

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300)	
VALIDITY EDITS	
2-300-01V	MUST BE A VALID ENROLLMENT/HEALTH PLAN CODE (REFER TO CHAPTER 2, SECTION 2.5)
2-300-02V	IF ENROLLMENT/HEALTH PLAN CODE =
	SO SHCP-NON-TRICARE ELIGIBLE OR
	ST SHCP-TRICARE ELIGIBLE
	THEN BEGIN DATE OF CARE MUST < 09/01/2002
2-300-03V	IF ENROLLMENT/HEALTH PLAN CODE =
	TS TSS
	THEN BEGIN DATE OF CARE MUST < 12/31/2002
2-300-04V	IF ENROLLMENT/HEALTH PLAN CODE =
	BB TSP
	THEN BEGIN DATE OF CARE MUST < 12/31/2001
RELATIONAL EDITS	
2-300-01R	IF ANY OCCURRENCE OF OVERRIDE CODE =
	Z ENHANCED BENEFIT
	THEN ENROLLMENT/HEALTH PLAN CODE MUST =
	U TRICARE PRIME, CIVILIAN PCM OR
	Z TRICARE PRIME, MTF/PCM
2-300-02R	IF ENROLLMENT/HEALTH PLAN CODE =
	Y CHCBP STANDARD OR
	AA CHCBP EXTRA
	THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY =
	CL CLINICAL TRIALS OR
	PF PFPWD
2-300-03R	IF ENROLLMENT/HEALTH PLAN CODE =
	W TPR ACTIVE DUTY-USA
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	GU ADSM ENROLLED IN TPR
2-300-05R	IF ENROLLMENT/HEALTH PLAN CODE =
	BB TSP
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	MN TSP-NON-NETWORK OR
¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES	

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (CONTINUED)	
	MS TSP-NETWORK
2-300-06R	IF ENROLLMENT/HEALTH PLAN CODE =
	Z TRICARE PRIME, MTF/PCM
	THEN BEGIN DATE OF CARE MUST BE ≥ 10/01/1997
2-300-07R	IF ENROLLMENT/HEALTH PLAN CODE =
	SN SHCP-NON-MTF-REFERRED CARE OR
	SO SHCP-NON-TRICARE ELIGIBLE OR
	SR SHCP-REFERRED CARE OR
	ST SHCP-TRICARE ELIGIBLE
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	AN SHCP -NON-MTF-REFERRED CARE OR
	AR SHCP-REFERRED CARE OR
	CE SHCP-COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	SC SHCP-NON-TRICARE ELIGIBLE OR
	SE SHCP-TRICARE ELIGIBLE OR
	SM SHCP-EMERGENCY
2-300-08R	IF ENROLLMENT/HEALTH PLAN CODE =
	Z TRICARE PRIME, MTF/PCM
	THEN PHYSICIAN REFERRAL NUMBER MUST ≠ BLANK
2-300-09R	IF ENROLLMENT/HEALTH PLAN CODE =
	TS TSS
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	SN TSS-NON-NETWORK OR
	SS TSS-NETWORK
2-300-10R	IF ENROLLMENT/HEALTH PLAN CODE =
	PS TSRx
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =
	B RETAIL DRUGS & SUPPLIES OR
	M MAIL ORDER PHARMACY DRUGS & SUPPLIES
2-300-11R	IF ENROLLMENT/HEALTH PLAN CODE =
	PS TSRx
	THEN BEGIN DATE OF CARE MUST BE ≥ 04/01/2001
	AND NATIONAL DRUG CODE CANNOT BE BLANK.
	UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	1 MEDICAID
2-300-12R	IF ENROLLMENT/HEALTH PLAN CODE =
	FE TFL-EXTRA OR
	FS TFL-STANDARD
	THEN BEGIN DATE OF CARE MUST BE ≥ 10/01/2001

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES

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ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (CONTINUED)

	AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	FF	TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) OR
		FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR
		FS	TFL (SECOND PAYOR)
2-300-13R	IF ENROLLMENT/HEALTH PLAN CODE =	FE	TFL-EXTRA OR
		FS	TFL-STANDARD OR
		PS	TSRx
	THEN PERSON BIRTH CALENDAR DATE (PATIENT) MUST BE ≥ 64 YEARS AND 11 MONTHS ¹		
2-300-14R	IF ENROLLMENT/HEALTH PLAN CODE =	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE AD SM
	THEN BEGIN DATE OF CARE IS ≥ 09/01/2002		

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (2-301)

VALIDITY EDITS

2-301-01V MUST BE A VALID HCDP PLAN COVERAGE CODE LISTED IN [ADDENDUM L](#).

RELATIONAL EDITS

NONE

ELEMENT NAME: REGION INDICATOR (2-303)

VALIDITY EDITS

2-303-01V MUST BE A VALID REGION INDICATOR (REFER TO [CHAPTER 2, SECTION 2.8](#))

RELATIONAL EDITS

NONE

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305)

VALIDITY EDITS

2-305-01V	OCCURRENCE NUMBER 1--MUST BE A VALID SPECIAL PROCESSING CODE ¹
2-305-02V	OCCURRENCE NUMBER 2--MUST BE A VALID SPECIAL PROCESSING CODE ¹
2-305-03V	OCCURRENCE NUMBER 3--MUST BE A VALID SPECIAL PROCESSING CODE ¹
2-305-04V	OCCURRENCE NUMBER 4--MUST BE A VALID SPECIAL PROCESSING CODE ¹
2-305-05V	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).
2-305-06V	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.
2-305-07V	<p>• SHCP REFERRED/NON-REFERRED</p> <p>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AN SHCP-NON-MTF-REFERRED CARE OR AR SHCP-REFERRED CARE</p> <p>THEN BEGIN DATE OF CARE MUST BE < 09/01/2002</p>
2-305-08V	<p>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM</p> <p>THEN BEGIN DATE OF CARE MUST BE < 09/01/2002</p>
2-305-09V	<p>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = U BRAC PHARMACY</p> <p>THEN BEGIN DATE OF CARE MUST BE < 04/01/2002</p>
2-305-10V	<p>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = MN TSP - NON-NETWORK OR MS TSP - NETWORK</p> <p>THEN BEGIN DATE OF CARE MUST BE < 12/31/2001</p>
2-305-11V	<p>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = SN TSS - NON-NETWORK OR SS TSS - NETWORK</p> <p>THEN BEGIN DATE OF CARE MUST BE < 12/31/2002</p>
2-305-12V	<p>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = NE OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM</p> <p>THEN BEGIN DATE OF CARE MUST BE < 10/31/2003</p>
2-305-13V	<p>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PD PHARMACY REDESIGN PILOT PROGRAM</p> <p>THEN BEGIN DATE OF CARE MUST BE < 04/01/2001</p>
2-305-14V	<p>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = ST SPECIALIZED TREATMENT</p> <p>THEN BEGIN DATE OF CARE MUST BE < 10/01/2004</p>
2-305-15V	<p>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = WR MENTAL HEALTH WRAPAROUND DEMONSTRATION</p> <p>THEN BEGIN DATE OF CARE MUST BE < 06/30/2001</p>

¹ AS STATED IN [CHAPTER 2, SECTION 2.8](#) OR BLANK

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)			
RELATIONAL EDITS			
2-305-02R	IF CA/NAS EXCEPTION REASON =	6	RESOURCE SHARING
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	S	RESOURCE SHARING
2-305-04R	IF CA/NAS EXCEPTION REASON =	Q	ACTIVE DUTY CLAIMS
	THEN ENROLLMENT HEALTH PLAN CODE MUST =	X	FOREIGN ADSM
2-305-05R	(LIVER TRANSPLANT)		
	IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODES ² 47133, 47135, OR 47136		
	AND BEGIN DATE OF CARE < 03/01/1997		
	OR (> 02/19/1998 AND < 09/01/1999)		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5	LIVER TRANSPLANT
	ELSE IF 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
2-305-06R	IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODE ² 33945		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	7	HEART TRANSPLANT
2-305-07R	IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODE ² 90199		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	6	HHC
2-305-08R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	PPPWD
	THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY =	6	HHC OR
		A	PARTNERSHIP PROGRAM OR
		E	HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP) OR
		S	RESOURCE SHARING (INTERNAL) OR
		RI	RESOURCE SHARING (EXTERNAL)
2-305-09R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	X	PARTIAL HOSPITALIZATION-PROVIDERS NOT CONTRACTED WITH OR EMPLOYED BY THE PARTIAL HOSPITALIZATION PROGRAM WHO BILL FOR PSYCHOTHERAPY SERVICES IN A PARTIAL HOSPITALIZATION PROGRAM
	THEN AT LEAST ONE PROCEDURE CODE² MUST = 90812, 90813, 90814, 90815, 90816, 90817, 90843, 90844, 90846, 90847, 90849, OR 90855		

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ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)			
2-305-10R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	AND BEGIN DATE OF CARE < 10/01/2001		
	THEN AMOUNT PAID BY OTHER HEALTH INSURANCE MUST ≠ ZERO.		
2-305-12R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	BRAC MEDICARE PHARMACY
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS & SUPPLIES
	AND BEGIN DATE OF CARE MUST BE < 04/01/2001		
2-305-13R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	16	AMBULATORY SURGERY FACILITY CHARGE
	THEN PRICING RATE CODE MUST =	E	AMBULATORY SURGERY-PAID AS BILLED OR
		C	AMBULATORY SURGERY FACILITY PAYMENT RATE OR
		P	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
		Q	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
		R	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED OR
		S	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE OR
		U	MEDICARE REIMBURSEMENT USED
2-305-14R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PO	TRICARE PRIME-POINT OF SERVICE
	THEN ENROLLMENT/HEALTH PLAN CODE MUST =	U	TRICARE PRIME (CIVILIAN PCM) OR
		Z	TRICARE PRIME, MTF/PCM OR
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
2-305-15R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU	ADSM ENROLLED IN TPR
	THEN ENROLLMENT/HEALTH PLAN CODE MUST =	W	TPR ACTIVE DUTY-USA
2-305-17R	IF ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSM
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)			
		T	FOREIGN MILITARY MEMBER
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
2-305-21R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	MN	TSP-NON-NETWORK OR
		MS	TSP-NETWORK
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	BB	TSP
2-305-22R	IF 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
		SC	SHCP-NON-TRICARE ELIGIBLE OR
		SE	SHCP-TRICARE ELIGIBLE OR
		SM	SHCP-EMERGENCY
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	SN	SHCP-NON-MTF-REFERRED CARE OR
		SO	SHCP-NON-TRICARE ELIGIBLE OR
		SR	SHCP-REFERRED CARE OR
		ST	SHCP-TRICARE ELIGIBLE
2-305-23R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SN	TSS-NON-NETWORK OR
		SS	TSS-NETWORK
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	TS	TSS
2-305-24R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	E	HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP)
	THEN BEGIN DATE OF CARE MUST BE ≥ 03/15/1999		

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ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)	
	<p>AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</p> <p align="right">CM ICMP</p>
2-305-25R	<p>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</p> <p align="right">GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM</p>
	<p>THEN BEGIN DATE OF CARE IS ≥ 10/30/2000 AND < 09/01/2002</p>
	<p>AND HHC MEMBER CATEGORY CODE MUST =</p> <p align="right">A ACTIVE DUTY OR</p>
	<p align="right">G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR</p>
	<p align="right">S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)</p>
	<p>AND HCC MEMBER RELATIONSHIP CODE MUST =</p> <p align="right">B SPOUSE OR</p>
	<p align="right">C CHILD OR STEPCHILD OR</p>
	<p align="right">D WARD (NOT COURT ORDERED) OR</p>
	<p align="right">E WARD (COURT ORDERED)</p>
2-305-26R	<p>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</p> <p align="right">FF TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) OR</p>
	<p align="right">FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR</p>
	<p align="right">FS TFL (SECOND PAYOR)</p>
	<p>THEN BEGIN DATE OF CARE MUST BE ≥ 10/01/2001</p>
	<p>AND ENROLLMENT/HEALTH PLAN CODE MUST =</p> <p align="right">FE TFL-EXTRA OR</p>
	<p align="right">FS TFL-STANDARD</p>
2-305-27R	<p>IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</p> <p align="right">NE OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM</p>
	<p>THEN BEGIN DATE OF CARE MUST BE ≥ 09/14/2001 AND < 11/01/2003</p>
2-305-28R	<p>IF ANY OCCURRENCE OF SPECIAL PROCESSING =</p> <p align="right">17 VA MEDICAL PROVIDER CLAIM (CARE RENDERED BY A VA PROVIDER)</p>
	<p>OR PROVIDER MAJOR SPECIALITY =</p> <p align="right">101YP1600N (COUNSELOR PASTORAL) OR</p>
	<p align="right">106H00000N (MARRIAGE & FAMILY THERAPISTS) OR</p>

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ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)

235Z00000N (SPEECH-LANGUAGE PATHOLOGIST)

THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY =

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

FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) OR

FS TFL (SECOND PAYOR) OR

RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001

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ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE (2-306)

VALIDITY EDITS

2-306-01V MUST BE A VALID HCDP SPECIAL ENTITLEMENT CODE LISTING IN SECTION 2.5

RELATIONAL EDITS

NONE

ELEMENT NAME: CA/NAS NUMBER (2-310)

VALIDITY EDITS

2-310-01V IF CA/NAS NUMBER IS NOT BLANK THEN POSITIONS 1-4 (MTF FACILITY #), MUST BE VALID (USE MTF NUMBERS). POSITIONS 5-8 (JULIAN DATE; FORMAT; YDDD), 'Y' MUST BE 0-9, DDD MUST BE 001-366. POSITIONS 9-11 (SEQUENCE #), MUST BE NUMERIC AND NOT ZERO.

RELATIONAL EDITS

NO ERROR IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION OR D COMPLETE DENIAL

THEN BYPASS ALL CA/NAS NUMBER RELATIONAL EDITING.

NO ERROR IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS

THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA

NOTES AND SPECIAL INSTRUCTIONS:

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310) (CONTINUED)

NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		AN	SHCP-NON-MTF-REFERRED CARE OR
		AR	SHCP-REFERRED CARE OR
		CE	SHCP-COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		PF	PPPWD OR
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		SC	SHCP-NON-TRICARE ELIGIBLE OR
		SE	SHCP-TRICARE ELIGIBLE OR
		SM	SHCP-EMERGENCY OR
		ST	SPECIALIZED TREATMENT OR
		WR	MENTAL HEALTH WRAP AROUND

THEN BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR	IF ENROLLMENT/HEALTH PLAN CODE =	U	TRICARE PRIME, CIVILIAN PCM OR
		W	TPR ACTIVE DUTY CLAIMS-USA OR
		X	FOREIGN ADSM OR
		Y	CHCBP - STANDARD OR
		Z	TRICARE PRIME, MTF/PCM OR
		AA	CHCBP - EXTRA OR
		BB	TSP OR
		FE	TFL-EXTRA OR
		FS	TFL-STANDARD OR
		PS	TSRx

THEN BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
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THEN BYPASS ALL CA/NAS NUMBER EDITING.

NOTES AND SPECIAL INSTRUCTIONS:

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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ELEMENT NAME: CA/NAS NUMBER (2-310) (CONTINUED)

NO ERROR	IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE =	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
		26	EXPENSES INCURRED PRIOR TO COVERAGE OR
		27	EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
		30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
		31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
		32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
		33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
		34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
		62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
	OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO		
	THEN BYPASS ALL CA/NAS NUMBER EDITING		
2-310-01R	IF PATIENT ZIP CODE IS NOT IN AN MTF ² CATCHMENT AREA ¹		THEN CA/NAS NUMBER MUST = BLANK
2-310-02R	IF CA/NAS EXCEPTION REASON ≠ BLANK		THEN CA/NAS NUMBER MUST = BLANK
2-310-03R	• MENTAL HEALTH CHECK		IF CA/NAS EXCEPTION REASON = BLANK
	AND TYPE OF SERVICE (FIRST POSITION) =	I	INPATIENT
	AND PRINCIPAL TREATMENT DIAGNOSIS =	290 THROUGH 316	
	AND PATIENT ZIP CODE IS IN AN MTF² CATCHMENT AREA¹		
	THEN CA/NAS NUMBER MUST BE CODED		

NOTES AND SPECIAL INSTRUCTIONS:

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310) (CONTINUED)

UNLESS ANY OCCURRENCE OF
OVERRIDE CODE = C GOOD FAITH PAYMENT

THEN CA/NAS NUMBER MUST = BLANK

NOTES AND SPECIAL INSTRUCTIONS:

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

ELEMENT NAME: CA/NAS REASON FOR ISSUANCE (2-315)

VALIDITY EDITS

2-315-01V VALUE MUST A VALID CA/NAS REASON FOR ISSUANCE.

RELATIONAL EDITS

2-315-01R IF CA/NAS NUMBER IS CODED
THEN CA/NAS REASON FOR ISSUANCE MUST = BLANK.

2-315-02R IF CA/NAS NUMBER = BLANK
THEN CA/NAS REASON FOR ISSUANCE MUST = BLANK.

2-315-03R IF CA/NAS REASON FOR
ISSUANCE =

7	ENROLLEE NETWORK CARE AUTHORIZATION/RESTRICTED NAS OR
8	ENROLLEE NON-NETWORK CARE AUTHORIZATIONS/RESTRICTED CA/NAS OR
9	NOT ENROLLED, AUTHORIZED NETWORK CARE ONLY

THEN ENROLLMENT/
HEALTH PLAN CODE MUST =

T	TRICARE STANDARD PROGRAM OR
U	TRICARE PRIME, CIVILIAN PCM OR
V	TRICARE EXTRA OR
Z	TRICARE PRIME, MTF/PCM

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320)	
VALIDITY EDITS	
2-320-01V	VALUE MUST BE A VALID CA/NAS EXCEPTION REASON.
RELATIONAL EDITS	
NO ERROR	IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION OR D COMPLETE DENIAL THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.
NO ERROR	IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR AN SHCP-NON-MTF-REFERRED CARE OR AR SHCP-REFERRED CARE OR CE SHCP-COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR PF PFPWD OR RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR SC SHCP-NON-TRICARE ELIGIBLE OR SE SHCP-TRICARE ELIGIBLE OR SM SHCP-EMERGENCY OR ST SPECIALIZED TREATMENT OR WR MENTAL HEALTH WRAP AROUND THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.
NO ERROR	IF ENROLLMENT/HEALTH PLAN CODE = U TRICARE PRIME, CIVILIAN PCM OR W TPR ACTIVE DUTY CLAIMS-USA OR X FOREIGN ADSM OR Y CHCBP - STANDARD OR Z TRICARE PRIME, MTF/PCM OR AA CHCBP - EXTRA OR BB TSP OR FE TFL-EXTRA OR

NOTES AND SPECIAL INSTRUCTIONS:
¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.
² MTF IS A 40 MILES CATCHMENT AREA.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320) (CONTINUED)

		FS	TFL-STANDARD OR
		PS	TSRx
THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.			
NO ERROR	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.			
NO ERROR	IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE =	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
		26	EXPENSES INCURRED PRIOR TO COVERAGE OR
		27	EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
		30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
		31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
		32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
		33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
		34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
		62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO			
THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING			
2-320-01R	IF PATIENT ZIP CODE IS NOT IN AN MTF ² CATCHMENT AREA ¹		
THEN CA/NAS EXCEPTION REASON MUST = BLANK			
2-320-02R	IF PATIENT ZIP CODE IS IN AN MTF ² CATCHMENT AREA ¹		
AND NAS NUMBER IS NOT CODED			
	AND TYPE OF SERVICE (FIRST POSITION) =	I	INPATIENT

NOTES AND SPECIAL INSTRUCTIONS:

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320) (CONTINUED)

THEN CA/NAS EXCEPTION REASON MUST BE CODED

UNLESS ANY OCCURRENCE OF
SPECIAL PROCESSING CODE =

S

RESOURCE SHARING **OR**

OR ANY OCCURRENCE OF
OVERRIDE CODE =

Q

FORMER SPOUSE WITH PRE-EXISTING
CONDITION

THEN CA/NAS EXCEPTION REASON MUST = BLANK.

NOTES AND SPECIAL INSTRUCTIONS:

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

ELEMENT NAME: PRICING RATE CODE (2-325)

VALIDITY EDITS

2-325-01V VALUE MUST A VALID NON-INSTITUTIONAL PRICING RATE CODE.

RELATIONAL EDITS

2-325-01R IF PRICING RATE CODE =

C

AMBULATORY SURGERY FACILITY
PAYMENT RATE **OR**

D

DISCOUNTED AMBULATORY SURGERY
FACILITY PAYMENT RATE **OR**

E

AMBULATORY SURGERY-PAID AS BILLED

**THEN ONE OCCURRENCE OF
SPECIAL PROCESSING CODE
MUST =**

16

AMBULATORY SURGERY FACILITY CHARGE

2-325-02R IF ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A
CODE LISTED IN [FIGURE 2-H-1](#) **OR** [FIGURE 2-H-2](#)

THEN PRICING RATE CODE MUST = ZERO

2-325-03R IF PRICING RATE CODE = ZERO, FOR THAT OCCURRENCE/LINE ITEM

THEN AMOUNT ALLOWED BY PROCEDURE CODE = ZERO

UNLESS TYPE OF SERVICE
(SECOND POSITION) MUST =

M

MAIL ORDER PHARMACY DRUGS &
SUPPLIES

OR PROCEDURE CODE¹ = 98800

2-325-04R IF PRICING RATE CODE =

V

MEDICARE REIMBURSEMENT RATE

**THEN ONE OCCURRENCE OF
SPECIAL PROCESSING CODE
MUST =**

T

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

FS

TFL (SECOND PAYOR) **OR**

MN

TSP-NON-NETWORK **OR**

MS

TSP-NETWORK

2-325-05R IF PRICING RATE CODE =

U

SHCP CLAIM OR ACTIVE DUTY MEMBER
TPR PAID OUTSIDE NORMAL LIMITS

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED)	
THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AR SHCP-REFERRED CARE OR
	AN SHCP-NON-MTF-REFERRED CARE OR
	CE SHCP-COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU ADSM ENROLLED IN TPR OR
	SC SHCP-NON-TRICARE ELIGIBLE OR
	SE SHCP-TRICARE ELIGIBLE OR
	SM SHCP-EMERGENCY
2-325-06R IF PRICING CODE =	W PRICED OVER CMAC
AND ENROLLMENT/HEALTH PLAN CODE =	T MCS STANDARD PROGRAM
THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	NE OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
AND PROVIDER PARTICIPATING INDICATOR MUST = 'N' (NO)	
2-325-07R IF PRICING RATE CODE =	GP PER DIEM RATE AGREEMENT (USED WITH CORPORATE SERVICE PROVIDERS ONLY) OR
	GG GLOBAL RATE AGREEMENT (USED WITH CORPORATE SERVICE PROVIDERS ONLY)
THEN PROVIDER SPECIALITY MUST =	261QS1200X (CLINIC/CENTER - SLEEP DISORDER DIAGNOSTIC) OR
	293D00000X (PHYSIOLOGICAL LAB) OR
	261QE0700X (CLINIC/CENTER END STAGE RENAL DISEASE TREATMENT) OR
	261QM1200X (CLINIC/CENTER MAGNETIC RESONANCE IMAGING) OR
	261QR0401X (CLINIC/CENTER REHABILITATION, COMPREHENSIVE OUTPATIENT REHAB FACILITY (CORF)) OR
	2514H0200X (HOME HEALTH AGENCY) OR
	261QR0404X (CLINIC/CENTER REHAB CARDIAC FACILITIES) OR
	261QX0203X (CLINIC/CENTER ONCOLOGY, RADIATION) OR
	261QR0200X (CLINIC/CENTER RADIOLOGY)

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