

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**

<b>2-200-02R</b> 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**

<b>2-202-01,</b>	OCCURRENCE NUMBER 1
<b>2-202-02,</b>	OCCURRENCE NUMBER 2
<b>2-202-03</b>	OCCURRENCE NUMBER 3 VALUE MUST BE A VALID CODE LISTED UNDER SPECIAL PROCESSING CODE LOCATED IN <a href="#">ADP MANUAL, CHAPTER 2, SECTION 8</a> OR BLANK
<b>2-202-04</b>	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>2-140-14R,</b>	NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
<b>2-145-14R,</b>	PATIENT COPAYMENT/ COINSURANCE		TYPE OF SERVICE, PROVIDER PARTICIPATION INDICATOR
<b>AND</b>			
<b>2-145-15R</b>	CONTRACTOR NUMBER	SEE BELOW	
<b>2-235-06R</b>	PROVIDER MAJOR SPECIALTY	SEE BELOW	
<b>2-100-05R</b>	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**

<b>2-202-05R</b>	IF NAS EXCEPTION REASON =	9	DEMONSTRATION PROJECTS
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST BE =	3	ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY OR

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

	4	ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY <b>OR</b>
	9	FORT DRUM COOPERATIVE MEDICAL CARE <b>OR</b>
	6	HOME HEALTH CARE <b>OR</b>
	E	HHC/CM <b>OR</b>
	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
IF NAS EXCEPTION REASON =	8	HEART/LIVER TRANSPLANT
<b>AND EARLIEST BEGIN DATE OF CARE &lt; 03/01/1997</b>		
AT LEAST ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST BE =	5	LIVER TRANSPLANT
	7	HEART TRANSPLANT
IF NAS EXCEPTION REASON =	8	HEART TRANSPLANT
<b>AND EARLIEST BEGIN DATE OF CARE ≥ 03/01/1997</b>		
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
<b>2-202-06R</b>	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE <sup>1</sup> IS 47133	
<b>AND EARLIEST BEGIN DATE OF CARE &lt; 03/01/1997</b>		

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

**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**

**OR**

**IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE<sup>1</sup> 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<sup>1</sup> IS 33945,**

**AT LEAST ONE SPECIAL  
PROCESSING CODE MUST =**

**7 HEART TRANSPLANT**

**IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE<sup>1</sup> 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**

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

	N	CHAMPUS SELECT
	S	RESOURCE SHARING
IF PROGRAM INDICATOR =	D	DRUG
NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS WHO ASSISTED OR PROVIDED ANCILLARY SUPPORT
IF PROGRAM INDICATOR =	T	DENTAL
NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
	E	HHC/CM
	F	ARMY CAM DEMONSTRATION
	G	
<b>2-202-10R</b>		SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.
<b>2-202-11R</b>	IF SPECIAL PROCESSING CODE =	F REYNOLDS ARMY COMMUNITY HOSPITAL, FT. SILL THE FILING DATE MUST BE ≥ 06/01/1989 AND THE END DATE OF CARE ≤ 05/31/1992.
	IF SPECIAL PROCESSING CODE =	G EVANS ARMY COMMUNITY HOSPITAL, FT. CARSON THE FILING DATE MUST BE ≥ 10/01/1989 AND THE EARLIEST BEGIN DATE OF CARE ≤ 09/30/1992
	IF SPECIAL PROCESSING CODE =	I BERGSTROM AFB CATCHMENT AREA THE FILING DATE MUST BE ≥ 03/01/1990 AND END DATE OF CARE ≤ 04/30/1993.
	IF SPECIAL PROCESSING CODE =	J LUKE/WILLIAMS AFB CATCHMENT AREA THE FILING DATE MUST BE ≥ 03/01/1990.
<b>2-202-12R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K GEORGIA/FLORIDA PPO PROVIDER STATE OR COUNTRY CODE =
	12	FLORIDA
	13	GEORGIA
<b>2-202-13R</b>		IF EARLIEST BEGIN DATE OF CARE < 06/30/1988

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

	NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY =	E	HHC/CM
<b>2-202-15R</b>	IF ANY DENIAL REASON CODE =	G	DEMONSTRATION AUTHORIZATION NOT ON FILE
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
		E	HHC/CM
<b>2-202-16R</b>	IF FIRST POSITION OF TYPE OF SERVICE =	C	AIR FORCE CAM PRIMARY/PREVENTIVE CARE
	SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA
		J	LUKE/WILLIAMS AFB CATCHMENT AREA
<b>2-202-17R</b>	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 <sup>1</sup> 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.		
<b>2-202-18R</b>	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
<b>2-202-19R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	BRAC MEDICARE PHARMACY
	THEN CONTRACTOR NUMBER MUST =	03	MANAGED CARE SUPPORT - REGION 3/4

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

	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
<b>AND PROGRAM INDICATOR MUST =</b>	D	DRUG
<b>AND EARLIEST BEGIN DATE OF CARE MUST BE &lt; 04/01/2001</b>		
<b>2-202-20R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	? AMBULATORY SURGERY FACILITY CHARGE
	SPECIAL RATE CODE MUST =	R AMBULATORY SURGERY FACILITY PAYMENT RATE
		S DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE
	<b>OR PRICE CODE MUST BE =</b>	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
	<b>AND AMOUNT ALLOWED &gt; 0</b>	
<b>2-202-21R</b>	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)

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

	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
	<b>THEN ENROLLMENT STATUS MUST =</b>	W ACTIVE DUTY - USA
		X ACTIVE DUTY - EUROPE
<b>2-202-22R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD ACTIVE DUTY
	PATIENT RELATIONSHIP TO SPONSOR MUST =	b SPONSOR
	<b>AND SPONSOR STATUS MUST =</b>	A ACTIVE DUTY
		B RECALLED TO ACTIVE DUTY
		J ACADEMY STUDENT/NAVY OCS
		N NATIONAL GUARD
		Q PRISONER/APPELLATE
		V RESERVE
		T FOREIGN MILITARY (NATO)
<b>2-202-24R</b>	(NATIONAL STS)	
	IF PROCEDURE CODE <sup>1</sup> = 38240, 38230 [ALLOGENEIC BONE MARROW TRANSPLANT]	
	<b>AND EARLIEST BEGIN DATE OF CARE &lt; 10/01/1997</b>	
	<b>THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =</b>	3 ALLOGENEIC BONE MARROW RECIPIENT (WILFORD HALL REFERRED ONLY) <b>OR</b>
		& BONE MARROW TRANSPLANTS - TMA APPROVED ONLY
	<b>ELSE</b>	
	IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1997	
	<b>THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =</b>	ST SPECIALIZED TREATMENT
	IF PROCEDURE CODE <sup>1</sup> = 50300, 50320, 50340, 50360, 50365, 50370, 50380 [KIDNEY TRANSPLANT]	
	<b>AND EARLIEST BEGIN DATE OF CARE ≥ 09/01/1999</b>	
	<b>THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =</b>	ST SPECIALIZED TREATMENT

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

	<b>UNLESS NAS EXCEPTION REASON =</b>	K	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)
	<b>OR PATIENT ZIP CODE IS NOT IN THE 48 CONTIGUOUS UNITED STATES AND THE DISTRICT OF COLUMBIA</b>		
<b>2-202-26R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	WR	MENTAL HEALTH WRAPAROUND DEMONSTRATION
	CONTRACTOR NUMBER MUST =	07	CENTRAL REGION
<b>2-202-27R</b>	IF ANY OCCURANCE OF SPECIAL PROCESSING CODE =	MS	TRICARE SENIOR PRIME
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
	<b>THEN ENROLLMENT STATUS MUST =</b>	BB	TRICARE SENIOR PRIME
<b>2-202-40R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM COMPREHENSIVE CLINICAL EVALUATION PROGRAM
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM-TRICARE ELIGIBLE
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
	<b>THEN ENROLLMENT STATUS MUST =</b>	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
<b>2-202-41R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SN	TRICARE SENIOR SUPPLEMENT (NON-NETWORK) <b>OR</b>
		SS	TRICARE SENIOR SUPPLEMENT (NETWORK)

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

	<b>THEN ENROLLMENT CODE MUST =</b>	TS TRICARE SENIOR SUPPLEMENT
<b>2-202-44R</b>	IF EARLIEST BEGIN DATE OF CARE IS ≥ 03/15/1999	
	<b>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	E HOME HEALTH CARE/CASE MANAGEMENT (HHC/CM) DEMO (AFTER 03/15/1999 GRANDFATHERED INTO THE INDIVIDUAL CASE MANAGEMENT PROGRAM)
	<b>THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	CM INDIVIDUAL CASE MANAGEMENT PROGRAM (ICMP) CLAIMS
<b>2-202-45R</b>	IF EARLIEST BEGIN DATE OF CARE IS ≥ 10/01/2001	
	<b>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	FF TRICARE FOR LIFE (FIRST PAYOR) <b>OR</b> FS TRICARE FOR LIFE (SECOND PAYOR)
	<b>THEN ENROLLMENT STATUS MUST =</b>	FE TRICARE FOR LIFE - EXTRA <b>OR</b> FS TRICARE FOR LIFE - STANDARD
<b>2-202-46R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FF TRICARE FOR LIFE (FIRST PAYOR) <b>OR</b> FS TRICARE FOR LIFE (SECOND PAYOR)
	<b>THEN EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001</b>	
<b>2-202-47R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	NE OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
	<b>THEN EARLIEST BEGIN DATE OF CARE ≥ 09/14/2001 AND &lt; 11/01/2003</b>	

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**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 &gt; 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)**

<b>2-203-06R</b>	IF SPECIAL RATE CODE =	U	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM PAID OUTSIDE NORMAL LIMITS
	<b>THEN SPECIAL PROCESSING CODE MUST =</b>	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE <b>OR</b>
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE <b>OR</b>
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR <b>OR</b>
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE <b>OR</b>
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE <b>OR</b>
		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 ≥ 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 ≥ 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 ≥ 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-ID<sup>1</sup>

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-ID<sup>1</sup>

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 - 8099<sup>2</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.<sup>3</sup> 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 <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**

**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**

**<sup>2</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.**

**<sup>3</sup> THESE REGION CODES ARE RESERVED FOR FUTURE USE.**



**ELEMENT NAME: PCM LOCATION DMIS-ID (2-211) (CONTINUED)**U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM  
**OR**W TPR ACTIVE DUTY CLAIMS - USA **OR**Z MANAGED CARE SUPPORT - PRIME, MTF/CLINIC  
**OR**

BB TRICARE SENIOR PRIME

**THEN PCM LOCATION DMIS-ID MUST = BLANK**<sup>2</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.<sup>3</sup> 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 <sup>1</sup>	SEE BELOW	PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER SUB-IDENTIFIER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup> , BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE <sup>1</sup>
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).

<sup>1</sup> 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 <sup>1</sup>	SEE BELOW	PROVIDER SUB-IDENTIFIER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup>
PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
PROVIDER MAJOR SPECIALTY CODE	SEE BELOW	
<b>2-310-06R</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, AMOUNT ALLOWED BY PROCEDURE CODE
<b>2-315-06R</b> END DATE OF CARE		SAME AS ABOVE
INST/NON-INST INDICATOR <sup>1</sup>	SEE BELOW	RECORD TYPE

**EDITED ELEMENT RELATIONSHIP**

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

<sup>1</sup> PROVIDER FILE

<sup>2</sup> 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').

**2-217-04R<sup>2</sup>** 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.

<sup>1</sup> PROVIDER FILE

<sup>2</sup> 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)
<b>2-217-03R</b>	PROVIDER SUB-IDENTIFIER <sup>1</sup>		PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup>
	PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
	PROVIDER MAJOR SPECIALTY CODE	SEE BELOW	
<b>2-310-06R</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, AMOUNT ALLOWED BY PROCEDURE CODE
<b>2-315-06R</b>	END DATE OF CARE		SAME AS ABOVE

**EDITED ELEMENT RELATIONSHIP**

NONE

<sup>1</sup> 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)
<b>2-217-03R</b>	PROVIDER ZIP CODE		PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER SUB-IDENTIFIER <sup>1</sup>
	PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
	PROVIDER MAJOR SPECIALTY	SEE BELOW	

<sup>1</sup> PROVIDER FILE

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

<b>2-310-06R</b>	BEGIN DATE OF CARE	SEE BELOW	RECORD EFFECTIVE DATE <sup>1</sup> , PROVIDER ACCEPTANCE DATE <sup>1</sup> , PROVIDER TERMINATION DATE <sup>1</sup> , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE
<b>2-315-06R</b>	END DATE OF CARE		SAME AS ABOVE

**EDITED ELEMENT RELATIONSHIP**

NONE

<sup>1</sup> 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**

<b>2-230-02R</b>	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 <sup>1</sup>	SEE BELOW	PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER SUB-IDENTIFIER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup> , BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE <sup>1</sup>
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)

<sup>1</sup> 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.)**

**<sup>1</sup> 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	
<b>2-170-11R</b> 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**

<b>2-255-02R<sup>1</sup></b>	PRINCIPAL TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.	
<b>2-255-04R</b>	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.	
<b>2-255-05R</b>	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.	
<b>2-255-08R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = E HHC/CM  PRINCIPAL TREATMENT DIAGNOSIS CANNOT = 290-319.	
<b>2-255-09R</b>	IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9  AND PROGRAM INDICATOR = I INSTITUTIONAL OR  N NON-INSTITUTIONAL	

<sup>1</sup> 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)**

<b>THEN TYPE OF SERVICE FIRST POSITION MUST BE =</b>		A	AMBULATORY SURGERY COST-SHARED AS INPATIENT (ACTIVE DUTY FAMILY MEMBERS ONLY) <b>OR</b>
		I	INPATIENT <b>OR</b>
		O	OUTPATIENT, EXCLUDING 'M', 'P', OR 'N' <b>OR</b>
		N	OUTPATIENT COST-SHARED AS INPATIENT
<b>AND TYPE OF SERVICE SECOND POSITION MUST =</b>		4	DIAGNOSTIC/THERAPEUTIC X-RAY <b>OR</b>
		5	DIAGNOSTIC LABORATORY <b>OR</b>
		7	ANESTHESIA
<b>AND AMOUNT BILLED MUST BE ≤ \$200.00</b>			
<b>UNLESS TYPE OF SUBMISSION =</b>		D	COMPLETE DENIAL
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>		1	MEDICAID
<b>2-255-10R</b>	IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9		
<b>AND PROGRAM INDICATOR =</b>		D	DRUG
<b>THEN AMOUNT BILLED MUST BE ≤ \$250.00</b>			
<b>UNLESS TYPE OF SUBMISSION =</b>		D	COMPLETE DENIAL
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>		1	MEDICAID
<b>2-255-11R</b>	IF PROGRAM INDICATOR =		
		H	PROGRAM FOR PERSONS WITH DISABILITIES <b>OR</b>
		T	DENTAL
<b>THEN PRINCIPAL DIAGNOSIS CANNOT = 799.9</b>			
<b>UNLESS TYPE OF SUBMISSION =</b>		D	COMPLETE DENIAL
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>		1	MEDICAID

<sup>1</sup> 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	
<b>2-170-11R</b> OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

- 2-260-02R<sup>1</sup>** 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.

<sup>1</sup> 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.<sup>1</sup>

**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	
<b>2-170-11R</b> OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

- 2-265-02R<sup>2</sup>** 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.

<sup>1</sup> SEE EDIT 2-260-01.

<sup>2</sup> 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.<sup>1</sup>**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	
<b>2-170-11R</b> OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

- 2-270-02R<sup>1</sup>** 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.

<sup>1</sup> SEE EDIT 2-260-01<sup>2</sup> 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.<sup>1</sup>

**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	
<b>2-170-11R</b> OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

- 2-275-02R<sup>1</sup>** 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.

<sup>1</sup> 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)
<b>2-280-02R</b> TYPE OF SUBMISSION	OCCURRENCE COUNT FOR ADJUSTMENT <b>OR</b> CANCELLATION HCSR MUST BE $\geq$ 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**

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

<sup>2</sup> **CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.**



**ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)**

CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR <b>OR</b>
MN	TRICARE SENIOR PRIME (NON-NETWORK) <b>OR</b>
MS	TRICARE SENIOR PRIME (NETWORK) <b>OR</b>
SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE <b>OR</b>
SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE <b>OR</b>
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 DENIED<sup>1</sup> PROCEDURE CODE, DENIAL REASON CODE MUST BE PRESENT

**AND** AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO

**WHEN** TYPE OF SUBMISSION =

- |   |  |
|---|--|
| A | ADJUSTMENT <b>OR</b>                     |
| C | COMPLETE CANCELLATION <b>OR</b>          |
| D | COMPLETE DENIAL <b>OR</b>                |
| F | ADJUSTMENT NEW SUFFIX <b>OR</b>          |
| I | INITIAL SUBMISSION <b>OR</b>             |
| O | ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b> |
| R | RESUBMISSION OF ERROR REJECT             |

**ELSE** TYPE OF SUBMISSION =

- |   |                                    |
|---|------------------------------------|
| A | ADJUSTMENT <b>OR</b>               |
| B | ADJUSTMENT NON-HCSR DATA <b>OR</b> |
| C | COMPLETE CANCELLATION <b>OR</b>    |
| E | CANCELLATION NON-HCSR DATA         |

**THEN** AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

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

<sup>2</sup> **CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.**

**ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)**

<b>UNLESS SPECIAL PROCESSING CODE =</b>	AN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE <b>OR</b>
	AR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE <b>OR</b>
	CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR <b>OR</b>
	MN TRICARE SENIOR PRIME (NON-NETWORK) <b>OR</b>
	MS TRICARE SENIOR PRIME (NETWORK) <b>OR</b>
	SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE <b>OR</b>
	SE SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE <b>OR</b>
	SM SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
<b>2-290-05R</b>	IF ENROLLMENT STATUS = 'A', 'B', 'C', <b>OR</b> 'K' (PRIME) <b>AND</b> PROCEDURE CODE IS A DENIED <sup>1</sup> PROCEDURE CODE, DENIAL REASON CODE MUST BE PRESENT AND AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO
<b>WHEN TYPE OF SUBMISSION =</b>	A ADJUSTMENT <b>OR</b>
	C COMPLETE CANCELLATION <b>OR</b>
	D COMPLETE DENIAL <b>OR</b>
	F ADJUSTMENT NEW SUFFIX <b>OR</b>
	I INITIAL SUBMISSION <b>OR</b>
	O ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
	R RESUBMISSION OF ERROR REJECT
<b>ELSE TYPE OF SUBMISSION =</b>	A ADJUSTMENT <b>OR</b>
	B ADJUSTMENT NON-HCSR DATA <b>OR</b>
	C COMPLETE CANCELLATION <b>OR</b>
	E CANCELLATION NON-HCSR DATA
	<b>THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO,</b>
<b>UNLESS OVERRIDE CODE =</b>	Z (ENHANCED BENEFIT)

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

<sup>2</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

**ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)**

	<b>THEN SPECIAL PROCESSING CODE =</b>	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE <b>OR</b>
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE <b>OR</b>
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
		MN	TRICARE SENIOR PRIME (NON-NETWORK) <b>OR</b>
		MS	TRICARE SENIOR PRIME (NETWORK <b>OR</b>
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE <b>OR</b>
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE <b>OR</b>
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY <b>OR</b>
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR.
<b>2-290-06R</b>	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 <b>NOT</b> 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'.		
<b>2-290-07R</b>	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'.		
<b>2-290-08R</b>	IF PROGRAM INDICATOR =	D	DRUG
	PROCEDURE CODE MUST BE = 98800.		
<b>2-290-09R</b>	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		
<b>2-290-10R</b>	IF PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES

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

<sup>2</sup> **CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.**

**ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)**

**THEN PROCEDURE CODE<sup>2</sup> 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<sup>2</sup> = 90892, 90893, 90894, 90895, 90896, OR 90897**

**SPECIAL PROCESSING CODE  
MUST = WR MENTAL HEALTH WRAPAROUND  
DEMONSTRATION**

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

**<sup>2</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.**