

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: MAJOR DIAGNOSTIC CATEGORY (1-200)**

**VALIDITY EDITS**

**1-200-01** VALUE MUST = 1 - 25, 60, 90, **OR** BLANK.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**1-200-02R** IF NAS NUMBER IS NOT CODED THE MAJOR DIAGNOSTIC CATEGORY MUST NOT BE CODED.

**ELEMENT NAME: REASON FOR ISSUANCE (1-202)**

**VALIDITY EDITS**

**1-202-01** VALUE MUST = 1 - 9, **OR** BLANK.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NON-AVAILABILITY STATEMENT NUMBER	SEE BELOW	
MAJOR DIAGNOSTIC CATEGORY	SEE BELOW	
ENROLLMENT CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

IF NAS NUMBER IS CODED THE NAS REASON FOR ISSUANCE MUST NOT BE BLANK

**1-202-03R** IF NAS NUMBER IS BLANK THE REASON FOR ISSUANCE MUST = BLANK.

**1-202-04R** IF MAJOR DIAGNOSTIC CATEGORY IS NOT CODED, REASON FOR ISSUANCE MUST = BLANK 7, 8 **OR** 9

**1-202-05R** IF REASON FOR ISSUANCE = 7, 8 **OR** 9

**THEN**

ENROLLMENT CODE = D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM

**ELEMENT NAME: REASON FOR ISSUANCE (1-202) (CONTINUED)**

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

**ELEMENT NAME: CLAIM FORM TYPE (1-204)**

**VALIDITY EDITS**

**1-204-01** VALUE MUST BE 'A' - 'J' IF FILING DATE ≥ 10/01/1993; OTHERWISE NO EDIT APPLIES.

**RELATIONAL EDITS**

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

**ELEMENT NAME: PCM LOCATION DMIS-ID (1-205)****VALIDITY EDITS****1-205-01** MUST BE VALID DMIS CODE.**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP****1-205-02R** IF DATE OF ADMISSION  $\geq$  10/01/1997 **AND**  $<$  10/01/1999**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-ID<sup>1</sup>  
AND CANNOT = 6501, 6901 - 6915, 7901 - 7912, 7916, 8000 - 8099, OR BLANK****1-205-03R** IF DATE OF ADMISSION  $\geq$  10/01/1999**AND**IF ENROLLMENT STATUS  
CODE =**Z** **MANAGED CARE SUPPORT - PRIME, MTF/CLINIC  
OR****BB** **TRICARE SENIOR PRIME OR****SR** **SUPPLEMENTAL HEALTH CARE PROGRAM -  
REFERRED CARE****THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID<sup>1</sup>  
AND CANNOT = 6501, 6901 - 6915, 7901 - 7912, 7916, 8000 - 8099, OR BLANK****1-205-04R** IF DATE OF ADMISSION  $\geq$  10/01/1997 **AND**  $<$  10/01/1999**AND** ENROLLMENT STATUS  
CODE =**U** **MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM****AND REGION CODE = 2 THEN DMIS-ID MUST BE 6501 OR 6902 OR 8000 - 8099****1-205-05R** IF DATE OF ADMISSION  $\geq$  10/01/1997**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**<sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.<sup>2</sup> THESE REGION CODES ARE RESERVED FOR FUTURE USE.

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

**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** <sup>2</sup>REGION CODE = 13 **THEN** DMIS-ID MUST BE 6913

**OR** <sup>2</sup>REGION CODE = 14 **THEN** DMIS-ID MUST BE 6914

**OR** <sup>2</sup>REGION CODE = 15 **THEN** DMIS-ID MUST BE 6915

**1-205-06R** IF DATE OF ADMISSION ≥ 10/01/1997 **AND** < 10/01/1999

**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

**1-205-07R** IF DATE OF ADMISSION ≥ 10/01/1999 **AND** < 08/01/2000

**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

**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

**1-205-08R** IF DATE OF ADMISSION ≥ 10/01/1997

**AND** ENROLLMENT STATUS

CODE ≠ SR SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE **OR**

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

<b>ELEMENT NAME: PCM LOCATION DMIS-ID (1-205) (CONTINUED)</b>	
	<b>U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM OR</b>
	<b>W TPR ACTIVE DUTY CLAIMS - USA OR</b>
	<b>Z MANAGED CARE SUPPORT - PRIME, MTF/CLINIC OR</b>
	<b>BB TRICARE SENIOR PRIME</b>
<b>THEN PCM LOCATION DMIS-ID MUST = BLANK</b>	
<b><sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.</b>	
<b><sup>2</sup> THESE REGION CODES ARE RESERVED FOR FUTURE USE.</b>	

<b>ELEMENT NAME: NUMBER OF PAYMENT REDUCTION DAYS/SERVICES (1-207)</b>		
<b>VALIDITY EDITS</b>		
<b>1-207-01</b>	MUST BE NUMERIC	
<b>RELATIONAL EDITS</b>		
<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
REASON FOR PAYMENT REDUCTION	SEE BELOW	AMOUNT PAYMENT REDUCTION ENROLLMENT STATUS
NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	SEE BELOW	
<b>EDITED ELEMENT RELATIONSHIP</b>		
<b>1-207-02R</b>	IF REASON FOR PAYMENT REDUCTION IS NOT EQUAL TO BLANK NUMBER OF PAYMENT REDUCTION DAYS/SERVICES MUST NOT BE ZERO.	

<b>ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE (1-209)</b>		
<b>VALIDITY EDITS</b>		
<b>1-209-01</b>	MUST BE AN ALPHANUMERIC VALUE OF '0' (NOT APPLICABLE), <b>OR</b> '1' (CONTRACTED), <b>OR</b> '2' (NOT CONTRACTED), <b>OR</b> '3' (CONTRACTED/NOT CONTRACTED), <b>OR</b> '4' (ACTIVE DUTY - TPR).	
<b>RELATIONAL EDITS</b>		
<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
NONE		

**ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (1-210)**

**VALIDITY EDITS**

**1-210-01** MUST APPEAR IN A FIGURE OF VALID STATE OR COUNTRY CODES.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**1-210-02R** MUST MATCH THE PROVIDER STATE/COUNTRY CODE ON THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON CARE DATES, AND INSTITUTIONAL PROVIDER KEY: PROVIDER TAXPAYER NUMBER, ZIP CODE, AND TYPE OF INSTITUTION.

**UNLESS** AMOUNT ALLOWED ≤ ZERO

**OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =**

**FS TRICARE FOR LIFE (SECOND PAYOR) OR**

**T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001**

**THEN** DO NOT CHECK FOR MATCH ON PROVIDER FILE.

<sup>1</sup> PROVIDER FILE

**ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-212)**

**VALIDITY EDITS**

**1-212-01** MUST BE NUMERIC, OR FIRST 2 CHARACTERS MUST BE A VALID STATE/COUNTRY CODE AND LAST 7 CHARACTERS MUST BE NUMERIC, OR FIRST 2 CHARACTERS MUST BE A VALID STATE/COUNTRY CODE AND THIRD CHARACTER MUST BE = 'A' AND LAST 6 CHARACTERS MUST BE NUMERIC.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROVIDER TAXPAYER NUMBER <sup>1</sup>	SEE BELOW	PROVIDER ZIP CODE <sup>1</sup> , TYPE OF INSTITUTION <sup>1</sup>

<sup>1</sup> PROVIDER FILE

**ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-212) (CONTINUED)**

<b>1-280-06R</b>	BEGIN DATE OF CARE	RECORD EFFECTIVE DATE <sup>1</sup> , PROVIDER ACCEPTANCE DATE <sup>1</sup> , PROVIDER TERMINATION DATE <sup>1</sup> , AMOUNT ALLOWED
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<b>1-285-06R</b>	END DATE OF CARE	SAME AS ABOVE
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	INST/NON-INST INDICATOR <sup>1</sup>	SEE BELOW	RECORD TYPE
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**EDITED ELEMENT RELATIONSHIP**

<b>NO ERROR</b> IF DENIAL REASON CODE =	M	PROVIDER IS NOT TRICARE CERTIFIED <b>OR</b>
	N	MULTIPLE DENIAL REASONS

**OR ANY OCCURRENCE OF  
SPECIAL PROCESSING  
CODE =**

<b>FS</b>	<b>TRICARE FOR LIFE (SECOND PAYOR) <b>OR</b></b>
<b>T</b>	<b>MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) <b>AND</b> BEGIN DATE OF CARE ≥ 10/01/2001</b>

**THEN DO NOT CHECK FOR MATCH ON THE PROVIDER FILE.**

<b>NO ERROR</b> IF DENIAL REASON CODE =	7	SUSPENSE LIMITATION EXCEEDS
TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION OF PRIOR HCSR DATA <b>OR</b>
	D	COMPLETE CONTRACTOR DENIAL HCSR SUBMISSION <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-HCSR DATA

**THEN DO NOT CHECK PROVIDER FILE.**

<b>1-212-02R</b>	MUST MATCH AN INSTITUTIONAL PROVIDER TAXPAYER NUMBER ON THE PROVIDER FILE <b>OR</b> TYPE OF INSTITUTION AND/OR ZIP CODE ON THE CLAIM MUST MATCH THE TYPE OF INSTITUTION AND/OR ZIP CODE ON THE PROVIDER FILE FOR THE PROVIDER TAXPAYER NUMBER <b>UNLESS</b> PROVIDER IS NOT CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF CARE (DENIAL REASON CODES 'M' <b>OR</b> 'N').
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<b>1-212-04R<sup>2</sup></b>	<b>WHEN AN AUTHORIZED PROVIDER IS FOUND ON THE DATABASE, THE INST/NON-INST INDICATOR MUST AGREE WITH THE HCSR RECORD TYPE. (IF HCSR IS INSTITUTIONAL AND PROVIDER IS NON-INSTITUTIONAL, THE PROVIDER DATABASE WILL <b>NOT CONTAIN</b> THE NECESSARY INSTITUTIONAL DATA.)</b>
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<sup>1</sup> **PROVIDER FILE**

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

ELEMENT NAME: PROVIDER ZIP CODES (1-220)		
VALIDITY EDITS		
<b>1-220-01</b>	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.	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROVIDER ZIP CODE <sup>1</sup>	SEE BELOW	PROVIDER TAXPAYER NUMBER <sup>1</sup> , TYPE OF INSTITUTION <sup>1</sup>
<b>1-280-06R</b>	BEGIN DATE OF CARE	RECORD EFFECTIVE DATE <sup>1</sup> , PROVIDER ACCEPTANCE DATE <sup>1</sup> , PROVIDER TERMINATION DATE <sup>1</sup> , AMOUNT ALLOWED
<b>1-285-06R</b>	END DATE OF CARE	SAME AS ABOVE
EDITED ELEMENT RELATIONSHIP		
NONE		

<sup>1</sup> PROVIDER FILE

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (1-225)		
VALIDITY EDITS		
<b>1-225-01</b>	MUST BE ONE OF THE FOLLOWING VALUES	Y YES N NO
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPECIAL PROCESSING CODE	SEE BELOW	

<sup>1</sup> PROVIDER FILE



**ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (1-225) (CONTINUED)**

SPECIAL RATE CODE SEE BELOW

MEDICARE NUMBER<sup>1</sup> SEE BELOW**EDITED ELEMENT RELATIONSHIP**

**1-225-02R** IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = B PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS  
E HHC/CM

PROVIDER PARTICIPATION INDICATOR MUST = 'Y'

**1-225-03R** MUST BE 'Y' (YES) WHEN SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q'.<sup>1</sup> PROVIDER FILE**ELEMENT NAME: TYPE OF INSTITUTION (1-230)****VALIDITY EDITS****1-230-01** MUST BE A VALID TYPE OF INSTITUTION (SEE [CHAPTER 2, ADDENDUM D](#)). MUST NOT BE BLANK.**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>1-212-03R</b>	PROVIDER MAJOR SPECIALTY OR TYPE OF INSTITUTION <sup>1</sup>		PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup>
<b>1-280-06R</b>	BEGIN DATE OF CARE		RECORD EFFECTIVE DATE <sup>1</sup> , PROVIDER ACCEPTANCE DATE <sup>1</sup> , PROVIDER TERMINATION DATE <sup>1</sup> , AMOUNT ALLOWED
<b>1-285-06R</b>	END DATE OF CARE		SAME AS ABOVE
	NAS EXCEPTION REASON	SEE BELOW	
	SPECIAL RATE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP****1-230-02R** TYPE OF INSTITUTION MUST BE '72' (RTC) WHEN NAS EXCEPTION REASON IS '5' (RTC).

**1-230-03R** IF SPECIAL RATE CODE = K HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE  
L REGION SPECIFIC PSYCHIATRIC PER DIEM RATE

TYPE OF INSTITUTION MUST BE = 22 PSYCHIATRIC HOSPITAL/UNIT

52 CHILDREN'S PSYCHIATRIC HOSPITAL/UNIT

<sup>1</sup> PROVIDER FILE

**ELEMENT NAME: ADMISSION DATE (1-235)**

**VALIDITY EDITS**

**1-235-01** MUST BE A VALID GREGORIAN DATE.

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>1-085-06R</b>	PATIENT DATE OF BIRTH		
<b>1-235-02R</b>	DATE HCSR PROCESSED TO COMPLETION	≤	
<b>1-235-03R</b>	END DATE OF CARE	≤	
	BEGIN DATE OF CARE	SEE BELOW	FREQUENCY CODE
	DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
<sup>1</sup>	FILING DATE	≤	

**EDITED ELEMENT RELATIONSHIP**

**1-235-04R** ADMISSION DATE MUST BE < BEGIN DATE OF CARE

**WHEN FREQUENCY CODE =** 3 INTERIM-INTERIM **OR**  
 4 INTERIM-FINAL

ADMISSION DATE MUST = BEGIN DATE OF CARE

**WHEN FREQUENCY CODE =** 1 ADMIT THRU DISCHARGE **OR**  
 2 INTERIM-INITIAL

**1-235-05R** ADMISSION DATE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED **WHEN:**

TYPE OF SUBMISSION = A ADJUSTMENT  
 C COMPLETE CANCELLATION  
 B ADJUSTMENT OF NON-HCSR DATA  
 E CANCELLATION OF NON-HCSR DATA  
 F ADJUSTMENT HCSR NEW SUFFIX  
 G ADDITIONAL DRG INTERIM BILLING

<sup>1</sup> SEE 1-235-03R (ADMISSION DATE ≤ END DATE OF CARE) AND/OR  
 1-280-03R (BEGIN DATE OF CARE ≤ FILING DATE) AND/OR  
 1-280-02R (BEGIN DATE OF CARE ≤ END DATE OF CARE).

**ELEMENT NAME: BILL CLASSIFICATION CODE (1-250)****VALIDITY EDITS****1-250-01** VALUE MUST BE '1' OR '2'**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**1-250-02R** IF BILL CLASSIFICATION CODE = 2 HOSPITAL-BASED HOSPICE  
 THEN SPECIAL PROCESSING  
 CODE MUST = # HOSPICE

**ELEMENT NAME: FREQUENCY CODE (1-255)****VALIDITY EDITS****1-255-01** MUST BE WITHIN RANGE 1 - 4, 7, 8.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DISCHARGE STATUS	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	SPECIAL PROCESSING CODE
DRG NUMBER	SEE BELOW	
FREQUENCY CODE	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**1-255-02R** IF DISCHARGE STATUS = 30 STILL A PATIENT  
 FREQUENCY CODE MUST  
 BE = 2 INITIAL  
 3 INTERIM  
 IF DISCHARGE STATUS = 01 DISCHARGED OR  
 20 EXPIRED  
 FREQUENCY CODE MUST  
 BE = 1 ADMIT THRU DISCHARGE  
 4 FINAL  
 IF DISCHARGE STATUS = 02 TRANSFERRED  
 FREQUENCY CODE MUST  
 BE = 1 ADMIT THRU DISCHARGE  
 4 FINAL

**ELEMENT NAME: FREQUENCY CODE (1-255) (CONTINUED)**

<b>1-255-03R</b>	IF SPECIAL RATE CODE = 'H', 'J', 'N', OR 'Q'		
	FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE
<b>1-255-05R</b>	IF SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
	FREQUENCY CODE MUST BE =	2	INITIAL
		3	INTERIM
		4	FINAL
<b>1-255-06R</b>	IF SPECIAL RATE CODE = 'G', 'I', 'J', 'M', 'O' OR 'Q'		
	AND SPECIAL PROCESSING CODE ≠	D	DRG QUALIFYING FOR INTERIM PAYMENT
	FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE
<b>1-255-07R</b>	IF SPECIAL PROCESSING CODE =	#	HOSPICE
	FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE
		2	INITIAL
		3	INTERIM
		4	FINAL
		7	REPLACEMENT OF PRIOR CLAIM
		8	VOID/CANCEL OF A PRIOR CLAIM

**ELEMENT NAME: TYPE OF ADMISSION (1-260)**

**VALIDITY EDITS**

**1-260-01** VALUE MUST BE IN RANGE 1 - 4.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SOURCE OF ADMISSION	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

<b>1-260-02R</b>	IF SOURCE OF ADMISSION = 'A' THRU 'D' (NEWBORN)		
	TYPE OF ADMISSION MUST BE =	4	NEWBORN
<b>1-260-03R</b>	IF NAS EXCEPTION REASON =	2	EMERGENCY
	TYPE OF ADMISSION MUST BE =	1	EMERGENCY

**ELEMENT NAME: TYPE OF ADMISSION (1-260) (CONTINUED)**

4 NEWBORN

**1-260-04R** IF TYPE OF ADMISSION = 4 NEWBORN

PRINCIPAL DIAGNOSIS MUST = NEWBORN

USE ICD-9-CM TAPE FOR TABLE OF NEWBORN DIAGNOSIS CODES.

**ELEMENT NAME: SOURCE OF ADMISSION (1-265)****VALIDITY EDITS****1-265-01** VALUE MUST BE IN RANGES 1 - 9; A - D.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF ADMISSION	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
PRINCIPAL TREATMENT	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP****1-265-02R** IF TYPE OF ADMISSION = 4 NEWBORNSOURCE OF ADMISSION  
MUST BE =

A NORMAL DELIVERY

B PREMATURE DELIVERY

C SICK BABY

D EXTRAMURAL BIRTH

**1-235-03R** IF NAS EXCEPTION REASON = 2 EMERGENCYTYPE OF ADMISSION MUST  
BE =

1 EMERGENCY

4 NEWBORN

**1-265-04R** IF SOURCE OF ADMISSION = A NORMAL DELIVERY

B PREMATURE DELIVERY

C SICK BABY

D EXTRAMURAL BIRTH

PRINCIPAL DIAGNOSIS MUST BE = NEWBORN

USE ICD-9-CM TAPE FOR TABLE OF DIAGNOSIS/AGE RELATIONSHIPS

**ELEMENT NAME: DISCHARGE STATUS (1-275)**

**VALIDITY EDITS**

**1-275-01** VALUE MUST BE IN RANGE 01, 02, 03, 04, 05, 06, 07, 08, 20, 30, 40, 41, 42, 50, 51, 61, 62, 63, 71, AND 72.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

<b>1-275-02R</b> IF FREQUENCY CODE =	2	INITIAL
	3	INTERIM
DISCHARGE STATUS MUST BE =	30	STILL A PATIENT
IF FREQUENCY CODE =	1	ADMIT THRU DISCHARGE
DISCHARGE STATUS MUST BE =	01	DISCHARGED
	02	TRANSFERRED
	03	DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF)
	04	DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF)
	05	DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF INSTITUTION FOR INPATIENT CARE, OR REFERRED FOR OUTPATIENT CARE TO ANOTHER INSTITUTION
	06	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION
	07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE
	08	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER
	20	EXPIRED
	40	DIED AT HOME
41	DIED IN MEDICAL FACILITY, SUCH AS HOSPITAL, SNF OR FREE-STANDING HOSPICE	
42	PLACE OF DEATH UNKNOWN	
	50	HOSPICE - HOME
	51	HOSPICE - MEDICAL FACILITY

**ELEMENT NAME: DISCHARGE STATUS (1-275) (CONTINUED)**

	61	DISCHARGED/TRANSFERRED WITHIN THIS INSTITUTION TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED
	62	DISCHARGED/TRANSFERRED TO ANOTHER REHABILITATION FACILITY INCLUDING REHABILITATION DISTINCT PART UNITS OF A HOSPITAL
	63	DISCHARGED/TRANSFERRED TO A LONG TERM CARE HOSPITAL
	71	DISCHARGED/TRANSFERRED/REFERRED TO ANOTHER INSTITUTION FOR OUTPATIENT SERVICES AS SPECIFIED BY THE DISCHARGE PLAN OF CARE
	72	DISCHARGED/TRANSFERRED/REFERRED TO THIS INSTITUTION FOR OUTPATIENT SERVICES AS SPECIFIED BY THE DISCHARGE PLAN OF CARE
<b>1-275-03R</b>	IF SPECIAL RATE CODE = 'H', 'J', 'N' OR 'Q' (TRICARE/CHAMPUS DRG)	
	THEN DISCHARGE STATUS MUST ≠	30 STILL A PATIENT
	UNLESS SPECIAL PROCESSING CODE =	D DRG QUALIFYING FOR INTERIM PAYMENT
<b>1-275-04R</b>	IF SPECIAL RATE CODE = 'G', 'I', 'M' OR 'O' (TRICARE/CHAMPUS DRG, WITH LONG STAY OR COST OUTLIER)	
	DISCHARGE STATUS MUST ≠	30 STILL A PATIENT
	UNLESS SPECIAL PROCESSING CODE =	D DRG QUALIFYING FOR INTERIM PAYMENT

**ELEMENT NAME: BEGIN DATE OF CARE (1-280)****VALIDITY EDITS****1-280-01** MUST BE A VALID GREGORIAN DATE.**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>1-280-02R</b>	END DATE OF CARE	≤	
<b>1-280-03R</b>	FILING DATE	SEE BELOW	SPECIAL PROCESSING CODE, FREQUENCY CODE
<b>1-280-04R</b>	DATE HCSR PROCESSED TO COMPLETION	≤	
<b>1-280-05R</b>	DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION

**<sup>1</sup> PROVIDER FILE****<sup>2</sup> 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.**

**ELEMENT NAME: BEGIN DATE OF CARE (1-280) (CONTINUED)**

<b>1-280-06R</b>	PROVIDER TAXPAYER NUMBER <sup>1</sup>	SEE BELOW	PROVIDER ZIP CODE <sup>1</sup> , TYPE OF INSTITUTION <sup>1</sup> , PROVIDER ACCEPTANCE & TERMINATION DATES <sup>1</sup> , PROVIDER RECORD EFFECTIVE DATE <sup>1</sup> , AMOUNT ALLOWED
<b>1-280-07R</b>	PATIENT DATE OF BIRTH	≥	
<b>1-280-08R</b>	ADMISSION DATE	≥	
<b>1-295-02R</b>	TOTAL BED DAYS		END DATE OF CARE

**EDITED ELEMENT RELATIONSHIP**

**1-280-03R** BEGIN DATE OF CARE MUST BE ≤ FILING DATE.

<b>UNLESS SPECIAL PROCESSING CODE =</b>	D	DRG QUALIFYING FOR INTERIM PAYMENT
<b>FREQUENCY CODE =</b>	3	INTERIM
	4	FINAL

**1-280-05R** BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED

<b>WHEN TYPE OF SUBMISSION =</b>	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
	B	ADJUSTMENT TO NON-HCSR DATA
	E	CANCELLATION OF NON-HCSR DATA
	F	ADJUSTMENT HCSR NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

**1-280-06R** PROVIDER MUST BE 'AUTHORIZED'<sup>2</sup> ON PROVIDER FILE FOR THIS BEGIN DATE OF CARE, UNLESS AMOUNT ALLOWED ≤ ZERO.

<b>OR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	FS	TRICARE FOR LIFE (SECOND PAYOR) OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001

**THEN DO NOT CHECK FOR MATCH OF THE PROVIDER FILE**

<sup>1</sup> PROVIDER FILE

<sup>2</sup> 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.



**ELEMENT NAME: END DATE OF CARE (1-285)****VALIDITY EDITS****1-285-01** MUST BE A VALID GREGORIAN DATE.**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>1-235-03R</b>	ADMISSION DATE		
<b>1-280-02R</b>	BEGIN DATE OF CARE		
<sup>1</sup>	FILING DATE		
<b>1-285-04R</b>	DATE HCSR PROCESSED TO COMPLETION	≤	
<b>1-285-05R</b>	DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
<b>1-285-06R</b>	PROVIDER TAXPAYER NUMBER <sup>1</sup>	SEE BELOW	PROVIDER ZIP CODE <sup>2</sup> , TYPE OF INSTITUTION <sup>2</sup> , PROVIDER ACCEPTANCE & TERMINATION DATES <sup>2</sup> , PROVIDER RECORD EFFECTIVE DATE <sup>2</sup> , AMOUNT ALLOWED

**EDITED ELEMENT RELATIONSHIP****1-285-05R** END DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED**WHEN TYPE OF  
SUBMISSION =**

A ADJUSTMENT

C COMPLETE CANCELLATION

B ADJUSTMENT TO NON-HCSR DATA

E CANCELLATION OF NON-HCSR DATA

F ADJUSTMENT HCSR NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING

**1-285-06R** PROVIDER MUST BE 'AUTHORIZED'<sup>3</sup> ON PROVIDER FILE FOR THIS END DATE OF CARE,  
UNLESS AMOUNT ALLOWED ≤ ZERO.**OR IF ANY OCCURRENCE  
OF SPECIAL PROCESSING  
CODE =**

FS TRICARE FOR LIFE (SECOND PAYOR) OR

T MEDICARE/TRICARE DUAL ENTITLEMENT  
(SECOND PAYOR) AND BEGIN DATE OF CARE ≥  
10/01/2001**THEN DO NOT CHECK FOR MATCH OF THE PROVIDER FILE**<sup>1</sup> SEE 1-280-02R (BEGIN DATE OF CARE ≤ END DATE OF CARE) AND  
1-280-03R (BEGIN DATE OF CARE ≤ FILING DATE).<sup>2</sup> PROVIDER FILE<sup>3</sup> 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP  
CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND  
PROVIDER RECORD EFFECTIVE DATE.

**ELEMENT NAME: NUMBER OF BIRTHS (1-290)**

**VALIDITY EDITS**

**1-290-01** VALUE MUST BE NUMERIC.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PRINCIPAL TREATMENT	SEE BELOW	TYPE OF SUBMISSION, FILING DATE, SECONDARY TREATMENT DIAGNOSIS
PRINCIPAL AND SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE

**EDITED ELEMENT RELATIONSHIP**

**1-290-02R** IF PRINCIPAL TREATMENT DIAGNOSIS IS FOR PREGNANCY-DELIVERY (640 - 669.9, INCLUSIVE, WITH FIFTH POSITION = 1 **OR** 2, **OR** 650) NUMBER OF BIRTHS MUST BE > ZERO

**WHEN TYPE OF SUBMISSION =**

I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT **WITH 100% OHI/TPL**

F ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0

**OR TYPE OF SUBMISSION =**

A ADJUSTMENT

C COMPLETE CANCELLATION

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

**1-290-03R** IN ADDITION, IF DIAGNOSIS IS FOR MULTIPLE GESTATION (651 - 651.9, INCLUSIVE, WITH FIFTH POSITION = 1 **OR** 2), NUMBER OF BIRTHS MUST BE CONSISTENT WITH PRINCIPAL TREATMENT DIAGNOSIS. FOR EXAMPLE, IF PRINCIPAL TREATMENT DIAGNOSIS IS 651.01 (TWIN PREGNANCY), NUMBER OF BIRTHS MUST BE = 2.

**WHEN TYPE OF SUBMISSION =**

I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT **WITH 100% OHI/TPL**

F ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0

0 AMOUNT ALLOWED > 0

**OR TYPE OF SUBMISSION =**

A ADJUSTMENT

C COMPLETE CANCELLATION

**ELEMENT NAME: NUMBER OF BIRTHS (1-290) (CONTINUED)**

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> STORED ON THE DATABASE.

**1-290-04R** IF PRINCIPAL TREATMENT DIAGNOSIS IS FOR PREGNANCY-DELIVERY (640 - 669.9, INCLUSIVE, WITH FIFTH POSITION = 1 **OR** 2, **OR** 650), AT LEAST ONE SECONDARY TREATMENT DIAGNOSIS MUST BE FOR OUTCOME OF DELIVERY (V27.X), AND NUMBER OF BIRTHS MUST ALSO BE CONSISTENT WITH V-CODE. FOR EXAMPLE, IF SECONDARY TREATMENT DIAGNOSIS IS V27.3 (TWINS, ONE LIVEBORN AND ONE STILLBORN), NUMBER OF BIRTHS MUST BE = 2

**WHEN TYPE OF  
SUBMISSION =**

I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT **WITH 100% OHI/TPL**

F ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING WITH  
AMOUNT > 0

**OR TYPE OF SUBMISSION =**

A ADJUSTMENT

B COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> STORED ON THE DATABASE.

**1-290-05R** IF PRINCIPAL/SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE IS FOR OBSTETRICS-DELIVERY (72.0 - 74.99, INCLUSIVE), NUMBER OF BIRTHS MUST BE > ZERO

**WHEN TYPE OF  
SUBMISSION =**

I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT **WITH 100% OHI/TPL**

F ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING WITH  
AMOUNT ALLOWED > 0

**OR TYPE OF SUBMISSION =**

A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> STORED ON THE DATABASE.

**ELEMENT NAME: TOTAL BED DAYS (1-295)**

**VALIDITY EDITS**

**1-295-01** VALUE MUST BE NUMERIC.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
BEGIN DATE OF CARE AND END DATE SEE BELOW OF CARE		FREQUENCY CODE, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE
UNITS OF SERVICE BY REVENUE CODE SEE BELOW		REVENUE CODE, TYPE OF SUBMISSION, FILING DATE
GOVERNMENT AUTHORIZED BED DAYS	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE, OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP**

- 1-295-02R** IF FREQUENCY CODE = '1' (ADMIT THRU DISCHARGE HCSR) **OR** '4' (FINAL HCSR) **AND** BEGIN DATE OF CARE ≠ END DATE OF CARE, TOTAL BED DAYS = (END DATE OF CARE - BEGIN DATE OF CARE),  
**UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'Y' **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE '#' (HOSPICE **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '8' (CONTRACTED PROVIDER ARRANGEMENT)).
- IF FREQUENCY CODE = '2' (INITIAL HCSR) **OR** '3' (INTERIM HCSR) **OR** BEGIN DATE OF CARE = END DATE OF CARE, TOTAL BED DAYS = (END DATE OF CARE - BEGIN DATE OF CARE) + 1,  
**UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'Y' **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE '#' (HOSPICE **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '8' (CONTRACTED PROVIDER ARRANGEMENT)).
- 1-295-03R** TOTAL BED DAYS MUST BE ≤ SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES WHICH INDICATE THAT A ROOM WAS USED (10X - 18X, 20X - 21X, **OR** 724).
- 1-295-04R** TOTAL BED DAYS MUST BE ≥ GOVERNMENT AUTHORIZED BED DAYS
- 1-295-05R** TOTAL BED DAYS MUST BE > ZERO

**WHEN TYPE OF SUBMISSION<sup>1</sup> =**

- I INITIAL SUBMISSION
- R RESUBMISSION OF ERROR REJECT
- O ZERO PAYMENT **WITH 100% OHI/TPL**
- F ADJUSTMENT NEW SUFFIX
- D COMPLETE DENIAL
- G ADDITIONAL DRG INTERIM BILLING
- OR TYPE OF SUBMISSION =** A ADJUSTMENT
- C COMPLETE CANCELLATION

<sup>1</sup> THIS TYPE OF SUBMISSION RELATIONSHIP APPLIES TO ALL EDITS ON THIS PAGE.

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**ELEMENT NAME: TOTAL BED DAYS (1-295) (CONTINUED)**

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

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NO OCCURRENCE OF OVERRIDE CODE = 'Y'

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NO OCCURRENCE OF SPECIAL PROCESSING CODE = '#'

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**<sup>1</sup> THIS TYPE OF SUBMISSION RELATIONSHIP APPLIES TO ALL EDITS ON THIS PAGE.**

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