

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 = 'I', '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 'I', '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

WHEN TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT WITH 100% OHI/TPL
	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
	D DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE

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

- | | |
|---|---|
| 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 WITH 100% OHI/TPL

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.

2-306-05R 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

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

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

	O	ZERO PAYMENT WITH 100% OHI/TPL
	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 WITH 100% OHI/TPL
	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 **WITH 100% OHI/TPL**
 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
 Q TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE

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

	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 =	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: 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 =**

- A ADJUSTMENT
- C COMPLETE CANCELLATION
- B ADJUSTMENT TO NON-HCSR DATA
- E CANCELLATION OF NON-HCSR DATA
- F ADJUSTMENT HCSR NEW SUFFIX

2-310-06R PROVIDER MUST BE 'AUTHORIZED'² ON PROVIDER FILE FOR EACH BEGIN DATE OF CARE, UNLESS AMOUNT ALLOWED ≤ ZERO, OR AMOUNT ALLOWED BY PROCEDURE CODE ≤ 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 DATABASE

¹ PROVIDER FILE

² '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)**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	≥	CORRESPONDING DETAIL
2-315-03R	FILING DATE	≤	
2-315-04R	DATE HCSR PROCESSED TO COMPLETION	≤	
	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 ≤ 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

2-315-06R PROVIDER MUST BE 'AUTHORIZED'¹ ON PROVIDER FILE FOR EACH END DATE OF CARE,
UNLESS AMOUNT ALLOWED ≤ ZERO,
OR AMOUNT ALLOWED BY PROCEDURE CODE ≤ 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.****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.**¹ '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: 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

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

2-325-08R	IF PROVIDER MAJOR SPECIALTY	BC	BIRTHING CENTERS
	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 AMOUNT PAID BY GOVERNMENT CONTRACTOR	SEE BELOW	TYPE OF SUBMISSION, FILING DATE 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)

WHEN TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT WITH 100% OHI/TPL
	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.	

2-330-03R 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 WITH 100% OHI/TPL
	F ADJUSTMENT NEW SUFFIX
	D COMPLETE DENIAL

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

OR TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s 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 = '01'

THEN END DATE OF CARE MUST BE ≥ 02/01/2001

AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/2001

WHEN PRICING PROFILE YEAR = '00'

AND TYPE OF SERVICE (SECOND BYTE) ≠ '7' (ANESTHESIA)

THEN END DATE OF CARE MUST BE ≥ 10/01/1987 **AND** ≤ 01/31/2001

AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/2000

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

WHEN PRICING PROFILE YEAR = '00'
AND TYPE OF SERVICE (SECOND BYTE) = '7' (ANESTHESIA)
THEN END DATE OF CARE MUST BE ≥ 04/01/2000 AND ≤ 01/31/2001
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/2000

WHEN PRICING PROFILE YEAR = '99'
AND TYPE OF SERVICE (SECOND BYTE) ≠ '7' (ANESTHESIA)
THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 01/31/2000
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1999

WHEN PRICING PROFILE YEAR = '99'
AND TYPE OF SERVICE (SECOND BYTE) = '7' (ANESTHESIA)
THEN END DATE OF CARE MUST BE ≥ 01/01/1999 AND ≤ 03/31/2000
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1999

WHEN PRICING PROFILE YEAR = '19'
THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 01/31/1999
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1999

WHEN PRICING PROFILE YEAR = '28'
THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 12/31/1998
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 08/01/1998

WHEN PRICING PROFILE YEAR = '98'
THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 12/31/1998
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1998

WHEN PRICING PROFILE YEAR = '18'
THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 01/31/1998
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1998

WHEN PRICING PROFILE YEAR = '97'
THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 12/31/1997
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 03/01/1997

WHEN PRICING PROFILE YEAR = '17'
THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 02/28/1997
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1997

WHEN PRICING PROFILE YEAR = '96'
THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 12/31/1996
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1996

WHEN PRICING PROFILE YEAR = '16'
THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 01/31/1996
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1996

WHEN PRICING PROFILE YEAR = '95'
THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 01/31/1996
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1995

WHEN PRICING PROFILE YEAR = '15'
THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 02/28/1995
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1995

WHEN PRICING PROFILE YEAR = '94'
THEN END DATE OF CARE MUST BE ≥ 04/01/1994 AND ≤ 12/31/1994
AND DATE PROCESSED TO COMPLETION MUST BE ≤ 12/31/1994

OR END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 12/31/1994
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1995

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

WHEN PRICING PROFILE YEAR = '14'

**THEN END DATE OF CARE MUST BE ≥ 11/01/1993 AND ≤ 03/31/1994
AND DATE PROCESSED TO COMPLETION MUST BE ≤ 12/31/1994**

**OR END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 03/31/1994
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/95 AND ≤ 02/28/1995**

WHEN PRICING PROFILE YEAR = '93'

**THEN END DATE OF CARE MUST BE ≥ 01/01/1987 AND ≤ 10/31/1993
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 02/28/1995**

ELEMENT NAME: PROCEDURE CODE MODIFIER (2-333)

VALIDITY EDITS

2-333-01 MUST BE A VALID PROCEDURE CODE MODIFIER AS DEFINED IN CHAPTER 2, SECTION 7.

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 (SURGERY)

PROCEDURE CODE MODIFIER MUST = 20, 22, 23, 25 - 27, 32, 47, 50 - 60, 62, 66, 73 - 82, 90, 91, 99, QB, QU, TC OR BLANK

2-333-04R IF PROCEDURE CODE = 70010 - 79999 (RADIOLOGY)

PROCEDURE CODE MODIFIER MUST = 22, 26, 27, 32, 51 - 53, 58, 59, 62, 66, 76 - 80, 90, 99, QB, QU, TC OR BLANK

2-333-05R IF PROCEDURE CODE = 80002 - 89399 (PATHOLOGY)

PROCEDURE CODE MODIFIER MUST = 22, 26, 32, 51 - 53, 59, 90, QB, QU, TC OR BLANK

2-333-06R IF PROCEDURE CODE = 90700 - 99199 (MEDICINE)

PROCEDURE CODE MODIFIER MUST = 22, 25, 26, 27, 32, 51 - 53, 55 - 59, 76 - 82, 90, 99, QB, QU, TC OR BLANK

2-333-07R IF PROCEDURE CODE = 99201 - 99499 (EVALUATION/MANAGEMENT)

PROCEDURE CODE MODIFIER MUST = 21, 22, 24, 25, 27, 32, 52, 53, 57, 59, QB, QU, TC OR BLANK

2-333-08R IF PROCEDURE CODE = A0010 - A0999 (TRANSPORTATION SERVICES)

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

2-333-09R IF PROCEDURE CODE = A4206 - A6406 (MEDICAL AND SURGICAL SUPPLIES)

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

2-333-10R IF PROCEDURE CODE = B4034 - B9999 (ENTERAL & PARENTERAL THERAPY)

PROCEDURE CODE MODIFIER MUST = CC, DD, QB, QU OR BLANK

2-333-11R IF PROCEDURE CODE = D0110 - D9999 (DENTAL PROCEDURES)

ELEMENT NAME: PROCEDURE CODE MODIFIER (2-333) (CONTINUED)

	PROCEDURE CODE MODIFIER MUST = CC, ET, LT, QB, QU, RT, TC OR BLANK
2-333-12R	IF PROCEDURE CODE = E0100 - E1830 (DURABLE MEDICAL EQUIPMENT)
	PROCEDURE CODE MODIFIER MUST = CC, LL, LT, MS, NR, NU, QB , QE, QF, QG, QH, QT, QU , RP, RR, RT, TC, UE OR BLANK
2-333-13R	IF PROCEDURE CODE = J0110 - J8999 (DRUGS ADMINISTERED OTHER THAN ORAL METHOD)
	PROCEDURE CODE MODIFIER MUST = AA, AB, AC, AD, AE, AF, AG, CC, QB, QR , QU, TC OR BLANK
2-333-14R	IF PROCEDURE CODE = J9000 - J9999 (CHEMOTHERAPY DRUGS)
	PROCEDURE CODE MODIFIER MUST = CC, QB, QU, TC OR BLANK
2-333-15R	IF PROCEDURE CODE = L0100 - L9999 (ORTHOTIC/PROSTHETIC PROCEDURES)
	PROCEDURE CODE MODIFIER MUST = CC, LT, QB, QU, RT, TC OR BLANK
2-333-16R	IF PROCEDURE CODE = M0005 - M0900 (MEDICAL SERVICES)
	PROCEDURE CODE MODIFIER MUST = AH, AJ, AN, CC, EJ, EM, EP, FP, Q5 , Q6 , QB, QC, QD, QT, QU, Q5, Q6, SF, TC OR BLANK
2-333-17R	IF PROCEDURE CODE = P2028 - P9615 (PATHOLOGY AND LABORATORY)
	PROCEDURE CODE MODIFIER MUST = CC, LR, QB , QU , TC OR BLANK
2-333-18R	IF PROCEDURE CODE = Q0034 - Q9940 (TEMPORARY CODES)
	PROCEDURE CODE MODIFIER MUST = CC, LL, LR, QB , QC, QD, QE, QF, QG, QH, QT, QU , RP, RR, TC, UE OR BLANK
2-333-19R	IF PROCEDURE CODE = R0070 - R0076 (DIAGNOSTIC RADIOLOGY SERVICES)
	PROCEDURE CODE MODIFIER MUST = CC, LT, QB , QU , RT, TC OR BLANK
2-333-20R	IF PROCEDURE CODE = V2020 - V2799 (VISION SERVICES)
	PROCEDURE CODE MODIFIER MUST = AP, CC, LS, LT, PL, QB , QU , RT, SF, TC, VP OR BLANK
2-333-21R	IF PROCEDURE CODE = V5008 - V5364 (HEARING SERVICES)
	PROCEDURE CODE MODIFIER MUST = CC, LT, QB , QU , 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).