

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: TYPE OF SUBMISSION (2-100)	
VALIDITY EDITS	
2-100-01V	VALUE MUST BE A VALID TYPE OF SUBMISSION.
2-100-02V	IF TYPE OF SUBMISSION =
	B ADJUSTMENT OF NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN ADJUSTMENT KEY CANNOT BE BLANK	
2-100-03V	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	B ADJUSTMENT OF NON-TED RECORD (HCSR) DATA OR
	C COMPLETE CANCELLATION OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN MATCH MUST BE FOUND ON THE TMA DATABASE	
	AND TYPE OF SUBMISSION ON THE EXISTING TMA DATABASE RECORD ≠
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL OR
	E COMPLETE CANCELLATION NON-TED RECORD (HCSR) DATA
UNLESS THE RECORD HAS PROVISIONAL ERRORS	
2-100-04V	IF TYPE OF SUBMISSION =
	D COMPLETE DENIAL OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
THEN A TED RECORD MUST NOT BE PRESENT ON THE DATABASE WITH THE SAME TED RECORD INDICATOR	
RELATIONAL EDITS	
2-100-01R	IF TYPE OF SUBMISSION =
	O ZERO PAYMENT WITH 100% OHI/TPL
THEN THE AMOUNT OF OHI MUST BE > ZERO	
AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE MUST > ZERO	
AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = 0	
2-100-02R	IF ALL OCCURRENCE/LINE ITEMS ARE DENIED (REFER TO FIGURE 2-H-1 OR FIGURE 2-H-2)

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: TYPE OF SUBMISSION (2-100) (CONTINUED)	
	<p>THEN TYPE OF SUBMISSION MUST =</p> <p>C COMPLETE CANCELLATION OR</p> <p>D COMPLETE DENIAL OR</p> <p>E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA</p>
2-100-04R	<p>IF RESUBMISSION NUMBER = ZERO FOR THIS BATCH OR VOUCHER</p> <p>THEN TYPE OF SUBMISSION MUST ≠</p> <p>R RESUBMISSION</p>
2-100-05R	<p>IF RESUBMISSION NUMBER > ZERO FOR THIS BATCH OR VOUCHER</p> <p>THEN TYPE OF SUBMISSION MUST ≠</p> <p>I INITIAL TED RECORD SUBMISSION</p>
2-100-06R	<p>IF TYPE OF SUBMISSION =</p> <p>I INITIAL SUBMISSION OR</p> <p>R RESUBMISSION</p> <p>THEN THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT BILLED BY PROCEDURE CODE, AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE MUST BE > 0.</p>
2-100-07R	<p>IF TYPE OF SUBMISSION =</p> <p>B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR</p> <p>E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA</p> <p>THEN BEGIN DATE OF CARE MUST BE < 10/01/2007</p>
2-100-08R	<p>IF DATE TED RECORD PROCESSED TO COMPLETION > 01/01/1996</p> <p>AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) =</p> <p>X NOT APPLICABLE</p> <p>THEN TYPE OF SUBMISSION MUST =</p> <p>C COMPLETE CANCELLATION OR</p> <p>D COMPLETE DENIAL</p>
2-100-09R	<p>IF TYPE OF SUBMISSION =</p> <p>B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR</p> <p>E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA</p> <p>THEN TYPE OF SERVICE (SECOND POSITION) MUST ≠</p> <p>M MAIL ORDER PHARMACY DRUGS & SUPPLIES</p>

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (2-105)	
VALIDITY EDITS	
2-105-01V	MUST BE A VALID TYPE/EMC INDICATOR.
RELATIONAL EDITS	
2-105-01R	IF CLAIM FORM TYPE/EMC INDICATOR =
	I ELECTRONIC DRUG CLAIM SUBMISSION
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =
	B RETAIL DRUGS & SUPPLIES OR
	M MAIL ORDER PHARMACY DRUGS & SUPPLIES

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110)

VALIDITY EDITS

2-110-01V MUST BE VALID DMIS-ID CODE.

RELATIONAL EDITS

NO ERROR IF ANY OCCURRENCE OF
OVERRIDE CODE = S ZIP CODE OVERRIDE TO BE USED WHEN A
BENEFICIARY HAS MOVED OUT OF A
REGION AND THE CONTRACTOR IS STILL
RESPONSIBLE FOR THE CARE CLAIMED; OR
IF A BENEFICIARY RESIDES IN A REGION
DIFFERENT FROM THE REGION THEY ARE
ENROLLED IN--**WITHIN THE SAME**
CONTRACT JURISDICTION (i.e., 2/5, 3/4,
OR 9/10)

THEN BYPASS ALL PCM LOCATION DMIS-ID RELATIONAL EDITING.

2-110-01R IF BEGIN DATE OF CARE ≥ 10/01/1997

AND ENROLLMENT/HEALTH
PLAN CODE =

Z TRICARE PRIME, MTF/CLINIC **OR**
BB TSP

THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID¹

AND CANNOT = 6501, 6901-6915, 7901-7912, 7916², 8000-8099, OR BLANK

2-110-02R IF BEGIN DATE OF CARE ≥ 10/01/1999

AND ENROLLMENT/HEALTH
PLAN CODE =

SR SHCP-REFERRED CARE

THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID¹

AND CANNOT = 6501, 6901-6915, 7901-7912, 7916², 8000-8099, OR BLANK

2-110-03R IF BEGIN DATE OF CARE ≥ 10/01/1997 **AND** < 10/01/1999

AND ENROLLMENT/HEALTH
PLAN CODE =

U TRICARE PRIME, CIVILIAN PCM

AND REGION INDICATOR = 2 THEN DMIS-ID MUST = 6501 OR 6902 OR 8000-8099

2-110-04R IF BEGIN DATE OF CARE ≥ 10/01/1997 **AND** < 09/01/2002

AND ENROLLMENT/HEALTH
PLAN CODE =

U TRICARE PRIME, CIVILIAN PCM

AND REGION INDICATOR = 1 THEN DMIS-ID MUST = 6901 OR 8000-8099

OR REGION INDICATOR = 2 THEN DMIS-ID MUST = 6902 OR 8000-8099

OR REGION INDICATOR = 3 THEN DMIS-ID MUST = 6903

OR REGION INDICATOR = 4 THEN DMIS-ID MUST = 6904

OR REGION INDICATOR = 5 THEN DMIS-ID MUST = 6905 OR 8000-8099

OR REGION INDICATOR = 6 THEN DMIS-ID MUST = 6906

OR REGION INDICATOR = 7 THEN DMIS-ID MUST = 6907

OR REGION INDICATOR = 8 THEN DMIS-ID MUST = 6908

OR REGION INDICATOR = 9 THEN DMIS-ID MUST = 6909

OR REGION INDICATOR = 10 THEN DMIS-ID MUST = 6910

¹ A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

² 7916 IS THE DMIS-ID FOR ALASKA.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110) (CONTINUED)	
	OR REGION INDICATOR = 11 THEN DMIS-ID MUST = 6911
	OR REGION INDICATOR = 12 THEN DMIS-ID MUST = 6912
	OR REGION INDICATOR = 13 THEN DMIS-ID MUST = 6913
	OR REGION INDICATOR = 14 THEN DMIS-ID MUST = 6914
	OR REGION INDICATOR = 15 THEN DMIS-ID MUST = 6915
2-110-05R	IF BEGIN DATE OF CARE ≥ 10/01/1997 AND < 10/01/1999
	AND ENROLLMENT/HEALTH PLAN CODE = W TPR ACTIVE DUTY CLAIMS-USA
	AND REGION INDICATOR = 1 THEN DMIS-ID MUST = 7901 OR 8000-8099 OR BLANK
	OR REGION INDICATOR = 2 THEN DMIS-ID MUST = 7902 OR 8000-8099 OR BLANK
	OR REGION INDICATOR = 5 THEN DMIS-ID MUST = 7905 OR 8000-8099 OR BLANK
	OR REGION INDICATOR = 11 THEN DMIS-ID MUST = 6911 OR BLANK
2-110-06R	IF BEGIN DATE OF CARE ≥ 10/01/1999 AND < 09/01/2002
	AND ENROLLMENT/HEALTH PLAN CODE = W TPR ACTIVE DUTY CLAIMS-USA
	AND REGION INDICATOR = 1 THEN DMIS-ID MUST = 7901 OR 8000-8099
	OR REGION INDICATOR = 2 THEN DMIS-ID MUST = 7902 OR 8000-8099
	OR REGION INDICATOR = 3 THEN DMIS-ID MUST = 7903
	OR REGION INDICATOR = 4 THEN DMIS-ID MUST = 7904
	OR REGION INDICATOR = 5 THEN DMIS-ID MUST = 7905 OR 8000-8099
	OR REGION INDICATOR = 6 THEN DMIS-ID MUST = 7906
	OR REGION INDICATOR = 7 THEN DMIS-ID MUST = 7907
	OR REGION INDICATOR = 8 THEN DMIS-ID MUST = 7908
	OR REGION INDICATOR = 9 THEN DMIS-ID MUST = 7909
	OR REGION INDICATOR = 10 THEN DMIS-ID MUST = 7910
	OR REGION INDICATOR = 11 THEN DMIS-ID MUST = 7911
	OR REGION INDICATOR = 12 THEN DMIS-ID MUST = 7912 OR 7916 ²
2-110-07R	IF BEGIN DATE OF CARE ≥ 10/01/1997
	AND ENROLLMENT/HEALTH PLAN CODE ≠ U TPR ACTIVE DUTY CLAIMS-USA OR
	W TPR ACTIVE DUTY CLAIMS-USA OR
	Z TRICARE PRIME, MTF/CLINIC OR
	BB TSP OR
	SR SHCP-REFERRED CARE OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	THEN PCM LOCATION DMIS-ID MUST = BLANK
2-110-08R	IF BEGIN DATE OF CARE ≥ 09/01/2002
	AND ENROLLMENT/HEALTH PLAN CODE CODE = U TPR ACTIVE DUTY CLAIMS-USA OR
	AND REGION CODE = 1 THEN DMIS-ID MUST BE 6901

¹ A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

² 7916 IS THE DMIS-ID FOR ALASKA.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110) (CONTINUED)	
	OR REGION CODE = 2 THEN DMIS-ID MUST BE 6902, 8007, OR 8009
	OR REGION CODE = 3 THEN DMIS-ID MUST BE 6903
	OR REGION CODE = 4 THEN DMIS-ID MUST BE 6904
	OR REGION CODE = 5 THEN DMIS-ID MUST BE 6905
	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 ² REGION CODE = 13 THEN DMIS-ID MUST BE 6913
	OR ² REGION CODE = 14 THEN DMIS-ID MUST BE 6914
	OR ² REGION CODE = 15 THEN DMIS-ID MUST BE 6915
2-110-09R	IF BEGIN DATE OF CARE ≥ 09/01/2002
	AND ENROLLMENT/HEALTH PLAN CODE CODE =
	W TPR ACTIVE DUTY CLAIMS - USA OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND REGION CODE = 1 THEN DMIS-ID MUST BE 7901
	OR REGION CODE = 2 THEN DMIS-ID MUST BE 7902
	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 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
	OR REGION CODE = 13 THEN DMIS-ID MUST BE 7913
	OR REGION CODE = 14 THEN DMIS-ID MUST BE 7914
	OR REGION CODE = 15 THEN DMIS-ID MUST BE 7915

¹ A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.
² 7916 IS THE DMIS-ID FOR ALASKA.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-115)	
VALIDITY EDITS	
2-115-01V	MUST BE A VALID PRINCIPAL DIAGNOSIS CODE.
RELATIONAL EDITS	
2-115-01R	IF ANY PRINCIPAL TREATMENT DIAGNOSIS CODE IS FOR FEMALE AND PERSON SEX (PATIENT) IS MALE THEN AT LEAST ONE OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
2-115-02R	IF ANY PRINCIPAL TREATMENT DIAGNOSIS CODE IS FOR MALE AND NOT FOR CIRCUMCISION (PROCEDURE CODE ² 54150 OR 54160) AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (REFER TO FIGURE 2-E-10) AND PERSON SEX (PATIENT) IS FEMALE THEN AT LEAST ONE OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
2-115-03R	IF PRINCIPAL TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS (i.e., NEWBORN (REFER TO FIGURE 2-E-8)) UNLESS AT LEAST ONE OVERRIDE CODE = R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY
2-115-04R	IF SECONDARY TREATMENT DIAGNOSIS = MATERNITY (630-676 OR V22-V24 OR V270-V289) AND PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ < 12 THEN ONE OCCURRENCE OF OVERRIDE CODE MUST = E DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE
2-115-05R	IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9 THEN CALCULATED AMOUNT BILLED (TOTAL) MUST > ZERO AND ≤ \$200.00 AND TYPE OF SERVICE (FIRST POSITION) MUST = A AMBULATORY SURGERY COST-SHARED AS INPATIENT (ACTIVE DUTY FAMILY MEMBERS ONLY) OR I INPATIENT OR N OUTPATIENT COST-SHARED AS INPATIENT OR O OUTPATIENT, EXCLUDING M, P, N

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-115) (CONTINUED)	
	AND TYPE OF SERVICE (SECOND POSITION) MUST =
	4 DIAGNOSTIC/THERAPEUTIC X-RAY OR
	5 DIAGNOSTIC LABORATORY OR
	7 ANESTHESIA
	UNLESS TYPE OF SUBMISSION = D COMPLETE DENIAL
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 1 MEDICAID
2-115-06R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF PFPWD
	THEN PRINCIPAL DIAGNOSIS MUST CANNOT = 799.9
	UNLESS TYPE OF SUBMISSION = D COMPLETE DENIAL
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 1 MEDICAID

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 - 4 (2-120 THROUGH 2-135)

VALIDITY EDITS

2-XXX-01V¹ VALUE MUST BE VALID 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

2-XXX-01R¹ IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR FEMALE
AND PERSON SEX (PATIENT) IS MALE

THEN AT LEAST ONE
OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE

2-XXX-02R¹ IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR MALE
AND NOT FOR CIRCUMCISION (PROCEDURE CODE³ 54150 OR 54160)
AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (FIGURE 2-E-10)
AND PERSON SEX (PATIENT) IS FEMALE

THEN AT LEAST ONE
OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE

2-XXX-03R¹ IF SECONDARY TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION

THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS (i.e., NEWBORN (REFER TO FIGURE 2-E-8)

UNLESS AT LEAST ONE
OVERRIDE CODE = R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/ DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY

2-XXX-04R¹ IF SECONDARY TREATMENT DIAGNOSIS = MATERNITY (630-676 OR V22-V24 OR V270-V289)

AND PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE² < 12

THEN ONE OCCURRENCE
OF OVERRIDE CODE
MUST = E DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE

¹ XXX EQUALS ELN (120 THROUGH 135) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.

² PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

³ CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM COUNT (2-140)

VALIDITY EDITS

2-140-01V VALUE MUST BE IN RANGE: 001-099

AND MUST EQUAL THE PHYSICAL COUNT OF THE DETAIL LINE ITEMS ON THE TED RECORD.

2-140-02V IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**

B ADJUSTMENT OF NON-TED RECORD (HCSR) DATA **OR**

C COMPLETE CANCELLATION **OR**

E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

THEN TOTAL OCCURRENCE/LINE ITEM COUNT MUST BE \geq TOTAL OCCURRENCE/LINE ITEM COUNT FROM TMA DATABASE

RELATIONAL EDITS

NONE

ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER (2-145)

VALIDITY EDITS

2-145-01V EACH VALUE MUST BE NUMERIC AND NOT EQUAL TO ZERO.

2-145-02V OCCURRENCE/LINE ITEM NUMBER MUST BE CODED FOR EACH NUMBER OF OCCURRENCES SPECIFIED BY THE TOTAL OCCURRENCE/LINE ITEM COUNT.

2-145-03V OCCURRENCE/LINE ITEM NUMBER MUST BE REPORTED IN ASCENDING CONSECUTIVE ORDER.

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002
 CHAPTER 2, SECTION 6.2
 NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: BEGIN DATE OF CARE (2-150)	
VALIDITY EDITS	
2-150-01V	MUST BE A VALID GREGORIAN DATE.
RELATIONAL EDITS	
2-150-01R	BEGIN DATE OF CARE MUST BE ≤ END DATE OF CARE.
2-150-02R	BEGIN DATE OF CARE MUST BE ≤ FILING DATE.
2-150-03R	BEGIN DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION.
2-150-04R	BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT).
2-150-05R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	C COMPLETE CANCELLATION OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED.
	UNLESS THE ADJUSTMENT IS TO CORRECT A PROVISIONALLY ACCEPTED RECORD
2-150-06R	PROVIDER MUST BE "AUTHORIZED" ¹ ON PROVIDER FILE FOR EACH BEGIN DATE OF CARE
¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: END DATE OF CARE (2-155)

VALIDITY EDITS

2-155-01V MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

2-155-01R END DATE OF CARE MUST BE \geq BEGIN DATE OF CARE

2-155-02R END DATE OF CARE MUST BE \leq FILING DATE.

2-155-03R END DATE OF CARE MUST BE \leq DATE TED RECORD PROCESSED TO COMPLETION.

2-155-04R IF TYPE OF SUBMISSION =

A	ADJUSTMENT OR
B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
C	COMPLETE CANCELLATION OR
E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

THEN END DATE OF CARE MUST BE \leq DATE ADJUSTMENT IDENTIFIED.

UNLESS THE ADJUSTMENT IS TO CORRECT A PROVISIONALLY ACCEPTED RECORD

2-155-05R PROVIDER MUST BE "AUTHORIZED"¹ ON PROVIDER FILE FOR EACH END DATE OF CARE

2-155-06R END DATE OF CARE MUST BE IN THE SAME FISCAL YEAR AS THE BEGIN DATE OF CARE

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160)	
VALIDITY EDITS	
2-160-01V	MUST BE A VALID PROCEDURE CODE
RELATIONAL EDITS	
2-160-01R	IF PROCEDURE CODE DATABASE GOVERNMENT PAY CODE = 'Y' FOR THIS PROCEDURE CODE
	THEN ON ONE OF THE RECORDS IN THE PROCEDURE CODE DATABASE THE DATED RECORD PROCESSED TO COMPLETION MUST BE ON OR AFTER THE PROCESSING EFFECTIVE DATE AND BEFORE THE PROCESSING TERMINATION DATE FOR THAT PROCEDURE CODE.
	AND ON ONE OF THE RECORDS IN THE PROCEDURE CODE DATABASE THE BEGIN DATE OF CARE MUST BE ON OR AFTER THE CARE EFFECTIVE DATE AND BEFORE THE CARE TERMINATION DATE FOR THAT PROCEDURE CODE.
	ELSE IF PROCEDURE CODE DATABASE GOVERNMENT PAY CODE = 'N' FOR THIS PROCEDURE CODE
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO
	UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	AN SHCP-NON-MTF-REFERRED CARE OR
	AR SHCP-REFERRED CARE OR
	CE SHCP-COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	CL CLINICAL TRIALS OR
	GU ADSM ENROLLED IN TPR OR
	MN TSP-NETWORK OR
	MS TSP-NON-NETWORK OR
	SC SHCP-NON-TRICARE ELIGIBLE OR
	SE SHCP-TRICARE ELIGIBLE OR
	SM SHCP-EMERGENCY
	OR REGION INDICATOR =
	14 EUROPE OR
	15 PACIFIC OR
	16 LATIN AMERICA & CANADA INCLUDING THE CARIBBEAN BASIN
2-160-02R	IF ANY PROCEDURE CODE IS FOR FEMALE
	AND PERSON SEX (PATIENT) IS MALE
	THEN AT LEAST ONE OVERRIDE CODE MUST =
	G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
2-160-03R	IF ANY PROCEDURE CODE IS FOR MALE
	AND NOT FOR CIRCUMCISION (PROCEDURE CODE ¹ 54150 OR 54160)

¹ CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)	
	AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (FIGURE 2-E-10)
	AND PERSON SEX (PATIENT) IS FEMALE
	THEN AT LEAST ONE OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
2-160-04R	IF PROCEDURE CODE HAS AN AGE PARAMETER RESTRICTION THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS
	UNLESS AT LEAST ONE OVERRIDE CODE = R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/ DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY
2-160-05R	IF PROCEDURE CODE ¹ = 06896, 98320, A0100, A0110, A0120, A0130, A0140, A0170, L3000- L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3201-L3207, L3212-L3219, L3221-L3223, L3230, L3250-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
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = PF PFPWD
	UNLESS ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A CODE LISTED IN FIGURE 2-H-1 OR FIGURE 2-H-2
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AN SHCP-NON-MTF-REFERRED CARE OR
	AR SHCP-REFERRED CARE OR
	CE SHCP-COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU ADASM ENROLLED IN TPR OR
	MN TSP-NETWORK OR
	MS TSP-NON-NETWORK OR
	SC SHCP-NON-TRICARE ELIGIBLE OR
	SE SHCP-TRICARE ELIGIBLE OR
	SM SHCP-EMERGENCY
	OR ENROLLMENT/HEALTH PLAN CODE = X FOREIGN ADASM
2-160-06R	IF TYPE OF SERVICE (FIRST POSITION) = I INPATIENT
	THEN PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE (REFER TO FIGURE 2-E-10).
2-160-07R	IF PROCEDURE CODE ¹ = 90892-90898

¹ CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)

THEN ONE OCCURRENCE OF
SPECIAL PROCESSING CODE
MUST =

WR MENTAL HEALTH WRAPAROUND
DEMONSTRATION

2-160-08R IF PROCEDURE CODE¹ = 98800

THEN TYPE OF SERVICE
(SECOND POSITION) MUST =

B RETAIL DRUGS & SUPPLIES **OR**
M MAIL ORDER PHARMACY DRUGS &
SUPPLIES

AND NATIONAL DRUG CODE MUST ≠ BLANK

¹ CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE MODIFIER (2-165)	
VALIDITY EDITS	
2-165-01V	MUST BE A VALID PROCEDURE CODE MODIFIER AS DEFINED IN CHAPTER 2, SECTION 2.7
RELATIONAL EDITS	
2-165-01R	IF PROCEDURE CODE ¹ = 10040-69979 (SURGERY) THEN PROCEDURE CODE MODIFIER MUST = 20, 22, 23, 24, 25-27, 30, 32, 47, 50-59, 62, 66, 73-82, 90, 91, 99, E1-E4, F1-F9, FA, LC, LD, LT, P1-P5, RC, RT, QB, QU, T1-T9, TA, TC OR BLANK.
2-165-02R	IF PROCEDURE CODE ¹ = 70010-79999 (RADIOLOGY) THEN PROCEDURE CODE MODIFIER MUST = 22, 26, 27, 32, 51-53, 58, 59, 62, 66, 76-80, 90, 99, QB, QU, TC OR BLANK.
2-165-03R	IF PROCEDURE CODE ¹ = 80002-89399 (PATHOLOGY) THEN PROCEDURE CODE MODIFIER MUST = 22, 26, 32, 51-53, 59, 90, 91, QB, QU, TC OR BLANK.
2-165-04R	IF PROCEDURE CODE ¹ = 90700-99199 (MEDICINE) THEN PROCEDURE CODE MODIFIER MUST = 22, 25-27, 32, 51-53, 55-59, 76-82, 90, 99, GT, QB, QU, TC OR BLANK.
2-165-05R	IF PROCEDURE CODE ¹ = 99201-99499 (EVALUATION/MANAGEMENT) THEN PROCEDURE CODE MODIFIER MUST = 21, 22, 24, 25, 27, 32, 52, 53, 57, 59, GT, QB, QU, TC OR BLANK.
2-165-06R	IF PROCEDURE CODE = A0010-A0999 (TRANSPORTATION SERVICES) THEN PROCEDURE CODE MODIFIER MUST = D, E, G, H, I, J, N, P, R, S, X, AS, EE, EH, EM, EP, ER, ET, GM, HE, HH, HR, HT, PH, QB, QM, QN, QU, RA, RE, RH, SH, UC, XX OR BLANK.
2-165-07R	IF PROCEDURE CODE ¹ = A4206-A6406 (MEDICAL AND SURGICAL SUPPLIES) THEN PROCEDURE CODE MODIFIER MUST = CC, LT, RT, QB, QU OR BLANK.
2-165-08R	IF PROCEDURE CODE = B4034-B9999 (ENTERAL & PARENTERAL THERAPY) THEN PROCEDURE CODE MODIFIER MUST = CC, DD, QB, QU OR BLANK.
2-165-09R	IF PROCEDURE CODE = D0110-D9999 (DENTAL PROCEDURES) THEN PROCEDURE CODE MODIFIER MUST = CC, ET, LT, QB, QU, RT, TC OR BLANK.
2-165-10R	IF PROCEDURE CODE = E0100-E1830 (DURABLE MEDICAL EQUIPMENT) THEN PROCEDURE CODE MODIFIER MUST = CC, KH, KI, LL, LT, MS, NR, NU, QB, QE, QF, QG, QH, QT, QU, RP, RR, RT, TC, UE OR BLANK.
2-165-11R	IF PROCEDURE CODE = J0110-J8999 (DRUGS ADMINISTERED OTHER THAN ORAL METHOD) THEN PROCEDURE CODE MODIFIER MUST = AA, AB, AC, AD, AE, AF, AG, CC, QB, QR, QU, TC OR BLANK.
2-165-12R	IF PROCEDURE CODE = J9000-J9999 (CHEMOTHERAPY DRUGS) THEN PROCEDURE CODE MODIFIER MUST = CC, QB, QU, TC OR BLANK.
2-165-13R	IF PROCEDURE CODE = L0100-L9999 (ORTHOTIC/PROSTHETIC PROCEDURES) THEN PROCEDURE CODE MODIFIER MUST = CC, KO, LT, QB, QU, RT, TC OR BLANK.

¹ CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE MODIFIER (2-165) (CONTINUED)	
2-165-14R	IF PROCEDURE CODE = M0005-M0900 (MEDICAL SERVICES) THEN PROCEDURE CODE MODIFIER MUST = AH, AJ, AN, CC, EJ, EM, EP, FP, QB, QC, QD, QT, QU, SF, TC OR BLANK.
2-165-15R	IF PROCEDURE CODE = P2028-P9615 (PATHOLOGY AND LABORATORY) THEN PROCEDURE CODE MODIFIER MUST = CC, LR, QB, QR, QU, TC OR BLANK.
2-165-16R	IF PROCEDURE CODE = Q0034-Q9940 (TEMPORARY CODES) THEN PROCEDURE CODE MODIFIER MUST = CC, LL, LR, QB, QC, QD, QE, QF, QG, QH, QT, QU, RP, RR, TC, UE OR BLANK.
2-165-17R	IF PROCEDURE CODE = R0070-R0076 (DIAGNOSTIC RADIOLOGY SERVICES) THEN PROCEDURE CODE MODIFIER MUST = CC, LT, QB, QU, RT, TC OR BLANK.
2-165-18R	IF PROCEDURE CODE = V2020-V2799 (VISION SERVICES) THEN PROCEDURE CODE MODIFIER MUST = AP, CC, LS, LT, PL, QB, QU, RT, SF, TC, VP OR BLANK.
2-165-19R	IF PROCEDURE CODE = V5008-V5364 (HEARING SERVICES) THEN PROCEDURE CODE MODIFIER MUST = CC, LT, QB, QU, RT, SF, TC OR BLANK.
¹ 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: NATIONAL DRUG CODE (2-170)					
VALIDITY EDITS					
2-170-01V	MUST BE A VALID NATIONAL DRUG CODE				
RELATIONAL EDITS					
2-170-01R	IF NATIONAL DRUG CODE = BLANK THEN TYPE OF SERVICE (SECOND POSITION) MUST ≠ <table border="0" style="margin-left: 40px;"> <tr> <td style="width: 100px;">B</td> <td>RETAIL DRUGS & SUPPLIES OR</td> </tr> <tr> <td>M</td> <td>MAIL ORDER PHARMACY DRUGS & SUPPLIES</td> </tr> </table> AND PROCEDURE CODE ¹ MUST ≠ 98800	B	RETAIL DRUGS & SUPPLIES OR	M	MAIL ORDER PHARMACY DRUGS & SUPPLIES
B	RETAIL DRUGS & SUPPLIES OR				
M	MAIL ORDER PHARMACY DRUGS & SUPPLIES				
2-170-02R	IF NATIONAL DRUG CODE ≠ BLANK THEN TYPE OF SERVICE (SECOND POSITION) MUST = <table border="0" style="margin-left: 40px;"> <tr> <td style="width: 100px;">B</td> <td>RETAIL DRUGS & SUPPLIES OR</td> </tr> <tr> <td>M</td> <td>MAIL ORDER PHARMACY DRUGS & SUPPLIES</td> </tr> </table> AND PROCEDURE CODE ¹ MUST = 98800	B	RETAIL DRUGS & SUPPLIES OR	M	MAIL ORDER PHARMACY DRUGS & SUPPLIES
B	RETAIL DRUGS & SUPPLIES OR				
M	MAIL ORDER PHARMACY DRUGS & SUPPLIES				
¹ CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.					

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: NUMBER OF SERVICES (2-175)

VALIDITY EDITS

2-175-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-175-01R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		C	COMPLETE CANCELLATION OR
		D	COMPLETE DENIAL OR
		I	INITIAL SUBMISSION OR
		O	ZERO PAYMENT WITH 100% OHI/TPL OR
		R	RESUBMISSION

THEN NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE > ZERO

ELEMENT NAME: AMOUNT BILLED BY PROCEDURE CODE (2-180)

VALIDITY EDITS

2-180-01V MUST BE NUMERIC.

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185)	
VALIDITY EDITS	
2-185-01V	MUST BE NUMERIC.
RELATIONAL EDITS	
2-185-01R	IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION OR D COMPLETE DENIAL
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO FOR ALL OCCURRENCE/LINE ITEM
2-185-02R	IF PRICING RATE CODE = b NO SPECIAL RATE OR D DISCOUNT RATE OR V MEDICARE REIMBURSEMENT RATE
	AND TYPE OF SUBMISSION = A ADJUSTMENT OR I INITIAL SUBMISSION OR O ZERO PAYMENT WITH 100% OHI/TPL OR R RESUBMISSION
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ AMOUNT BILLED BY PROCEDURE CODE FOR EACH OCCURRENCE/LINE ITEM
2-185-03R	IF PRICING RATE CODE = 4 PAID AS BILLED
	AND TYPE OF SUBMISSION = A ADJUSTMENT OR I INITIAL SUBMISSION OR O ZERO PAYMENT WITH 100% OHI/TPL OR R RESUBMISSION
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = AMOUNT BILLED BY PROCEDURE CODE
2-185-04R	IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO
	THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM MUST BE A CODE LISTED IN FIGURE 2-H-1 OR FIGURE 2-H-2
2-185-05R	IF AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO
	THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM MUST BE A CODE LISTED IN FIGURE 2-H-1 OR FIGURE 2-H-2
	AND TYPE OF SUBMISSION MUST = B ADJUSTMENT NON-TED RECORD (HCSR) DATA OR E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
2-185-06R	IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO
	THEN TYPE OF SUBMISSION MUST = A ADJUSTMENT OR I INITIAL SUBMISSION OR O ZERO PAYMENT WITH 100% OHI/TPL OR R RESUBMISSION
2-185-07R	IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185) (CONTINUED)

UNLESS TYPE OF SUBMISSION = B ADJUSTMENT NON-TED DATA (HCSR)
DATA OR

E COMPLETE CANCELLATION OF NON-TED
RECORD (HCSR) DATA

ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (2-190)

VALIDITY EDITS

2-190-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-190-01R IF TYPE OF SUBMISSION = A ADJUSTMENT OR

C COMPLETE CANCELLATION OR

D COMPLETE DENIAL OR

I INITIAL SUBMISSION OR

O ZERO PAYMENT WITH 100% OHI/TPL OR

R RESUBMISSION

THEN AMOUNT PAID BY OTHER HEALTH INSURANCE MUST BE \geq ZERO.

2-190-02R IF ANY OCCURRENCE OF
OVERRIDE CODE =

U BENEFICIARY INDEMNIFICATION PAYMENT

THEN AMOUNT PAID BY OTHER HEALTH INSURANCE MUST EQUAL ZERO.

2-190-03R IF THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY OTHER
HEALTH INSURANCE > 0

AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT ALLOWED
(TOTAL) > 0

AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY
GOVERNMENT CONTRACTOR BY PROCEDURE CODE = 0

THEN TYPE OF
SUBMISSION MUST =

O ZERO PAYMENT TED RECORD DUE TO 100%
OHI

ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) TYPE CODE (2-191)

VALIDITY EDITS

2-191-01V MUST BE A VALID OGP TYPE CODE LISTING IN [SECTION 2.6](#).

RELATIONAL EDITS

NONE

ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) BEGIN REASON CODE (2-192)

VALIDITY EDITS

2-192-01V MUST BE A VALID OGP BEGIN REASON CODE LISTING IN [SECTION 2.6](#).

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-195)

VALIDITY EDITS

2-195-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-195-01R IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**
I INITIAL SUBMISSION **OR**
O ZERO PAYMENT WITH 100% OHI/TPL **OR**
R RESUBMISSION

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE \geq ZERO

2-195-02R IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION **OR**
D COMPLETE DENIAL

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE = ZERO

