

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

<b>ELEMENT NAME: GOVERNMENT AUTHORIZED BED DAYS (1-300)</b>		
<b>VALIDITY EDITS</b>		
<b>1-300-01</b>	MUST BE NUMERIC	
<b>RELATIONAL EDITS</b>		
<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
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
<b>EDITED ELEMENT RELATIONSHIP</b>		
<b>NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = # HOSPICE</b>		
<b>THEN BYPASS ALL GOVERNMENT AUTHORIZED BED DAYS</b>		
<b>1-300-02R</b>	IF TYPE OF SUBMISSION =	D COMPLETE DENIAL
		G ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED = 0
<b>THEN GOVERNMENT AUTHORIZED BED DAYS MUST BE = ZERO.</b>		
<b>1-300-03R</b>	IF TYPE OF SUBMISSION =	A ADJUSTMENT <b>OR</b>
		C COMPLETE CANCELLATION <b>OR</b>
		F ADJUSTMENT NEW SUFFIX <b>OR</b>
		G ADDITIONAL DRG INTERIM BILLING <b>OR</b>
		I INITIAL SUBMISSION <b>OR</b>
		O ZERO PAY WITH 100% OHI/TPL <b>OR</b>
		R RESUBMISSION OF ERROR REJECT

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

**THEN** GOVERNMENT AUTHORIZED BED DAYS MUST BE  $\leq$  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.

<b>1-300-04R</b>	<b>IF TYPE OF SUBMISSION =</b>	<b>A ADJUSTMENT <b>OR</b></b>
		<b>C COMPLETE CANCELLATION <b>OR</b></b>
		<b>F ADJUSTMENT NEW SUFFIX <b>OR</b></b>
		<b>G ADDITIONAL DRG INTERIM BILLING <b>OR</b></b>
		<b>I INITIAL SUBMISSION <b>OR</b></b>
		<b>O ZERO PAY WITH 100% OHI/TPL <b>OR</b></b>
		<b>R RESUBMISSION OF ERROR REJECT</b>

**THEN** GOVERNMENT AUTHORIZED BED DAYS MUST BE  $\leq$  TOTAL BED DAYS.

<b>1-300-05R</b>	<b>IF TYPE OF SUBMISSION =</b>	<b>A ADJUSTMENT <b>OR</b></b>
		<b>C COMPLETE CANCELLATION <b>OR</b></b>
		<b>F ADJUSTMENT NEW SUFFIX <b>OR</b></b>
		<b>G ADDITIONAL DRG INTERIM BILLING <b>OR</b></b>
		<b>I INITIAL SUBMISSION <b>OR</b></b>
		<b>O ZERO PAY WITH 100% OHI/TPL <b>OR</b></b>
		<b>R RESUBMISSION OF ERROR REJECT</b>

**AND** AT LEAST ONE **NON-DENIED** OCCURRENCE OF REVENUE CODE IS FOR A ROOM CHARGE (10X -18X, 20X -21X, 724, **OR** 762)

**AND** UNITS OF SERVICE BY REVENUE CODE  $>$  ZERO

**THEN** GOVERNMENT AUTHORIZED BED DAYS MUST BE  $>$  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

<b>ELEMENT NAME: ADMISSION DIAGNOSIS (1-310)</b>		
<b>VALIDITY EDITS</b>		
<b>1-310-01</b>	VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE.	
<b>RELATIONAL EDITS</b>		
<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
DIAGNOSIS EDITION IDENTIFIER		
<b>EDITED ELEMENT RELATIONSHIP</b>		
<b>1-310-02R</b>	<sup>1</sup> ADMISSION DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER	
<sup>1</sup> 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.		

<b>ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (1-315)</b>		
<b>VALIDITY EDITS</b>		
<b>1-315-01</b>	VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE.	
<b>RELATIONAL EDITS</b>		
<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
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	
<b>1-170-11R</b>	OVERRIDE CODE	
	SPECIAL PROCESSING CODE	SEE BELOW
	TYPE OF INSTITUTION	SEE BELOW
		PATIENT DATE OF BIRTH
<b>EDITED ELEMENT RELATIONSHIP</b>		
<b>1-315-02R</b>	<sup>1</sup> PRINCIPAL TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.	
<b>1-315-03R</b>	IF AMOUNT BILLED > \$50.00, PRINCIPAL TREATMENT DIAGNOSIS MUST NOT BE = 799.9	
<sup>1</sup> 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.		
<sup>2</sup> PATIENT AGE IS CALCULATED ON DATE OF BIRTH AND CARE DATES.		

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

	UNLESS TYPE OF SUBMISSION = D COMPLETE DENIAL, OR
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 1 MEDICAID
<b>1-315-04R</b>	PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX.  IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND NOT FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H';  IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR A TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.
<b>1-315-05R</b>	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.
<b>1-315-06R</b>	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.
<b>1-315-07R</b>	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 (74.2, 74.4-74.0-74.99), DIAGNOSIS MUST BE 640 THROUGH 676.  IF OP/NSP CODE IS ECTOPIC (74.3), DIAGNOSIS MUST BE 633.0-633.9.
<b>1-315-08R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 'E' (HHC/CM), PRINCIPAL TREATMENT DIAGNOSIS CANNOT = 290-319.
<b>1-315-09R</b>	IF TYPE OF INSTITUTION = '72' (RTC) PRINCIPAL TREATMENT DIAGNOSIS MUST = 290-319 AND PATIENT AGE <sup>2</sup> MUST BE < 21.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>1</sup> 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)****RELATIONAL EDITS**

<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	OVERRIDE CODE
<b>1-170-11R</b>	OVERRIDE CODE	

**EDITED ELEMENT RELATIONSHIP**

<b>1-320-02R<sup>1</sup></b>	SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.
<b>1-320-04R</b>	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 <b>NOT</b> 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.
<b>1-320-05R</b>	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.

<sup>1</sup> 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**

<b>1-325-01</b>	MUST BE A VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED <sup>1</sup> .
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**RELATIONAL EDITS**

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

<sup>1</sup> NOTE SEE EDIT 1-320-01.

<sup>2</sup> 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-2 (1-325) (CONTINUED)**

1-170-11R OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP**

1-325-02R<sup>2</sup> 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.

<sup>1</sup> NOTE SEE EDIT 1-320-01.

<sup>2</sup> 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 FILLED<sup>1</sup>.

**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**

1-330-02R<sup>2</sup> SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

1-330-04R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX.

<sup>1</sup> NOTE SEE EDIT 1-320-01.

<sup>2</sup> 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-3 (1-330) (CONTINUED)**

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

<sup>1</sup> NOTE SEE EDIT 1-320-01.

<sup>2</sup> 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 FILLED<sup>1</sup>.

**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**

**1-335-02R<sup>2</sup>** 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

<sup>1</sup> NOTE SEE EDIT 1-320-01.

<sup>2</sup> 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-4 (1-335) (CONTINUED)**

**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

<sup>1</sup> NOTE SEE EDIT 1-320-01.

<sup>2</sup> 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 FILLED<sup>1</sup>.

**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**

**1-336-02R<sup>2</sup>** 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

<sup>1</sup> NOTE SEE EDIT 1-320-01.

<sup>2</sup> 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 FILLED<sup>1</sup>.**RELATIONAL EDITS**

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

**1-170-11R** OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP****1-337-02R<sup>2</sup>** 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

<sup>1</sup> NOTE SEE EDIT 1-320-01.<sup>2</sup> 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 FILLED<sup>1</sup>.

**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**

**1-338-02R<sup>2</sup>** 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

<sup>1</sup> NOTE SEE EDIT 1-320-01.

<sup>2</sup> 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 FILLED<sup>1</sup>.

**RELATIONAL EDITS**

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

**1-170-11R** OVERRIDE CODE

**EDITED ELEMENT RELATIONSHIP**

**1-339-02R<sup>2</sup>** 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

<sup>1</sup> NOTE SEE EDIT 1-320-01.

<sup>2</sup> 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**

**1-340-02R<sup>1</sup>** 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).

<sup>1</sup> 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-FILLED<sup>1</sup>.

**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**

**1-345-02R<sup>2</sup>** 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).

<sup>1</sup> NOTE SEE EDIT 1-350-01.

<sup>2</sup> 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**

**1-350-02R<sup>1</sup>** SECONDARY OP/NSP CODE MUST BE VALID FOR THE DIAGNOSIS EDITION IDENTIFIER.

<sup>1</sup> 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 DATE OF ADMISSIONS < OCTOBER 1, 1998.

<b>AND</b> SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
	I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST STAY OUTLIER <b>OR</b>
	J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
	M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
	N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
	O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST STAY OUTLIER <b>OR</b>
	Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER

**THEN** SECONDARY OP/NSP CODE **CANNOT** BE 37.5 (HEART TRANSPLANT) OR 50.59 (LIVER TRANSPLANT)

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

<sup>1</sup> 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

<sup>1</sup> 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-3 (1-351)****EDITED ELEMENT RELATIONSHIP**

- 1-351-02R<sup>1</sup>** 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).

<sup>1</sup> 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**

- 1-352-02R<sup>1</sup>** 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).

<sup>1</sup> 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

**EDITED ELEMENT RELATIONSHIP**

**1-353-02R<sup>1</sup>** 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).

<sup>1</sup> 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	
PRINCIPAL/SECONDARY OP/NSP CODE	SEE BELOW	
<b>1-155-10R</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR		TYPE OF SUBMISSION, FILING DATE
SPECIAL RATE CODE	SEE BELOW	DATE OF ADMISSION, DATE OF DISCHARGE
FREQUENCY CODE	SEE BELOW	SPECIAL PROCESSING CODE

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

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.

<b>1-355-02R</b>	IF SPECIAL RATE CODE =	b NO SPECIAL RATE <b>OR</b> A DRG REIMBURSEMENT WITH 4% DISCOUNT <b>OR</b> B DRG REIMBURSEMENT WITH 3% DISCOUNT <b>OR</b> C DRG REIMBURSEMENT WITH 2% DISCOUNT <b>OR</b> D DISCOUNT RATE AGREEMENT <b>OR</b> E DRG REIMBURSEMENT WITH 1% DISCOUNT <b>OR</b> K HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE <b>OR</b> L REGION-SPECIFIC PSYCHIATRIC PER DIEM RATE <b>OR</b> P PER DIEM RATE AGREEMENT
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**THEN DRG NUMBER MUST = ZERO**

<b>1-355-03R</b>	IF FREQUENCY CODE =	2 INITIAL 3 INTERIM 4 FINAL
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SPECIAL PROCESSING CODE ≠ 'D' (DRG QUALIFYING FOR INTERIM PAYMENT) DRG NUMBER MUST = ZERO.

<b>1-355-05R</b>	IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', <b>OR</b> 'Q' AND END DATE OF CARE ≥ 03/01/88 DRG NUMBER CAN = 474 <b>OR</b> 475
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<b>1-355-06R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE = 'Y' DRG NUMBER MUST = ZERO.
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<b>1-355-07R</b>	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY FOR REGION 3) IF (DRG NUMBER = 104, 105, 106, 107, 108, 109, <b>OR</b> 112 <b>AND</b> REGION CODE = '03' (REGION 03) <b>AND</b> PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER STSF CATCHMENT AREA <b>AND</b> BEGIN DATE OF CARE ≥ 03/01/1997 <b>AND</b> ≤ 05/31/2003) <b>THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'.</b>
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<b>1-355-08R</b>	(NATIONAL STSF)
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**ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)**

IF DRG NUMBER = (((480 [LIVER TRANSPLANT]  
 AND BEGIN DATE OF CARE ≥ 03/01/1997 AND ≤ 02/19/1998)

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OR (481 [ALLOGENEIC BONE MARROW TRANSPLANTATION]  
 AND BEGIN DATE OF CARE ≥ 10/01/1997 AND ≤ 12/31/2002))

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OR (302 [KIDNEY TRANSPLANTATION]  
 AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003)))

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AND PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF  
 COLUMBIA

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

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UNLESS NAS EXCEPTION REASON = 'O' OR 'K'

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**1-355-09R** (MULTI-REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 1 & 2)

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IF REGION CODE = '01' (REGION 01)

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OR REGION CODE = '02' (REGION 02)

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AND BEGIN DATE OF CARE ≥ 10/01/1997 AND ≤ 05/31/2003

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

---

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

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

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

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**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	SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS

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AND DATE OF ADMISSION ≥ 10/01/1996 AND < 10/01/1997

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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.

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

<b>1-355-11R</b> IF SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
	I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
	J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
	M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
	N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
	O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
	Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
	U	<b>SHCP</b> 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.**

<b>1-355-12R</b> IF SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
	I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
	J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
	M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
	N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
	O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
	Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
	U	<b>SHCP</b> 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.**

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

**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) STSF 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

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 ≥ 09/01/1999 AND ≤ 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 ≥ 05/01/1998 AND ≤ 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 ≥ 05/01/1998 AND ≤ 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

**ELEMENT NAME: DRG NUMBER (1-355) (CONTINUED)****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)**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'****1-355-22R** (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**

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

H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
U	<b>SHCP</b> 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'

<b>1-355-26R</b>	IF SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>

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

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

U **SHCP** 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.**

**1-355-27R** 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 **SHCP** 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**

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

Q DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR

U SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS

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, 475-527, 600-619, 621-624, 626-628, 630-636, 900-901.

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

**VALIDITY EDITS**

1-356-01 MUST BE A VALID CODE LISTED UNDER DRG GROUPER EDITION LOCATED IN CHAPTER 2, SECTION 4 OR BLANK

**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 '90'  
 WHEN ADMISSION DATE ≥ 10/01/1989 AND ≤ 09/30/1990  
 AND DRG NUMBER ≠ 000

DRG GROUPER EDITION MUST BE '91'  
 WHEN ADMISSION DATE ≥ 10/01/1990 AND ≤ 09/30/1991  
 AND DRG NUMBER ≠ 000

DRG GROUPER EDITION MUST BE '92'  
 WHEN ADMISSION DATE ≥ 10/01/1991 AND ≤ 09/30/1992  
 AND DRG NUMBER ≠ 000

DRG GROUPER EDITION MUST BE '93'  
 WHEN ADMISSION DATE ≥ 10/01/1992 AND ≤ 09/30/1993  
 AND DRG NUMBER ≠ 000

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

DRG GROUPER EDITION MUST BE '94'  
WHEN ADMISSION DATE ≥ 10/01/1993 AND ≤09/30/1994  
AND DRG NUMBER ≠ 000

DRG GROUPER EDITION MUST BE '95'  
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

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 A VALID CODE LISTED UNDER DRG PRICER EDITION LOCATED IN CHAPTER 2, SECTION 4 OR BLANK.

**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 '04'  
 WHEN ADMISSION DATE ≥ 10/01/1989 AND ≤ 09/30/1990  
 AND DRG NUMBER ≠ 000

DRG PRICER EDITION MUST BE '06'  
 WHEN ADMISSION DATE ≥ 10/01/1990 AND ≤ 09/30/1991  
 AND DRG NUMBER ≠ 000.

DRG PRICER EDITION MUST BE '07'  
 WHEN ADMISSION DATE ≥ 10/01/1991 AND ≤ 09/30/1992  
 AND DRG NUMBER ≠ 000.

DRG PRICER EDITION MUST BE '08'  
 WHEN ADMISSION DATE ≥ 10/01/1992 AND ≤ 09/30/1993  
 AND DRG NUMBER ≠ 000.

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

DRG PRICER EDITION MUST BE '11'  
 WHEN ADMISSION DATE ≥ 10/01/1995 AND ≤ 09/30/1996  
 AND DRG GROUP ≠ 000  
 AND DRG GROUP ED ID = 96

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

DRG PRICER EDITION MUST BE '12'  
 WHEN ADMISSION DATE ≥ 10/01/1996 AND ≤ 09/30/1997  
 AND DRG GROUP ≠ 000  
 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 ≠ 000  
 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 ≠ 000  
 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 ≠ 000  
 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 ≠ 000  
 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 ≠ 000  
 AND DRG GROUP ED ID = 02

DRG PRICER EDITION MUST BE '18'  
 WHEN ADMISSION DATE ≥ 10/01/2002  
 AND DRG GROUP ≠ 000  
 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**

	<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
<b>1-360-02R</b>	TYPE OF SUBMISSION	OCCURRENCE COUNT FOR ADJUSTMENT OR CANCELLATION HCSR MUST BE ≥ 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**

<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
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**

	<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
<b>1-110-04R</b>	NAS NUMBER		
<b>1-155-11R</b>	AMOUNT PAID BY GOVERNMENT CONTRACTOR		TYPE OF SUBMISSION FILING DATE
<b>1-180-04R</b>	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 **WITH 100% OHI/TPL 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<sub>s</sub> 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
<b>1-380-06R</b>	IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'R', 'N', 'O', <b>OR</b> 'Q' (TRICARE/CHAMPUS DRG) AND REVENUE CODE = 901, 914 - 918, 96X, 97X, 98X (PROFESSIONAL SERVICES) <b>OR</b> 81X (ORGAN ACQUISITION)		
	DENIAL REASON CODE MUST BE PRESENT.		
<b>1-380-07R</b>	IF ANY OCCURRENCE OF DENIAL REASON CODE =	E	BILLING FOR PARTIAL STAY UNDER DRG NOT REIMBURSABLE <b>OR</b>
		H	INVALID INTERIM DRG REQUEST FOR PAYMENT
	<b>THEN</b> ALL DETAIL OCCURRENCES MUST BE DENIED. (DENIAL REASON CODE <b>NOT</b> BLANK.)		
<b>1-380-08R</b>	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, <b>OR</b> 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).