

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)
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TYPE OF SUBMISSION	SEE BELOW	
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EDITED ELEMENT RELATIONSHIP

2-200-02R IF TYPE OF SUBMISSION 'A', 'B', OR 'F'

REASON FOR ADJUSTMENT MUST =	'A' - 'F'
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IF TYPE OF SUBMISSION 'D', 'I', 'R', OR 'O'

REASON FOR ADJUSTMENT MUST =	SPACE.
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IF TYPE OF SUBMISSION 'C' OR 'E'

REASON FOR ADJUSTMENT MUST =	'D' - 'F'.
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ELEMENT NAME: SPECIAL PROCESSING CODE (2-202)

VALIDITY EDITS

2-202-01, OCCURRENCE NUMBER 1

2-202-02, OCCURRENCE NUMBER 2

2-202-03 OCCURRENCE NUMBER 3
VALUE MUST BE IN RANGE 0 - 9, BLANK, A - Z, !, @, #, \$, &, %, ?, *, AB, AD, AN, AR, BD, CE, EU, GU, KO, MS, MN, PD, PO, SC, SE, SM, SN, SP, SS, ST, OR WR

2-202-04 A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
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2-140-14R, NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
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ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)

2-145-14R,	PATIENT COPAYMENT/ COINSURANCE	TYPE OF SERVICE, PROVIDER PARTICIPATION INDICATOR
AND		
2-145-15R	CONTRACTOR NUMBER	SEE BELOW
2-235-06R	PROVIDER MAJOR SPECIALTY	SEE BELOW
2-100-05R	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 OR 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

2-202-05R	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 ALLOGENEIC 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).	
2-202-06R	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE IS 47133 AND BEGIN DATE OF CARE < 03/01/97 OR (> 02/19/98 AND < 09/01/99) THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 5 (LIVER TRANSPLANT).	
	ELSE IF BEGIN DATE OF CARE (≥ 03/01/97 AND ≤ 02/19/98) OR ≥ 09/01/99 THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 'ST' (SPECIALIZED TREATMENT)	
	OR IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE IS 47135, OR 47136 AND BEGIN DATE OF CARE < 03/01/97 OR (> 02/19/98 AND < 09/01/99) THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 5 (LIVER TRANSPLANT)	
	ELSE IF BEGIN DATE OF CARE (≥ 03/01/97 AND < 02/19/98) OR ≥ 09/01/99 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).	
2-202-09R	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
2-202-10R	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.
2-202-11R	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 ≥ MARCH 1, 1990 AND END DATE OF CARE ≤ APRIL 30, 1993.		
	IF SPECIAL PROCESSING CODE =	J	LUKE/WILLIAMS AFB CATCHMENT AREA
	THE FILING DATE MUST BE ≥ MARCH 1, 1990.		
2-202-12R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
	THE PROVIDER STATE OR COUNTRY CODE =	12	FLORIDA
		13	GEORGIA
2-202-13R	IF EARLIEST BEGIN DATE OF CARE < 6/30/88		
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY =	E	HHC/CM
2-202-15R	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
2-202-16R	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
2-202-17R	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.		
2-202-18R	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
2-202-19R	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
	AND	
	PROGRAM INDICATOR MUST =	D DRUG
2-202-20R	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
	OR	
	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
	AND AMOUNT ALLOWED > 0	
2-202-21R	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)

	UNLESS NAS EXCEPTION REASON =	K CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)
	OR PATIENT ZIP CODE IS NOT IN THE 48 CONTIGUOUS UNITED STATES AND THE DISTRICT OF COLUMBIA	
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
2-202-39R	IF BEGIN DATE OF CARE IS < 10/1/99 AND ONE OCCURRENCE OF SPECIAL PROCESSING CODE =	AR SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
		GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY MCS CONTRACTOR
	THEN CONTRACTOR NUMBER MUST =	25 MANAGED CARE SUPPORT - REGION 2/5 OR
		26 MANAGED CARE SUPPORT - REGION 1
2-202-40R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN SUPPLEMENTAL HEALTH CARE PROGRAM - ACTIVE DUTY NON-MTF-REFERRED CARE
		AR SUPPLEMENTAL CARE - ACTIVE DUTY REFERRED CARE
		CE SUPPLEMENTAL HEALTH CARE PROGRAM COMPREHENSIVE CLINICAL EVALUATION PROGRAM
		SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE
		SE SUPPLEMENTAL HEALTH CARE PROGRAM- TRICARE ELIGIBLE
		SM SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

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

THEN			
	ENROLLMENT STATUS MUST =	SR	SUPPLEMENTAL CARE CLAIMS FOR ACTIVE DUTY SERVICE MEMBERS: REFERRED CARE
		SN	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS FOR ACTIVE DUTY SERVICE MEMBERS: NON-MTF-REFERRED CARE
		SO	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS FOR NON-TRICARE ELIGIBLE
		ST	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS FOR TRICARE ELIGIBLE
2-202-41R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SN	TRICARE SENIOR SUPPLEMENT (NON-NETWORK) OR
		SS	TRICARE SENIOR SUPPLEMENT (NETWORK)
	THEN ENROLLMENT CODE MUST =	TS	TRICARE SENIOR SUPPLEMENT
2-202-42R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PD	PHARMACY REDESIGN PILOT PROGRAM
	THEN PROGRAM INDICATOR MUST =	D	DRUG
	AND REGION CODE =	3	REGION 3 OR
		5	REGION 5

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	
		S	
		R	AMBULATORY SURGERY FACILITY PAYMENT RATE OR
		S	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE

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

OR		
PRICING CODE =	C	AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
	D	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
	E	AMBULATORY SURGERY-PAID AS BILLED OR
	P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
	Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
	R	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
AND		
AMOUNT ALLOWED > 0		
SPECIAL PROCESSING CODE MUST =	?	AMBULATORY SURGERY FACILITY CHARGE
2-203-05R IF SPECIAL RATE CODE =	V	MEDICARE REIMBURSEMENT RATE
THEN		
SPECIAL PROCESSING CODE MUST =		MS TRICARE SENIOR PRIME (NETWORK) OR
	MN	TRICARE SENIOR PRIME (NON-NETWORK)
2-203-06R IF SPECIAL RATE CODE =	U	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM PAID OUTSIDE NORMAL LIMITS
THEN		
SPECIAL PROCESSING CODE MUST =		AN SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE OR
	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF- REFERRED CARE OR
	CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR. OR
	SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE OR
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
	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

2-208-02R 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

2-208-03R 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 EARLIEST BEGIN DATE OF CARE ≥ 10/01/97 **AND** < 10/1/99**AND**IF ENROLLMENT STATUS
CODE =Z MANAGED CARE SUPPORT PRIME, MTF/CLINIC
OR

BB TRICARE SENIOR PRIME

THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID¹
AND CANNOT = 6501, 6901 - 6915, 7901 - 7912, 7916, 8000 - 8099, **OR** BLANK**2-211-03R** IF EARLIEST BEGIN DATE OF CARE ≥ 10/1/99**AND**IF ENROLLMENT STATUS
CODE =Z MANAGED CARE SUPPORT PRIME, MTF/CLINIC
ORBB TRICARE SENIOR PRIME **OR**SR SUPPLEMENTAL HEALTH CARE PROGRAM -
REFERRED CARE**THEN** PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID¹
AND CANNOT = 6501, 6901 - 6915, 7901 - 7912, 7916, 8000 - 8099, **OR** BLANK**2-211-04R** IF EARLIEST BEGIN DATE OF CARE ≥ 10/1/97 **AND** < 10/1/99**AND** ENROLLMENT STATUS
CODE =

U MANAGED CARE SUPPORT PRIME, CIVILIAN PCM

¹ A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.² THESE REGION CODES ARE RESERVED FOR FUTURE USE.

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

AND REGION CODE = 2 THEN DMIS-ID MUST BE 6501 OR 6902 OR 8000 - 8099

2-211-05R IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/97

AND ENROLLMENT STATUS

CODE = U MANAGED CARE SUPPORT PRIME, CIVILIAN PCM

AND REGION CODE = 1 THEN DMIS-ID MUST BE 6901, 8000 - 8099

OR REGION CODE = 2 THEN DMIS-ID MUST BE 6902, 8000 - 8099

OR REGION CODE = 3 THEN DMIS-ID MUST BE 6903

OR REGION CODE = 4 THEN DMIS-ID MUST BE 6904

OR REGION CODE = 5 THEN DMIS-ID MUST BE 6905, 8000 - 8099

OR REGION CODE = 6 THEN DMIS-ID MUST BE 6906

OR REGION CODE = 7 THEN DMIS-ID MUST BE 6907

OR REGION CODE = 8 THEN DMIS-ID MUST BE 6908

OR REGION CODE = 9 THEN DMIS-ID MUST BE 6909

OR REGION CODE = 10 THEN DMIS-ID MUST BE 6910

OR REGION CODE = 11 THEN DMIS-ID MUST BE 6911

OR REGION CODE = 12 THEN DMIS-ID MUST BE 6912

OR ²REGION CODE = 13 THEN DMIS-ID MUST BE 6913

OR ²REGION CODE = 14 THEN DMIS-ID MUST BE 6914

OR ²REGION CODE = 15 THEN DMIS-ID MUST BE 6915

2-211-06R IF EARLIEST BEGIN DATE OF CARE ≥ 10/1/97 AND < 10/1/99

AND ENROLLMENT STATUS

CODE = W TPR ACTIVE DUTY CLAIMS - USA

AND REGION CODE = 1 THEN DMIS-ID MUST BE BLANK OR 7901 OR 8000 - 8099

OR REGION CODE = 2 THEN DMIS-ID MUST BE BLANK OR 7902 OR 8000 - 8099

OR REGION CODE = 5 THEN DMIS-ID MUST BE BLANK OR 7905 OR 8000 - 8099

OR REGION CODE = 11 THEN DMIS-ID MUST BE BLANK OR 6911

2-211-07R IF EARLIEST BEGIN DATE OF CARE ≥ 10/1/99

AND ENROLLMENT STATUS

CODE = W TPR ACTIVE DUTY CLAIMS - USA

AND REGION CODE = 1 THEN DMIS-ID MUST BE 7901 OR 8000 - 8099

OR REGION CODE = 2 THEN DMIS-ID MUST BE 7902 OR 8000 - 8099

OR REGION CODE = 3 THEN DMIS-ID MUST BE 7903

OR REGION CODE = 4 THEN DMIS-ID MUST BE 7904

OR REGION CODE = 5 THEN DMIS-ID MUST BE 7905 OR 8000 - 8099

OR REGION CODE = 6 THEN DMIS-ID MUST BE 7906

OR REGION CODE = 7 THEN DMIS-ID MUST BE 7907

¹ A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

² THESE REGION CODES ARE RESERVED FOR FUTURE USE.

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

OR REGION CODE = 8 THEN DMIS-ID MUST BE 7908

OR REGION CODE = 9 THEN DMIS-ID MUST BE 7909

OR REGION CODE = 10 THEN DMIS-ID MUST BE 7910

OR REGION CODE = 11 THEN DMIS-ID MUST BE 7911

OR REGION CODE = 12 THEN DMIS-ID MUST BE 7912 OR 7916

2-211-08R IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/97

**AND ENROLLMENT STATUS
CODE ≠**

SR SUPPLEMENTAL HEALTH CARE PROGRAM -
REFERRED CARE

U MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
OR

W TPR ACTIVE DUTY CLAIMS - USA **OR**

Z MANAGED CARE SUPPORT PRIME, MTF/CLINIC
OR

BB TRICARE SENIOR PRIME

THEN PCM LOCATION DMIS-ID MUST = BLANK

¹ A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

² THESE REGION CODES ARE RESERVED FOR FUTURE USE.

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 ¹	SEE BELOW	PROVIDER TAXPAYER NUMBER ¹ , PROVIDER SUBIDENTIFIER ¹ , PROVIDER ZIP CODE ¹ , BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE ¹
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.

¹ 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).

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

¹ PROVIDER FILE

² 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)

EDITED ELEMENT RELATIONSHIP

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').

2-217-04R² **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

¹ **PROVIDER FILE**

² **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.

¹ **PROVIDER FILE**

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

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

¹ **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.

¹ **PROVIDER FILE**

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

RELATIONAL EDITS

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

¹ **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	

EDITED ELEMENT RELATIONSHIP

2-230-02R 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

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

PROVIDER PARTICIPATION INDICATOR MUST = 'Y'.

ELEMENT NAME: PROVIDER MAJOR SPECIALTY (2-235)**VALIDITY EDITS****2-235-01** THIS FIELD MUST BE A VALID PROVIDER MAJOR SPECIALTY, SEE [CHAPTER 2, ADDENDUM C](#).**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROVIDER MAJOR SPECIALTY OR TYPE SEE BELOW OF INSTITUTION ¹		PROVIDER TAXPAYER NUMBER ¹ , PROVIDER SUBIDENTIFIER ¹ , PROVIDER ZIP CODE ¹ , BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE ¹
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**2-235-02R** 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.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.**2-235-03R** IF PROVIDER MAJOR SPECIALTY IS 'TS' (TRANSPORTATION SERVICES) THEN THE PROGRAM INDICATOR MUST BE = 'H' (PPWD)
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** 92.¹ PROVIDER FILE

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

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 > 04/30/99
THEN PROVIDER MAJOR SPECIALTY ≠ 70
(THE MAJOR SPECIALTY OF THE PROVIDER IN THE CLINIC WHO PROVIDED THE SERVICE MUST BE REPORTED.)

¹ 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	
2-170-11R 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

2-255-02R¹ PRINCIPAL TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

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.

¹ 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)

2-255-05R 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
POSITION MUST BE =

A AMBULATORY SURGERY COST-SHARED AS
INPATIENT (ACTIVE DUTY FAMILY MEMBERS
ONLY) **OR**

I INPATIENT **OR**

O OUTPATIENT, EXCLUDING 'M', 'P', OR 'N' **OR**

N OUTPATIENT COST-SHARED AS INPATIENT

AND

TYPE OF SERVICE SECOND
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)

¹ 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	
2-170-11R OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-260-02R¹ 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.

¹ 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.¹

¹ SEE EDIT 2-260-01.

² 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-2 (2-265) (CONTINUED)**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	
2-170-11R OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

- 2-265-02R²** 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.

¹ SEE EDIT 2-260-01.

² 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.¹

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	

¹ SEE EDIT 2-260-01

² 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-3 (2-270) (CONTINUED)

2-170-11R OVERRIDE CODE

PROCEDURE CODE SEE BELOW

EDITED ELEMENT RELATIONSHIP

2-270-02R¹ 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.

¹ SEE EDIT 2-260-01

² 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.¹

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	

2-170-11R OVERRIDE CODE

PROCEDURE CODE SEE BELOW

EDITED ELEMENT RELATIONSHIP

2-275-02R¹ SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

¹ 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)

2-275-04R 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.

2-275-05R 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.

¹ 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**

2-280-01 UTILIZATION DATA OCCURRENCE COUNT MUST BE = 01 THRU 25.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-280-02R	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	

¹ 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)		
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 E](#)). 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 - NON-MTF-REFERRED CARE **OR**

AR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE **OR**

CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**

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

MN TRICARE-SENIOR PRIME (NON-NETWORK) **OR**

MS TRICARE-SENIOR PRIME (NETWORK) **OR**

SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE **OR**

¹ 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)SE SUPPLEMENTAL HEALTH CARE PROGRAM -
TRICARE ELIGIBLE **OR**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 DENIED¹ PROCEDURE CODE, DENIAL REASON CODE MUST BE PRESENT AND AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO

WHEN

TYPE OF SUBMISSION =

A ADJUSTMENT **OR**C COMPLETE CANCELLATION **OR**D COMPLETE DENIAL **OR**F ADJUSTMENT NEW SUFFIX **OR**I INITIAL SUBMISSION **OR**O ZERO PAYMENT **OR**

R RESUBMISSION OF ERROR REJECT

ELSE

TYPE OF SUBMISSION =

A ADJUSTMENT **OR**B ADJUSTMENT NON-HCSR DATA **OR**C COMPLETE CANCELLATION **OR**

E CANCELLATION NON-HCSR DATA

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO**UNLESS**SPECIAL PROCESSING
CODE =AN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-
MTF-REFERRED CARE **OR**AR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-
REFERRED CARE **OR**CE SUPPLEMENTAL HEALTH CARE PROGRAM -
COMPREHENSIVE CLINICAL EVALUATION
PROGRAM **OR**GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN
TRICARE PRIME REMOTE: NOT AT RISK PAYMENT
BY CONTRACTOR. **OR**MN TRICARE-SENIOR PRIME (NON-NETWORK) **OR**MS TRICARE-SENIOR PRIME (NETWORK) **OR**

¹ 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)

	SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
	SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
2-290-05R		IF ENROLLMENT STATUS = 'A', 'B', 'C', OR 'K' (PRIME) AND PROCEDURE CODE IS A DENIED ¹ PROCEDURE CODE, DENIAL REASON CODE MUST BE PRESENT AND AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO
WHEN		
TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	COMPLETE CANCELLATION OR
	D	COMPLETE DENIAL OR
	F	ADJUSTMENT NEW SUFFIX OR
	I	INITIAL SUBMISSION OR
	O	ZERO PAYMENT OR
	R	RESUBMISSION OF ERROR REJECT
ELSE		
TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	B	ADJUSTMENT NON-HCSR DATA OR
	C	COMPLETE CANCELLATION OR
	E	CANCELLATION NON-HCSR DATA
		THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO,
UNLESS OVERRIDE CODE =	Z	(ENHANCED BENEFIT)
THEN SPECIAL PROCESSING CODE =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE OR
	CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	MN	TRICARE-SENIOR PRIME (NON-NETWORK) OR
	MS	TRICARE-SENIOR PRIME (NETWORK OR
	SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
	SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY OR

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

