

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: GOVERNMENT AUTHORIZED BED DAYS (1-300)**

**VALIDITY EDITS**

**1-300-01** MUST BE NUMERIC

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TOTAL BED DAYS	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
REVENUE CODE	SEE BELOW	TYPE OF SUBMISSION, DENIAL REASON CODE, FILING DATE, UNITS OF SERVICE BY REVENUE CODE, OVERRIDE CODE
UNITS OF SERVICE BY REVENUE CODE	SEE BELOW	DENIAL REASON CODE, TYPE OF SUBMISSION, FILING DATE

**EDITED ELEMENT RELATIONSHIP**

**1-300-02R** IF TYPE OF SUBMISSION = D COMPLETE DENIAL  
 G ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED = 0

GOVERNMENT AUTHORIZED BED DAYS MUST BE = ZERO.

**1-300-03R** GOVERNMENT AUTHORIZED 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, 724, OR 762) AND THE DENIAL REASON CODE IS BLANK NO OCCURRENCE OF SPECIAL PROCESSING CODE '#' (HOSPICE).

**1-300-04R** GOVERNMENT AUTHORIZED BED DAYS MUST BE ≤ TOTAL BED DAYS.  
 IF SPECIAL PROCESSING CODE = '#' (HOSPICE) EXIT.

**1-300-05R** GOVERNMENT AUTHORIZED BED DAYS MUST BE > ZERO **WHEN**

TYPE OF SUBMISSION <sup>1</sup> =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT
	F ADJUSTMENT NEW SUFFIX
	G ADDITIONAL DRG INTERIM BILLING

<sup>1</sup> THIS TYPE OF SUBMISSION RELATIONSHIP APPLIES TO EDITS 1-300-03R, 1-300-04R, AND 1-300-05R.

**ELEMENT NAME: GOVERNMENT AUTHORIZED BED DAYS (1-300) (CONTINUED)**

**OR**

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

**AND**

AT LEAST ONE **NON-DENIED** OCCURRENCE OF REVENUE CODE IS FOR A ROOM CHARGE (10X -18X, 20X -21X, 724, **OR** 762) WITH UNITS OF SERVICE BY REVENUE CODE > ZERO.

**ELSE**

ALL ROOM REVENUES ARE DENIED, **OR** CONTAIN UNITS OF SERVICE BY REVENUE CODE = ZERO, **OR** ONE OCCURRENCE OF OVERRIDE CODE = 'Y', THEN GOVERNMENT AUTHORIZED BED DAYS MUST BE = ZERO

<sup>1</sup> THIS TYPE OF SUBMISSION RELATIONSHIP APPLIES TO EDITS 1-300-03R, 1-300-04R, AND 1-300-05R.

**ELEMENT NAME: ADMISSION DIAGNOSIS (1-310)**

**VALIDITY EDITS**

**1-310-01** VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**1-310-02R** <sup>1</sup>ADMISSION 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 1-310-02R (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 1-310-02R DONE INSTEAD.

**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (1-315)****VALIDITY EDITS****1-315-01** VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
AMOUNT BILLED	SEE BELOW	TYPE OF SUBMISSION, SPECIAL PROCESSING CODE
PATIENT SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	OVERRIDE CODE
SPECIAL RATE CODE	SEE BELOW	DATE OF ADMISSION
PRINCIPAL OP/NSP CODE	SEE BELOW	
<b>1-170-11R</b> OVERRIDE CODE		
SPECIAL PROCESSING CODE	SEE BELOW	
TYPE OF INSTITUTION	SEE BELOW	PATIENT DATE OF BIRTH

**EDITED ELEMENT RELATIONSHIP****1-315-02R** <sup>1</sup>PRINCIPAL TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.**1-315-03R** IF AMOUNT BILLED > \$50.00, PRINCIPAL TREATMENT DIAGNOSIS MUST NOT BE = 799.9UNLESS TYPE OF SUBMISSION = D COMPLETE DENIAL, **OR**ANY OCCURRENCE OF SPECIAL  
PROCESSING CODE = 1 MEDICAID**1-315-04R** 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 A TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.**1-315-05R** PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH  
(AGE) (I.E., DIAGNOSIS V30.0 - PATIENT AGE MUST BE 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.**1-315-06R** IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' AND DATE OF ADMISSION < 10/  
1/88, PRINCIPAL TREATMENT DIAGNOSIS CANNOT BE = 290 - 319.<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL  
EDIT 1-315-02R (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 1-315-02R  
DONE INSTEAD.<sup>2</sup> PATIENT AGE IS CALCULATED ON DATE OF BIRTH AND CARE DATES.

**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (1-315) (CONTINUED)**

**1-315-07R** PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE (OP/NSP) CODE. USER MUST SUPPLY TABLE OF RELATIONS. THERE IS CURRENTLY NO TABLE AVAILABLE. THE FOLLOWING SPECIFIC CONDITIONS WILL BE EDITED

IF OP/NSP CODE IS CESAREAN SECTION OR REMOVAL OF FETUS (74.0-74.99), DIAGNOSIS MUST BE 640 THROUGH 676.

IF OP/NSP CODE IS ULTRASOUND (88.03), DIAGNOSIS MUST BE 633-633.9.

**1-315-08R** IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 'E' (HHC/CM), PRINCIPAL TREATMENT DIAGNOSIS CANNOT = 290-319.

**1-315-09R** IF TYPE OF INSTITUTION = '72' (RTC)  
 PRINCIPAL TREATMENT DIAGNOSIS MUST = 290-319 AND PATIENT AGE<sup>2</sup> MUST BE < 21.

<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-315-02R (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 1-315-02R DONE INSTEAD.

<sup>2</sup> PATIENT AGE IS CALCULATED ON DATE OF BIRTH AND CARE DATES.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 (1-320)**

**VALIDITY EDITS**

**1-320-01** MUST BE A 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 SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	OVERRIDE CODE

**1-170-11R** OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP**

**1-320-02R<sup>1</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

**1-320-04R** 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'.

<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-320-02R (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 1-320-02R DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 (1-320) (CONTINUED)**

IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'.  
USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.

**1-320-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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 1-320-02R (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 1-320-02R DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-2 (1-325)****VALIDITY EDITS**

**1-325-01** MUST BE A 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 SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

**1-170-11R** OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP**

**1-325-04R<sup>2</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

**1-325-04R** 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 ICD9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.

**1-325-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH(AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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> NOTE SEE EDIT 1-320-01.

<sup>2</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-325-02R (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 1-325-02R DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-3 (1-330)**

**VALIDITY EDITS**

**1-330-01** MUST BE A 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 SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

**1-170-11R** OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP**

**1-330-02R<sup>2</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

**1-330-04R** 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.

**1-330-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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> NOTE SEE EDIT 1-320-01.

<sup>2</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-330-02R (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 1-330-02R DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-4 (1-335)****VALIDITY EDITS****1-335-01** MUST BE A 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 SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

**1-170-11R** OVERRIDE CODE**EDITED ELEMENT RELATIONSHIP****1-335-02R<sup>2</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.**1-335-04R** 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

**1-335-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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> NOTE SEE EDIT 1-320-01.<sup>2</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-335-02R (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 1-335-02R DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-5 (1-336)**

**VALIDITY EDITS**

**1-336-01** MUST BE A 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 SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

**1-170-11R** OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP**

**1-336-02R<sup>2</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

**1-336-04R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX.

IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS OR 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 DIAGNOSIS OR PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES

**1-336-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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> NOTE SEE EDIT 1-320-01.

<sup>2</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-336-02R (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 1-336-02R DONE INSTEAD.



**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-6 (1-337)****VALIDITY EDITS****1-337-01** MUST BE A 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 SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

**1-170-11R** OVERRIDE CODE**EDITED ELEMENT RELATIONSHIP****1-337-02R<sup>2</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.**1-337-04R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX.

IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS OR 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 DIAGNOSIS OR PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES

**1-337-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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> NOTE SEE EDIT 1-320-01.<sup>2</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-339-02R (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 1-339-02R DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-7 (1-338)**

**VALIDITY EDITS**

**1-338-01** MUST BE A 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 SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

**1-170-11R** OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP**

**1-338-02R<sup>2</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

**1-338-04R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX.

IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS OR 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 DIAGNOSIS OR PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES

**1-338-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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> NOTE SEE EDIT 1-320-01.

<sup>2</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-338-02R (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 1-338-02R DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-8 (1-339)****VALIDITY EDITS****1-339-01** MUST BE A 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 SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

**1-170-11R** OVERRIDE CODE**EDITED ELEMENT RELATIONSHIP****1-339-02R<sup>2</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.**1-339-04R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX.

IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS OR 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 DIAGNOSIS OR PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES

**1-339-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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> NOTE SEE EDIT 1-320-01.<sup>2</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-339-02R (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 1-339-02R DONE INSTEAD.

ELEMENT NAME: PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE (1-340)		
VALIDITY EDITS		
<b>1-340-01</b>	MUST BE A VALID ICD-9-CM OP/NSP CODE IF PRESENT, <b>OR</b> BLANK-FILLED.	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
REVENUE CODE	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	REVENUE CODE
SPECIAL RATE CODE	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		
<b>1-340-02R<sup>1</sup></b>	THE OP/NSP MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.	
<b>1-340-03R</b>	IF ANY OCCURRENCE OF REVENUE CODE = 36X <b>OR</b> 722 OP/NSP IS REQUIRED.	
<b>1-340-04R</b>	PRINCIPAL OP/NSP MUST BE CONSISTENT WITH PRINCIPAL TREATMENT DIAGNOSIS. USER MUST SUPPLY A TABLE OF RELATIONS BETWEEN OP/NSP AND DIAGNOSIS. THERE IS CURRENTLY NO TABLE AVAILABLE. THE FOLLOWING SPECIFIC CONDITIONS <b><u>WILL BE</u></b> EDITED	
	IF DIAGNOSIS IS FOR MATERNITY/OBSTETRICS (630 - 676, EXCLUDING PRENATAL AND POSTPARTUM), OP/NSP CODE MUST BE 54.21, 65.0 THROUGH 75.99, 87.81, 88.03, 88.46, 88.78, <b>OR</b> 92.17. <b>EXCEPTION:</b> CIRCUMCISION (OP/NSP CODE 64.0) IS ALLOWED IF THE DIAGNOSIS CODE IS FOR DELIVERY (640-669).	
	IF REVENUE CODE IS <b>NOT</b> 36X <b>OR</b> 722, OP/NSP CODE IS NOT REQUIRED AND THIS EDIT IS NOT DONE.	
<b>1-340-05R</b>	IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', <b>OR</b> 'Q' (TRICARE/CHAMPUS DRG) PRINCIPAL OP/NSP CODE CANNOT BE 37.5 (HEART TRANSPLANT) <b>OR</b> 50.51, <b>OR</b> 50.59 (LIVER TRANSPLANT) FOR DATE OF ADMISSIONS < OCTOBER 1, 1998.	
<b>1-340-06R</b>	IF PATIENT SEX IS MALE OP/NSP CANNOT BE FEMALE (RANGE 65.0 - 75.99 (OPERATIONS ON FEMALE GENITAL ORGANS/OBSTETRICS)), <b>UNLESS</b> ONE OVERRIDE CODE = 'G'.	
	IF PATIENT SEX IS FEMALE EXCEPTION IF DIAGNOSIS IS DELIVERY AND OP/NSP IS CIRCUMCISION (64.0). OP/NSP CANNOT BE MALE (RANGE 60.0 - 64.99 (OPERATIONS ON MALE GENITAL ORGANS)), <b>UNLESS</b> ONE OVERRIDE CODE = 'H'. EXCEPTION IF DIAGNOSIS IS DELIVERY AND OP/NSP IS CIRCUMCISION (64.0).	
<b><sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-340-02R (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 1-340-02R DONE INSTEAD.</b>		

**ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-1 (1-345)****VALIDITY EDITS****1-345-01** MUST BE A VALID ICD-9-CM OP/NSP 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	
SPECIAL RATE CODE	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP****1-345-02R<sup>2</sup>** SECONDARY OP/NSP CODE MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.**1-345-05R** IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' (TRICARE/CHAMPUS DRG) SECONDARY OP/NSP CODE CANNOT BE 37.5 (HEART TRANSPLANT) **OR** 50.59 (LIVER TRANSPLANT) FOR DATE OF ADMISSIONS < OCTOBER 1, 1998.**1-345-06R** SECONDARY OP/NSP CODE MUST BE CONSISTENT WITH PATIENT SEX. SEE DISCUSSION UNDER PRINCIPAL OP/NSP CODE (1-340).<sup>1</sup> NOTE SEE EDIT 1-350-01.<sup>2</sup> **THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-345-02R (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 1-345-02R DONE INSTEAD.****ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-2 (1-350)****VALIDITY EDITS****1-350-01** MUST BE A VALID ICD-9-CM OP/NSP CODE IF PRESENT, **OR** BLANK-FILLED. ALL OCCURRENCES OF SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE FIELD MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP****1-350-02R<sup>1</sup>** SECONDARY OP/NSP CODE MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.<sup>1</sup> **THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-350-02R (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 1-350-02R DONE INSTEAD.**

**ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-2 (1-350)**

**1-350-05R** IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' (TRICARE/CHAMPUS DRG) SECONDARY OP/NSP CODE CANNOT BE 37.5 (HEART TRANSPLANT) **OR** 50.59 (LIVER TRANSPLANT) **OR DATE OF ADMISSIONS < OCTOBER 1, 1998.**

**1-350-06R** SECONDARY OP/NSP CODE MUST BE CONSISTENT WITH PATIENT SEX. SEE DISCUSSION UNDER PRINCIPAL OP/NSP CODE (1-340).

**<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-350-02R (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 1-350-02R DONE INSTEAD.**

**ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-3 (1-351)**

**VALIDITY EDITS**

**1-351-01** MUST BE A VALID ICD-9-CM OP/NSP CODE IF PRESENT, **OR** BLANK-FILLED. ALL OCCURRENCES OF SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE FIELD MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP**

**1-351-02R<sup>1</sup>** SECONDARY OP/NSP CODE MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.

**1-351-05R** IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' (TRICARE/CHAMPUS DRG) SECONDARY OP/NSP CODE CANNOT BE 37.5 (HEART TRANSPLANT) **OR** 50.59 (LIVER TRANSPLANT) FOR DATE OF ADMISSIONS < OCTOBER 1, 1998.

**1-351-06R** SECONDARY OP/NSP CODE MUST BE CONSISTENT WITH PATIENT SEX. SEE DISCUSSION UNDER PRINCIPAL OP/NSP CODE (1-340).

**<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-351-02R (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 1-351-02R DONE INSTEAD.**

**ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-4 (1-352)****VALIDITY EDITS**

**1-352-01** MUST BE A VALID ICD-9-CM OP/NSP CODE IF PRESENT, **OR** BLANK-FILLED. ALL OCCURRENCES OF SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE FIELD MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP**

**1-352-02R<sup>1</sup>** SECONDARY OP/NSP CODE MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.

**1-352-05R** IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' (TRICARE/CHAMPUS DRG) SECONDARY OP/NSP CODE CANNOT BE 37.5 (HEART TRANSPLANT) **OR** 50.59 (LIVER TRANSPLANT) FOR DATE OF ADMISSIONS < OCTOBER 1, 1998.

**1-352-06R** SECONDARY OP/NSP CODE MUST BE CONSISTENT WITH PATIENT SEX. SEE DISCUSSION UNDER PRINCIPAL OP/NSP CODE (1-340).

<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-352-02R (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 1-352-02R DONE INSTEAD.

**ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-5 (1-353)****VALIDITY EDITS**

**1-353-01** MUST BE A VALID ICD-9-CM OP/NSP CODE IF PRESENT, **OR** BLANK-FILLED. ALL OCCURRENCES OF SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE FIELD MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE

<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-353-02R (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 1-353-02R DONE INSTEAD.

**ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-5 (1-353)**

**EDITED ELEMENT RELATIONSHIP**

- 1-353-02R<sup>1</sup>** SECONDARY OP/NSP CODE MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.
- 1-353-05R** IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' (TRICARE/CHAMPUS DRG) SECONDARY OP/NSP CODE CANNOT BE 37.5 (HEART TRANSPLANT) **OR** 50.59 (LIVER TRANSPLANT) FOR DATE OF ADMISSIONS < OCTOBER 1, 1998.
- 1-353-06R** SECONDARY OP/NSP CODE MUST BE CONSISTENT WITH PATIENT SEX. SEE DISCUSSION UNDER PRINCIPAL OP/NSP CODE (1-340).

**<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-353-02R (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 1-353-02R DONE INSTEAD.**

**ELEMENT NAME: DRG NUMBER (1-355)**

**VALIDITY EDITS**

- 1-355-01** MUST BE NUMERIC.

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS	SEE BELOW	
<b>1-155-10R</b>	AMOUNT PAID BY GOVERNMENT CONTRACTOR		TYPE OF SUBMISSION, FILING DATE
	SPECIAL RATE CODE	SEE BELOW	DATE OF ADMISSION, DATE OF DISCHARGE
	FREQUENCY CODE	SEE BELOW	SPECIAL PROCESSING CODE
	OVERRIDE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

- DRG NUMBER MUST BE CONSISTENT WITH PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS. THIS WILL NOT BE PART OF DAILY EDIT PROCESS. INSTEAD, AUDIT WILL HANDLE.
- DRG NUMBER MUST BE CONSISTENT WITH PRINCIPAL/SECONDARY OP/NSP CODE. THIS WILL NOT BE PART OF DAILY EDIT PROCESS. INSTEAD, AUDIT WILL HANDLE.
- 1-355-02R** IF SPECIAL RATE CODE = BLANK, 'A', 'B', 'C', 'D', 'E', 'F', 'K', 'L', **OR** 'P' DRG NUMBER MUST = ZERO.
- 1-355-03R** IF FREQUENCY CODE =
  - 2 INITIAL
  - 3 INTERIM
  - 4 FINAL
- SPECIAL PROCESSING CODE ≠ 'D' (DRG QUALIFYING FOR INTERIM PAYMENT) DRG NUMBER MUST = ZERO.



**ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)**

<b>1-355-05R</b>	IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', <b>OR</b> 'Q' AND END DATE OF CARE ≥ 3/1/88 DRG NUMBER CAN = 474 <b>OR</b> 475
<b>1-355-06R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE = 'Y' DRG NUMBER MUST = ZERO.
<b>1-355-07R</b>	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY FOR REGION 3)  IF (DRG NUMBER = 104, 105, 106, 107, 108, 109, <b>OR</b> 112  AND REGION CODE = '03' (REGION 03)  AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER STSF CATCHMENT AREA  AND BEGIN DATE OF CARE ≥ 03/01/97)  THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'.
<b>1-355-08R</b>	(NATIONAL STSF)  IF DRG NUMBER = (((480 [LIVER TRANSPLANT] AND BEGIN DATE OF CARE ≥ MARCH 1, 1997) <b>OR</b> ≤ FEBRUARY 19, 1998)  OR (481 [ALLOGENEIC BONE MARROW TRANSPLANTATION] AND BEGIN DATE OF CARE ≥ 10/01/97)  OR (302 [KIDNEY TRANSPLANTATION] AND BEGIN DATE OF CARE ≥ 09/01/99))  AND PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF COLUMBIA  THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'  UNLESS NAS EXCEPTION REASON = '0' <b>OR</b> 'K'
<b>1-355-09R</b>	(MULTI-REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 1 & 2)  IF REGION CODE = '01' (REGION 01)  OR REGION CODE = '02' (REGION 02)  AND BEGIN DATE OF CARE ≥ 10/01/97  AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC) OR NATIONAL NAVAL MEDICAL CENTER (NNMC) STSF CATCHMENT AREA  AND DRG NUMBER = 104, 105, 106, 107, 108, 109, 110, <b>OR</b> 111  THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
<b>1-355-10R</b>	IF SPECIAL RATE CODE =
	G TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
	H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
	I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
	J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
	M DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>

**ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)**

- N DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
- O DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
- Q DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
- U SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS

AND DATE OF ADMISSION  $\geq 10/1/96$  **OR**  $< 10/1/97$   
 THEN DRG NUMBER MUST = 001-102, 104-108, 110-384, 391-434, 436-437, 439-473, 475-479, 481-495, 600-619, 621-624, 626-628, 630-636, 900-901.

- 1-355-11R** IF SPECIAL RATE CODE =
- G TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
  - H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
  - I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
  - J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
  - M DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
  - N DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
  - O DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
  - Q DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
  - U SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS

AND DATE OF ADMISSION  $\geq 10/1/97$  **OR**  $\leq 09/30/98$   
 THEN DRG NUMBER MUST = 001-102, 104-108, 110-213, 216-220, 223-384, 391-434, 436-437, 439-473, 475-479, 481-503, 600-619, 621-624, 626-628, 630-636, 900-901.

- 1-355-12R** IF SPECIAL RATE CODE =
- G TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
  - H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
  - I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
  - J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
  - M DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**

**ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)**

- N DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
- O DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
- Q DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
- U SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS

**AND DATE OF ADMISSION  $\geq$  10/1/98 **OR**  $\leq$  09/30/99**

**THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-434, 436-437, 439-455, 461-471, 475-511, 600-619, 621-624, 626-628, 630-636, 900-901.**

**1-355-13R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY & ORTHOPEDIC SURGERY FOR REGION 1)

IF REGION CODE = '01' (REGION 1)

**AND BEGIN DATE OF CARE  $\geq$  09/01/99**

**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 DRG = 191, 209, 286, **OR** 491**

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

**1-355-14R** (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  $\geq$  09/01/99**

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

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

**AND DRG = 001, 003, 004, 049, 286, **OR** 357**

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

**1-355-15R** (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  $\geq$  09/01/99**

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

**AND DRG = 001, 004, 049, 110, 111, 191, 209, 286, **OR** 491**

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

**1-355-17R** (REGIONAL STS FACILITIES FOR NEONATAL INTENSIVE CARE FOR REGION 4)

**ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)**

	IF REGION CODE = '04' (REGION 4)
	AND BEGIN DATE OF CARE ≥ 05/01/98
	AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA
	AND DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, OR 636
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
<b>1-355-18R</b>	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 4)
	IF REGION CODE = '04' (REGION 4)
	AND BEGIN DATE OF CARE ≥ 05/01/98
	AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA
	AND DRG = 104, 105, 106, 107, 108, 109, 110, 111, 112, 124, OR 125
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
<b>1-355-19R</b>	(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 ≥ 05/01/00
	AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA
	AND DRG = 001, 003, 004, 049, 191, 209, 286, 357, OR 491
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
<b>1-355-20R</b>	(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 ≥ 09/01/99
	AND PATIENT ZIP CODE IS IN BROOKE ARMY MEDICAL CENTER (BAMC)
	OR WILFORD HALL MEDICAL CENTER (WHMC) STSF CATCHMENT AREA
	AND DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, OR 491
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
<b>1-355-21R</b>	(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 ≥ 09/01/99
	AND PATIENT ZIP CODE IS IN NAVAL MEDICAL CENTER SAN DIEGO (NMCS D) STSF CATCHMENT AREA
	AND DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, OR 491
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
<b>1-355-22R</b>	(REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 10)

**ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)**

	IF REGION CODE = '10' (REGION 10)
	AND BEGIN DATE OF CARE ≥ 09/01/99
	AND PATIENT ZIP CODE IS IN DAVID GRANT MEDICAL CENTER (DGMC) STSF CATCHMENT AREA
	AND DRG = 001, 003, 004, 049, 110, 111, 191, 209, 286, 357, OR 491
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
<b>1-355-23R</b>	(MULTI-REGIONAL STS FACILITIES FOR LIVER TRANSPLANTS FOR REGIONS 1, 2 AND 5)
	IF DRG = 480
	AND REGION CODE = '01' (REGION 01)
	OR REGION CODE = '02' (REGION 02)
	OR REGION CODE = '05' (REGION 05)
	AND BEGIN DATE OF CARE ≥ 09/01/99
	AND INCLUDES ALL PATIENT ZIP CODES WITHIN REGIONS 1,2 OR 5
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
<b>1-355-24R</b>	(VA REGIONAL STS FACILITY CARDIOTHORACIC SURGERY FOR REGION 10)
	IF REGION CODE = '10' (REGION 10)
	AND BEGIN DATE OF CARE ≥ 11/01/99
	AND PATIENT ZIP CODE IS IN VA PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)
	OR SAN FRANCISCO VA MEDICAL CENTER (SFVAMC) STSF CATCHMENT AREA
	AND DRG = 104 - 109
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

**ELEMENT NAME: DRG GROUPER EDITION (1-356)**

**VALIDITY EDITS**

**1-356-01** MUST BE '87', '88', '89', '90', '91', '92', '93', '94', '95', '96', '97', '98', '99', '00' OR BLANK-FILLED. (CODE VALUES WILL CHANGE YEARLY.)

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DRG NUMBER	SEE BELOW	
END DATE OF CARE	SEE BELOW	DRG NUMBER, SPECIAL PROCESSING CODE
ADMISSION DATE	SEE BELOW	END DATE OF CARE, DRG NUMBER, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	ADMISSION DATE, DRG NUMBER

**ELEMENT NAME: DRG GROUPER EDITION (1-356) (CONTINUED)**

**EDITED ELEMENT RELATIONSHIP**

- 1-356-02R** IF DRG NUMBER = 000  
 DRG GROUPER EDITION MUST BE BLANK.
- IF DRG NUMBER ≠ 000  
 DRG GROUPER EDITION MUST BE A VALID CODE (NOT BLANK).
- 1-356-06R** DRG GROUPER EDITION MUST BE '97' WHEN  
 ADMISSION DATE ≥ 10/1/96 AND ≤ 09/30/97  
 DRG NUMBER ≠ 000
- DRG GROUPER EDITION MUST BE '98' WHEN  
 ADMISSION DATE ≥ 10/1/97 AND ≤ 09/30/98  
 DRG NUMBER ≠ 000
- DRG GROUPER EDITION MUST BE '99' WHEN  
 ADMISSION DATE ≥ 10/1/98 AND ≤ 09/30/99  
 DRG NUMBER ≠ 000
- DRG GROUPER EDITION MUST BE '00' WHEN  
 ADMISSION DATE ≥ 10/1/99  
 AND DRG NUMBER ≠ 000

**ELEMENT NAME: DRG PRICER EDITION (1-357)**

**VALIDITY EDITS**

- 1-357-01** MUST BE '61', OR '01', '02', '03', '04', '06', '07', '08', '09', '10', '11', '12', '13', '14', '15' OR BLANK-FILLED.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DRG NUMBER	SEE BELOW	
END DATE OF CARE	SEE BELOW	DRG NUMBER, SPECIAL PROCESSING CODE
ADMISSION DATE	SEE BELOW	END DATE OF CARE, DRG NUMBER, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	ADMISSION DATE, DRG NUMBER

**EDITED ELEMENT RELATIONSHIP**

- 1-357-02R** IF DRG NUMBER = 000  
 DRG PRICER EDITION MUST BE BLANK.
- IF DRG NUMBER ≠ 000  
 DRG PRICER EDITION MUST BE A VALID CODE (NOT BLANK).
- 1-357-05R** DRG PRICER EDITION MUST BE '12' WHEN  
 ADMISSION DATE ≥ 10/1/96 AND ≤ 9/30/97  
 AND DRG GROUP ED ID = 97.

**ELEMENT NAME: DRG PRICER EDITION (1-357) (CONTINUED)**

DRG PRICER EDITION MUST BE '13' **WHEN**  
ADMISSION DATE  $\geq$  10/1/97 **AND**  $\leq$  9/30/98  
**AND** DRG GROUP ED ID = 98.

DRG PRICER EDITION MUST BE '14' **WHEN**  
ADMISSION DATE  $\geq$  10/1/98 **AND**  $\leq$  9/30/99  
**AND** DRG GROUP ED ID = 99.

DRG PRICER EDITION MUST BE '15' **WHEN**  
ADMISSION DATE  $\geq$  10/1/99  
**AND** DRG GROUP ED ID = 00.

**ELEMENT NAME: REVENUE DATA OCCURRENCE COUNT (1-360)****VALIDITY EDITS**

**1-360-01** VALUE MUST BE IN RANGE 01 - 50.

NOTE: REVENUE DATA OCCURRENCE COUNT MUST = ACTUAL NUMBER OF OCCURRENCES IN THE RECORD.

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>1-360-02R</b>	TYPE OF SUBMISSION	OCCURRENCE COUNT FOR ADJUSTMENT <b>OR</b> CANCELLATION HCSR MUST BE $\geq$ OCCURRENCE COUNT FOR PREVIOUS SUBMISSION OF HCSR.	OCCURRENCE COUNT ON HCSR DATABASE.

**ELEMENT NAME: REVENUE CODE (1-365)****VALIDITY EDITS**

**1-365-01** VALUE MUST BE A VALID REVENUE CODE AS SPECIFIED IN [CHAPTER 2, ADDENDUM F](#).

THE FOLLOWING OUTPATIENT REVENUE CODES ARE ALLOWED ON AN INSTITUTIONAL HCSR ONLY **WHEN** BEING DENIED

49X, 51X, 52X, 53X, 54X, 630, 631, 632, 633, 634, 635, 64X, 66X, 82X, 83X, 84X, 85X AND 882.

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	REVENUE CODE	SEE BELOW	OVERRIDE CODE
	SPECIAL RATE CODE	SEE BELOW	DENIAL REASON CODE
	PATIENT SEX	SEE BELOW	

**ELEMENT NAME: REVENUE CODE (1-365) (CONTINUED)**

**EDITED ELEMENT RELATIONSHIP**

- 1-365-02R** AT LEAST ONE OCCURRENCE OF REVENUE CODE MUST = 001.
- 1-365-03R** AT LEAST ONE OCCURRENCE OF REVENUE CODE MUST = 10X - 18X, 20X - 21X, **OR** 724, **UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'Y' NO OCCURRENCE OF SPECIAL PROCESSING CODE '#' (HOSPICE).
- 1-365-04R** ONLY ONE OCCURRENCE OF REVENUE CODE MUST = 001.
- 1-365-05R** IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' (TRICARE/CHAMPUS DRG) PROFESSIONAL SERVICE REVENUE CODES (901, 914 - 918, 96X, 97X, 98X) AND ORGAN CODES (81X) MUST BE DENIED.
- 1-365-06R** IF ANY REVENUE CODE = 723  
 PATIENT SEX MUST = MALE.
- IF ANY REVENUE CODE = 72X BUT NOT 723  
 PATIENT SEX MUST = FEMALE.
- 1-365-07R** REVENUE CODES ON TYPE OF SUBMISSION 'A' AND 'C' MUST OCCUR IN THE SAME ORDER AS PREVIOUS SUBMISSIONS.

**ELEMENT NAME: UNITS OF SERVICE BY REVENUE CODE (1-370)**

**VALIDITY EDITS**

- 1-370-01** VALUE MUST BE SIGNED NUMERIC, 0 TO 9999.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	REVENUE DATA OCCURRENCE COUNT, TOTAL CHARGES BY REVENUE CODE, FILING DATE

**EDITED ELEMENT RELATIONSHIP**

- 1-370-02R** IF TYPE OF SUBMISSION = 'D', 'I', 'F', 'R', 'O', **OR** 'G'.  
 UNITS OF SERVICE BY REVENUE CODE MUST BE > ZERO FOR ALL OCCURRENCES AS DETERMINED BY REVENUE DATA OCCURRENCE COUNT, EXCLUDING REVENUE CODE 001.
- IF TYPE OF SUBMISSION = 'C', **OR** 'A' WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE  
 UNITS OF SERVICE BY REVENUE CODE MUST BE ≥ ZERO (ALL OCCURRENCES).
- 1-370-03R** IF TYPE OF SUBMISSION = 'C' **OR** 'A' WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE
- FOR EACH DETAIL OCCURRENCE, IF UNITS OF SERVICE BY REVENUE CODE = 0, THEN TOTAL CHARGES BY REVENUE CODE MUST ALSO = 0 **FOR THAT OCCURRENCE** (EXCEPT REVENUE CODE 001). IF UNITS OF SERVICE > 0, THE TOTAL CHARGES BY REVENUE CODE MUST ALSO BE > 0 **FOR THAT OCCURRENCE**.
- 1-370-04R** FOR REVENUE CODE 001  
 UNITS OF SERVICE BY REVENUE CODE MUST BE ZERO.



**ELEMENT NAME: TOTAL CHARGE BY REVENUE CODE (1-375)****VALIDITY EDITS****1-375-01** MUST BE 0 TO 999999.99 UNLESS REVENUE CODE = 001 THEN MUST BE 0 TO 9999999.99**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	UNITS OF SERVICE BY REVENUE CODE
REVENUE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP****1-375-02R** IF TYPE OF SUBMISSION = 'D', 'T', 'O', 'F', 'R', OR 'G',  
TOTAL CHARGES BY REVENUE CODE MUST BE > ZERO FOR EACH DETAIL  
OCCURRENCE.IF TYPE OF SUBMISSION = 'C' OR 'A' WITH FILING DATE WITHIN THE NUMBER OF  
MONTHS OF HCSRs STORED ON THE DATABASE  
TOTAL CHARGES BY REVENUE CODE MUST BE ≥ ZERO FOR EACH DETAIL  
OCCURRENCE UNLESS REV CODE = 18X.**1-375-03R** IF TYPE OF SUBMISSION = 'C' OR 'A' WITH FILING DATE WITHIN THE NUMBER OF  
MONTHS OF HCSRs STORED ON THE DATABASE  
FOR EACH DETAIL OCCURRENCE, IF TOTAL CHARGES BY REVENUE CODE = ZERO,  
THEN UNITS OF SERVICE BY REVENUE CODE MUST ALSO = ZERO **FOR THAT  
OCCURRENCE**. IF TOTAL CHARGES BY REVENUE CODE > ZERO, THEN UNITS OF  
SERVICE MUST ALSO BE > ZERO **FOR THAT OCCURRENCE** (EXCEPT REVENUE CODE  
001).**1-375-04R** THE SUM OF ALL TOTAL CHARGES BY REVENUE CODE FOR REVENUE CODES OTHER  
THAN 001 MUST EQUAL THE TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODE  
001.**ELEMENT NAME: DENIAL REASON CODE (1-380)****VALIDITY EDITS****1-380-01** VALUE MUST BE IN RANGE 1 - 4, 6 - 9, 'A' - 'N', OR BLANK.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>1-110-04R</b> NAS NUMBER		
<b>1-155-11R</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR		TYPE OF SUBMISSION FILING DATE
<b>1-180-04R</b> NAS EXCEPTION REASON		
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	
FREQUENCY CODE	SEE BELOW	SPECIAL RATE CODE

**ELEMENT NAME: DENIAL REASON CODE (1-380) (CONTINUED)**

REVENUE CODE	SEE BELOW	SPECIAL RATE CODE
DENIAL REASON CODE	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	REVENUE CODE

**EDITED ELEMENT RELATIONSHIP**

**1-380-02R** ALL DETAIL OCCURRENCES (EXCLUDING REVENUE CODE 001) MUST CONTAIN A VALID DENIAL REASON CODE (EXCEPT FOR BLANK) **WHEN** AMOUNT ALLOWED = ZERO

**AND**

- |                      |   |  |
|----------------------|---|--|
| TYPE OF SUBMISSION = | I | INITIAL SUBMISSION                         |
|                      | R | RESUBMISSION OF ERROR REJECT (R) <b>OR</b> |
|                      | O | ZERO PAYMENT (O) <b>OR</b>                 |
|                      | F | ADJUSTMENT NEW SUFFIX (F) <b>OR</b>        |
|                      | D | COMPLETE DENIAL (D) <b>OR</b>              |
|                      | G | ADDITIONAL DRG INTERIM BILLING (G)         |

**OR**

- |                      |   |                       |
|----------------------|---|-----------------------|
| TYPE OF SUBMISSION = | A | ADJUSTMENT            |
|                      | C | COMPLETE CANCELLATION |

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE.

**1-380-03R** IF TYPE OF SUBMISSION = D DENIAL

ALL DETAIL OCCURRENCES (EXCLUDING REVENUE CODE 001) MUST CONTAIN A VALID DENIAL REASON CODE (EXCEPT BLANK).

**1-380-05R** IF FREQUENCY CODE = 1 (ADMIT THRU DISCHARGE) AND SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' (TRICARE/CHAMPUS DRG) **NO** OCCURRENCE OF DENIAL REASON MAY = 'E' (BILLING FOR PARTIAL STAY UNDER DRG NOT REIMBURSABLE) **OR** 'H' (INVALID INTERIM DRG REQUEST FOR PAYMENT).

**1-380-06R** IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'R', 'N', 'O', **OR** 'Q' AND REVENUE CODE = 901, 914 - 918, 96X, 97X, 98X (PROFESSIONAL SERVICES) **OR** 81X (ORGAN ACQUISITION) DENIAL REASON CODE MUST BE PRESENT.

**1-380-07R** IF ANY OCCURRENCE OF DENIAL REASON CODE = 'E' (BILLING FOR PARTIAL STAY UNDER DRG NOT REIMBURSABLE) **OR** 'H' (INVALID INTERIM DRG REQUEST FOR PAYMENT) THEN ALL DETAIL OCCURRENCES MUST BE DENIED. (DENIAL REASON CODE **NOT** BLANK.)

**1-380-08R** IF ANY OCCURRENCE OF DENIAL REASON CODE = 'T' (HIGH VOLUME PSYCH HOSPITAL/ UNIT PROFESSIONAL SERVICES EXCLUDED FROM PER DIEM) SPECIAL RATE CODE MUST = 'K' (HOSPITAL-SPECIFIC PSYCH PER DIEM RATE) AND REVENUE CODE (FOR THE SAME DETAIL OCCURRENCE) MUST = 96X, 97X, **OR** 98X (PROFESSIONAL SERVICES).

**ELEMENT NAME: OCCURRENCE COUNTER (1-385)**

**VALIDITY EDITS**

**1-385-01** EACH VALUE MUST BE NUMERIC.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
REVENUE DATA OCCURRENCE COUNT	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**1-385-02R** AN OCCURRENCE COUNTER VALUE MUST BE CODED FOR THE NUMBER OF OCCURRENCES SPECIFIED BY REVENUE DATA OCCURRENCE COUNT.

EACH OCCURRENCE COUNTER MUST HAVE A VALUE EQUAL TO THE NUMBER OF THAT OCCURRENCE (ASCENDING CONSECUTIVE ORDER).

