

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: GOVERNMENT AUTHORIZED BED DAYS (1-300)			
VALIDITY EDITS			
1-300-01	MUST BE NUMERIC		
RELATIONAL EDITS			
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)	
TOTAL BED DAYS	SEE BELOW	TYPE OF SUBMISSION, FILING DATE	
REVENUE CODE	SEE BELOW	TYPE OF SUBMISSION, DENIAL REASON CODE, FILING DATE, UNITS OF SERVICE BY REVENUE CODE, OVERRIDE CODE	
UNITS OF SERVICE BY REVENUE CODE	SEE BELOW	DENIAL REASON CODE, TYPE OF SUBMISSION, FILING DATE	
EDITED ELEMENT RELATIONSHIP			
1-300-02R	IF TYPE OF SUBMISSION =	D	COMPLETE DENIAL
		G	ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED = 0
GOVERNMENT AUTHORIZED BED DAYS MUST BE = ZERO.			
1-300-03R	GOVERNMENT AUTHORIZED BED DAYS MUST BE ≤SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES WHICH INDICATE THAT A ROOM WAS USED (10X - 18X, 20X - 21X, 724, OR 762) AND THE DENIAL REASON CODE IS BLANK NO OCCURRENCE OF SPECIAL PROCESSING CODE '#' (HOSPICE).		
1-300-04R	GOVERNMENT AUTHORIZED BED DAYS MUST BE ≤TOTAL BED DAYS. IF SPECIAL PROCESSING CODE = '#' (HOSPICE) EXIT.		
1-300-05R	GOVERNMENT AUTHORIZED BED DAYS MUST BE > ZERO WHEN		
	TYPE OF SUBMISSION ¹ =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
¹ THIS TYPE OF SUBMISSION RELATIONSHIP APPLIES TO EDITS 1-300-03R, 1-300-04R, AND 1-300-05R.			

ELEMENT NAME: GOVERNMENT AUTHORIZED BED DAYS (1-300) (CONTINUED)

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE

AND

AT LEAST ONE **NON-DENIED** OCCURRENCE OF REVENUE CODE IS FOR A ROOM CHARGE (10X -18X, 20X -21X, 724, **OR** 762) WITH UNITS OF SERVICE BY REVENUE CODE > ZERO.

ELSE

ALL ROOM REVENUES ARE DENIED, **OR** CONTAIN UNITS OF SERVICE BY REVENUE CODE = ZERO, **OR** ONE OCCURRENCE OF OVERRIDE CODE = 'Y', THEN GOVERNMENT AUTHORIZED BED DAYS MUST BE = ZERO

¹ THIS TYPE OF SUBMISSION RELATIONSHIP APPLIES TO EDITS 1-300-03R, 1-300-04R, AND 1-300-05R.

ELEMENT NAME: ADMISSION DIAGNOSIS (1-310)

VALIDITY EDITS

1-310-01 VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER		

EDITED ELEMENT RELATIONSHIP

1-310-02R ¹ADMISSION DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER

¹ THIS EDIT NOT DONE IF VALIDITY EDIT FAILS, THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-310-02R (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 1-310-02R DONE INSTEAD.

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (1-315)**VALIDITY EDITS****1-315-01** VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
AMOUNT BILLED	SEE BELOW	TYPE OF SUBMISSION, SPECIAL PROCESSING CODE
PATIENT SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	OVERRIDE CODE
SPECIAL RATE CODE	SEE BELOW	DATE OF ADMISSION
PRINCIPAL OP/NSP CODE	SEE BELOW	
1-170-11R OVERRIDE CODE		
SPECIAL PROCESSING CODE	SEE BELOW	
TYPE OF INSTITUTION	SEE BELOW	PATIENT DATE OF BIRTH

EDITED ELEMENT RELATIONSHIP

- 1-315-02R** ¹PRINCIPAL TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.
- 1-315-03R** IF AMOUNT BILLED > \$50.00, PRINCIPAL TREATMENT DIAGNOSIS MUST NOT BE = 799.9
UNLESS TYPE OF SUBMISSION = D COMPLETE DENIAL, **OR**
ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 1 MEDICAID
- 1-315-04R** 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 A TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.
- 1-315-05R** PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., DIAGNOSIS V30.0 - PATIENT AGE MUST BE 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.
- 1-315-06R** IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' AND DATE OF ADMISSION < 10/01/88, PRINCIPAL TREATMENT DIAGNOSIS CANNOT BE = 290 - 319.

¹ THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-315-02R (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 1-315-02R DONE INSTEAD.

² PATIENT AGE IS CALCULATED ON DATE OF BIRTH AND CARE DATES.

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (1-315) (CONTINUED)

1-315-07R PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE (OP/NSP) CODE. USER MUST SUPPLY TABLE OF RELATIONS. THERE IS CURRENTLY NO TABLE AVAILABLE. THE FOLLOWING SPECIFIC CONDITIONS WILL BE EDITED

IF OP/NSP CODE IS CESAREAN SECTION OR REMOVAL OF FETUS (74.0-74.99), DIAGNOSIS MUST BE 640 THROUGH 676.

IF OP/NSP CODE IS ULTRASOUND (88.03), DIAGNOSIS MUST BE 633-633.9.

1-315-08R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 'E' (HHC/CM), PRINCIPAL TREATMENT DIAGNOSIS CANNOT = 290-319.

1-315-09R IF TYPE OF INSTITUTION = '72' (RTC)
 PRINCIPAL TREATMENT DIAGNOSIS MUST = 290-319 AND PATIENT AGE² MUST BE < 21.

¹ THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-315-02R (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 1-315-02R DONE INSTEAD.
² PATIENT AGE IS CALCULATED ON DATE OF BIRTH AND CARE DATES.

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 (1-320)

VALIDITY EDITS

1-320-01 MUST BE A 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 SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	OVERRIDE CODE

1-170-11R OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP

1-320-02R¹ SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

1-320-04R 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'.

¹ THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-320-02R (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 1-320-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 (1-320) (CONTINUED)

IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'.
USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.

1-320-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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.

¹ THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-320-02R (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 1-320-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-2 (1-325)**VALIDITY EDITS**

1-325-01 MUST BE A VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED¹.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

1-170-11R OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP

1-325-04R² SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

1-325-04R 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 ICD9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.

1-325-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH(AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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.

¹ NOTE SEE EDIT 1-320-01.

² THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-325-02R (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 1-325-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-3 (1-330)

VALIDITY EDITS

1-330-01 MUST BE A VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED¹.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

1-170-11R OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP

1-330-02R² SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

1-330-04R 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.

1-330-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0),THE DIAGNOSIS MUST BE FOR A 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

¹ NOTE SEE EDIT 1-320-01.

² THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-330-02R (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 1-330-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-4 (1-335)**VALIDITY EDITS**

1-335-01 MUST BE A VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED¹.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

1-170-11R OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP

1-335-02R² SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

1-335-04R 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

1-335-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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

¹ NOTE SEE EDIT 1-320-01.

² THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-335-02R (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 1-335-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-5 (1-336)

VALIDITY EDITS

1-336-01 MUST BE A VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED¹.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

1-170-11R OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP

1-336-02R² SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

1-336-04R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX.

IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS OR PROCEDURE 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 OR PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES

1-336-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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

¹ NOTE SEE EDIT 1-320-01.

² THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-336-02R (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 1-336-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-6 (1-337)**VALIDITY EDITS****1-337-01** MUST BE A VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED¹.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

1-170-11R OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP**1-337-02R²** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.**1-337-04R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX.

IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS OR PROCEDURE 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 OR PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES

1-337-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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

¹ NOTE SEE EDIT 1-320-01.² THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-339-02R (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 1-339-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-7 (1-338)

VALIDITY EDITS

1-338-01 MUST BE A VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED¹.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

1-170-11R OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP

1-338-02R² SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

1-338-04R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX.

IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS OR PROCEDURE 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 OR PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES

1-338-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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

¹ NOTE SEE EDIT 1-320-01.

² THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-338-02R (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 1-338-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-8 (1-339)**VALIDITY EDITS****1-339-01** MUST BE A VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED¹.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	

1-170-11R OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP**1-339-02R²** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.**1-339-04R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX.

IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS OR PROCEDURE 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 OR PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES

1-339-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (I.E., FOR A NEWBORN, BORN IN HOSPITAL (V30.0), THE DIAGNOSIS MUST BE FOR A 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

¹ NOTE SEE EDIT 1-320-01.² THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-339-02R (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 1-339-02R DONE INSTEAD.

ELEMENT NAME: PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE (1-340)

VALIDITY EDITS

1-340-01 MUST BE A VALID ICD-9-CM OP/NSP CODE IF PRESENT, OR BLANK-FILLED.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
REVENUE CODE	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	REVENUE CODE
SPECIAL RATE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-340-02R¹ THE OP/NSP MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.

1-340-03R IF ANY OCCURRENCE OF REVENUE CODE = 36X OR 722 OP/NSP IS REQUIRED.

1-340-04R PRINCIPAL OP/NSP MUST BE CONSISTENT WITH PRINCIPAL TREATMENT DIAGNOSIS. USER MUST SUPPLY A TABLE OF RELATIONS BETWEEN OP/NSP AND DIAGNOSIS. THERE IS CURRENTLY NO TABLE AVAILABLE. THE FOLLOWING SPECIFIC CONDITIONS **WILL BE** EDITED

IF DIAGNOSIS IS FOR MATERNITY/OBSTETRICS (630 - 676, EXCLUDING PRENATAL AND POSTPARTUM), OP/NSP CODE MUST BE 54.21, 65.0 THROUGH 75.99, 87.81, 88.03, 88.46, 88.78, OR 92.17. **EXCEPTION:** CIRCUMCISION (OP/NSP CODE 64.0) IS ALLOWED IF THE DIAGNOSIS CODE IS FOR DELIVERY (640-669).

IF REVENUE CODE IS **NOT** 36X OR 722, OP/NSP CODE IS NOT REQUIRED AND THIS EDIT IS NOT DONE.

1-340-05R IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q' (TRICARE/CHAMPUS DRG) PRINCIPAL OP/NSP CODE CANNOT BE 37.5 (HEART TRANSPLANT) OR 50.51, OR 50.59 (LIVER TRANSPLANT) FOR DATE OF ADMISSIONS < OCTOBER 1, 1998.

1-340-06R IF PATIENT SEX IS MALE
 OP/NSP CANNOT BE FEMALE (RANGE 65.0 - 75.99 (OPERATIONS ON FEMALE GENITAL ORGANS/OBSTETRICS)), **UNLESS** ONE OVERRIDE CODE = 'G'.

IF PATIENT SEX IS FEMALE
 EXCEPTION IF DIAGNOSIS IS DELIVERY AND OP/NSP IS CIRCUMCISION (64.0).
 OP/NSP CANNOT BE MALE (RANGE 60.0 - 64.99 (OPERATIONS ON MALE GENITAL ORGANS)), **UNLESS** ONE OVERRIDE CODE = 'H'.
 EXCEPTION IF DIAGNOSIS IS DELIVERY AND OP/NSP IS CIRCUMCISION (64.0).

¹ THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-340-02R (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 1-340-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-1 (1-345)**VALIDITY EDITS**

1-345-01 MUST BE A VALID ICD-9-CM OP/NSP CODE IF PRESENT, OR BLANK-FILLED¹.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP

1-345-02R² SECONDARY OP/NSP CODE MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.

1-345-05R IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q' (TRICARE/CHAMPUS DRG) SECONDARY OP/NSP CODE CANNOT BE 37.5 (HEART TRANSPLANT) OR 50.59 (LIVER TRANSPLANT) FOR DATE OF ADMISSIONS < OCTOBER 1, 1998.

1-345-06R SECONDARY OP/NSP CODE MUST BE CONSISTENT WITH PATIENT SEX. SEE DISCUSSION UNDER PRINCIPAL OP/NSP CODE (1-340).

¹ NOTE SEE EDIT 1-350-01.

² THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-345-02R (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 1-345-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-2 (1-350)**VALIDITY EDITS**

1-350-01 MUST BE A VALID ICD-9-CM OP/NSP CODE IF PRESENT, OR BLANK-FILLED. ALL OCCURRENCES OF SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE FIELD MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP

1-350-02R¹ SECONDARY OP/NSP CODE MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.

¹ THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-350-02R (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 1-350-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-2 (1-350)

1-350-05R IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q' (TRICARE/CHAMPUS DRG) SECONDARY OP/NSP CODE CANNOT BE 37.5 (HEART TRANSPLANT) OR 50.59 (LIVER TRANSPLANT) OR DATE OF ADMISSIONS < OCTOBER 1, 1998.

1-350-06R SECONDARY OP/NSP CODE MUST BE CONSISTENT WITH PATIENT SEX. SEE DISCUSSION UNDER PRINCIPAL OP/NSP CODE (1-340).

¹ THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-350-02R (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 1-350-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-3 (1-351)

VALIDITY EDITS

1-351-01 MUST BE A VALID ICD-9-CM OP/NSP CODE IF PRESENT, OR BLANK-FILLED. ALL OCCURRENCES OF SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE FIELD MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP

1-351-02R¹ SECONDARY OP/NSP CODE MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.

1-351-05R IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q' (TRICARE/CHAMPUS DRG) SECONDARY OP/NSP CODE CANNOT BE 37.5 (HEART TRANSPLANT) OR 50.59 (LIVER TRANSPLANT) FOR DATE OF ADMISSIONS < OCTOBER 1, 1998.

1-351-06R SECONDARY OP/NSP CODE MUST BE CONSISTENT WITH PATIENT SEX. SEE DISCUSSION UNDER PRINCIPAL OP/NSP CODE (1-340).

¹ THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-351-02R (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 1-351-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-4 (1-352)**VALIDITY EDITS**

1-352-01 MUST BE A VALID ICD-9-CM OP/NSP CODE IF PRESENT, **OR** BLANK-FILLED. ALL OCCURRENCES OF SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE FIELD MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP

1-352-02R¹ SECONDARY OP/NSP CODE MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.

1-352-05R IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' (TRICARE/CHAMPUS DRG) SECONDARY OP/NSP CODE CANNOT BE 37.5 (HEART TRANSPLANT) **OR** 50.59 (LIVER TRANSPLANT) FOR DATE OF ADMISSIONS < OCTOBER 1, 1998.

1-352-06R SECONDARY OP/NSP CODE MUST BE CONSISTENT WITH PATIENT SEX. SEE DISCUSSION UNDER PRINCIPAL OP/NSP CODE (1-340).

¹ THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-352-02R (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 1-352-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-5 (1-353)**VALIDITY EDITS**

1-353-01 MUST BE A VALID ICD-9-CM OP/NSP CODE IF PRESENT, **OR** BLANK-FILLED. ALL OCCURRENCES OF SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE FIELD MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE

¹ THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-353-02R (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 1-353-02R DONE INSTEAD.

ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-5 (1-353)

EDITED ELEMENT RELATIONSHIP

- 1-353-02R¹ SECONDARY OP/NSP CODE MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.
- 1-353-05R IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q' (TRICARE/CHAMPUS DRG) SECONDARY OP/NSP CODE CANNOT BE 37.5 (HEART TRANSPLANT) OR 50.59 (LIVER TRANSPLANT) FOR DATE OF ADMISSIONS < OCTOBER 1, 1998.
- 1-353-06R SECONDARY OP/NSP CODE MUST BE CONSISTENT WITH PATIENT SEX. SEE DISCUSSION UNDER PRINCIPAL OP/NSP CODE (1-340).

¹ THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 1-353-02R (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 1-353-02R DONE INSTEAD.

ELEMENT NAME: DRG NUMBER (1-355)

VALIDITY EDITS

- 1-355-01 MUST BE NUMERIC.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS	SEE BELOW	
1-155-10R	AMOUNT PAID BY GOVERNMENT CONTRACTOR	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
	SPECIAL RATE CODE	SEE BELOW	DATE OF ADMISSION, DATE OF DISCHARGE
	FREQUENCY CODE	SEE BELOW	SPECIAL PROCESSING CODE
	OVERRIDE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

- DRG NUMBER MUST BE CONSISTENT WITH PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS. THIS WILL NOT BE PART OF DAILY EDIT PROCESS. INSTEAD, AUDIT WILL HANDLE.
- DRG NUMBER MUST BE CONSISTENT WITH PRINCIPAL/SECONDARY OP/NSP CODE. THIS WILL NOT BE PART OF DAILY EDIT PROCESS. INSTEAD, AUDIT WILL HANDLE.
- 1-355-02R IF SPECIAL RATE CODE = ✘ NO SPECIAL RATE OR
 - A DRG REIMBURSEMENT WITH 4% DISCOUNT OR
 - B DRG REIMBURSEMENT WITH 3% DISCOUNT OR
 - C DRG REIMBURSEMENT WITH 2% DISCOUNT OR
 - D DISCOUNT RATE AGREEMENT OR

¹ DRG 0 - 390 ARE NOT VALID FOR ADMISSIONS ON OR AFTER 04/01/89.

ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)

	E	DRG REIMBURSEMENT WITH 1% DISCOUNT	OR
	K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE	OR
	L	REGION-SPECIFIC PSYCHIATRIC PER DIEM RATE	OR
	P	PER DIEM RATE AGREEMENT	
	THEN DRG NUMBER MUST = ZERO		
1-355-03R	IF FREQUENCY CODE =	2	INITIAL
		3	INTERIM
		4	FINAL
	SPECIAL PROCESSING CODE ≠ 'D' (DRG QUALIFYING FOR INTERIM PAYMENT) DRG NUMBER MUST = ZERO.		
1-355-05R	IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q' AND END DATE OF CARE ≥ 03/01/88		DRG NUMBER CAN = 474 OR 475
1-355-06R	IF ANY OCCURRENCE OF OVERRIDE CODE = 'Y'		DRG NUMBER MUST = ZERO.
1-355-07R	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY FOR REGION 3)		
	IF (DRG NUMBER = 104, 105, 106, 107, 108, 109, OR 112		
	AND REGION CODE = '03' (REGION 03)		
	AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER STSF CATCHMENT AREA		
	AND BEGIN DATE OF CARE ≥ 03/01/1997 AND ≤ 05/31/2003)		
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'.		
1-355-08R	(NATIONAL STSF)		
	IF DRG NUMBER = (((480 [LIVER TRANSPLANT]		
	AND BEGIN DATE OF CARE ≥ 03/01/1997 AND ≤ 02/19/1998)		
	OR (481 [ALLOGENEIC BONE MARROW TRANSPLANTATION]		
	AND BEGIN DATE OF CARE ≥ 10/01/1997 AND ≤ 12/31/2002))		
	OR (302 [KIDNEY TRANSPLANTATION]		
	AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003)))		
	AND PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF COLUMBIA		
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'		
	UNLESS NAS EXCEPTION REASON = '0' OR 'K'		
1-355-09R	(MULTI-REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 1 & 2)		
	IF REGION CODE = '01' (REGION 01)		
	OR REGION CODE = '02' (REGION 02)		
	AND BEGIN DATE OF CARE ≥ 10/01/1997 AND ≤ 05/31/2003		

¹ DRG 0 - 390 ARE NOT VALID FOR ADMISSIONS ON OR AFTER 04/01/89.

ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)

AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC)

OR NATIONAL NAVAL MEDICAL CENTER (NNMC) MULTI-REGIONAL STSF CATCHMENT AREA

AND DRG NUMBER = 104, 105, 106, 107, 108, 109, 110, **OR** 111

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-355-10R	IF SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		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 OR
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR
		U	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS

AND DATE OF ADMISSION \geq 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, 900-901.

1-355-11R	IF SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		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 OR
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR		

¹ DRG 0 - 390 ARE NOT VALID FOR ADMISSIONS ON OR AFTER 04/01/89.

ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)

U SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM
OR ACTIVE DUTY MEMBER GSU CLAIM PAID
OUTSIDE NORMAL LIMITS

AND DATE OF ADMISSION ≥ 10/01/1997 AND ≤ 09/30/1998

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, 900-901.

1-355-12R IF SPECIAL RATE CODE = G TRICARE/CHAMPUS DRG REIMBURSEMENT WITH
LONG STAY OUTLIER **OR**

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 **OR**

M DISCOUNTED TRICARE/CHAMPUS DRG
REIMBURSEMENT WITH LONG STAY OUTLIER **OR**

N DISCOUNTED TRICARE/CHAMPUS DRG
REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**

O DISCOUNTED TRICARE/CHAMPUS DRG
REIMBURSEMENT WITH COST OUTLIER **OR**

Q DISCOUNTED TRICARE/CHAMPUS DRG
REIMBURSEMENT WITH NO OUTLIER **OR**

U SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM
OR ACTIVE DUTY MEMBER GSU CLAIM PAID
OUTSIDE NORMAL LIMITS

AND DATE OF ADMISSION ≥ 10/01/1998 AND ≤ 09/30/1999

THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-434, 436-437, 439-455, 461-471,
473, 475-511, 600-619, 621-624, 626-628, 630-636, 900-901.

1-355-13R (REGIONAL STS FACILITIES FOR GENERAL SURGERY & ORTHOPEDIC SURGERY FOR
REGION 1)

IF REGION CODE = '01' (REGION 1)

AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003

AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)

OR WALTER REED ARMY MEDICAL CENTER (WRAMC)

OR MALCOLM GROW MEDICAL CENTER (MGMC) STS **CATCHMENT AREA**

AND DRG = 191, 209, 286, **OR** 491

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-355-14R (REGIONAL STS FACILITIES FOR NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY,
AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 1)

IF REGION CODE = '01' (REGION 1)

AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003

¹ DRG 0 - 390 ARE NOT VALID FOR ADMISSIONS ON OR AFTER 04/01/89.

ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)

AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)

OR WALTER REED ARMY MEDICAL CENTER (WRAMC) STSF CATCHMENT AREA

AND DRG = 001, 003, 004, 049, 286, **OR** 357

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-355-15R (REGIONAL STS FACILITIES FOR NEUROSURGERY, ORTHOPEDIC SURGERY, GENERAL SURGERY, PERIPHERAL VASCULAR SURGERY, AND HEAD AND NECK SURGERY FOR REGION 3)

IF REGION CODE = '03' (REGION 3)

AND BEGIN DATE OF CARE \geq 09/01/1999 **AND** \leq 05/31/2003

AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER (EAMC) STSF CATCHMENT AREA

AND DRG = 001, 004, 049, 110, 111, 191, 209, 286, **OR** 491

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-355-17R (REGIONAL STS FACILITIES FOR NEONATAL INTENSIVE CARE FOR REGION 4)

IF REGION CODE = '04' (REGION 4)

AND BEGIN DATE OF CARE \geq 05/01/1998 **AND** \leq 05/31/2003

AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA

AND DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, **OR** 636

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-355-18R (REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 4)

IF REGION CODE = '04' (REGION 4)

AND BEGIN DATE OF CARE \geq 05/01/1998 **AND** \leq 05/31/2003

AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA

AND DRG = 104, 105, 106, 107, 108, 109, 110, 111, 112, 124, **OR** 125

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-355-19R (REGIONAL STS FACILITY FOR GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 4)

IF REGION CODE = '04' (REGION 4)

AND BEGIN DATE OF CARE \geq 06/01/2000 **AND** \leq 05/31/2003

AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA

AND DRG = 357

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-355-20R (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 6)

IF REGION CODE = '06' (REGION 6)

AND BEGIN DATE OF CARE \geq 09/01/1999 **AND** \leq 12/31/2002

AND PATIENT ZIP CODE IS IN BROOKE ARMY MEDICAL CENTER (BAMC)

¹ DRG 0 - 390 ARE NOT VALID FOR ADMISSIONS ON OR AFTER 04/01/89.

ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)**OR** WILFORD HALL MEDICAL CENTER (WHMC) STSF CATCHMENT AREA**AND** DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, **OR** 491**THEN** ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**1-355-21R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 9)

IF REGION CODE = '09' (REGION 9)

AND BEGIN DATE OF CARE \geq 07/17/2000 **AND** \leq 12/31/2001**AND** PATIENT ZIP CODE IS IN NAVAL MEDICAL CENTER SAN DIEGO (NMCS) STSF CATCHMENT AREA**AND** DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, **OR** 491**THEN** ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**1-355-22R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 10)

IF REGION CODE = '10' (REGION 10)

AND BEGIN DATE OF CARE \geq 09/01/1999 **AND** \leq 12/31/2001**AND** PATIENT ZIP CODE IS IN DAVID GRANT MEDICAL CENTER (DGMC) STSF CATCHMENT AREA**AND** DRG = 001, 003, 004, 049, 110, 111, 191, 209, 286, 357, **OR** 491**THEN** ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**1-355-23R** (MULTI-REGIONAL STS FACILITIES FOR LIVER TRANSPLANTS FOR REGIONS 1, 2 AND 5)

IF DRG = 480

AND REGION CODE = '01' (REGION 01)**OR** REGION CODE = '02' (REGION 02)**OR** REGION CODE = '05' (REGION 05)**AND** BEGIN DATE OF CARE \geq 09/01/1999 **AND** \leq 05/31/2003**AND** INCLUDES ALL PATIENT ZIP CODES WITHIN REGIONS 1,2 **OR** 5**THEN** ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-355-24R	IF SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		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 OR
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR

¹ DRG 0 - 390 ARE NOT VALID FOR ADMISSIONS ON OR AFTER 04/01/89.

ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)

- N DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
- O DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
- Q DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
- U SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS

AND DATE OF ADMISSION ≥ 10/01/1999 AND ≤09/30/2000

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.

1-355-25R (VA REGIONAL STS FACILITY CARDIOTHORACIC SURGERY FOR REGION 10)

IF REGION CODE = '10' (REGION 10)

AND BEGIN DATE OF CARE ≥ 11/01/1999 AND ≤12/31/2001

AND PATIENT ZIP CODE IS IN VA PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)

OR SAN FRANCISCO VA MEDICAL CENTER (SFVAMC) STSF CATCHMENT AREA

AND DRG = 104 - 109

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

- 1-355-26R IF SPECIAL RATE CODE =**
- G TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
 - 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 **OR**
 - M DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
 - N DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
 - O DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
 - Q DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
 - U SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS

AND DATE OF ADMISSION ≥ 10/01/2000 AND ≤09/30/2001

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 DRG 0 - 390 ARE NOT VALID FOR ADMISSIONS ON OR AFTER 04/01/89.

ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)

1-355-27R	IF SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		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 OR
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR
		U	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS

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.

1-355-28R	IF SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		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 OR
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR
		U	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS

AND DATE OF ADMISSION ≥ 10/01/2002

¹ DRG 0 - 390 ARE NOT VALID FOR ADMISSIONS ON OR AFTER 04/01/89.

ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)

THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-527, 600-619, 621-624, 626-628, 630-636, 900-901.

¹ DRG 0 - 390 ARE NOT VALID FOR ADMISSIONS ON OR AFTER 04/01/89.

ELEMENT NAME: DRG GROUPER EDITION (1-356)

VALIDITY EDITS

1-356-01 MUST BE '87', '88', '89', '90', '91', '92', '93', '94', '95', '96', '97', '98', '99', '00', '01', '02', '03', OR BLANK-FILLED. (CODE VALUES WILL CHANGE YEARLY.)

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DRG NUMBER	SEE BELOW	
END DATE OF CARE	SEE BELOW	DRG NUMBER, SPECIAL PROCESSING CODE
ADMISSION DATE	SEE BELOW	END DATE OF CARE, DRG NUMBER, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	ADMISSION DATE, DRG NUMBER

EDITED ELEMENT RELATIONSHIP

- 1-356-02R** IF DRG NUMBER = 000
 DRG GROUPER EDITION MUST BE BLANK.
- IF DRG NUMBER ≠ 000
 DRG GROUPER EDITION MUST BE A VALID CODE (NOT BLANK).
- 1-356-06R** DRG GROUPER EDITION MUST BE '93' OR GREATER
WHEN ADMISSION DATE ≥ 10/01/1992 **AND** ≤ 09/30/1993
AND DRG NUMBER ≠ 000
- DRG GROUPER EDITION MUST BE '94' OR GREATER
WHEN ADMISSION DATE ≥ 10/01/1993 **AND** ≤ 09/30/1994
AND DRG NUMBER ≠ 000
- DRG GROUPER EDITION MUST BE '95' OR GREATER
WHEN ADMISSION DATE ≥ 10/01/1994 **AND** ≤ 09/30/1995
AND DRG NUMBER ≠ 000
- DRG GROUPER EDITION MUST BE '96'
WHEN ADMISSION DATE ≥ 10/01/1995 **AND** ≤ 09/30/1996
AND DRG NUMBER ≠ 000
- DRG GROUPER EDITION MUST BE '97'
WHEN ADMISSION DATE ≥ 10/01/1996 **AND** ≤ 09/30/1997
AND DRG NUMBER ≠ 000
- DRG GROUPER EDITION MUST BE '98'
WHEN ADMISSION DATE ≥ 10/01/1997 **AND** ≤ 09/30/1998
AND DRG NUMBER ≠ 000

ELEMENT NAME: DRG GROUPER EDITION (1-356) (CONTINUED)

DRG GROUPER EDITION MUST BE '99'
WHEN ADMISSION DATE ≥ 10/01/1998 **AND** ≤09/30/1999
AND DRG NUMBER ≠ 000

DRG GROUPER EDITION MUST BE '00'
WHEN ADMISSION DATE ≥ 10/01/1999 **AND** ≤09/30/2000
AND DRG NUMBER ≠ 000

DRG GROUPER EDITION MUST BE '01'
WHEN ADMISSION DATE ≥ 10/01/2000 **AND** ≤09/30/2001
AND DRG NUMBER ≠ 000

DRG GROUPER EDITION MUST BE '02'
WHEN ADMISSION DATE ≥ 10/01/2001 **AND** ≤09/30/2002
AND DRG NUMBER ≠ 000

DRG GROUPER EDITION MUST BE '03'
WHEN ADMISSION DATE ≥ 10/01/2002
AND DRG NUMBER ≠ 000

ELEMENT NAME: DRG PRICER EDITION (1-357)**VALIDITY EDITS**

1-357-01 MUST BE '61', **OR** '01', '02', '03', '04', '06', '07', '08', '09', '10', '11', '12', '13', '14', '15', '16', '17', '18',
OR BLANK-FILLED.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DRG NUMBER	SEE BELOW	
END DATE OF CARE	SEE BELOW	DRG NUMBER, SPECIAL PROCESSING CODE
ADMISSION DATE	SEE BELOW	END DATE OF CARE, DRG NUMBER, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	ADMISSION DATE, DRG NUMBER

EDITED ELEMENT RELATIONSHIP

1-357-02R IF DRG NUMBER = 000
 DRG PRICER EDITION MUST BE BLANK.

IF DRG NUMBER ≠ 000
 DRG PRICER EDITION MUST BE A VALID CODE (NOT BLANK).

1-357-05R DRG PRICER EDITION MUST BE '09'
WHEN ADMISSION DATE ≥ 10/01/1993 **AND** ≤09/30/1994
AND DRG GROUP ≠ 000

DRG PRICER EDITION MUST BE '10'
WHEN ADMISSION DATE ≥ 10/01/1994 **AND** ≤09/30/1995
AND DRG GROUP ≠ 000.
AND DRG GROUP ED ID = 95

ELEMENT NAME: DRG PRICER EDITION (1-357) (CONTINUED)

DRG PRICER EDITION MUST BE '11'
WHEN ADMISSION DATE ≥ 10/01/1995 **AND** ≤ 09/30/1996
AND DRG GROUP ED ID = 96

DRG PRICER EDITION MUST BE '12'
WHEN ADMISSION DATE ≥ 10/01/1996 **AND** ≤ 09/30/1997
AND DRG GROUP ED ID = 97

DRG PRICER EDITION MUST BE '13'
WHEN ADMISSION DATE ≥ 10/01/1997 **AND** ≤ 09/30/1998
AND DRG GROUP ED ID = 98

DRG PRICER EDITION MUST BE '14'
WHEN ADMISSION DATE ≥ 10/01/1998 **AND** ≤ 09/30/1999
AND DRG GROUP ED ID = 99

DRG PRICER EDITION MUST BE '15'
WHEN ADMISSION DATE ≥ 10/01/1999 **AND** ≤ 09/30/2000
AND DRG GROUP ED ID = 00

DRG PRICER EDITION MUST BE '16'
WHEN ADMISSION DATE ≥ 10/01/2000 **AND** ≤ 09/30/2001
AND DRG GROUP ED ID = 01

DRG PRICER EDITION MUST BE '17'
WHEN ADMISSION DATE ≥ 10/01/2001 **AND** ≤ 09/30/2002
AND DRG GROUP ED ID = 02

DRG PRICER EDITION MUST BE '18'
WHEN ADMISSION DATE ≥ 10/01/2002
AND DRG GROUP ED ID = 03

ELEMENT NAME: REVENUE DATA OCCURRENCE COUNT (1-360)**VALIDITY EDITS****1-360-01** VALUE MUST BE IN RANGE 01 - 50.

NOTE: REVENUE DATA OCCURRENCE COUNT MUST = ACTUAL NUMBER OF OCCURRENCES IN THE RECORD.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-360-02R	TYPE OF SUBMISSION	OCCURRENCE COUNT FOR ADJUSTMENT OR CANCELLATION HCSR MUST BE \geq OCCURRENCE COUNT FOR PREVIOUS SUBMISSION OF HCSR.	OCCURRENCE COUNT ON HCSR DATABASE.

ELEMENT NAME: REVENUE CODE (1-365)

VALIDITY EDITS

1-365-01 VALUE MUST BE A VALID REVENUE CODE AS SPECIFIED IN CHAPTER 2, ADDENDUM F. **UNLESS ANY OCCURRENCE OF DENIAL REASON CODE ≠ BLANK**

THE FOLLOWING OUTPATIENT REVENUE CODES ARE ALLOWED ON AN INSTITUTIONAL HCSR ONLY **WHEN** BEING DENIED

49X, 51X, 52X, 53X, 54X, 630, 631, 632, 633, 634, 635, 64X, 660, 661, 662, 82X, 83X, 84X, 85X, 882, **AND** 310X.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
REVENUE CODE	SEE BELOW	OVERRIDE CODE
SPECIAL RATE CODE	SEE BELOW	DENIAL REASON CODE
PATIENT SEX	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-365-02R AT LEAST ONE OCCURRENCE OF REVENUE CODE MUST = 001.

1-365-03R • ROOM ACCOMMODATION CHARGES

AT LEAST ONE OCCURRENCE OF REVENUE CODE MUST = 02X, 10X - 18X, 20X - 21X, **OR** 724, **UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'Y'

OR ANY NO OCCURRENCE OF SPECIAL PROCESSING CODE = # HOSPICE

1-365-04R ONLY ONE OCCURRENCE OF REVENUE CODE MUST = 001.

1-365-05R IF SPECIAL RATE CODE = 'G', 'H', 'T', 'J', 'M', 'N', 'O', **OR** 'Q' (TRICARE/CHAMPUS DRG) PROFESSIONAL SERVICE REVENUE CODES (901, 914 - 918, 96X, 97X, 98X) **AND** ORGAN CODES (81X) MUST BE DENIED.

1-365-06R IF ANY REVENUE CODE = 723

PATIENT SEX MUST = MALE.

IF ANY REVENUE CODE = 72X BUT NOT 723

PATIENT SEX MUST = FEMALE.

1-365-07R REVENUE CODES ON TYPE OF SUBMISSION 'A' **AND** 'C' MUST OCCUR IN THE SAME ORDER AS PREVIOUS SUBMISSIONS.

1-365-08R IF ANY OCCURRENCE OF REVENUE CODE = 022 SKILLED NURSING FACILITY CHARGE

THEN ADMISSION DATE MUST BE ≥ 08/01/2003

AND TYPE OF INSTITUTION MUST = 76 SKILLED NURSING FACILITY

UNLESS PATIENT AGE < 10 YEARS OF AGE ON DATE OF ADMISSION

ELEMENT NAME: UNITS OF SERVICE BY REVENUE CODE (1-370)**VALIDITY EDITS****1-370-01** VALUE MUST BE SIGNED NUMERIC, 0 TO 9999.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	REVENUE DATA OCCURRENCE COUNT, TOTAL CHARGES BY REVENUE CODE, FILING DATE

EDITED ELEMENT RELATIONSHIP**1-370-02R** IF TYPE OF SUBMISSION = 'D', 'T', 'F', 'R', 'O', OR 'G'.

UNITS OF SERVICE BY REVENUE CODE MUST BE > ZERO FOR ALL OCCURRENCES AS
DETERMINED BY REVENUE DATA OCCURRENCE COUNT,
EXCLUDING REVENUE CODE 001 **OR** 022.

IF TYPE OF SUBMISSION = 'C' OR 'A' WITH FILING DATE WITHIN THE NUMBER OF
MONTHS OF HCSRs STORED ON THE DATABASE

UNITS OF SERVICE BY REVENUE CODE MUST BE ≥ ZERO (ALL OCCURRENCES).

1-370-03R IF TYPE OF SUBMISSION = 'C' OR 'A' WITH FILING DATE WITHIN THE NUMBER OF
MONTHS OF HCSRs STORED ON THE DATABASE

FOR EACH DETAIL OCCURRENCE, IF UNITS OF SERVICE BY REVENUE CODE = 0, **THEN**
TOTAL CHARGES BY REVENUE CODE MUST ALSO = 0 **FOR THAT OCCURRENCE** (EXCEPT
REVENUE CODE 001). IF UNITS OF SERVICE > 0, THE TOTAL CHARGES BY REVENUE CODE
MUST ALSO BE > 0 **FOR THAT OCCURRENCE**.

1-370-04R FOR REVENUE CODE 001

UNITS OF SERVICE BY REVENUE CODE MUST BE ZERO.

ELEMENT NAME: TOTAL CHARGE BY REVENUE CODE (1-375)

VALIDITY EDITS

1-375-01 MUST BE 0 TO 999999.99 UNLESS REVENUE CODE = 001 THEN MUST BE 0 TO 999999.99

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	UNITS OF SERVICE BY REVENUE CODE
REVENUE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-375-02R IF TYPE OF SUBMISSION = 'D', 'T', 'O', 'F', 'R', OR 'G',

TOTAL CHARGES BY REVENUE CODE MUST BE > ZERO FOR EACH DETAIL OCCURRENCE (EXCLUDING REVENUE CODE 022).

IF TYPE OF SUBMISSION = 'C' OR 'A' WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

TOTAL CHARGES BY REVENUE CODE MUST BE ≥ ZERO FOR EACH DETAIL OCCURRENCE UNLESS REV CODE = 18X OR 022.

1-375-03R IF TYPE OF SUBMISSION = 'C' OR 'A' WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

FOR EACH DETAIL OCCURRENCE, IF TOTAL CHARGES BY REVENUE CODE = ZERO, THEN UNITS OF SERVICE BY REVENUE CODE MUST ALSO = ZERO FOR THAT OCCURRENCE. IF TOTAL CHARGES BY REVENUE CODE > ZERO, THEN UNITS OF SERVICE MUST ALSO BE > ZERO FOR THAT OCCURRENCE (EXCEPT REVENUE CODE 001).

1-375-04R THE SUM OF ALL TOTAL CHARGES BY REVENUE CODE FOR REVENUE CODES OTHER THAN 001 MUST EQUAL THE TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODE 001.

ELEMENT NAME: DENIAL REASON CODE (1-380)**VALIDITY EDITS****1-380-01** VALUE MUST BE IN RANGE 1 - 4, 6 - 9, 'A' - 'N', OR BLANK.**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-110-04R	NAS NUMBER		
1-155-11R	AMOUNT PAID BY GOVERNMENT CONTRACTOR		TYPE OF SUBMISSION FILING DATE
1-180-04R	NAS EXCEPTION REASON		
	AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
	TYPE OF SUBMISSION	SEE BELOW	
	FREQUENCY CODE	SEE BELOW	SPECIAL RATE CODE
	REVENUE CODE	SEE BELOW	SPECIAL RATE CODE
	DENIAL REASON CODE	SEE BELOW	
	SPECIAL RATE CODE	SEE BELOW	REVENUE CODE

EDITED ELEMENT RELATIONSHIP**1-380-02R** ALL DETAIL OCCURRENCES (EXCLUDING REVENUE CODE 001) MUST CONTAIN A VALID DENIAL REASON CODE (EXCEPT FOR BLANK) **WHEN** AMOUNT ALLOWED = ZERO

AND TYPE OF SUBMISSION = I INITIAL SUBMISSION
R RESUBMISSION OF ERROR REJECT **OR**
O ZERO PAYMENT **OR**
F ADJUSTMENT NEW SUFFIX **OR**
D COMPLETE DENIAL **OR**
G ADDITIONAL DRG INTERIM BILLING

OR TYPE OF SUBMISSION = A ADJUSTMENT
C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE.**1-380-03R** IF TYPE OF SUBMISSION = D DENIAL

ALL DETAIL OCCURRENCES (EXCLUDING REVENUE CODE 001) MUST CONTAIN A VALID DENIAL REASON CODE (EXCEPT BLANK).

1-380-05R IF FREQUENCY CODE = 1 ADMIT THRU DISCHARGE**AND** SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' (TRICARE/CHAMPUS DRG)

NO OCCURRENCE OF DENIAL
REASON MAY = E BILLING FOR PARTIAL STAY UNDER DRG NOT
REIMBURSABLE **OR**

ELEMENT NAME: DENIAL REASON CODE (1-380) (CONTINUED)

		H	INVALID INTERIM DRG REQUEST FOR PAYMENT
1-380-06R	IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'R', 'N', 'O', OR 'Q' (TRICARE/CHAMPUS DRG) AND REVENUE CODE = 901, 914 - 918, 96X, 97X, 98X (PROFESSIONAL SERVICES) OR 81X (ORGAN ACQUISITION)		
	DENIAL REASON CODE MUST BE PRESENT.		
1-380-07R	IF ANY OCCURRENCE OF DENIAL REASON CODE =	E	BILLING FOR PARTIAL STAY UNDER DRG NOT REIMBURSABLE OR
		H	INVALID INTERIM DRG REQUEST FOR PAYMENT
	THEN ALL DETAIL OCCURRENCES MUST BE DENIED. (DENIAL REASON CODE NOT BLANK.)		
1-380-08R	IF ANY OCCURRENCE OF DENIAL REASON CODE =	I	HIGH VOLUME PSYCH HOSPITAL/UNIT PROFESSIONAL SERVICES EXCLUDED FROM PER DIEM
	SPECIAL RATE CODE MUST =	K	HOSPITAL-SPECIFIC PSYCH PER DIEM RATE
	AND REVENUE CODE (FOR THE SAME DETAIL OCCURRENCE) MUST = 96X, 97X, OR 98X (PROFESSIONAL SERVICES).		

ELEMENT NAME: OCCURRENCE COUNTER (1-385)

VALIDITY EDITS		
1-385-01	EACH VALUE MUST BE NUMERIC.	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
REVENUE DATA OCCURRENCE COUNT	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		
1-385-02R	AN OCCURRENCE COUNTER VALUE MUST BE CODED FOR THE NUMBER OF OCCURRENCES SPECIFIED BY REVENUE DATA OCCURRENCE COUNT.	
	EACH OCCURRENCE COUNTER MUST HAVE A VALUE EQUAL TO THE NUMBER OF THAT OCCURRENCE (ASCENDING CONSECUTIVE ORDER).	