

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200)	
VALIDITY EDITS	
1-200-01V	MUST BE NUMERIC
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE AND LAST 6 POSITIONS MUST BE NUMERIC)
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE AND FOURTH POSITION MUST BE = 'A' AND LAST 5 POSITIONS MUST BE NUMERIC)
RELATIONAL EDITS	
NO ERROR	IF ADJUSTMENT/DENIAL REASON CODE =
	38 SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS OR
	52 THE REFERRING/PRESCRIBING/ RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED OR
	B7 THIS PROVIDER WAS NOT CERTIFIED/ ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE
	THEN DO NOT CHECK PROVIDER FILE
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	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., MEDICAL 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
	THEN DO NOT CHECK PROVIDER FILE
NO ERROR	IF AMOUNT ALLOWED (TOTAL) ≤ ZERO
	THEN DO NOT CHECK PROVIDER FILE

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ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200) (CONTINUED)

1-200-01R WHEN AN AUTHORIZED PROVIDER IS FOUND ON THE DATABASE, THE INST/NON-INST INDICATOR MUST AGREE WITH THE TED RECORD TYPE. (IF TED RECORD IS INSTITUTIONAL AND PROVIDER IS NON-INSTITUTIONAL, THE PROVIDER DATABASE WILL **NOT CONTAIN** THE NECESSARY INSTITUTIONAL DATA.)

1-200-02R PROVIDER MUST MATCH AN INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION, PROVIDER ZIP CODE **AND** PROVIDER MUST BE CERTIFIED (USE PROVIDER ACCEPTANCE DATE(S) AND PROVIDER TERMINATION DATE(S)) TO PROVIDER SERVICES ON THE DATE(S) OF CARE ON THE CLAIM

UNLESS ONE OCCURRENCE
OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER

THEN PROVIDER MUST MATCH INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION, PROVIDER ZIP CODE, PROVIDER SUB-IDENTIFIER AND ACCEPTANCE AND TERMINATION DATES MUST = ZERO.

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (1-205)

VALIDITY EDITS

1-205-01V MUST BE ALPHA OR NUMERIC--NO BLANKS

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (RESERVED) (1-210)

VALIDITY EDITS

1-210-01V MUST BE BLANK FILLED.

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER GROUP NPI NUMBER (RESERVED) (1-215)

VALIDITY EDITS

1-215-01V MUST BE BLANK FILLED.

RELATIONAL EDITS

NONE

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ELEMENT NAME: PROVIDER ZIP CODE (1-220)	
VALIDITY EDITS	
1-220-01V	MUST BE A VALID ZIP CODE; EITHER 9 DIGITS, OR 5 DIGITS (NOT 5 ZEROES, OR NINES) FOLLOWED BY 4 BLANKS, OR 3 CHARACTERS ¹ FOLLOWED BY 6 BLANKS, OR ALL BLANKS. MUST NOT BE ALL ZEROES, OR ALL NINES.
RELATIONAL EDITS	
NONE	
¹ WHEN FOREIGN COUNTRY IS SUBMITTED THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST CHAPTER 2, ADDENDUM A.	

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (1-225)	
VALIDITY EDITS	
1-225-01V	MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.
RELATIONAL EDITS	
1-225-01R	IF PRICING RATE CODE = H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER THEN PROVIDER PARTICIPATION INDICATOR MUST = 'Y' (YES)
1-225-02R	IF THERE IS A MEDICARE NUMBER PRESENT ON THE PROVIDER FILE FOR THAT PROVIDER (IF MATCH WAS FOUND AND CORRECT HISTORY RECORD BASED ON CARE DATES WAS IDENTIFIED) THEN THE PROVIDER PARTICIPATION INDICATOR ON TED MUST = 'Y' (YES)

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (1-230)	
VALIDITY EDITS	
1-230-01V	MUST BE ONE OF THE FOLLOWING VALUES '1' (NETWORK PROVIDER) OR '2' (NON-NETWORK PROVIDER.)
RELATIONAL EDITS	
NONE	

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ELEMENT NAME: TYPE OF INSTITUTION (1-235)

VALIDITY EDITS

1-235-01V VALUE MUST BE A VALID TYPE OF INSTITUTION CODE.

RELATIONAL EDITS

1-235-01R IF TYPE OF INSTITUTION = 72 RTC
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA

THEN CA/NAS
EXCEPTION REASON
MUST = 5 RTC

1-235-02R IF PRICING RATE CODE = K HOSPITAL-SPECIFIC PSYCHIATRIC PER
DIEM RATE OR
L REGION SPECIFIC PSYCHIATRIC PER DIEM
RATE

THEN TYPE OF INSTITUTION
MUST = 22 PSYCHIATRIC HOSPITAL/UNIT OR
52 CHILDREN'S PSYCHIATRIC HOSPITAL/
UNIT

1-235-03R IF TYPE OF INSTITUTION = 76 HOME HEALTH AGENCY
AND BEGIN DATE OF CARE ≥ MAY 15, 2003

THEN ONE OCCURRENCE
OF REVENUE CODE
MUST = 023 HOME HEALTH AGENCY (HHA-PPS)

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (1-240)

VALIDITY EDITS

1-240-01V VALUE MUST BE A VALID EMC INDICATOR.

RELATIONAL EDITS

NONE

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ELEMENT NAME: FREQUENCY CODE (1-250)

VALIDITY EDITS

1-250-01V MUST BE A VALID FREQUENCY CODE AND MUST = THE VALUES IN THE FOLLOWING TABLE:

FREQUENCY CODE	PREVIOUS TED RECORD FREQUENCY CODE	BEGIN DATE OF CARE
1	= 1 OR NO PREVIOUS TED RECORD	N/A
2	= 2 OR NO PREVIOUS TED RECORD	N/A
3	= 2 OR 3	PLUS OR MINUS 1 DAY OF ENDING DATE OF CARE ON EXISTING PREVIOUS TED NET RECORD
4	= 2 OR 3	PLUS OR MINUS 1 DAY OF ENDING DATE OF CARE ON EXISTING PREVIOUS TED NET RECORD

RELATIONAL EDITS

1-250-01R	IF PATIENT STATUS =	30	STILL A PATIENT
	THEN FREQUENCY CODE MUST =	2	INITIAL OR
		3	INTERIM
1-250-02R	IF PATIENT STATUS =	01	DISCHARGED OR
		02	TRANSFERRED OR
		20	EXPIRED
	THEN FREQUENCY CODE MUST =	1	ADMIT THRU DISCHARGE OR
		4	FINAL
1-250-03R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER
	THEN FREQUENCY CODE MUST =	1	ADMIT THRU DISCHARGE
1-250-04R	IF FREQUENCY CODE =	3	INTERIM OR
		4	FINAL
	THEN TYPE OF SUBMISSION MUST ≠	I	INITIAL SUBMISSION OR
		R	RESUBMISSION

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ELEMENT NAME: TYPE OF ADMISSION (1-255)

VALIDITY EDITS

1-255-01V VALUE MUST BE A VALID TYPE OF ADMISSIONS CODE.

RELATIONAL EDITS

1-255-02R IF CA/NAS EXCEPTION REASON = 2 EMERGENCY

THEN TYPE OF ADMISSION
MUST = 1 EMERGENCY **OR**

4 NEWBORN

1-255-03R IF TYPE OF ADMISSION = 4 NEWBORN

THEN PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO [FIGURE 2-E-8](#)).

ELEMENT NAME: SOURCE OF ADMISSION (1-260)

VALIDITY EDITS

1-260-01V VALUE MUST BE A VALID SOURCE OF ADMISSION.

RELATIONAL EDITS

1-260-01R IF TYPE OF ADMISSION = 4 NEWBORN

THEN SOURCE OF ADMISSION
MUST = 1 NORMAL DELIVERY **OR**

2 PREMATURE DELIVERY **OR**

3 SICK BABY **OR**

4 EXTRAMURAL BIRTH

AND PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO [FIGURE 2-E-8](#)).

ELEMENT NAME: ADMISSION DATE (1-265)

VALIDITY EDITS

1-265-01V MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

1-265-01R ADMISSION DATE MUST BE ≤DATE TED RECORD PROCESSED TO COMPLETION

1-265-02R ADMISSION DATE MUST BE ≤END DATE OF CARE

1-265-03R IF FREQUENCY CODE = 1 ADMIN THRU DISCHARGE **OR**

2 INTERIM-INITIAL

THEN ADMISSION DATE MUST = BEGIN DATE OF CARE

1-265-04R 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 ADMISSION DATE MUST BE ≤DATE ADJUSTMENT IDENTIFIED

UNLESS THE ADJUSTMENT IS TO CORRECT A PROVISIONALLY ACCEPTED RECORD

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ELEMENT NAME: PATIENT STATUS (1-270)	
VALIDITY EDITS	
1-270-01V	VALUE MUST BE A VALID PATIENT STATUS CODE.
RELATIONAL EDITS	
1-270-01R	IF FREQUENCY CODE = 2 INITIAL OR
	3 INTERIM
	THEN PATIENT STATUS MUST = 30 STILL A PATIENT
1-270-02R	IF FREQUENCY CODE = 1 ADMIT THRU DISCHARGE
	THEN PATIENT STATUS MUST = 01 DISCHARGED OR
	02 TRANSFERRED OR
	03 DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF) OR
	04 DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF) OR
	05 DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF INSTITUTION FOR INPATIENT CARE, OR REFERRED FOR OUTPATIENT CARE TO ANOTHER INSTITUTION OR
	06 DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION OR
	07 LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE OR
	08 DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER OR
	20 EXPIRED OR
	40 DIED AT HOME OR
	41 DIED IN MEDICAL FACILITY, SUCH AS HOSPITAL, SNF OR FREE-STANDING HOSPICE OR
	42 PLACE OF DEATH UNKNOWN OR
	50 HOSPICE-HOME OR
	51 HOSPICE-MEDICAL FACILITY OR
	61 DISCHARGED/TRANSFERRED WITHIN THIS INSTITUTION TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED OR
	62 DISCHARGED/TRANSFERRED TO ANOTHER REHABILITATION FACILITY INCLUDING REHABILITATION DISTINCT PART UNITS OF A HOSPITAL OR
	63 DISCHARGED/TRANSFERRED TO A LONG TERM CARE HOSPITAL OR

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ELEMENT NAME: PATIENT STATUS (1-270) (CONTINUED)

		64	DISCHARGED/TRANSFERRED TO A NURSING FACILITY CERTIFIED UNDER MEDICAID BUT NOT CERTIFIED UNDER MEDICARE OR
		71	DISCHARGED/TRANSFERRED/REFERRED TO ANOTHER INSTITUTION FOR OUTPATIENT SERVICES AS SPECIFIED BY THE DISCHARGE PLAN OF CARE OR
		72	DISCHARGED/TRANSFERRED/REFERRED TO THIS INSTITUTION FOR OUTPATIENT SERVICES AS SPECIFIED BY THE DISCHARGE PLAN OF CARE
1-270-03R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	THEN PATIENT STATUS MUST ≠	30	STILL A PATIENT

ELEMENT NAME: BEGIN DATE OF CARE (1-275)

VALIDITY EDITS

1-275-01V MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

1-275-01R	BEGIN DATE OF CARE MUST BE ≤END DATE OF CARE
1-275-02R	BEGIN DATE OF CARE MUST BE ≤DATE TED RECORD PROCESSED TO COMPLETION
1-275-03R	BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT)
1-275-04R	BEGIN DATE OF CARE MUST BE ≥ ADMISSION DATE
1-275-05R	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

1-275-06R PROVIDER MUST BE "AUTHORIZED"¹ ON PROVIDER FILE FOR THIS BEGIN DATE OF CARE

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

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: END DATE OF CARE (1-280)

VALIDITY EDITS

1-280-01V MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

1-280-01R END DATE OF CARE MUST BE \leq DATE TED RECORD PROCESSED TO COMPLETION

1-280-02R 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

1-280-03R PROVIDER MUST BE "AUTHORIZED"¹ ON PROVIDER FILE FOR THIS END DATE OF CARE

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

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: COVERED DAYS (1-285)	
VALIDITY EDITS	
1-285-01V	MUST BE NUMERIC.
RELATIONAL EDITS	
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 11 HOSPICE THEN BYPASS ALL COVERED DAYS.
1-285-01R	IF TYPE OF SUBMISSION = A ADJUSTMENT OR I INITIAL SUBMISSION OR O ZERO PAYMENT WITH 100% OHI/TPL OR R RESUBMISSION THEN COVERED DAYS MUST BE > ZERO
1-285-02R	IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION OR D COMPLETE DENIAL THEN COVERED DAYS MUST = ZERO
1-285-03R	IF DRG NUMBER = BLANK THEN COVERED DAYS MUST BE ≤SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES THAT INDICATE THAT A ROOM WAS USED (10X-18X, 20X-21X, 724, OR 762) AND THE ADJUSTMENT/DENIAL REASON CODE CANNOT EQUAL ANY VALUE LISTED IN FIGURE 2-H-1
1-285-04R	IF TYPE OF INSTITUTION = 70 HOME HEALTH AGENCY AND TYPE OF SUBMISSION = I INITIAL SUBMISSION OR O ZERO PAYMENT TED RECORD DUE 100% OHI OR R RESUBMISSION OF ERROR REJECT THEN COVERED DAYS MUST = ZERO

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: DRG NUMBER (1-290)			
VALIDITY EDITS			
1-290-01V	MUST BE A VALID DRG NUMBER OR BLANK FILLED.		
RELATIONAL EDITS			
1-290-01R	IF PRICING RATE CODE =	B	NO SPECIAL RATE CODE OR
		K	HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM RATE OR
		L	REGIONAL-SPECIFIC PSYCHIATRIC PER DIEM RATE OR
		P	PER DIEM RATE AGREEMENT
	THEN DRG NUMBER MUST = BLANK		
1-290-02R	IF ANY OCCURRENCE OF OVERRIDE CODE =	Y	NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES
	THEN DRG NUMBER MUST = BLANK.		
1-290-08R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	AND DATE OF ADMISSION ≥ 10/01/1996 AND < 10/01/1997		
	THEN DRG NUMBER MUST = 001-102, 104-108, 110-384, 391-434, 436-437, 439-473, 475-479, 481-495, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-09R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	AND DATE OF ADMISSION ≥ 10/01/1997 AND < 10/01/1998		
	THEN DRG NUMBER MUST = 001-102, 104-108, 110-213, 216-220, 223-384, 391-434, 436-437, 439-473, 475-479, 481-503, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-10R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	AND DATE OF ADMISSION ≥ 10/01/1998 AND < 10/01/1999		
	THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-471, 473, 475-511, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-21R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR

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ELEMENT NAME: DRG NUMBER (1-290) (CONTINUED)

		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/1999 AND < 10/01/2000			
THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-473, 475-511, 600-619, 621-624, 626-628, 630-636, OR 900-901.			
1-290-23R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/2000 AND < 10/01/2001			
THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-471, 473, 475-511, 600-619, 621-624, 626-628, 630-636, 900-901			
1-290-24R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/2001 AND ≤ 09/30/2002			
THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-523, 600-619, 621-624, 626-628, 630-636, 900-901			
1-290-25R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/2002			
THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-523, 600-619, 621-624, 626-628, 630-636, 900-901			

ELEMENT NAME: SNF HIPPS CODE (1-292)

VALIDITY EDITS

1-292-01V MUST BE VALID HIPPS CODES REFER TO [CHAPTER 2, SECTION 2.8](#)

RELATIONAL EDITS

1-292-01R IF SNF HIPPS CODE = BLANK
 THEN NO OCCURRENCE OF REVENUE CODE CAN = 022 SKILLED NURSING FACILITY

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: ADMISSION DIAGNOSIS (1-295)

VALIDITY EDITS

1-295-01V VALUE MUST BE VALID DIAGNOSIS CODE.

RELATIONAL EDITS

NONE

