

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: REASON FOR ADJUSTMENT (2-200)		
VALIDITY EDITS		
2-200-01	VALUE MUST BE 'A' - 'F' OR BLANK.	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		
2-200-02R	IF TYPE OF SUBMISSION	'A', 'B', OR 'F'
	REASON FOR ADJUSTMENT MUST =	'A' - 'F'
	IF TYPE OF SUBMISSION	'D', 'I', 'R', OR 'O'
	REASON FOR ADJUSTMENT MUST =	SPACE.
	IF TYPE OF SUBMISSION	'C' OR 'E'
	REASON FOR ADJUSTMENT MUST =	'D' - 'F'.

ELEMENT NAME: SPECIAL PROCESSING CODE (2-202)

VALIDITY EDITS

2-202-01,	OCCURRENCE NUMBER 1
2-202-02,	OCCURRENCE NUMBER 2
2-202-03	OCCURRENCE NUMBER 3 VALUE MUST BE A VALID CODE LISTED UNDER SPECIAL PROCESSING CODE LOCATED IN ADP MANUAL, CHAPTER 2, SECTION 8 OR BLANK
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)
2-140-14R,	NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
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

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

	E	HHC/CM
	&	BONE MARROW TRANSPLANTS - TMA-APPROVED
IF NAS EXCEPTION REASON =	8	HEART/LIVER TRANSPLANT
AND EARLIEST BEGIN DATE OF CARE < 03/01/1997		
AT LEAST ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST BE =	5	LIVER TRANSPLANT
	7	HEART TRANSPLANT
IF NAS EXCEPTION REASON =	8	HEART TRANSPLANT
AND EARLIEST BEGIN DATE OF CARE ≥ 03/01/1997		
AT LEAST ONE OCCURANCE 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 EARLIEST BEGIN DATE OF CARE < 03/01/1997		
OR (> 02/19/1998 AND < 09/01/1999)		
THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5	LIVER TRANSPLANT
ELSE		
IF EARLIEST BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤ 02/19/1998) OR ≥ 09/01/1999		
THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	ST	SPECIALIZED TREATMENT

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

OR

IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE IS 47135, **OR** 47136

AND EARLIEST BEGIN DATE OF CARE < 03/01/1997 **OR** (> 02/19/98 **AND** < 09/01/1999)

THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 5 LIVER TRANSPLANT

ELSE

IF **EARLIEST** 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

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

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

	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	F	REYNOLDS ARMY COMMUNITY HOSPITAL, FT. SILL
		THE FILING DATE MUST BE \geq 06/01/1989 AND THE END DATE OF CARE \leq 05/31/1992.
	G	EVANS ARMY COMMUNITY HOSPITAL, FT. CARSON
		THE FILING DATE MUST BE \geq 10/01/1989 AND THE EARLIEST BEGIN DATE OF CARE \leq 09/30/1992
	I	BERGSTROM AFB CATCHMENT AREA
		THE FILING DATE MUST BE \geq 03/01/1990 AND END DATE OF CARE \leq 04/30/1993.
	J	LUKE/WILLIAMS AFB CATCHMENT AREA
		THE FILING DATE MUST BE \geq 03/01/1990.
2-202-12R	K	GEORGIA/FLORIDA PPO
		PROVIDER STATE OR
	12	FLORIDA
	13	GEORGIA
2-202-13R		IF EARLIEST BEGIN DATE OF CARE $<$ 06/30/1988
	E	HHC/CM
2-202-15R	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	C	AIR FORCE CAM PRIMARY/PREVENTIVE CARE
	I	BERGSTROM AFB CATCHMENT AREA

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

		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
		O	TEMPORARILY DISABLED
		R	RETIRED
		H	MEDAL OF HONOR
		W	TITLE III RETIREE
2-202-19R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	BRAC MEDICARE PHARMACY
	THEN 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
			AND EARLIEST BEGIN DATE OF CARE MUST BE < 04/01/2001
2-202-20R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	?	AMBULATORY SURGERY FACILITY CHARGE
	SPECIAL RATE CODE MUST =	R	AMBULATORY SURGERY FACILITY PAYMENT RATE

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

	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 MANAGED CARE SUPPORT - TRICARE - PRIME
		K MANAGED CARE SUPPORT - CALIFORNIA/HAWAII ENROLLED
		O NEW ORLEANS PRIME
		U MANAGED CARE SUPPORT - PRIME WITH CONTRACTOR NETOWRK PCM
		Z MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD ACTIVE DUTY CLAIMS
		GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR
	THEN ENROLLMENT STATUS MUST =	W ACTIVE DUTY - USA
		X ACTIVE DUTY - EUROPE
2-202-22R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD ACTIVE DUTY
	PATIENT RELATIONSHIP TO SPONSOR MUST =	b SPONSOR
	AND SPONSOR STATUS MUST =	A ACTIVE DUTY
		B RECALLED TO ACTIVE DUTY
		J ACADEMY STUDENT/NAVY OCS
		N NATIONAL GUARD

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

Q PRISONER/APPELLATE

V RESERVE

T FOREIGN MILITARY (NATO)

2-202-24R (NATIONAL STS)

IF PROCEDURE CODE = 38240, 38230 [ALLOGENEIC BONE MARROW TRANSPLANT]

AND **EARLIEST** BEGIN DATE OF CARE < 10/01/1997

THEN AT LEAST ONE
 SPECIAL PROCESSING
 CODE MUST =

3 ALLOGENEIC BONE MARROW RECIPIENT
 (WILFORD HALL REFERRED ONLY) OR

& BONE MARROW TRANSPLANTS - TMA APPROVED
 ONLY

ELSE

IF **EARLIEST** BEGIN DATE OF CARE ≥ 10/01/1997

THEN AT LEAST ONE
 SPECIAL PROCESSING
 CODE MUST =

ST SPECIALIZED TREATMENT

IF PROCEDURE CODE = 50300, 50320, 50340, 50360, 50365, 50370, 50380 [KIDNEY TRANSPLANT]

AND **EARLIEST** BEGIN DATE OF CARE ≥ 09/01/1999

THEN AT LEAST ONE
 SPECIAL PROCESSING
 CODE MUST =

ST SPECIALIZED TREATMENT

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

2-202-40R IF ANY OCCURRENCE OF
 SPECIAL PROCESSING CODE =

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

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

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

	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
THEN ENROLLMENT STATUS MUST =	SR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE
	SN	SUPPLEMENTAL HEALTH CARE PROGRAM - 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
2-202-44R	IF EARLIEST BEGIN DATE OF CARE IS \geq 03/15/1999 AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	E HOME HEALTH CARE/CASE MANAGEMENT (HHC/CM) DEMO (AFTER 03/15/1999 GRANDFATHERED INTO THE INDIVIDUAL CASE MANAGEMENT PROGRAM)
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	CM INDIVIDUAL CASE MANAGEMENT PROGRAM (ICMP) CLAIMS
2-202-45R	IF EARLIEST BEING DATE OF CARE IS \geq 10/01/2001 AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FF TRICARE FOR LIFE (FIRST PAYOR) OR
		FS TRICARE FOR LIFE (SECOND PAYOR)
	THEN ENROLLMENT STATUS MUST =	FE TRICARE FOR LIFE - EXTRA OR
		FS TRICARE FOR LIFE - STANDARD
2-202-46R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FF TRICARE FOR LIFE (FIRST PAYOR) OR

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

FS TRICARE FOR LIFE (SECOND PAYOR)

THEN EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001

ELEMENT NAME: SPECIAL RATE CODE (2-203)**VALIDITY EDITS****2-203-01** VALUE MUST = BLANK, 'A', 'B', 'C', 'D', 'E', 'F', 'R', 'S', 'T', 'U', OR 'V'**RELATIONAL EDITS**

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

EDITED ELEMENT RELATIONSHIP**2-203-02R** WHEN FILING STATE/COUNTRY CODE IS NOT EQUAL TO '34', THEN SPECIAL RATE CODE MUST NOT BE 'A' OR 'B' OR 'C' OR 'E' OR 'F'.**2-203-03R** WHEN FILING STATE/COUNTRY CODE IS EQUAL TO '34' AND SPECIAL RATE CODE IS 'A' OR 'B' OR 'C' OR 'E' OR 'F', THEN THE LATEST END DATE OF CARE MUST BE LESS THAN 19890101.**2-203-04R** IF SPECIAL RATE CODE = R AMBULATORY SURGERY FACILITY PAYMENT RATE OR

S DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE

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 ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =

FS TRICARE FOR LIFE (SECOND PAYOR) OR

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

MS TRICARE SENIOR PRIME (NETWORK) OR

MN TRICARE SENIOR PRIME (NON-NETWORK)

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

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

NO ERROR IF ENROLLMENT CODE = PS TRICARE SENIOR PHARMACY

THEN BYPASS ALL RELATIONAL MAJOR DIAGNOSTIC CATEGORY EDITS

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**NO ERROR** IF ENROLLMENT CODE = PS TRICARE SENIOR PHARMACY**THEN BYPASS ALL RELATIONAL REASON FOR ISSUANCE EDITS****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
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 **EARLIEST** BEGIN DATE OF CARE TO \geq 05/01/1992

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 **EARLIEST** BEGIN DATE OF CARE TO \geq 05/01/1992

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 \geq 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 (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 \geq 10/01/1997 AND $<$ 10/01/1999AND 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 \geq 10/01/1999AND 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-ID¹

AND CANNOT = 6501, 6901 - 6915, 7901 - 7912, 7916, 8000 - 8099, OR BLANK

2-211-04R IF EARLIEST BEGIN DATE OF CARE \geq 10/01/1997 AND $<$ 10/01/1999AND 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**2-211-05R** IF EARLIEST BEGIN DATE OF CARE \geq 10/01/1997AND ENROLLMENT STATUS
CODE =

U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM

AND REGION CODE = 1 **THEN** DMIS-ID MUST BE 6901, 8000 - 8099OR REGION CODE = 2 **THEN** DMIS-ID MUST BE 6902, 8000 - 8099OR REGION CODE = 3 **THEN** DMIS-ID MUST BE 6903OR REGION CODE = 4 **THEN** DMIS-ID MUST BE 6904OR REGION CODE = 5 **THEN** DMIS-ID MUST BE 6905, 8000 - 8099¹ 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 = 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 ≥ 10/01/1997 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

2-211-07R IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1999

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

2-211-08R IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1997

AND ENROLLMENT STATUS

CODE ≠ SR SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE

**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)U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM
ORW TPR ACTIVE DUTY CLAIMS - USA **OR**Z MANAGED CARE SUPPORT - PRIME, MTF/CLINIC
OR

BB TRICARE SENIOR PRIME

THEN PCM LOCATION DMIS-ID MUST = BLANK¹ 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 SUB-IDENTIFIER 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 SUB-IDENTIFIER, AND PROVIDER ZIP CODE.

UNLESS (PROGRAM INDICATOR = D DRUG

AND PROVIDER PARTICIPATION INDICATOR = 'N')

OR 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 EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001

THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE.

IF (NETTED) AMOUNT ALLOWED (**FOR EACH DETAIL OCCURRENCE**) BY PROCEDURE CODE ≤ ZERO

THEN 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 SUB-IDENTIFIER 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

EDITED ELEMENT RELATIONSHIP

NO ERROR IF DENIAL REASON CODE =	M	PROVIDER IS NOT TRICARE CERTIFIED OR
	N	MULTIPLE DENIAL REASONS
OR ANY OCCURRENCE SPECIAL PROCESSING CODE =	FS	TRICARE FOR LIFE (SECOND PAYOR) OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001
THEN DO NOT CHECK FOR MATCH ON THE PROVIDER FILE.		
NO ERROR IF DENIAL REASON CODE =	7	SUSPENSE LIMITATION EXCEEDED
AND TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION OF PRIOR HCSR DATA OR
	D	COMPLETE CONTRACTOR DENIAL HCSR SUBMISSION OR
	E	COMPLETE CANCELLATION OF NON-HCSR DATA
THEN 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 TAXPAYER NUMBER (2-217) (CONTINUED)

2-217-02R NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER MUST MATCH THE NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER IN THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, 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.

2-217-07R 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.

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 SUB-IDENTIFIER (2-220)**VALIDITY EDITS**

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

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-217-03R	PROVIDER SUB-IDENTIFIER 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

NONE

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.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-217-03R	PROVIDER ZIP CODE		PROVIDER TAXPAYER NUMBER ¹ , PROVIDER SUB-IDENTIFIER ¹
	PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
	PROVIDER MAJOR SPECIALTY	SEE BELOW	

¹ PROVIDER FILE

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

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

NONE

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

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 OF INSTITUTION ¹	SEE BELOW	PROVIDER TAXPAYER NUMBER ¹ , PROVIDER SUB-IDENTIFIER 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 NON-INSTITUTIONAL PROVIDER KEY PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE.

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 EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001

THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE

IF (NETTED) AMOUNT ALLOWED (FOR EACH DETAIL OCCURRENCE) BY PROCEDURE CODE ≤ ZERO

THEN 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 PFPWD**

DO NOT CHECK PROVIDER FILE.

PROVIDER MAJOR SPECIALTY MUST BE '49' (MISCELLANEOUS) **OR** '88' (PHARMACY)

¹ PROVIDER FILE

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

**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 \neq 24, 35, 48, 50, 80, 84, 86, OR 92.

2-235-08R IF TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL INITIAL HCSR
SUBMISSION

THEN BYPASS EDIT

ELSE

IF DATE HCSR PROCESSED TO COMPLETION IS $>$ 04/30/1999

**THEN PROVIDER MAJOR SPECIALTY \neq 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.	
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 NON-INSTITUTIONAL	

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)

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

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	
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 2-260-01² 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.
- 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	
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**

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)

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
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 WITH 100% OHI/TPL 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 |

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)

	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
	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 WITH 100% OHI/TPL 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

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 OR
	GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR.
2-290-06R		PROCEDURE CODE MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF PROCEDURE CODE = MALE (AND NOT FOR CIRCUMCISION AND PRINCIPAL/ SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'.
2-290-07R		PROCEDURE CODE MUST BE CONSISTENT WITH DATE OF BIRTH (AGE). PROCEDURES WHICH ARE RESTRICTED TO CERTAIN AGE GROUPS (i.e., NEWBORN) MUST BE VALID FOR THE PATIENT'S AGE. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'.
2-290-08R	IF PROGRAM INDICATOR =	D DRUG PROCEDURE CODE MUST BE = 98800.
2-290-09R	IF PRICING CODE =.	6 MEI ADJUSTED PREVAILING PRICE, PRIMARY CARE K TRICARE CLAIMCHECK-ADDED PROCEDURE, MEI ADJUSTED PREVAILING PRICE, PRIMARY CARE PROCEDURE CODE MUST BE MEI PRIMARY PROCEDURE CODE
2-290-10R	IF PROGRAM INDICATOR =	H PROGRAM FOR PERSONS WITH DISABILITIES THEN PROCEDURE CODE MUST = 06896, 98320, A0100, A0110, A0120, A0130, A0140, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3201, L3202, L3203, L3204, L3205, L3206, L3207, L3212, L3213, L3214, L3215, L3216, L3217, L3218, L3219, L3221, L3222, L3223, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, OR L3649 ELSE IF PROGRAM INDICATOR NOT = H PROGRAM FOR PERSONS WITH DISABILITIES THEN DENIAL REASON CODE NOT EQUAL BLANK
2-290-11R	IF TYPE OF SERVICE =	I INPATIENT PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE.
2-290-12R	IF PROCEDURE CODE = 90892, 90893, 90894, 90895, 90896, OR 90897	SPECIAL PROCESSING CODE MUST = WR MENTAL HEALTH WRAPAROUND DEMONSTRATION

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

