

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: NUMBER OF SERVICES (2-300)

VALIDITY EDITS

2-300-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

- 2-300-02R** IF TYPE OF SUBMISSION = 'T', 'R', 'D', 'F', OR 'O'
 NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE > ZERO.
- IF TYPE OF SUBMISSION = 'C' OR 'A'
 WITH FILING DATE WITHIN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE
 NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE ≥ ZERO.
- 2-300-03R** IF TYPE OF SUBMISSION = 'C' OR 'A'
 WITH FILING DATE WITHIN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE
 FOR EACH OCCURRENCE, IF NUMBER OF SERVICES = ZERO, TOTAL CHARGES BY
 PROCEDURE CODE MUST ALSO BE = ZERO **FOR THAT OCCURRENCE** UNLESS SPC = '?'.
 IF NUMBER OF SERVICES > ZERO, TOTAL CHARGES BY PROCEDURE CODE MUST ALSO
 BE > ZERO **FOR THAT OCCURRENCE** UNLESS SPC = '?'.
- 2-300-04R** THE SUM OF ALL OCCURRENCES OF NUMBER OF SERVICES BY PROCEDURE CODE MUST
 BE > ZERO, IF TYPE OF SUBMISSION = 'C' OR 'A'
 WITH FILING DATE WITHIN NUMBER OF MONTHS OF HCSRs STORED ON THE
 DATABASE. (ALWAYS TRUE FOR TYPES OF SUBMISSION 'T', 'R', 'D', 'F', AND 'O'.)

ELEMENT NAME: TOTAL CHARGES BY PROCEDURE CODE (2-305)

VALIDITY EDITS

2-305-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

2-300-03R NUMBER OF SERVICES

EDITED ELEMENT RELATIONSHIP

2-305-02R IF TYPE OF SUBMISSION = 'I', 'R', 'D', 'F', OR 'O'
 TOTAL CHARGES BY PROCEDURE CODE FOR EACH OCCURRENCE MUST BE > ZERO.

TOTAL CHARGES BY PROCEDURE CODE FOR EACH OCCURRENCE MUST BE > ZERO

WHEN

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	?	AMBULATORY SURGERY-FACILITY CHARGE
NO OCCURRENCE OF PRICING CODE =	C	AMBULATORY SURGERY-FACILITY PAYMENT RATE
	D	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
	E	AMBULATORY SURGERY-PAID AS BILLED
	P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
	Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
	R	TRICARE CLAIMCHECK ADDED PROCEDURE, AMBULATORY SURGERY, PAID AS BILLED

ELSE

TOTAL CHARGES BY PROCEDURE CODE FOR EACH OCCURRENCE MUST BE ≥ ZERO

WHEN

TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN NUMBER OF MONTHS OF HCSRs STORED ON THE DATA BASE

AND

NO OCCURRENCE OF PRICING CODE =	C	AMBULATORY SURGERY
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ELEMENT NAME: TOTAL CHARGES BY PROCEDURE CODE (2-305) (CONTINUED)

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

ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-306)**VALIDITY EDITS****2-306-01** MUST BE NUMERIC.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TOTAL CHARGES BY PROCEDURE CODE	SEE BELOW	SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	
DENIAL REASON CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
PRICING CODE	SEE BELOW	TOTAL CHARGES BY PROCEDURE CODE, TYPE OF SUBMISSION, FILING DATE

EDITED ELEMENT RELATIONSHIP**2-306-02R** AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ZERO FOR ALL DETAIL OCCURRENCES:**WHEN**

TYPE OF SUBMISSION = D COMPLETE DENIAL

2-306-04R AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ZERO WHEN DENIAL REASON CODE IS NOT EQUAL TO BLANK, IN THE CORRESPONDING DETAIL OCCURRENCE**WHEN**

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

D COMPLETE DENIAL

OR

TYPE OF SUBMISSION = A ADJUSTMENT

¹ THIS EDIT APPLIES TO PRIME, NON-PRIME (EXTRA), AND STANDARD TRICARE.

ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-306) (CONTINUED)

C COMPLETE CANCELLATION

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

2-306-05R AMOUNT ALLOWED BY PROCEDURE CODE MUST BE LESS THAN OR EQUAL TO TOTAL CHARGES BY PROCEDURE CODE FOR EACH DETAIL OCCURRENCE

WHEN¹

SPECIAL RATE CODE = b NO SPECIAL RATE

D DISCOUNT RATE

PRICING CODE IN FIRST DETAIL OCCURRENCE NOT '9'

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

D COMPLETE DENIAL

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

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

2-306-06R AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = TOTAL CHARGES BY PROCEDURE CODE

WHEN

PRICING CODE = 4 PAID AS BILLED

IN THE CORRESPONDING
 DETAIL OCCURRENCE = I TRICARE CLAIMCHECK-ADDED PROCEDURE, PAID AS BILLED

WHEN

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

D COMPLETE DENIAL

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

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

¹ THIS EDIT APPLIES TO PRIME, NON-PRIME (EXTRA), AND STANDARD TRICARE.

ELEMENT NAME: PRICING CODE (2-309)**VALIDITY EDITS**

2-309-01 MUST BE VALID VALUE OF '0', '1', '2', '3', '4', '5', '6', '7', '8', '9', 'A', THRU 'O', 'P', 'Q', 'R', 'U', 'T', OR 'V'.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DENIAL REASON CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE

EDITED ELEMENT RELATIONSHIP

2-309-02R PRICING CODE MUST BE ZERO **WHEN** DENIAL REASON CODE IS PRESENT (NOT BLANK).

2-309-03R IF PROGRAM INDICATOR = D DRUG
PRICING CODE MUST BE ZERO.

2-309-04R PRICING CODE MUST **NOT** BE ZERO **WHEN** DENIAL REASON CODE **IS** BLANK
UNLESS
PROGRAM INDICATOR = D DRUG

2-309-05R IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO, PRICING CODE MUST = ZERO, FOR THAT DETAIL OCCURRENCE,

WHEN

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

OR

TYPE OF SUBMISSION =	A ADJUSTMENT
	C COMPLETE CANCELLATION

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

2-309-06R PRICING CODE MUST NOT = 9 IN ANY DETAIL OCCURRENCE AFTER THE FIRST.

2-309-07R IF PRICING CODE =

C	AMBULATORY SURGERY-FACILITY PAYMENT RATE
D	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
E	AMBULATORY SURGERY-PAID AS BILLED
P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT

ELEMENT NAME: PRICING CODE (2-309) (CONTINUED)

	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		
SPECIAL PROCESSING CODE MUST BE =	?	AMBULATORY SURGERY-FACILITY CHARGE
2-309-08R IF PRICING CODE =	U	MEDICARE REIMBURSEMENT USED
THEN SPECIAL PROCESSING CODE MUST =		
	MS	TRICARE-SENIOR PRIME (NETWORK)
	MN	TRICARE-SENIOR PRIME (NON-NETWORK)

ELEMENT NAME: BEGIN DATE OF CARE (2-310)

VALIDITY EDITS

2-310-01 MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-310-02R END DATE OF CARE	≤	CORRESPONDING DETAIL
2-310-03R FILING DATE	≤	
2-310-04R DATE OF HCSR PROCESSED TO COMPLETION	≤	
DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
2-310-07R PATIENT DATE OF BIRTH	≥	
PROVIDER TAXPAYER NUMBER ¹	SEE BELOW	PROVIDER SUBIDENTIFIER ¹ , PROVIDER ZIP CODE ¹ , PROVIDER ACCEPTANCE & TERMINATION DATES ¹ , PROVIDER RECORD EFFECTIVE DATE ¹ , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE

EDITED ELEMENT RELATIONSHIP

2-310-05R BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED

WHEN TYPE OF SUBMISSION IS =

- A ADJUSTMENT
- C COMPLETE CANCELLATION

¹ PROVIDER FILE

ELEMENT NAME: BEGIN DATE OF CARE (2-310) (CONTINUED)

B ADJUSTMENT TO NON-HCSR DATA

E CANCELLATION OF NON-HCSR DATA

F ADJUSTMENT HCSR NEW SUFFIX

2-310-06R PROVIDER MUST BE 'AUTHORIZED' ON PROVIDER FILE FOR EACH BEGIN DATE OF CARE, UNLESS AMOUNT ALLOWED \leq ZERO, OR AMOUNT ALLOWED BY PROCEDURE CODE \leq ZERO. 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, PROVIDER ZIP CODE, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

¹ PROVIDER FILE**ELEMENT NAME: END DATE OF CARE (2-315)**

VALIDITY EDITS

2-315-01 MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-315-02R	BEGIN DATE OF CARE	\geq	CORRESPONDING DETAIL
2-315-03R	FILING DATE	\leq	
2-315-04R	DATE HCSR PROCESSED TO COMPLETION	\leq	
	DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
	PROVIDER TAXPAYER NUMBER ¹	SEE BELOW	PROVIDER SUBIDENTIFIER ¹ , PROVIDER ZIP CODE ¹ , PROVIDER ACCEPTANCE AND TERMINATION DATES ¹ , PROVIDER RECORD EFFECTIVE DATE ¹ , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE

EDITED ELEMENT RELATIONSHIP

2-315-05R END DATE OF CARE MUST BE \leq DATE ADJUSTMENT IDENTIFIED

WHEN TYPE OF SUBMISSION IS = A ADJUSTMENT

C COMPLETE CANCELLATION

B ADJUSTMENT TO NON-HCSR DATA

E CANCELLATION OF NON-HCSR DATA

F ADJUSTMENT HCSR NEW SUFFIX

2-315-06R PROVIDER MUST BE 'AUTHORIZED' ON PROVIDER FILE FOR EACH END DATE OF CARE, UNLESS AMOUNT ALLOWED \leq ZERO, OR AMOUNT ALLOWED BY PROCEDURE CODE \leq ZERO. 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, PROVIDER ZIP CODE, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

ELEMENT NAME: END DATE OF CARE (2-315) (CONTINUED)

2-315-08R IF PROCEDURE CODE = '92895', '92896' **OR** '92897'
END DATE OF CARE YEAR AND MONTH MUST EQUAL BEGIN DATE OF CARE YEAR
AND MONTH FOR THAT OCCURRENCE.

ELEMENT NAME: PLACE OF SERVICE (2-320)

VALIDITY EDITS

2-320-01 VALUE MUST BE IN RANGE, '11', '12', '21'-'26', '31'-'34', '41', '42', '51'-'56', '61', '62', '65', '71', '72',
'81' **OR** '99'.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NAS EXCEPTION REASON		
TYPE OF SERVICE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
TYPE OF SUBMISSION	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-320-02R IF DENIAL REASON CODE IS BLANK
PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE. SEE FOR VALID PLACES
OF SERVICE BASED ON TYPE OF SERVICE, SEE [FIGURE 6-A-3](#).

2-320-03R PLACE OF SERVICE MUST BE CONSISTENT WITH NAS EXCEPTION REASON

PLACE OF SERVICE =	31	SKILLED NURSING FACILITY
WHEN NAS EXCEPTION REASON =	4	NURSING FACILITY
PLACE OF SERVICE =	56	RTC
WHEN NAS EXCEPTION REASON =	5	RTC
PLACE OF SERVICE =	55	STF
WHEN NAS EXCEPTION REASON =	7	STF
PLACE OF SERVICE =	99	OTHER LOCATIONS
WHEN NAS EXCEPTION REASON =	3	COLLEGE INFIRMARY
2-320-04R IF PROGRAM INDICATOR =	D	DRUG
PLACE OF SERVICE =	99	PHARMACY
2-320-05R IF PLACE OF SERVICE =	21	INPATIENT HOSPITAL
TYPE OF SERVICE FIRST POSITION MUST =	I	INPATIENT

ELEMENT NAME: TYPE OF SERVICE (2-325)**VALIDITY EDITS**

2-325-01 FIRST BYTE MUST BE = 'A', 'C', 'I', 'O', 'M', 'N', 'P', OR 'K'.
SECOND BYTE MUST BE = '1' - '9'; 'A' - 'L'.

IF FIRST BYTE = 'A'; SECOND BYTE MUST NOT = 'C'.
IF FIRST BYTE = 'P'; SECOND BYTE MUST = 'H'.
IF FIRST BYTE = 'N'; SECOND BYTE MUST = 'I' OR SPECIAL PROCESSING CODE = 'N'.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-320-02R	PLACE OF SERVICE		
	TYPE OF SERVICE	SEE BELOW	
	NAS NUMBER	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	PROCEDURE CODE	SEE BELOW	
	NAS EXCEPTION REASON	SEE BELOW	
	PROVIDER MAJOR SPECIALTY	SEE BELOW	
	PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	SECONDARY TREATMENT DIAGNOSIS

EDITED ELEMENT RELATIONSHIP

2-325-02R FIRST BYTE OF TYPE OF SERVICE
MUST BE CONSISTENT =

I	ON SAME HCSR
M	
K	
A	ON ONE HCSR
O	
C	
P	
N	

FOR EACH DETAIL OCCURRENCE IN THAT RECORD.

2-325-04R IF PROGRAM INDICATOR = D DRUG

TYPE OF SERVICE (SECOND
BYTE) MUST BE = B DRUGS

2-325-05R SECOND BYTE OF TYPE OF SERVICE MUST BE CONSISTENT WITH PROCEDURE CODE.
WHEN AMOUNT ALLOWED > '0' SEE [FIGURE 6-A-1](#).

2-325-06R IF PROCEDURE CODE = '92891', '92892', '92893', '92898', OR '92899'.
AND DENIAL REASON CODE = 'b'
TYPE OF SERVICE (FIRST BYTE) MUST = 'P' (PARTIAL PSYCHIATRIC OUTPATIENT).

2-325-07R IF NAS EXCEPTION REASON = 'A'

TYPE OF SERVICE (FIRST
BYTE) MUST = I INPATIENT

2-325-08R IF PROVIDER MAJOR SPECIALTY BC BIRTHING CENTERS

ELEMENT NAME: TYPE OF SERVICE (2-325) (CONTINUED)

	TYPE OF SERVICE (FIRST BYTE) MUST =	M MATERNITY
		O OUTPATIENT
2-325-09R	IF TYPE OF SERVICE FIRST BYTE = 'M' PRINCIPAL OR SECONDARY TREATMENT DIAGNOSIS MUST BE MATERNITY (630 - 676 OR V22 - V24) OR V270 - 289	
2-325-12R	IF SECOND BYTE = 'C' SPONSOR STATUS ≠ 'A', 'B', 'J', 'N', 'V', 'T', 'P', OR 'Q'.	
2-325-14R	IF TYPE OF SERVICE FIRST =	A AMBULATORY SURGERY COST SHARED AS INPATIENT (ACTIVE DUTY FAMILY MEMBERS ONLY)
		C AIR FORCE CAM PRIMARY/PREVENTATIVE CARE
		O OUTPATIENT, EXCLUDING 'M', 'P' OR 'N'
		N OUTPATIENT COST SHARED AS INPATIENT
		M OUTPATIENT MATERNITY COST SHARED AS INPATIENT
		P OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST SHARED AS INPATIENT
	PLACE OF SERVICE MUST NOT =	21 INPATIENT HOSPITAL

ELEMENT NAME: DENIAL REASON CODE (2-330)

VALIDITY EDITS

2-330-01 VALUE MUST BE IN RANGE '1' - '4', '6' - '9', 'A' - 'D', 'G', 'J' - 'N', 'GG', 'LL', OR BLANK.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
2-110-04R	NAS NUMBER	
2-155-11R	SEE BELOW	TYPE OF SUBMISSION, FILING DATE CONTRACTOR
	CONTRACTOR	
2-180-04R	NAS EXCEPTION REASON	
2-309-02R	PRICING CODE	
TYPE OF SUBMISSION	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-330-02R IF AMOUNT ALLOWED = ZERO
ALL DETAIL OCCURRENCES MUST CONTAIN A DENIAL REASON CODE (NOT BLANK)

ELEMENT NAME: DENIAL REASON CODE (2-330) (CONTINUED)**WHEN**

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

OR

TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

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

2-330-03R IF TYPE OF SUBMISSION = D DENIAL

ALL DETAIL OCCURRENCES MUST CONTAIN A DENIAL REASON CODE (EXCEPT BLANK).

2-330-04R IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO, DENIAL REASON CODE MUST NOT = BLANK, FOR THAT DETAIL OCCURRENCE,

WHEN

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

OR

TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

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

ELEMENT NAME: PRICING PROFILE YEAR (2-331)

VALIDITY EDITS

2-331-01 VALUE MUST BE BLANK '91', '92', '93', '14', '94', '15', '95', '16', '96', '17', '97', '18', '19', '28', '98', '99', OR '00'.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PRICING CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
PRICING CODE	SEE BELOW	END DATE OF CARE, DATE PROCESSED TO COMPLETION

EDITED ELEMENT RELATIONSHIP

2-331-02R	IF PRICING CODE =	0	PRICING NOT APPLICABLE
		1	PRICED MANUALLY
		4	PAID AS BILLED
		5	PAID ON NEGOTIATED RATE
		F	TRICARE CLAIMCHECK-ADDED PROCEDURE, PRICED MANUALLY
		I	TRICARE CLAIMCHECK-ADDED PROCEDURE, PAID AS BILLED
		J	TRICARE CLAIMCHECK-ADDED PROCEDURE, PAID ON NEGOTIATED RATE
		T	TRICARE CLAIMCHECK-ADDED PROCEDURE, ALLOWED AS BILLED BUT PAID LESS THAN BILLED

PRICING PROFILE YEAR MUST BE BLANK.

2-331-03R IF PROGRAM INDICATOR = D DRUG

PRICING PROFILE MUST BE BLANK

2-331-04R IF PRICING CODE = '2', '3', '6', '7', '8', 'A', 'B', 'G', 'H', 'K', 'L', 'M', 'N', OR 'O' THEN:

WHEN PRICING PROFILE YEAR = '00'
 END DATE OF CARE MUST BE ≥ 02/01/00
 AND
 DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/00

WHEN PRICING PROFILE YEAR = '99'
 END DATE OF CARE MUST BE ≥ 01/01/99 AND ≤ 01/31/00
 AND
 DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/99

WHEN PRICING PROFILE YEAR = '19'
 END DATE OF CARE MUST BE ≥ 01/01/99 AND ≤ 01/31/99
 AND
 DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/99

ELEMENT NAME: PRICING PROFILE YEAR (2-331) (CONTINUED)

WHEN PRICING PROFILE YEAR = '28'
 END DATE OF CARE MUST BE $\geq 10/01/87$ AND $\leq 12/31/98$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\geq 08/01/98$

WHEN PRICING PROFILE YEAR = '98'
 END DATE OF CARE MUST BE $\geq 10/01/87$ AND $\leq 12/31/98$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\geq 01/01/98$

WHEN PRICING PROFILE YEAR = '18'
 END DATE OF CARE MUST BE $\geq 10/01/87$ AND $\leq 01/31/98$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\geq 01/01/98$

WHEN PRICING PROFILE YEAR = '97'
 END DATE OF CARE MUST BE $\geq 10/01/87$ AND $\leq 12/31/97$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\geq 03/01/97$

WHEN PRICING PROFILE YEAR = '17'
 END DATE OF CARE MUST BE $\geq 10/01/87$ AND $\leq 02/28/97$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\geq 01/01/97$

WHEN PRICING PROFILE YEAR = '96'
 END DATE OF CARE MUST BE $\geq 10/01/87$ AND $\leq 12/31/96$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\geq 01/01/96$

WHEN PRICING PROFILE YEAR = '16'
 END DATE OF CARE MUST BE $\geq 10/01/87$ AND $\leq 01/31/96$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\geq 01/01/96$

WHEN PRICING PROFILE YEAR = '95'
 END DATE OF CARE MUST BE $\geq 10/01/87$ AND $\leq 01/31/96$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\geq 01/01/95$

WHEN PRICING PROFILE YEAR = '15'
 END DATE OF CARE MUST BE $\geq 10/01/87$ AND $\leq 02/28/95$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\geq 01/01/95$

WHEN PRICING PROFILE YEAR = '94'
 END DATE OF CARE MUST BE $\geq 04/01/94$ AND $\leq 12/31/94$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\leq 12/31/94$

OR
 END DATE OF CARE MUST BE $\geq 10/01/87$ AND $\leq 12/31/94$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\geq 01/01/95$

WHEN PRICING PROFILE YEAR = '14'
 END DATE OF CARE MUST BE $\geq 11/01/93$ AND $\leq 03/31/94$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\leq 12/31/94$

ELEMENT NAME: PRICING PROFILE YEAR (2-331) (CONTINUED)

OR

END DATE OF CARE MUST BE $\geq 10/01/87$ AND $\leq 03/31/94$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\geq 01/01/95$ AND $\leq 02/28/95$

WHEN PRICING PROFILE YEAR = '93'

END DATE OF CARE MUST BE $\geq 01/01/87$ AND $\leq 10/31/93$
 AND
 DATE PROCESSED TO COMPLETION MUST BE $\geq 02/28/95$

ELEMENT NAME: CPT-4 MODIFIER (2-333)

VALIDITY EDITS

2-333-01 MUST BE 20 - 26, 32, 50 - 52, 54 - 58, 62, 66, 76 - 82, 90, 99, TC **OR** BLANK.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

2-333-03R IF PROCEDURE CODE = 10040 - 69979

PROCEDURE CODE MUST = 20, 22, 26, 32, 47, 50 - 52, 54 - 58, 62, 66, 76 - 82, 90, 99, TC **OR** BLANK

2-333-04R IF PROCEDURE CODE = 70010 - 79999

PROCEDURE CODE MODIFIER MUST = 22, 26, 32, 51, 52, 58, 62, 66, 76 - 80, 90, 99, TC **OR** BLANK

2-333-05R IF PROCEDURE CODE = 80002 - 89399

PROCEDURE CODE MODIFIER MUST = 22, 26, 32, 52, 90, TC **OR** BLANK

2-333-06R IF PROCEDURE CODE = 90700 - 99199

PROCEDURE CODE MODIFIER MUST = 22, 26, 32, 51, 52, 55 - 58, 76 - 82, 90, 99, TC **OR** BLANK

2-333-07R IF PROCEDURE CODE = 99201 - 99499

PROCEDURE CODE MODIFIER MUST = 21, 24, 25, 32, 52, 57, TC **OR** BLANK

2-333-08R IF PROCEDURE CODE = A0010 - A0999

PROCEDURE CODE MODIFIER MUST = D, E, H, N, P, R, S, X, AS, EE, EH, EP, ER, HE, HH, HR, HT, PH, QM, QN, RA, RE, RH, SH, XX **OR** BLANK

2-333-09R IF PROCEDURE CODE = A4206 - A6406

PROCEDURE CODE MODIFIER MUST = CC, LT, RT **OR** BLANK

2-333-10R IF PROCEDURE CODE = B4034 - B9999

PROCEDURE CODE MODIFIER MUST = CC, DD, **OR** BLANK

2-333-11R IF PROCEDURE CODE = D0110 - D9999

PROCEDURE CODE MODIFIER MUST = CC, ET, LT, QB, QU, RT, TC **OR** BLANK

2-333-12R IF PROCEDURE CODE = E0100 - E1830

ELEMENT NAME: CPT-4 MODIFIER (2-333) (CONTINUED)

PROCEDURE CODE MODIFIER MUST = CC, LL, LT, MS, NR, NU, QE, QF, QG, QH, QT, RP, RR, RT, TC, UE **OR** BLANK

2-333-13R IF PROCEDURE CODE = J0110 - J8999

PROCEDURE CODE MODIFIER MUST = AA, AB, AC, AD, AE, AF, AG, CC, QB, QU, TC **OR** BLANK

2-333-14R IF PROCEDURE CODE = J9000 - J9999

PROCEDURE CODE MODIFIER MUST = CC, QB, QU, TC **OR** BLANK

2-333-15R IF PROCEDURE CODE = L0100 - L9999

PROCEDURE CODE MODIFIER MUST = CC, LT, QB, QU, RT, TC **OR** BLANK

2-333-16R IF PROCEDURE CODE = M0005 - M0900

PROCEDURE CODE MODIFIER MUST = AH, AJ, AN, CC, EJ, EM, EP, FP, QB, QC, QD, QT, QU, Q5, Q6, SF, TC **OR** BLANK

2-333-17R IF PROCEDURE CODE = P2028 - P9615

PROCEDURE CODE MODIFIER MUST = CC, LR, TC **OR** BLANK

2-333-18R IF PROCEDURE CODE = Q0034 - Q9940

PROCEDURE CODE MODIFIER MUST = CC, LL, LR, QC, QD, QE, QF, QG, QH, QT, RP, RR, TC, UE **OR** BLANK

2-333-19R IF PROCEDURE CODE = R0070 - R0076

PROCEDURE CODE MODIFIER MUST = CC, LT, RT, TC **OR** BLANK

2-333-20R IF PROCEDURE CODE = V2020 - V2799

PROCEDURE CODE MODIFIER MUST = AP, CC, LS, LT, PL, RT, SF, TC, VP **OR** BLANK

2-333-21R IF PROCEDURE CODE = V5008 - V5364

PROCEDURE CODE MODIFIER MUST = CC, LT, RT, SF, TC **OR** BLANK

ELEMENT NAME: OCCURRENCE COUNTER (2-335)**VALIDITY EDITS**

2-335-01 EACH VALUE MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

2-335-02R AN OCCURRENCE COUNTER VALUE MUST BE CODED FOR THE NUMBER OF OCCURRENCES SPECIFIED BY UTILIZATION DATA OCCURRENCE COUNT.

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

