC) STSF CATCHMENT AREA

AND PROCEDURE CODE = 33010-36399, 36601-37799

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

**2-202-26R** IF ANY OCCURRENCE OF  
SPECIAL PROCESSING CODE = WR MENTAL HEALTH WRAPAROUND  
DEMONSTRATION

CONTRACTOR NUMBER MUST = 07 (CENTRAL REGION)

**2-202-27R** IF ANY OCCURANCE OF  
SPECIAL PROCESSING CODE = MS TRICARE-SENIOR PRIME  
MN TRICARE-SENIOR PRIME (NON-NETWORK)

**THEN**

ENROLLMENT STATUS  
MUST = BB TRICARE-SENIOR PRIME

**2-202-28R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY & ORTHOPEDIC SURGERY FOR  
REGION 1)

IF REGION CODE = '01' (REGION 1)

AND BEGIN DATE OF CARE ≥ JUNE 1, 1999

AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)

OR WALTER REED ARMY MEDICAL CENTER (WRAMC)

OR MALCOLM GROW MEDICAL CENTER (MGMC) STSF CATCHMENT AREA

AND PROCEDURE CODE = (PROCEDURE CODES RELATED TO DRG 191) 37140 - 37160,  
47120 - 47130, 47700 - 47701, 48120 - 48150, 48180

OR (PROCEDURE CODES RELATED TO DRG 209) 20838, 27030 - 27033, 27090 - 27091,  
27122 - 27140, 27437 - 27440, 27442, 27445 - 27447, 27450, 27486 - 27488



**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

**OR** (PROCEDURE CODES RELATED TO DRG 286) 60540 - 60545

**OR** (PROCEDURE CODES RELATED TO DRG 491) 20802 - 20827, 23331 - 23332, 23470 - 23472, 24360 - 24366, 25441 - 25446, 25449

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**2-202-29R** (REGIONAL STS FACILITIES FOR NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 1)

IF REGION CODE = '01' (REGION 1)

**AND BEGIN DATE OF CARE ≥ JUNE 1, 1999**

**AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)**

**OR WALTER REED ARMY MEDICAL CENTER (WRAMC) STSF CATCHMENT AREA**

**AND PROCEDURE CODE = (PROCEDURE CODES RELATED TO DRG 001 AND 003) 61105, 61120 - 61156, 61215 - 61575, 61580 - 62258**

**OR** (PROCEDURE CODES RELATED TO DRG 004) 20930 - 20938, 22305 - 22328, 22548 - 22585, 22590 - 22830, 22840 - 22855, 63001 - 63746

**OR** (PROCEDURE CODES RELATED TO DRG 049) 15732 - 15734, 15756 - 15760, 15840 - 15845, 21015 - 21030, 21034, 21041 - 21045, 21076 - 21100, 21120 - 21123, 21179 - 21184, 21210, 21230 - 21235, 21270, 21338 - 21470, 21501, 21556, 21557, 30115 - 30118, 30125, 30150 - 30160, 30540 - 30545, 30580 - 30600, 31030 - 31040, 31075 - 31090, 31225 - 31230, 31290 - 31420, 31580 - 31595, 31611, 31750, 31780 - 31785, 38542 - 38555, 38700 - 38724, 40525 - 40530, 40652 - 40654, 40761, 40801, 40805, 40814 - 40816, 40845, 41114, 41120 - 41155, 42120, 42410 - 42450, 42507 - 42510, 42815, 42842 - 42845, 42890 - 42894, 43030, 69950 - 69979

**OR** (PROCEDURE CODES RELATED TO DRG 286 [PITUITARY]) 61546 - 61548

**OR** (PROCEDURE CODES RELATED TO DRG 357) 57291, 57292, 57531, 58210, 58240, 58943, 58950, 58951, 58952, 58960

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**2-202-30R** (REGIONAL STS FACILITIES FOR NEUROSURGERY, ORTHOPEDIC SURGERY, GENERAL SURGERY, PERIPHERAL VASCULAR SURGERY, AND HEAD AND NECK SURGERY FOR REGION 3)

IF REGION CODE = '03' (REGION 3)

**AND BEGIN DATE OF CARE ≥ JUNE 1, 1999**

**AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER (EAMC) STSF CATCHMENT AREA**

**AND PROCEDURE CODE = (PROCEDURE CODES RELATED TO DRG 001) 20220, 20660, 20661, 61140, 61304 - 61576, 61609 - 61612, 61613, 61618, 61619, 61680 - 61692, 61700 - 61711, 61850 - 61875, 62000 - 62117, 62120, 62121, 62140 - 62147, 62180, 62190, 62192, 62194, 62200, 62201, 62220, 62223, 62225, 62230, 62256, 62258, 64722, 64999**

**OR** (PROCEDURE CODES RELATED TO DRG 004) 19260, 19271, 21600, 21620, 21630, 22220 - 22226, 22325 - 22328, 22548 - 22855, 23120, 23125, 23190, 23200, 23210, 62280 - 62282, 63001 - 63091, 63185, 63190, 63194 - 63199, 63265 - 63273, 63275 - 63290, 63300 - 63308, 63650, 63655, 63660, 63685, 63688, 63700 - 63709, 63740, 63741, 63744, 63746, 64999

**OR** (PROCEDURE CODES RELATED TO DRG 049) 21040 - 21215, 21557, 31300, 31368, 31370 - 31382, 31390, 38720, 38724, 41135, 41140, 41145, 41155, 42120, 42160, 42426

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

**OR** (PROCEDURE CODES RELATED TO DRG 110 AND 111) 33020, 33025, 33030, 33031, 33300, 33305, 33420, 33470, 33471, 33860 - 33877, 33970, 33973, 33975, 33976, 33999, 34151, 34201, 34401, 34421, 34451, 35021, 35022, 35081 - 35142, 35311, 35321, 35331 - 35363, 35526, 35531, 35536 - 35551, 35560 - 35565, 35612, 35616, 35626, 35631 - 35641, 35646, 35651, 35663, 35665, 35820, 35840, 37140 - 37181, 37617, 37620, 37660, 37799

**OR** (PROCEDURE CODES RELATED TO DRG 191) 37140 - 37181, 47010, 47120, 47122, 47125, 47130, 47300, 47350, 47360 - 47362, 47399, 47400, 47420, 47425, 47460, 48020, 48120, 48140 - 48146, 48150 - 48154, 48155, 48180, 48500, 48510, 48540, 48545, 48999, 49425, 49426

**OR** (PROCEDURE CODES RELATED TO DRG 209) 27125, 27130, 27134, 27137, 27138, 27447, 27486, 27487, 27702

**OR** (PROCEDURE CODES RELATED TO DRG 286) 60540, 60699, 61546, 61548, 64999

**OR** (PROCEDURE CODES RELATED TO DRG 491) 23470, 23472, 24363, 25446

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**2-202-31R** (REGIONAL STS FACILITIES FOR TOTAL JOINT REPLACEMENT FOR REGION 3)

IF REGION CODE = '03' (REGION 3)

**AND** BEGIN DATE OF CARE ≥ JUNE 1, 1999

**AND** PATIENT ZIP CODE IS IN NAVAL HOSPITAL JACKSONVILLE (NAVHOSPJAX) STSF CATCHMENT AREA

**AND** PROCEDURE CODE = (PROCEDURE CODES RELATED TO DRG 209) 27125, 27130, 27132, 27134, 27137, 27138, 27310, 27380 - 27386, 27425, 27447, 27486, 27487, 27702

**OR** (PROCEDURE CODES RELATED TO DRG 491) 20802, 23470, 23472

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**2-202-32R** (REGIONAL STS FACILITIES FOR NEONATAL INTENSIVE CARE FOR REGION 4)

IF REGION CODE = '04' (REGION 4)

**AND** BEGIN DATE OF CARE ≥ MAY 1, 1998

**AND** PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA

**AND** PROCEDURE CODE = 99295 - 99297

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**2-202-33R** (REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 4)

IF REGION CODE = '04' (REGION 4)

**AND** BEGIN DATE OF CARE ≥ MAY 1, 1998

**AND** PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA

**AND** PROCEDURE CODE = 33010 - 36399, 36601 - 37799

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**2-202-34R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY, ORTHOPEDIC SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 4)

IF REGION CODE = '04' (REGION 4)

**AND** BEGIN DATE OF CARE ≥ MARCH 1, 1998

**AND** PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

**AND PROCEDURE CODE = (PROCEDURE CODES RELATED TO DRG 001 AND 003) 21181, 61000, 61001, 61105 - 61108, 61120, 61154, 61253, 61304, 61305, 61312 - 61315, 61320, 61330, 61332, 61333, 61340, 61345, 61440, 61458, 61460, 61490, 61500, 61501, 61510, 61512, 61514, 61516, 61518 - 61530, 61546, 61548, 61563, 61570, 61575, 61576, 61580 - 61585, 61590 - 61606, 61608, 61609, 61618, 61619, 61680 - 61692, 61700 - 61705, 61711, 62000, 62005, 62010, 62115, 62116, 62120, 62121, 62140, 62142, 62143, 62180, 62225, 62230, 62256, 62258, 64716, 64999**

**OR (PROCEDURE CODES RELATED TO DRG 004) 20930, 20931, 20936, 20937, 22325 - 22328, 22554, 22556, 22558, 22585, 22610, 22612, 22614, 22630, 22632, 22899, 62287, 63001 - 63042, 63075 - 63091, 63170 - 63173, 63185 - 63200, 63250 - 63290, 63300 - 63308, 63700 - 63709, 63740 - 63746**

**OR (PROCEDURE CODES RELATED TO DRG 049) 20955, 21040 - 21045, 21070, 21209, 21246, 21249, 31367 - 31382, 31560, 31561, 38308, 38542, 38555, 38724, 41135 - 41155, 42120, 42426, 60000, 60200, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271, 60280, 60281, 60500, 60502, 60505, 60512, 60520, 60521, 60522, 60540, 60545, 60600, 60605, 60699, 69930**

**OR (PROCEDURE CODES RELATED TO DRG 191) 47000, 47001, 47100 - 47130, 47399, 47400, 47460, 47480, 47500, 47510, 47511, 47550 - 47556, 47720, 47721, 47765, 47802, 48000 - 48020, 48100, 48120 - 48146, 48150 - 48154, 48510, 48999, 49425, 49426**

**OR (PROCEDURE CODES RELATED TO DRG 209) 27000, 27125, 27130 - 27134, 27138, 27447, 27486, 27487, 27702**

**OR (PROCEDURE CODES RELATED TO DRG 286) 37617, 49010, 49060, 49200, 49201, 60540, 60545, 60699, 61250, 61304, 61510, 61546, 61548, 64772**

**OR (PROCEDURE CODES RELATED TO DRG 357) 51920, 51925, 56300, 56302 - 56309, 56343, 56350, 56351, 56354, 56399, 57531, 58100, 58140 - 58280, 58340, 58345, 58615, 58700, 58720, 58740, 58750, 58770, 58800 - 58825, 58900 - 58960, 58999, 59121, 59135 - 59150, 59350, 59525**

**OR (PROCEDURE CODES RELATED TO DRG 491) 20802 - 20808, 23470, 23472, 23616, 24361 - 24363, 25441, 25446**

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**2-202-35R (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 6)**

**IF REGION CODE = '06' (REGION 6)**

**AND BEGIN DATE OF CARE ≥ JUNE 1, 1999**

**AND PATIENT ZIP CODE IS IN BROOKE ARMY MEDICAL CENTER (BAMC)**

**OR WILFORD HALL MEDICAL CENTER (WHMC) STSF CATCHMENT AREA**

**AND PROCEDURE CODE = (PROCEDURE CODES RELATED TO DRG 001 AND 003) 61304 - 61522, 61556, 61558, 61582, AND 61591**

**OR (PROCEDURE CODES RELATED TO DRG 004) 10180, 12021, 13160, 20680, 20930 - 20938, 20975, 22548 - 22558, 22600, 22612 - 22630, 22842, 22845, 22855, 61615, 62190 - 62192, 62270 - 62272, 63001 - 63005, 63015 - 63017, 63020 - 63045, 63047 - 63048, 63064, 63075 - 63076, 63081 - 63088, 63172 - 63173, 63185, 63200, 63265 - 63267, 63275 - 63277, 63280 - 63282, 63285 - 63287, 63600 - 63615, 63650, 63660, 63700 - 63707, 63740, AND 95925**

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

**OR** (PROCEDURE CODES RELATED TO DRG 049) 15570 - 15576, 15732 - 15734, 15756 - 15770, 15840 - 15845, 21015 - 21025, 21029, 21034, 21041 - 21050, 21070 - 21088, 21100 - 21110, 21338 - 21355, 21360 - 21390, 21400 - 21436, 21445, 21454 - 21462, 21470, 21501, 21550 - 21556, 21720, 31081, 31085, 31087, 31225 - 31230, 31290 - 31291, 31300, 31360 - 31420, 31580 - 31584, 31587, 31590, 38505 - 38520, 38542 - 38555, 38700 - 38724, 39000, 40525 - 40530, 40652 - 40761, 40801 - 40805, 40810, 40814 - 40816, 40845, 41000 - 41009, 41015 - 41018, 41105, 41110, 41113 - 41114, 41120 - 41155, 42120, 42160, 42410 - 42426, 42815, 42842, 42892 - 42894, 61580 - 61619, 69930, 92506 - 92510, 92520 - 92526, 92582 - 92589, AND 92597 - 92598

**OR** (PROCEDURE CODES RELATED TO DRGS 104 - 107, 109, 110 - 111) 33010 - 33999

**OR** (PROCEDURE CODES RELATED TO DRG 191) 47715, 47720, 47740, 47760 - 47780, 47800, 48120 - 48140, 48150, AND 48155

**OR** (PROCEDURE CODES RELATED TO DRG 209) 27030 - 27033, 27087 - 27091, 27125 - 27140, 27165, 27236, 27310, 27380 - 27386, 27425, 27438, 27446 - 27447, 27450, 27457, 27486 - 27488, 27570 - 27580, AND 64712

**OR** (PROCEDURE CODES RELATED TO DRG 286) 61546 - 61548

**OR** (PROCEDURE CODES RELATED TO DRG 357) 57531, 58200, 58210, 58240, 58943, 58950 - 58952, AND 58960

**OR** (PROCEDURE CODES RELATED TO DRG 491) 20802 - 20827, 23470, 23472, 24360, 24365, AND 24366

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**2-202-36R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 9)

IF REGION CODE = '09' (REGION 9)

**AND** BEGIN DATE OF CARE ≥ JUNE 1, 1999

**AND** PATIENT ZIP CODE IS IN NAVAL MEDICAL CENTER SAN DIEGO (NMCSD) STSF CATCHMENT AREA

**AND** PROCEDURE CODE = (PROCEDURE CODES RELATED TO DRG 001 AND 003) 20220, 20240, 20660 - 20664, 21181, 33500, 33501, 35002, 35005, 35011, 35013, 35021, 35022, 35045, 35081, 35082, 35091, 35092, 35102, 35103, 35111, 35112, 35121, 35122, 35131, 35132, 35141, 35142, 35151, 35152, 35161, 35162, 35180, 35182, 35184, 35188 - 35190, 35508, 35601, 35642, 36834, 37181, 37607, 37720, 37730, 37785, 37799, 42999, 60699, 61000, 61001, 61105 - 61108, 61120 - 61150, 61154, 61210, 61250, 61253, 61304 - 61312, 61314, 61321, 61330 - 61334, 61340, 61345, 61440, 61470 - 61548, 61552 - 61559, 61563, 61570, 61571, 61575, 61576, 61580 - 61585, 61590 - 61592, 61595 - 61598, 61600, 61601, 61605, 61606, 61608, 61613, 61615, 61616, 61618, 61619, 61624, 61680, 61682, 61684, 61690, 61692, 61703, 61705, 61708, 61710, 61720, 61735, 61760, 61770, 61795, 61850, 61855, 61860, 61865, 61870, 61875, 61880, 61885, 61888, 62000, 62005, 62010, 62100, 62115, 62116, 62117, 62120, 62121, 62140, 62142, 62143, 62145, 62146, 62147, 62180, 62190, 62192, 62194, 62200, 62201, 62220, 62223, 62225, 62230, 62256, 62258, 63707, 63710, 64716, 64727, 64999, 95961, 95962

**OR** (PROCEDURE CODES RELATED TO DRG 004) 20930 - 20938, 21600 - 21620, 21630, 21632, 21705, 22325 - 22328, 22548 - 22585, 22590 - 22632, 22800 - 22812, 22830, 22840, 22842, 22899, 23120 - 23130, 23180, 23182, 23190, 23200, 23210, 23929, 24999, 25999, 26989, 27299, 27899, 28899, 32900, 61343, 61575, 62268, 62269, 62287, 62292, 62294, 62351, 62355, 63001 - 63048, 63055 - 63057, 63066, 63075 - 63091, 63170 - 63200, 63250 - 63290, 63300 - 63308, 63600 - 63615, 63650 - 63688, 63700 - 63709, 63740 - 63746, 64772, 64999, 95971

**OR** (PROCEDURE CODES RELATED TO DRG 049) 21026, 31225, 31360, 31365, 31367 - 31382, 31390, 31395, 31560, 31561, 38308, 38542, 38555, 38724, 41135 - 41155, 42120, 42426, 51575, 51585, 51595, 54130, 54135, 56640, 57531, 58210, 60254, 69155

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

**OR** (PROCEDURE CODES RELATED TO DRG 104 OR 105) 33240, 33246, 33247, 33249, 33400 - 33413, 33415, 33425 - 33430, 33460 - 33468, 33472 - 33478, 33600, 33602, 33660, 33665, 33732, 33920, 36013, 76499, 93501, 93510, 93511, 93514, 93526 - 93533, 93539, 93540, 93542, 93543, 93602, 93603, 93607, 93610 - 93642, 93660, 93737, 93738

**OR** (PROCEDURE CODES RELATED TO DRG 106, 107 OR 109) 33510 - 33523, 33533 - 33536, 33999, 36013, 76499, 92975, 92982, 92984, 92995, 92996, 93501, 93510, 93511, 93514, 93526 - 93533, 93539, 93540, 93542, 93543

**OR** (PROCEDURE CODES RELATED TO DRG 110 OR 111) 20101, 32659 - 32661, 33020 - 33031, 33223, 33241 - 33245, 33247, 33249, 33253, 33300, 33305, 33415, 33416, 33420, 33470, 33471, 33606, 33684, 33688, 33690, 33750 - 33767, 33802, 33803, 33820 - 33851, 33860 - 33863, 33877, 33910, 33915, 33916, 33960, 33961, 33970, 33973, 33975, 33976, 33999, 34051 - 34201, 34401 - 34490, 34510, 34520, 35001 - 35162, 35211, 35241, 35271, 35311, 35331 - 35363, 35506, 35507, 35509, 35511, 35515, 35526, 35536 - 35551, 35560, 35563, 35565, 35582, 35601, 35612, 35626, 35631, 35636, 35641, 35645, 35646, 35651, 35663, 35665, 35905, 35907, 36245, 36821, 36834, 37140 - 37181, 37616, 37617, 37788, 37790, 37799, 39000, 39010, 61613, 92970, 92971, 93536, 93543 - 93545

**OR** (PROCEDURE CODES RELATED TO DRG 191) 35636, 36821, 37140 - 37181, 47010, 47011, 47120 - 47130, 47134, 47300, 47350, 47360, 47399, 47460, 47620, 47802, 48000, 48005, 48020, 48140, 48145, 48146, 48150 - 48180, 48510, 48520, 48540, 48545, 48556, 48999, 49425, 49426

**OR** (PROCEDURE CODES RELATED TO DRG 209) 20838, 27125, 27130, 27132, 27134, 27137, 27138, 27447, 27486, 27487, 27599, 27702

**OR** (PROCEDURE CODES RELATED TO DRG 286) 37617, 49010, 49060, 49201, 60540, 60545, 60699, 61250, 61304, 61510, 61546, 61548, 61735, 64772

**OR** (PROCEDURE CODES RELATED TO DRG 357) 51920, 51925, 56300, 56302 - 56309, 56343, 56344, 56351, 56354, 56356, 56399, 57531, 58100, 58140 - 58280, 58340, 58345, 58520, 58540, 58615, 58700, 58740 - 58770, 58800 - 58825, 58900 - 58943, 58951, 58960, 58970, 58999, 59100 - 59121, 59135 - 59151, 59350, 59525, 64999

**OR** (PROCEDURE CODES RELATED TO DRG 491) 20802, 20805, 20808, 23470, 23472, 23616, 24361 - 24363, 25446

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**2-202-37R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 10)

IF REGION CODE = '10' (REGION 10)

**AND** BEGIN DATE OF CARE ≥ JUNE 1, 1999

**AND** PATIENT ZIP CODE IS IN DAVID GRANT MEDICAL CENTER (DGMC) STSF CATCHMENT AREA

**AND** PROCEDURE CODE = (PROCEDURE CODES RELATED TO DRG 001 AND 003) 61304, 61305, 61330, 61332, 61333, 61458, 61460, 61500, 61510, 61512, 61518 - 61521, 61524 - 61526, 61530, 61546, 61548, 61563, 61575, 61576, 61580 - 61585, 61590 - 61592, 61595 - 61598, 61600, 61601, 61605, 61606, 61608, 61609, 61680 - 61692, 61700 - 61702, 61705, OR 61711

**OR** (PROCEDURE CODES RELATED TO DRG 004) 63173, 63250 - 63252, 63265, 63266, 63270 - 63281, 63283 - 63290, **OR** 63300 - 63308

**OR** (PROCEDURE CODES RELATED TO DRG 049) 20955, 21040 - 21045, 21070, 21209, 21246, 31367 - 31382, 31560, 31561, 38308, 38542, 38555, 38724, 41135 - 41155, 42120, 42426, **OR** 60254

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

**OR** (PROCEDURE CODES RELATED TO DRG 110 AND 111) 33802, 33803, 33915, 34051-34201, 34401-34490, 35001-35112, 35122-35162, 35341-35363, 35506, 3507, 35511, 35526, 35536-35551, 35560-35565, 35582, 35601, 35612, 35626-35641, 35645, 35646, 35651, 35663, 35665, 35907, 36245, 37140-37181, **OR** 37617

**OR** (PROCEDURE CODES RELATED TO DRG 191) 47000, 47001, 47100-47130, 47399, 47400, 47460, 47480, 47500, 47510, 47511, 47550-47556, 47720, 47721, 47765, 47802, 48000-48020, 48100, 48120-48146, 48150-48154, 48510, 48999, 49425, **OR** 49426

**OR** (PROCEDURE CODES RELATED TO DRG 209) 27000, 27125, 27130, **OR** 27447

**OR** (PROCEDURE CODES RELATED TO DRG 286) 49010, 49060, 49200, 49201, 60540, 60545, 60699, 61250, 61304, 61510, 61546, 61548, **OR** 64772

**OR** (PROCEDURE CODES RELATED TO DRG 357) 51920, 51925, 56300, 56302 - 56309, 56343, 56350, 56351, 56354, 56399, 58100, 58140 - 58280, 58340, 58345, 58615, 58700, 58720, 58740, 58750, 58770, 58800 - 58825, 58900 - 58960, 58999, 59121, 59135 - 59150, 59350, **OR** 59525

**OR** (PROCEDURE CODES RELATED TO DRG 491) 23470, 23472, 23616, 24361-24363, 25441, **OR** 25446

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**2-202-38R** (MULTI-REGIONAL STS FACILITIES FOR LIVER TRANSPLANTS [WALTER REED ARMY MEDICAL CENTER] FOR REGIONS 1, 2 AND 5)

IF REGION CODE = '01' (REGION 01)

**OR** REGION CODE = '02' (REGION 02)

**OR** REGION CODE = '05' (REGION 05)

**AND INCLUDES ALL PATIENT ZIP CODES WITHIN REGIONS 1,2 OR 5**

**AND BEGIN DATE OF CARE ≥ JUNE 1, 1999**

**AND PROCEDURE CODE = 47134, 47135 OR 47136**

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**ELEMENT NAME: SPECIAL RATE CODE (2-203)**

**VALIDITY EDITS**

**2-203-01** VALUE MUST = BLANK, 'A', 'B', 'C', 'D', 'E', 'F', 'R', 'S', 'T', 'U', **OR** 'V'

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
STATE/COUNTRY CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**2-203-02R** **WHEN FILING STATE/COUNTRY CODE IS NOT EQUAL TO '34', THEN SPECIAL RATE CODE MUST NOT BE 'A' OR 'B' OR 'C' OR 'E' OR 'F'.**

**2-203-03R** **WHEN FILING STATE/COUNTRY CODE IS EQUAL TO '34' AND SPECIAL RATE CODE IS 'A' OR 'B' OR 'C' OR 'E' OR 'F', THEN THE LATEST END DATE OF CARE MUST BE LESS THAN 19890101.**

**2-203-04R** IF SPECIAL RATE CODE = R AMBULATORY SURGERY FACILITY PAYMENT RATE

**ELEMENT NAME: SPECIAL RATE CODE (2-203) (CONTINUED)**

	S	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE
<b>OR</b> PRICING CODE =	C	AMBULATORY SURGERY-FACILITY PAYMENT RATE
	D	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
	E	AMBULATORY SURGERY-PAID AS BILLED
	P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
	Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
	R	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
<b>AND</b> AMOUNT ALLOWED > 0		
SPECIAL PROCESSING CODE MUST =	?	AMBULATORY SURGERY FACILITY CHARGE
<b>2-203-05R</b> IF SPECIAL RATE CODE =	V	MEDICARE REIMBURSEMENT RATE
<b>THEN</b> SPECIAL PROCESSING CODE MUST =	MS	TRICARE SENIOR PRIME (NETWORK) <b>OR</b>
	MN	TRICARE SENIOR PRIME (NON-NETWORK)
<b>2-203-05R</b> IF SPECIAL RATE CODE =	U	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM PAID OUTSIDE NORMAL LIMITS
<b>THEN</b> SPECIAL PROCESSING CODE MUST =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - ACTIVE DUTY NON-MTF-REFERRED CARE
	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - ACTIVE DUTY MTF-REFERRED CARE
	CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM
	GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR.
	SC	SUPPLEMENTAL HEALTH CAR PROGRAM - NON TRICARE ELIGIBLE
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
	SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

**ELEMENT NAME: MAJOR DIAGNOSTIC CATEGORY (2-205)**

**VALIDITY EDITS**

**2-205-01** VALUE MUST = 1 - 25, 60 - 74, OR BLANK.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NON-AVAILABILITY STATEMENT NUMBER	SEE BELOW	
RECORD TYPE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

- 2-205-02R** IF NAS NUMBER IS NOT CODED THE MAJOR DIAGNOSTIC CATEGORY MUST NOT BE CODED.
- 2-205-04R** IF MAJOR DIAGNOSTIC CATEGORY = '61' THROUGH '74', ONE PROCEDURE CODE MUST BE AMONG THOSE APPEARING IN [FIGURE 6-A-2A](#) - [FIGURE 6-A-2D](#).
- 2-205-05R** IF MAJOR DIAGNOSTIC CATEGORY = '61' THROUGH '74', RECORD TYPE MUST = '2' (NON-INSTITUTIONAL)

**ELEMENT NAME: REASON FOR ISSUANCE (2-207)**

**VALIDITY EDITS**

**2-207-01** 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**

- 2-207-03R** IF NAS NUMBER IS BLANK THE REASON FOR ISSUANCE MUST = BLANK.
- 2-207-04R** IF MAJOR DIAGNOSTIC CATEGORY IS NOT CODED, REASON FOR ISSUANCE MUST = BLANK, '7', '8' OR '9'.
- 2-207-05R** IF REASON FOR ISSUANCE = '7', '8' OR '9'
- THEN**
- |                        |   |   |
|------------------------|---|---|
| ENROLLMENT CODE MUST = | D | MANAGED CARE SUPPORT TRICARE-TIDEWATER STANDARD PROGRAM |
|                        | E | MANAGED CARE SUPPORT TRICARE-TIDEWATER PRIME            |
|                        | F | FI STANDARD PROGRAM                                     |



**ELEMENT NAME: REASON FOR ISSUANCE (2-207) (CONTINUED)**

G	MANAGED CARE SUPPORT TRICARE-TIDEWATER EXTRA
R	TRICARE EXTRA - NORTH CAROLINA
T	MANAGED CARE SUPPORT - STANDARD PROGRAM
U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM
V	MANAGED CARE SUPPORT - EXTRA
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA

**ELEMENT NAME: PRICING LOCALITY CODE (2-208)****VALIDITY EDITS**

**2-208-01** MUST BE VALID THREE (3) POSITION CODE OF '001' THRU '225' OR '301' THRU '390' OR ALL BLANKS.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PRICING CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

<b>2-208-02R</b> IF BEGIN DATE OF CARE TO $\geq$ 1 MAY 92 AND ANY OCCURRENCE OF PRICING CODE =	A	NATIONAL PREVAILING CHARGE
	B	NATIONAL CONVERSION FACTOR
	N	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL PREVAILING CHARGE
	O	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL CONVERSION FACTOR

PRICING LOCALITY CODE MUST **NOT** = BLANKS

<b>2-208-03R</b> IF BEGIN DATE OF CARE TO $\geq$ 1 MAY 92 AND NO OCCURRENCE OF PRICING CODE =	A	NATIONAL PREVAILING CHARGE
	B	NATIONAL CONVERSION FACTOR
	N	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL PREVAILING CHARGE
	O	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL CONVERSION FACTOR

PRICING LOCALITY CODE **MUST** = BLANKS

**ELEMENT NAME: CLAIM FORM TYPE (2-210)**

**VALIDITY EDITS**

**2-210-01** VALUE MUST BE 'A' - 'J' IF FILING DATE ≥ 10/01/93; OTHERWISE NO EDIT APPLIES.

**RELATIONAL EDITS**

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

**ELEMENT NAME: PCM LOCATION DMIS-ID (2-211)**

**VALIDITY EDITS**

**2-211-01** MUST BE VALID DMIS CODE

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
REGION CODE	SEE BELOW	
ENROLLMENT STATUS CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**2-211-02R** IF BEGIN DATE OF CARE ≥ 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

**2-211-03R** **CONVERSELY,**

IF BEGIN DATE OF CARE ≥ 10/1/97

**AND**

IF PCM LOCATION DMIS-ID = BLANK (FOR BENEFICIARY NOT ENROLLED IN PRIME)

**THEN** ENROLLMENT STATUS CODE MUST NOT = 'U', 'W', 'Z', **OR** 'BB'.

**ELEMENT NAME: PCM LOCATION DMIS-ID (2-211) (CONTINUED)**

- OR**  
IF PCM LOCATION DMIS-ID = 6901 - 6912  
**THEN ENROLLMENT STATUS CODE MUST = 'U',**

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- 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 = 79000 - 7999  
ENROLLMENT STATUS CODE MUST = 'W'  
**AND**  
REGION CODE MUST ≠ 1, 2, **OR** 5.

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

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

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- 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 (2-212)**

**VALIDITY EDITS**

**2-212-01** MUST BE NUMERIC.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**2-212-02R** IF REASON FOR PAYMENT REDUCTION IS NOT EQUAL TO BLANK.  
NUMBER OF PAYMENT REDUCTION DAYS/SERVICES MUST BE GREATER THAN ZERO.

**ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE (2-214)**

**VALIDITY EDITS**

**2-214-01** MUST BE AN ALPHANUMERIC VALUE OF '0' (NOT APPLICABLE), **OR** '1' (CONTRACTED), **OR** '2' (NOT CONTRACTED), **OR** '3' (CONTRACTED/NON-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 (2-215)**

**VALIDITY EDITS**

**2-215-01** MUST APPEAR IN A FIGURE OF VALID STATE **OR** COUNTRY CODES, **OR** BE ALL BLANKS.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROVIDER STATE/COUNTRY CODE <sup>1</sup>	SEE BELOW	PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER SUBIDENTIFIER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup> , BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE <sup>1</sup>
PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
AMOUNT ALLOWED	SEE BELOW	
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	
PROVIDER MAJOR SPECIALTY	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**2-215-02R** MUST MATCH THE PROVIDER STATE **OR** COUNTRY CODE IN THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON CARE DATES AND NON-INSTITUTIONAL PROVIDER KEY: PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, AND PROVIDER ZIP CODE.

IF PROGRAM INDICATOR = 'D' (DRUG) **AND** PROVIDER PARTICIPATION INDICATOR = 'N'  
 DO NOT CHECK PROVIDER FILE.

IF AMOUNT ALLOWED ≤ ZERO  
 DO NOT CHECK FOR MATCH ON PROVIDER FILE.

<sup>1</sup> PROVIDER FILE

**ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (2-215) (CONTINUED)**

**ELSE**  
FOR EACH DETAIL OCCURRENCE  
IF (NETTED) AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO  
DO NOT CHECK FOR MATCH ON PROVIDER FILE.

**2-215-03R** CAN BE BLANK-FILLED WHEN PROVIDER MAJOR SPECIALTY = 'TS' (TRANSPORTATION SERVICES).  
DO NOT CHECK PROVIDER FILE. ERROR GENERATED IF PROVIDER STATE/COUNTRY CODE IS BLANK WHEN SPECIALTY IS NOT 'TS' (TRANSPORTATION SERVICES).

**<sup>1</sup> PROVIDER FILE****ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-217)****VALIDITY EDITS**

**2-217-01** 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 <sup>1</sup>	SEE BELOW	PROVIDER SUBIDENTIFIER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup>
PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
PROVIDER MAJOR SPECIALTY CODE	SEE BELOW	
<b>2-310-06R</b> BEGIN DATE OF CARE		RECORD EFFECTIVE DATE <sup>1</sup> , PROVIDER ACCEPTANCE DATE <sup>1</sup> , PROVIDER TERMINATION DATE <sup>1</sup> , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE
<b>2-315-06R</b> END DATE OF CARE		SAME AS ABOVE
INST/NON-INST INDICATOR <sup>1</sup>	SEE BELOW	RECORD TYPE

**EDITED ELEMENT RELATIONSHIP**

<b>NO ERROR</b> 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
	CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM

**<sup>1</sup> PROVIDER FILE**

**<sup>2</sup> USE 2-217-04R ONLY WHEN PROVIDER HISTORY DOES NOT MATCH. IF CURRENT PROVIDER INFORMATION DOES NOT MATCH, CONTINUE TO USE 2-217-02R.**

**ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-217) (CONTINUED)**

GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT A AT RISK PAYMENT BY CONTRACTOR

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.

**2-217-02R** NONINSTITUTIONAL PROVIDER TAXPAYER NUMBER MUST MATCH THE NONINSTITUTIONAL PROVIDER TAXPAYER NUMBER IN THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, PROVIDER ZIP CODE, (AND RECORD IS ACTIVE).  
 OR  
 PROVIDER SUB-IDENTIFIER AND/OR ZIP CODE ON THE CLAIM MUST MATCH THE PROVIDER SUB-IDENTIFIER AND/OR ZIP CODE ON THE PROVIDER FILE FOR THE PROVIDER TAXPAYER NUMBER  
 OR  
 PROVIDER IS NOT CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF CARE (DENIAL REASON CODES 'M' AND 'N').

**2-217-04R<sup>2</sup>** WHEN AN AUTHORIZED PROVIDER IS FOUND ON THE DATABASE, INST/NON-INST INDICATOR MUST AGREE WITH THE HCSR RECORD TYPE.

**2-217-05R** IF PROGRAM INDICATOR = 'D' (DRUG) AND PROVIDER PARTICIPATION INDICATOR = 'N' MUST BE ALL NINES, OR A VALID PROVIDER TAXPAYER NUMBER.  
 DO NOT CHECK PROVIDER FILE.

**2-217-06R** MUST BE ALL NINES WHEN PROVIDER MAJOR SPECIALTY = 'TS' (TRANSPORTATION SERVICES),  
 DO NOT CHECK PROVIDER FILE.

**2-217-07R** PROVIDER TAXPAYER NUMBER CANNOT BE ALL NINES UNLESS PROVIDER MAJOR SPECIALTY = 'TS' (TRANSPORTATION SERVICES), OR (PROGRAM INDICATOR = 'D' (DRUG) AND PROVIDER PARTICIPATION INDICATOR = NO). DO NOT CHECK PROVIDER FILE WHEN PROVIDER TAXPAYER NUMBER IS ALL NINES.

**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

<sup>1</sup> PROVIDER FILE

<sup>2</sup> USE 2-217-04R ONLY WHEN PROVIDER HISTORY DOES NOT MATCH. IF CURRENT PROVIDER INFORMATION DOES NOT MATCH, CONTINUE TO USE 2-217-02R.

**ELEMENT NAME: PROVIDER SUBIDENTIFIER (2-220)****VALIDITY EDITS**

**2-220-01** MUST BE FOUR CHARACTERS FIRST CHARACTER ALPHANUMERIC, LAST THREE CHARACTERS NUMERIC, **OR** FIRST TWO CHARACTERS ALPHANUMERIC, LAST TWO CHARACTERS NUMERIC, **OR** ALL FOUR NUMERIC.

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>2-217-03R</b>	PROVIDER SUBIDENTIFIER <sup>1</sup>		PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup>
	PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
	PROVIDER MAJOR SPECIALTY CODE	SEE BELOW	
<b>2-310-06R</b>	BEGIN DATE OF CARE		RECORD EFFECTIVE DATE <sup>1</sup> , PROVIDER ACCEPTANCE DATE <sup>1</sup> , PROVIDER TERMINATION DATE <sup>1</sup> , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE
<b>2-315-06R</b>	END DATE OF CARE		SAME AS ABOVE

**EDITED ELEMENT RELATIONSHIP**

**NO ERROR** IF PROGRAM INDICATOR = 'D' (DRUG) AND PROVIDER PARTICIPATION INDICATOR = 'N'  
DO NOT CHECK PROVIDER FILE.

**NO ERROR** IF PROVIDER MAJOR SPECIALTY = 'TS' (TRANSPORTATION SERVICES),  
DO NOT CHECK PROVIDER FILE.

**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

<sup>1</sup> **PROVIDER FILE**

**ELEMENT NAME: PROVIDER ZIP CODE (2-225)**

**VALIDITY EDITS**

- 2-225-01** 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.  
MUST **NOT** BE ALL ZEROES, **OR** ALL NINES.
- 2-225-02** 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 FIGURE.

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>2-217-03R</b>	PROVIDER ZIP CODE		PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER SUBIDENTIFIER <sup>1</sup>
	PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
	PROVIDER MAJOR SPECIALTY	SEE BELOW	
<b>2-310-06R</b>	BEGIN DATE OF CARE	SEE BELOW	RECORD EFFECTIVE DATE <sup>1</sup> , PROVIDER ACCEPTANCE DATE <sup>1</sup> , PROVIDER TERMINATION DATE <sup>1</sup> , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE
<b>2-315-06R</b>	END DATE OF CARE		SAME AS ABOVE

**EDITED ELEMENT RELATIONSHIP**

**NO ERROR** IF PROGRAM INDICATOR = 'D' (DRUG) AND PROVIDER PARTICIPATION INDICATOR = 'N' DO NOT CHECK PROVIDER FILE.

- 2-225-04R** CAN BE BLANK-FILLED **WHEN** PROVIDER MAJOR SPECIALTY = 'TS' (TRANSPORTATION SERVICES). ERROR GENERATED IF PROVIDER ZIP CODE IS BLANK **WHEN** SPECIALTY IS NOT 'TS', **OR** HCSR IS **NOT** FOR FOREIGN COUNTRY, (BASED ON ALPHA VS. NUMERIC STATE/COUNTRY CODE).  
DO NOT CHECK PROVIDER FILE.

<sup>1</sup> **PROVIDER FILE**

**ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (2-230)**

**VALIDITY EDITS**

- 2-230-01** MUST BE ONE OF THE FOLLOWING VALUES 'Y' (YES) **OR** 'N' (NO).

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	SPECIAL PROCESSING CODE	SEE BELOW	



**ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (2-230) (CONTINUED)****EDITED ELEMENT RELATIONSHIP**

<b>2-230-02R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		E	HHC/CM
		S	RESOURCE SHARING

PROVIDER PARTICIPATION INDICATOR MUST = 'Y'.

**ELEMENT NAME: PROVIDER MAJOR SPECIALTY (2-235)****VALIDITY EDITS**

<b>2-235-01</b>	THIS FIELD MUST BE A VALID PROVIDER MAJOR SPECIALTY, SEE <a href="#">CHAPTER 2, ADDENDUM C</a> .
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**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROVIDER MAJOR SPECIALTY OR TYPE SEE BELOW OF INSTITUTION <sup>1</sup>		PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER SUBIDENTIFIER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup> , BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE <sup>1</sup>
AMOUNT ALLOWED	SEE BELOW	
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
STATE/COUNTRY CODE	SEE BELOW	
CONTRACTOR NUMBER	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

<b>2-235-02R</b>	MUST MATCH THE PROVIDER MAJOR SPECIALTY CODE IN THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON CARE DATES, AND NONINSTITUTIONAL PROVIDER KEY PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, AND PROVIDER ZIP CODE.
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IF AMOUNT ALLOWED ≤ ZERO  
DO NOT CHECK FOR MATCH ON PROVIDER FILE

**ELSE**  
FOR EACH DETAIL OCCURRENCE  
IF (NETTED) AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO  
DO NOT CHECK FOR MATCH ON PROVIDER FILE.

<sup>1</sup> PROVIDER FILE

**ELEMENT NAME: PROVIDER MAJOR SPECIALTY (2-235) (CONTINUED)**

- 2-235-03R** IF PROVIDER MAJOR SPECIALTY IS 'TS' (TRANSPORTATION SERVICES) THEN THE PROGRAM INDICATOR MUST BE = 'H' (PFPWD)  
DO NOT CHECK PROVIDER FILE.
- PROVIDER MAJOR SPECIALTY MUST BE '49' (MISCELLANEOUS) OR 88 (PHARMACY)  
**WHEN** PROGRAM INDICATOR = 'D' (DRUG),  
DO NOT CHECK PROVIDER FILE.
- 2-235-06R** IF ANY SPECIAL PROCESSING CODE = 6 (HOME HEALTH CARE)  
PROVIDER MAJOR SPECIALTY MUST ≠ 24, 35, 48, 50, 80, 84, 86, OR 92.
- 2-235-08R** IF TYPE OF SUBMISSION = 'D' (COMPLETE CONTRACTOR DENIAL INITIAL HCSR SUBMISSION)  
**THEN** BYPASS EDIT  
ELSE
- IF DATE HCSR PROCESSED TO COMPLETION IS > 4/30/99  
**THEN** PROVIDER MAJOR SPECIALTY ≠ 70  
(THE MAJOR SPECIALTY OF THE PROVIDER IN THE CLINIC WHO PROVIDED THE SERVICE MUST BE REPORTED.)

**<sup>1</sup> PROVIDER FILE**

**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-255)**

**VALIDITY EDITS**

- 2-255-01** VALUE MUST BE A VALID ICD-9-CM DIAGNOSIS CODE.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PATIENT SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
<b>2-170-11R</b> OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
AMOUNT BILLED	SEE BELOW	TYPE OF SUBMISSION, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
TYPE OF SERVICE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

- 2-255-02R<sup>1</sup>** PRINCIPAL TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

**<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-255-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED AND RELATIONAL EDIT 2-255-02R IS DONE INSTEAD.**

**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-255) (CONTINUED)**

- 2-255-04R** PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND NOT FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'.  
USE ICD-9-CM TAPE FOR SEX-SPECIFIC DIAGNOSIS CODES.
- 2-255-05R** PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE). IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR AGE-SPECIFIC DIAGNOSIS CODES.
- 2-255-08R** IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = E (HHC/CM)  
PRINCIPAL TREATMENT DIAGNOSIS CANNOT = 290-319.
- 2-255-09R** IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9  
AND PROGRAM INDICATOR = 'I' (INSTITUTIONAL) OR 'N' = (NONINSTITUTIONAL),  
**THEN**
- |   |   |  |
|---|---|--|
| TYPE OF SERVICE FIRST<br>POSITION MUST BE = | A | AMBULATORY SURGERY COST-SHARED AS<br>INPATIENT (ACTIVE DUTY FAMILY MEMBERS<br>ONLY) OR |
|   | I | INPATIENT OR   |
|   | O | OUTPATIENT, EXCLUDING 'M', 'P', OR 'N' OR  |
|   | N | OUTPATIENT COST-SHARED AS INPATIENT  |
- AND**
- |   |   |                                 |
|---|---|---------------------------------|
| TYPE OF SERVICE SECOND<br>POSITION MUST = | 4 | DIAGNOSTIC/THERAPEUTIC X-RAY OR |
|   | 5 | DIAGNOSTIC LABORATORY OR        |
|   | 7 | ANESTHESIA                      |
- AND** AMOUNT BILLED MUST BE ≤ \$200.00
- UNLESS** TYPE OF SUBMISSION = D COMPLETE DENIAL
- OR**  
ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 1 (MEDICAID).
- 2-255-10R** IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9 AND PROGRAM INDICATOR = 'D' (DRUG),  
THEN  
AMOUNT BILLED MUST BE ≤ \$250.00 **UNLESS** TYPE OF SUBMISSION = 'D' (COMPLETE  
DENIAL) OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '1' (MEDICAID).
- 2-255-11R** IF PROGRAM INDICATOR = 'H' (PROGRAM FOR PERSONS WITH DISABILITIES) OR 'T'  
(DENTAL) THEN  
PRINCIPAL DIAGNOSIS CANNOT = 799.9 **UNLESS** TYPE OF SUBMISSION = 'D'  
(COMPLETE DENIAL) OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '1'  
(MEDICAID)

<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-255-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED AND RELATIONAL EDIT 2-255-02R IS DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 (2-260)**

**VALIDITY EDITS**

**2-260-01** VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED. ALL OCCURRENCES OF SECONDARY TREATMENT DIAGNOSIS MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY TREATMENT DIAGNOSIS.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	
<b>2-170-11R</b> OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**2-260-02R<sup>1</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

**2-260-04R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND NOT FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.

**2-260-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) [i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR NEWBORN]. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR TABLE OF AGE-SPECIFIC DIAGNOSIS CODES.

<sup>1</sup> THIS EDIT IS NOT DONE IS VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-260-02R (IN FUTURE) IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED, AND RELATIONAL EDIT 2-260-02R IS DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-2 (2-265)****VALIDITY EDITS****2-265-01** VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED.<sup>1</sup>**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	
<b>2-170-11R</b> OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

- 2-265-02R<sup>2</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.
- 2-265-04R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND NOT FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.
- 2-265-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) [i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR NEWBORN]. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR TABLE OF AGE-SPECIFIC DIAGNOSIS CODES.

<sup>1</sup> SEE EDIT 2-260-01.<sup>2</sup> THIS EDIT IS NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-265-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED, AND RELATIONAL EDIT 2-270-02R IS DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-3 (2-270)**

**VALIDITY EDITS**

**2-270-01** VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED.<sup>1</sup>

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	
<b>2-170-11R</b> OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

- 2-270-02R<sup>1</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.
- 2-270-04R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND NOT FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.
- 2-270-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR NEWBORN). IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR TABLE OF AGE-SPECIFIC DIAGNOSIS CODES.

<sup>1</sup> SEE EDIT 2-260-01

<sup>2</sup> THIS EDIT IS NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-270-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED, AND RELATIONAL EDIT 2-265-02R IS DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-4 (2-275)**

**VALIDITY EDITS**

**2-275-01** VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED.<sup>1</sup>

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION	SEE BELOW	

<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-25-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED AND RELATIONAL EDIT 2-275-02R IS DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-4 (2-275) (CONTINUED)**

	PATIENT DATE OF BIRTH	SEE BELOW
	PATIENT SEX	SEE BELOW
<b>2-170-11R</b>	OVERRIDE CODE	
	PROCEDURE CODE	SEE BELOW

**EDITED ELEMENT RELATIONSHIP**

<b>2-275-02R<sup>1</sup></b>	SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.
<b>2-275-04R</b>	SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND NOT FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.
<b>2-275-05R</b>	SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR NEWBORN). IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR TABLE OF AGE-SPECIFIC DIAGNOSIS CODES.

**<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-25-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED AND RELATIONAL EDIT 2-275-02R IS DONE INSTEAD.**

**ELEMENT NAME: UTILIZATION DATA OCCURRENCE COUNT (2-280)****VALIDITY EDITS**

<b>2-280-01</b>	UTILIZATION DATA OCCURRENCE COUNT MUST BE = 01 THRU 25.
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**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>2-280-02R</b>	TYPE OF SUBMISSION	OCCURRENCE COUNT FOR ADJUSTMENT OR CANCELLATION HCSR MUST BE ≥ OCCURRENCE COUNT FOR PREVIOUS SUBMISSION OF HCSR.	OCCURRENCE COUNT ON HCSR DATABASE

**ELEMENT NAME: PROCEDURE CODE (2-290)**

**VALIDITY EDITS**

N/A

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROCEDURE TEXT IDENTIFIER	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE
PROVIDER MAJOR SPECIALITY	SEE BELOW	TYPE OF SERVICE
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	ENROLLMENT STATUS, OVERRIDE CODE, AMOUNT ALLOWED BY PROCEDURE CODE, TYPE OF SUBMISSION, FILING DATE
DENIAL REASON CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
DATE HCSR PROCESSED TO COMPLETION	SEE BELOW	BEGIN DATE OF CARE

**EDITED ELEMENT RELATIONSHIP**

**2-290-02R** PROCEDURE CODE MUST BE VALID FOR PROCEDURE TEXT IDENTIFIER. IF PROCEDURE TEXT IDENTIFIER = '4', PROCEDURE CODE MUST BE A VALID CPT-4 CODE **OR** A TMA APPROVED CODE (SEE [CHAPTER 2, ADDENDUM F](#)). IF PROCEDURE TEXT IDENTIFIER = '8', PROCEDURE CODE MUST BE A VALID AMERICAN DENTAL ASSOCIATION (ADA) PROCEDURE CODE.

**2-290-03R** FOR ORIGINAL SUBMISSIONS: DATE HCSR PROCESSED TO COMPLETION MUST BE ON **OR** AFTER THE PROCESSING EFFECTIVE DATE AND BEFORE THE PROCESSING TERMINATION DATE (FOR THAT PROCEDURE CODE) ON THE PROCEDURE CODE DATABASE TABLE.

FOR ADJUSTMENT/CANCELLATION SUBMISSIONS: DATE HCSR PROCESSED TO COMPLETION MUST BE ON OR AFTER THE PROCESSING EFFECTIVE DATE (FOR THAT PROCEDURE CODE) ON THE PROCEDURE CODE DATABASE TABLE.

BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE CARE EFFECTIVE DATE AND BEFORE THE CARE TERMINATION DATE OF THE VALID DATE HCSR PROCESSED TO COMPLETION ENTRY ON THE PROCEDURE CODE DATABASE TABLE.

**UNLESS**

SPECIAL PROCESSING  
CODE =

AN SUPPLEMENTAL HEALTH CARE PROGRAM -  
ACTIVE DUTY NON-MTF-REFERRED CARE

AR SUPPLEMENTAL HEALTH CARE PROGRAM -  
ACTIVE DUTY MTF-REFERRED CARE

<sup>1</sup> USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.



**ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)**

CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM
GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR
MN	TRICARE-SENIOR PRIME (NON-NETWORK)
MS	TRICARE-SENIOR PRIME (NETWORK)
SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON TRICARE ELIGIBLE
SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

NOTE: DENIED PROCEDURES ARE EDITED AGAINST THE TABLE ENTRY FOR THE VALID DATE HCSR PROCESSED TO COMPLETION AND BEGIN DATE OF CARE. PROCEDURES MAY BE DENIED (GOVERNMENT PAY INDICATOR = NO) ON ONE TABLE ENTRY, AND ALLOWED (GOVERNMENT PAY INDICATOR = YES) ON ANOTHER TABLE ENTRY. SEE EDITS 2-290-04R AND 2-290-05R.

**2-290-04R** IF ENROLLMENT STATUS NOT = 'A', 'B', 'C', **OR** 'K' (PRIME) AND PROCEDURE CODE IS A DENIED<sup>1</sup> PROCEDURE CODE, DENIAL REASON CODE MUST BE PRESENT AND AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO

**WHEN**

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

**OR**

TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

**ELSE**

TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA

**OR**

TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

<sup>1</sup> USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.

**ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)**

<b>UNLESS</b>	
SPECIAL PROCESSING CODE =	AN SUPPLEMENTAL HEALTH CARE PROGRAM - ACTIVE DUTY NON-MTF-REFERRED CARE
	AR SUPPLEMENTAL HEALTH CARE PROGRAM - ACTIVE DUTY MTF-REFERRED CARE
	CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM
	GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR.
	MN TRICARE-SENIOR PRIME (NON-NETWORK)
	MS TRICARE-SENIOR PRIME (NETWORK)
	SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON TRICARE ELIGIBLE
	SE SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
	SM SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
<b>2-290-05R</b>	IF ENROLLMENT STATUS = 'A', 'B', 'C', OR 'K' (PRIME) AND PROCEDURE CODE IS A DENIED <sup>1</sup> PROCEDURE CODE, DENIAL REASON CODE MUST BE PRESENT AND AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO
<b>WHEN</b>	
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT
	F ADJUSTMENT NEW SUFFIX
	D COMPLETE DENIAL
<b>OR</b>	
TYPE OF SUBMISSION =	A ADJUSTMENT
	C COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE	
<b>ELSE</b>	
TYPE OF SUBMISSION =	B ADJUSTMENT NON-HCSR DATA
	E CANCELLATION NON-HCSR DATA
<b>OR</b>	
TYPE OF SUBMISSION =	A ADJUSTMENT
	C COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE	

<sup>1</sup> USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.

**ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)**

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO,

UNLESS OVERRIDE CODE = Z (ENHANCED BENEFIT)

SPECIAL PROCESSING CODE = AN SUPPLEMENTAL HEALTH CARE PROGRAM -  
ACTIVE DUTY NON-MTF-REFERRED CARE

AR SUPPLEMENTAL HEALTH CARE PROGRAM -  
ACTIVE DUTY MTF-REFERRED CARE

CE SUPPLEMENTAL HEALTH CARE PROGRAM -  
COMPREHENSIVE CLINICAL EVALUATION  
PROGRAM

MN TRICARE-SENIOR PRIME (NON-NETWORK)

MS TRICARE-SENIOR PRIME (NETWORK)

SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON  
TRICARE ELIGIBLE

SE SUPPLEMENTAL HEALTH CARE PROGRAM -  
TRICARE ELIGIBLE

SM SUPPLEMENTAL HEALTH CARE PROGRAM -  
EMERGENCY

GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN  
TRICARE PRIME REMOTE: NOT AT RISK PAYMENT  
BY CONTRACTOR.

**2-290-06R** PROCEDURE CODE MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF PROCEDURE CODE = MALE (AND NOT FOR CIRCUMCISION AND PRINCIPAL/ SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'.

**2-290-07R** PROCEDURE CODE MUST BE CONSISTENT WITH DATE OF BIRTH (AGE). PROCEDURES WHICH ARE RESTRICTED TO CERTAIN AGE GROUPS (i.e., NEWBORN) MUST BE VALID FOR THE PATIENT'S AGE. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'.

**2-290-08R** IF PROGRAM INDICATOR = 'D' (DRUG)  
PROCEDURE CODE MUST BE = 98800.

**2-290-09R** IF PRICING CODE =, 6 MEI ADJUSTED PREVAILING PRICE, PRIMARY CARE  
K TRICARE CLAIMCHECK-ADDED PROCEDURE, MEI  
ADJUSTED PREVAILING PRICE, PRIMARY CARE

PROCEDURE CODE MUST BE MEI PRIMARY PROCEDURE CODE

<sup>1</sup> USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.

**ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)**

**2-290-10R** IF PROGRAM INDICATOR = 'H' (PROGRAM FOR PERSONS WITH DISABILITIES)

**THEN**

PROCEDURE CODE MUST = 06896, 98320, A0100, A0110, A0120, A0130, A0140, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3201, L3202, L3203, L3204, L3205, L3206, L3207, L3212, L3213, L3214, L3215, L3216, L3217, L3218, L3219, L3221, L3222, L3223, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, **OR** L3649

**ELSE**

IF PROGRAM INDICATOR NOT = 'H' (PROGRAM FOR PERSONS WITH DISABILITIES)  
**THEN DENIAL REASON CODE NOT EQUAL BLANK**

**2-290-11R** IF TYPE OF SERVICE = 'I' (INPATIENT)

PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE.

**2-290-12R** IF PROCEDURE CODE = 90892, 90893, 90894, 90895, 90896, **OR** 90897

SPECIAL PROCESSING CODE

MUST =

WR MENTAL HEALTH WRAPAROUND  
DEMONSTRATION

**<sup>1</sup> USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.**