

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: MAJOR DIAGNOSTIC CATEGORY (1-200)

VALIDITY EDITS

1-200-01 VALUE MUST = 1 - 25, 60, 90, OR BLANK.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NON-AVAILABILITY STATEMENT NUMBER	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-200-02R IF NAS NUMBER IS NOT CODED THE MAJOR DIAGNOSTIC CATEGORY MUST NOT BE CODED.

ELEMENT NAME: REASON FOR ISSUANCE (1-202)

VALIDITY EDITS

1-202-01 VALUE MUST = 1 - 9, OR BLANK.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NON-AVAILABILITY STATEMENT NUMBER	SEE BELOW	
MAJOR DIAGNOSTIC CATEGORY	SEE BELOW	
ENROLLMENT CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-202-02R IF NAS NUMBER IS CODED THE NAS REASON FOR ISSUANCE MUST NOT BE BLANK

1-202-03R IF NAS NUMBER IS BLANK THE REASON FOR ISSUANCE MUST = BLANK.

1-202-04R IF MAJOR DIAGNOSTIC CATEGORY IS NOT CODED, REASON FOR ISSUANCE MUST = BLANK 7, 8 OR 9

1-202-05R IF REASON FOR ISSUANCE = 7, 8 OR 9

THEN
 ENROLLMENT CODE = D MCS - TRICARE-TIDEWATER STANDARD PROGRAM

ELEMENT NAME: REASON FOR ISSUANCE (1-202) (CONTINUED)

E	MCS - TRICARE-TIDEWATER PRIME
G	MCS - TRICARE-TIDEWATER EXTRA
R	TRICARE EXTRA - NORTH CAROLINA
T	MCS - STANDARD TRICARE PROGRAM
U	MCS - PRIME, CIVILIAN PCM
V	MCS - EXTRA
Y	CHCBP (CHCBP) STANDARD
Z	MCS - PRIME, MTF/PCM
AA	CHCBP EXTRA

ELEMENT NAME: CLAIM FORM TYPE (1-204)

VALIDITY EDITS

1-204-01 VALUE MUST BE 'A' - 'J' IF FILING DATE ≥ 10/01/1993; OTHERWISE NO EDIT APPLIES.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME: PCM LOCATION DMIS-ID (1-205)**VALIDITY EDITS****1-205-01** MUST BE VALID DMIS CODE.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
REGION CODE	SEE BELOW	
ENROLLMENT CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

NO ERROR IF OVERRIDE CODE = S ZIP CODE OVERRIDE TO BE USED WHEN A BENEFICIARY HAS MOVED OUT OF A REGION AND THE CONTRACTOR IS STILL RESPONSIBLE FOR THE CARE CLAIMED; OR IF A BENEFICIARY RESIDES IN A REGION DIFFERENT FROM THE REGION THEY ARE ENROLLED IN - **WITHIN THE SAME CONTRACT JURISDICTION** (I.E., 2/5, 3/4, 7/8 OR 9/10)

THEN BYPASS ALL PCM LOCATION DMIS-ID EDITING.**1-205-02R** IF DATE OF ADMISSION \geq 10/01/1997**AND**IF ENROLLMENT STATUS
CODE =Z MCS - PRIME, MTF/CLINIC **OR**

BB TRICARE SENIOR PRIME

**THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID¹
AND CANNOT = 6501, 6901 - 6915, 7901 - 7912, 7916, 8000 - 8099, OR BLANK****1-205-03R** IF DATE OF ADMISSION \geq 10/01/1999**AND**IF ENROLLMENT STATUS
CODE =

SR SHCP - REFERRED CARE

**THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID¹
AND CANNOT = 6501, 6901 - 6915, 7901 - 7912, 7916, 8000 - 8099, OR BLANK****1-205-04R** IF DATE OF ADMISSION \geq 10/01/1997 **AND** $<$ 10/01/1999**AND ENROLLMENT STATUS
CODE =**

U MCS - PRIME, CIVILIAN PCM

AND REGION CODE = 2 THEN DMIS-ID MUST BE 6501 OR 6902 OR 8000 - 8099**1-205-05R** IF DATE OF ADMISSION \geq 10/01/1997 **AND** $<$ 09/01/2002**AND ENROLLMENT STATUS
CODE =**

U MCS - PRIME, CIVILIAN PCM

AND REGION CODE = 1 THEN DMIS-ID MUST BE 6901 OR 8000 - 8099**OR REGION CODE = 2 THEN DMIS-ID MUST BE 6902 OR 8000 - 8099****OR REGION CODE = 3 THEN DMIS-ID MUST BE 6903**¹ A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

ELEMENT NAME: PCM LOCATION DMIS-ID (1-205) (CONTINUED)

OR REGION CODE = 4 THEN DMIS-ID MUST BE 6904

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

OR REGION CODE = 6 THEN DMIS-ID MUST BE 6906

OR REGION CODE = 7 THEN DMIS-ID MUST BE 6907

OR REGION CODE = 8 THEN DMIS-ID MUST BE 6908

OR REGION CODE = 9 THEN DMIS-ID MUST BE 6909

OR REGION CODE = 10 THEN DMIS-ID MUST BE 6910

OR REGION CODE = 11 THEN DMIS-ID MUST BE 6911

OR REGION CODE = 12 THEN DMIS-ID MUST BE 6912

OR REGION CODE = 13 THEN DMIS-ID MUST BE 6913

OR REGION CODE = 14 THEN DMIS-ID MUST BE 6914

OR REGION CODE = 15 THEN DMIS-ID MUST BE 6915

1-205-06R IF DATE OF ADMISSION \geq 10/01/1997 AND $<$ 10/01/1999

AND ENROLLMENT STATUS

CODE = W TPR **ADSM** - USA

AND REGION CODE = 1 THEN DMIS-ID MUST BE BLANK OR 7901 OR 8000 - 8099

OR REGION CODE = 2 THEN DMIS-ID MUST BE BLANK OR 7902 OR 8000 - 8099

OR REGION CODE = 5 THEN DMIS-ID MUST BE BLANK OR 7905 OR 8000 - 8099

OR REGION CODE = 11 THEN DMIS-ID MUST BE BLANK OR 6911

1-205-07R IF DATE OF ADMISSION \geq 10/01/1999 AND $<$ 09/01/2002

AND ENROLLMENT STATUS

CODE = W TPR **ADSM** - USA

AND REGION CODE = 1 THEN DMIS-ID MUST BE 7901 OR 8000 - 8099

OR REGION CODE = 2 THEN DMIS-ID MUST BE 7902 OR 8000 - 8099

OR REGION CODE = 3 THEN DMIS-ID MUST BE 7903

OR REGION CODE = 4 THEN DMIS-ID MUST BE 7904

OR REGION CODE = 5 THEN DMIS-ID MUST BE 7905 OR 8000 - 8099

OR REGION CODE = 6 THEN DMIS-ID MUST BE 7906

OR REGION CODE = 7 THEN DMIS-ID MUST BE 7907

OR REGION CODE = 8 THEN DMIS-ID MUST BE 7908

OR REGION CODE = 9 THEN DMIS-ID MUST BE 7909

OR REGION CODE = 10 THEN DMIS-ID MUST BE 7910

OR REGION CODE = 11 THEN DMIS-ID MUST BE 7911

OR REGION CODE = 12 THEN DMIS-ID MUST BE 7912 OR 7916

1-205-08R IF DATE OF ADMISSION \geq 10/01/1997

AND ENROLLMENT STATUS

CODE \neq SR SHCP - REFERRED CARE OR

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

ELEMENT NAME: PCM LOCATION DMIS-ID (1-205) (CONTINUED)U MCS - PRIME, CIVILIAN PCM **OR**W TPR **ADSM** - USA **OR**Z MCS - PRIME, MTF/CLINIC **OR**BB TRICARE SENIOR PRIME **OR**WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR
ELIGIBLE ADSM**THEN PCM LOCATION DMIS-ID MUST = BLANK****1-205-09R** IF DATE OF ADMISSION ≥ 09/01/2002**AND ENROLLMENT STATUS
CODE =**

U MCS - PRIME, CIVILIAN PCM

AND REGION CODE = 1 THEN DMIS-ID MUST BE 6901**OR REGION CODE = 2 THEN DMIS-ID MUST BE 6902, 8007, OR 8009****OR REGION CODE = 3 THEN DMIS-ID MUST BE 6903****OR REGION CODE = 4 THEN DMIS-ID MUST BE 6904****OR REGION CODE = 5 THEN DMIS-ID MUST BE 6905****OR REGION CODE = 6 THEN DMIS-ID MUST BE 6906****OR REGION CODE = 7 THEN DMIS-ID MUST BE 6907****OR REGION CODE = 8 THEN DMIS-ID MUST BE 6908****OR REGION CODE = 9 THEN DMIS-ID MUST BE 6909****OR REGION CODE = 10 THEN DMIS-ID MUST BE 6910****OR REGION CODE = 11 THEN DMIS-ID MUST BE 6911****OR REGION CODE = 12 THEN DMIS-ID MUST BE 6912****OR ²REGION CODE = 13 THEN DMIS-ID MUST BE 6913****OR ²REGION CODE = 14 THEN DMIS-ID MUST BE 6914****OR ²REGION CODE = 15 THEN DMIS-ID MUST BE 6915****1-205-10R** IF DATE OF ADMISSION ≥ 09/01/2002**AND ENROLLMENT STATUS
CODE =**W TPR **ADSM** - USA **OR**WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR
ELIGIBLE ADSM**AND REGION CODE = 1 THEN DMIS-ID MUST BE 7901****OR REGION CODE = 2 THEN DMIS-ID MUST BE 7902****OR REGION CODE = 3 THEN DMIS-ID MUST BE 7903****OR REGION CODE = 4 THEN DMIS-ID MUST BE 7904****OR REGION CODE = 5 THEN DMIS-ID MUST BE 7905****OR REGION CODE = 6 THEN DMIS-ID MUST BE 7906****OR REGION CODE = 7 THEN DMIS-ID MUST BE 7907****¹ A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.**

ELEMENT NAME: PCM LOCATION DMIS-ID (1-205) (CONTINUED)

- OR REGION CODE = 8 THEN DMIS-ID MUST BE 7908
- OR REGION CODE = 9 THEN DMIS-ID MUST BE 7909
- OR REGION CODE = 10 THEN DMIS-ID MUST BE 7910
- OR REGION CODE = 11 THEN DMIS-ID MUST BE 7911
- OR REGION CODE = 12 THEN DMIS-ID MUST BE 7912 OR 7916

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

ELEMENT NAME: NUMBER OF PAYMENT REDUCTION DAYS/SERVICES (1-207)

VALIDITY EDITS

1-207-01 MUST BE NUMERIC

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
REASON FOR PAYMENT REDUCTION	SEE BELOW	AMOUNT PAYMENT REDUCTION ENROLLMENT STATUS
NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-207-02R IF REASON FOR PAYMENT REDUCTION IS NOT EQUAL TO BLANK
 NUMBER OF PAYMENT REDUCTION DAYS/SERVICES MUST NOT BE ZERO.

ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE (1-209)

VALIDITY EDITS

1-209-01 MUST BE A VALID PROVIDER CONTRACT AFFILIATION CODE LOCATED IN CHAPTER 2, SECTION 7.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

EDITED ELEMENT RELATIONSHIP

1-209-02R IF PROVIDER CONTRACT AFFILIATION CODE =	5	NON-CERTIFIED PROVIDERS (DOES NOT INCLUDE SANCTIONED/SUSPENDED PROVIDERS)
THEN OVERRIDE CODE MUST =	NC	NON-CERTIFIED PROVIDERS (DOES NOT INCLUDE SANCTIONED/SUSPENDED PROVIDERS)

ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (1-210)

VALIDITY EDITS

1-210-01 MUST APPEAR IN A FIGURE OF VALID STATE OR COUNTRY CODES.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROVIDER STATE/COUNTRY CODE ¹	SEE BELOW	BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE ¹ , PROVIDER TAXPAYER NUMBER ¹ , ZIP CODE ¹ , TYPE OF INSTITUTION ¹
AMOUNT ALLOWED	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-210-02R MUST MATCH THE PROVIDER STATE/COUNTRY CODE ON THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON INSTITUTIONAL PROVIDER KEY: PROVIDER TAXPAYER NUMBER, ZIP CODE, AND TYPE OF INSTITUTION.		
UNLESS AMOUNT ALLOWED \leq ZERO		
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FS	TFL (SECOND PAYOR) OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE \geq 10/01/2001

¹ PROVIDER FILE

ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (1-210) (CONTINUED)

THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE.

¹ PROVIDER FILE

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-212)

VALIDITY EDITS

1-212-01 MUST BE NUMERIC, **OR** FIRST 2 CHARACTERS MUST BE A VALID STATE/COUNTRY CODE AND LAST 7 CHARACTERS MUST BE NUMERIC, **OR** FIRST 2 CHARACTERS MUST BE A VALID STATE/COUNTRY CODE AND THIRD CHARACTER MUST BE = 'A' AND LAST 6 CHARACTERS MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROVIDER TAXPAYER NUMBER ¹	SEE BELOW	PROVIDER ZIP CODE ¹ , TYPE OF INSTITUTION ¹
1-280-06R BEGIN DATE OF CARE		RECORD EFFECTIVE DATE ¹ , PROVIDER ACCEPTANCE DATE ¹ , PROVIDER TERMINATION DATE ¹ , AMOUNT ALLOWED
1-285-06R END DATE OF CARE		SAME AS ABOVE
INST/NON-INST INDICATOR ¹	SEE BELOW	RECORD TYPE

EDITED ELEMENT RELATIONSHIP

NO ERROR IF DENIAL REASON CODE =	M	PROVIDER IS NOT TRICARE CERTIFIED OR
	N	MULTIPLE DENIAL REASONS
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FS	TFL (SECOND PAYOR) OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001

THEN DO NOT CHECK FOR MATCH ON THE PROVIDER FILE.

NO ERROR IF DENIAL REASON CODE =	7	SUSPENSE LIMITATION EXCEEDE
TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION OF PRIOR HCSR DATA OR
	D	COMPLETE CONTRACTOR DENIAL HCSR SUBMISSION OR
	E	COMPLETE CANCELLATION OF NON-HCSR DATA

THEN DO NOT CHECK PROVIDER FILE.

¹ PROVIDER FILE

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-212) (CONTINUED)

1-212-02R IF ANY OCCURRENCE OF OVERRIDE CODE = NC (NON-CERTIFIED PROVIDER) THEN THE NON-CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:
 INSTITUTIONAL PROVIDER TAXPAYER NUMBER
 AND TYPE OF INSTITUTION
 AND PROVIDER ZIP CODE
 AND PROVIDER SUB-IDENTIFIER
 AND ACCEPTANCE AND TERMINATION DATES MUST = ZEROS
 AND PROVIDER CONTRACT AFFILIATION CODE MUST = '5' (NON-CERTIFIED PROVIDER)
 IF NO OCCURRENCE OF OVERRIDE CODE = 'NC' (NON-CERTIFIED PROVIDER) THEN CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:
 INSTITUTIONAL PROVIDER TAXPAYER NUMBER
 AND TYPE OF INSTITUTION
 AND PROVIDER ZIP CODE
 AND PROVIDER SUB-IDENTIFIER
 AND PROVIDER MUST BE CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF CARE.

1-212-04R WHEN AN AUTHORIZED PROVIDER IS FOUND ON THE DATABASE, THE INST/NON-INST INDICATOR MUST AGREE WITH THE HCSR RECORD TYPE. (IF HCSR IS INSTITUTIONAL AND PROVIDER IS NON-INSTITUTIONAL, THE PROVIDER DATABASE WILL NOT CONTAIN THE NECESSARY INSTITUTIONAL DATA.)

¹ PROVIDER FILE

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (1-215)

VALIDITY EDITS

1-215-01 MUST BE ALPHA OR NUMERIC. NO BLANKS.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME: PROVIDER ZIP CODES (1-220)

VALIDITY EDITS

1-220-01 MUST BE NINE CHARACTERS; EITHER 9 DIGITS, OR 5 DIGITS (NOT 5 ZEROES OR 5 NINES) FOLLOWED BY 4 BLANKS, OR 2 CHARACTERS FOLLOWED BY 7 BLANKS, OR ALL BLANKS.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROVIDER ZIP CODE ¹	SEE BELOW	PROVIDER TAXPAYER NUMBER ¹ , TYPE OF INSTITUTION ¹

¹ PROVIDER FILE

ELEMENT NAME: PROVIDER ZIP CODES (1-220) (CONTINUED)

1-280-06R	BEGIN DATE OF CARE	RECORD EFFECTIVE DATE ¹ , PROVIDER ACCEPTANCE DATE ¹ , PROVIDER TERMINATION DATE ¹ , AMOUNT ALLOWED
1-285-06R	END DATE OF CARE	SAME AS ABOVE

EDITED ELEMENT RELATIONSHIP

NONE

¹ PROVIDER FILE

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (1-225)

VALIDITY EDITS

1-225-01	MUST BE ONE OF THE FOLLOWING VALUES	Y YES N NO
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RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPECIAL PROCESSING CODE	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
MEDICARE NUMBER ¹	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-225-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	B PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS E HHC/CM
PROVIDER PARTICIPATION INDICATOR MUST = 'Y'		

1-225-03R MUST BE 'Y' (YES) WHEN SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q'.

¹ PROVIDER FILE

ELEMENT NAME: TYPE OF INSTITUTION (1-230)

VALIDITY EDITS

1-230-01 MUST BE A VALID TYPE OF INSTITUTION (SEE [CHAPTER 2, ADDENDUM D](#)).
MUST NOT BE BLANK.

¹ PROVIDER FILE

ELEMENT NAME: TYPE OF INSTITUTION (1-230) (CONTINUED)**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-212-03R	PROVIDER MAJOR SPECIALTY OR TYPE OF INSTITUTION ¹		PROVIDER TAXPAYER NUMBER ¹ , PROVIDER ZIP CODE ¹
1-280-06R	BEGIN DATE OF CARE		RECORD EFFECTIVE DATE ¹ , PROVIDER ACCEPTANCE DATE ¹ , PROVIDER TERMINATION DATE ¹ , AMOUNT ALLOWED
1-285-06R	END DATE OF CARE		SAME AS ABOVE
	NAS EXCEPTION REASON	SEE BELOW	
	SPECIAL RATE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-230-02R	TYPE OF INSTITUTION MUST BE '72' (RTC) WHEN NAS EXCEPTION REASON IS '5' (RTC).		
1-230-03R	IF SPECIAL RATE CODE =	K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE
		L	REGION SPECIFIC PSYCHIATRIC PER DIEM RATE
	TYPE OF INSTITUTION MUST BE =	22	PSYCHIATRIC HOSPITAL/UNIT
		52	CHILDREN'S PSYCHIATRIC HOSPITAL/UNIT

¹ PROVIDER FILE**ELEMENT NAME: ADMISSION DATE (1-235)****VALIDITY EDITS**

1-235-01 MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-085-06R	PATIENT DATE OF BIRTH		
1-235-02R	DATE HCSR PROCESSED TO COMPLETION	≤	
1-235-03R	END DATE OF CARE	≤	
	BEGIN DATE OF CARE	SEE BELOW	FREQUENCY CODE
	DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
¹	FILING DATE	≤	

¹ SEE 1-235-03R (ADMISSION DATE ≤ END DATE OF CARE) AND/OR
1-280-03R (BEGIN DATE OF CARE ≤ FILING DATE) AND/OR
1-280-02R (BEGIN DATE OF CARE ≤ END DATE OF CARE).

ELEMENT NAME: ADMISSION DATE (1-235) (CONTINUED)

EDITED ELEMENT RELATIONSHIP

1-235-04R ADMISSION DATE MUST BE < BEGIN DATE OF CARE

WHEN FREQUENCY CODE = 3 INTERIM-INTERIM OR

4 INTERIM-FINAL

ADMISSION DATE MUST = BEGIN DATE OF CARE

WHEN FREQUENCY CODE = 1 ADMIT THRU DISCHARGE OR

2 INTERIM-INITIAL

1-235-05R ADMISSION DATE MUST BE ≤DATE ADJUSTMENT IDENTIFIED WHEN:

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

B ADJUSTMENT OF NON-HCSR DATA

E CANCELLATION OF NON-HCSR DATA

F ADJUSTMENT HCSR NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING

¹ SEE 1-235-03R (ADMISSION DATE ≤END DATE OF CARE) AND/OR
 1-280-03R (BEGIN DATE OF CARE ≤FILING DATE) AND/OR
 1-280-02R (BEGIN DATE OF CARE ≤END DATE OF CARE).

ELEMENT NAME: BILL CLASSIFICATION CODE (1-250)

VALIDITY EDITS

1-250-01 VALUE MUST BE '1' OR '2'

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPECIAL PROCESSING CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-250-02R IF BILL CLASSIFICATION CODE = 2 HOSPITAL-BASED HOSPICE

THEN SPECIAL PROCESSING CODE MUST = # HOSPICE

ELEMENT NAME: FREQUENCY CODE (1-255)**VALIDITY EDITS****1-255-01** MUST BE WITHIN RANGE 1 - 4, 7, 8.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DISCHARGE STATUS	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	SPECIAL PROCESSING CODE
DRG NUMBER	SEE BELOW	
FREQUENCY CODE	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-255-02R	IF DISCHARGE STATUS =	30	STILL A PATIENT
	FREQUENCY CODE MUST BE =	2	INITIAL
		3	INTERIM
	IF DISCHARGE STATUS =	01	DISCHARGED OR
		20	EXPIRED
	FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE
		4	FINAL
	IF DISCHARGE STATUS =	02	TRANSFERRED
	FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE
		4	FINAL
1-255-03R	IF SPECIAL RATE CODE = 'H', 'J', 'N', OR 'Q'		
	FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE
1-255-05R	IF SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
	FREQUENCY CODE MUST BE =	2	INITIAL
		3	INTERIM
		4	FINAL
1-255-06R	IF SPECIAL RATE CODE = 'G', 'I', 'J', 'M', 'O' OR 'Q'		
	AND SPECIAL PROCESSING CODE ≠	D	DRG QUALIFYING FOR INTERIM PAYMENT
	FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE
1-255-07R	IF SPECIAL PROCESSING CODE =	#	HOSPICE

ELEMENT NAME: FREQUENCY CODE (1-255) (CONTINUED)

FREQUENCY CODE MUST BE =	1	ADMIT THRU DISCHARGE
	2	INITIAL
	3	INTERIM
	4	FINAL
	7	REPLACEMENT OF PRIOR CLAIM
	8	VOID/CANCEL OF A PRIOR CLAIM

ELEMENT NAME: TYPE OF ADMISSION (1-260)

VALIDITY EDITS

1-260-01 VALUE MUST BE IN RANGE 1 - 4.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SOURCE OF ADMISSION	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-260-02R IF SOURCE OF ADMISSION = 'A' THRU 'D' (NEWBORN)

TYPE OF ADMISSION MUST BE = 4 NEWBORN

1-260-03R IF NAS EXCEPTION REASON = 2 EMERGENCY

TYPE OF ADMISSION MUST BE = 1 EMERGENCY
 4 NEWBORN

1-260-04R IF TYPE OF ADMISSION = 4 NEWBORN

PRINCIPAL DIAGNOSIS MUST = NEWBORN

USE ICD-9-CM TAPE FOR TABLE OF NEWBORN DIAGNOSIS CODES.

ELEMENT NAME: SOURCE OF ADMISSION (1-265)

VALIDITY EDITS

1-265-01 VALUE MUST BE IN RANGES 1 - 9; A - D.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF ADMISSION	SEE BELOW	

ELEMENT NAME: SOURCE OF ADMISSION (1-265) (CONTINUED)

	NAS EXCEPTION REASON	SEE BELOW
	PRINCIPAL TREATMENT	SEE BELOW
EDITED ELEMENT RELATIONSHIP		
1-265-02R	IF TYPE OF ADMISSION =	4 NEWBORN
	SOURCE OF ADMISSION MUST BE =	A NORMAL DELIVERY
		B PREMATURE DELIVERY
		C SICK BABY
		D EXTRAMURAL BIRTH
1-265-03R	IF NAS EXCEPTION REASON =	2 EMERGENCY
	TYPE OF ADMISSION MUST BE =	1 EMERGENCY
		4 NEWBORN
1-265-04R	IF SOURCE OF ADMISSION =	A NORMAL DELIVERY
		B PREMATURE DELIVERY
		C SICK BABY
		D EXTRAMURAL BIRTH
	PRINCIPAL DIAGNOSIS MUST BE =	NEWBORN
	USE ICD-9-CM TAPE FOR TABLE OF DIAGNOSIS/AGE RELATIONSHIPS	

ELEMENT NAME: DISCHARGE STATUS (1-275)

VALIDITY EDITS			
1-275-01	VALUE MUST BE IN RANGE 01, 02, 03, 04, 05, 06, 07, 08, 20, 30, 40, 41, 42, 50, 51, 61, 62, 63, 64, 71, AND 72.		
RELATIONAL EDITS			
	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	FREQUENCY CODE	SEE BELOW	
	SPECIAL RATE CODE	SEE BELOW	SPECIAL PROCESSING CODE
EDITED ELEMENT RELATIONSHIP			
1-275-02R	IF FREQUENCY CODE =	2 INITIAL	
		3 INTERIM	
	THEN DISCHARGE STATUS MUST BE =	30 STILL A PATIENT	
	IF FREQUENCY CODE =	1 ADMIT THRU DISCHARGE	
	THEN DISCHARGE STATUS MUST BE =	01 DISCHARGED OR	

ELEMENT NAME: DISCHARGE STATUS (1-275) (CONTINUED)

02	TRANSFERRED OR
03	DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF) OR
04	DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF) OR
05	DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF INSTITUTION FOR INPATIENT CARE, OR REFERRED FOR OUTPATIENT CARE TO ANOTHER INSTITUTION OR
06	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION OR
07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE OR
08	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER OR
20	EXPIRED OR
40	DIED AT HOME OR
41	DIED IN MEDICAL FACILITY, SUCH AS HOSPITAL, SNF OR FREE-STANDING HOSPICE OR
42	PLACE OF DEATH UNKNOWN OR
50	HOSPICE - HOME OR
51	HOSPICE - MEDICAL FACILITY OR
61	DISCHARGED/TRANSFERRED WITHIN THIS INSTITUTION TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED OR
62	DISCHARGED/TRANSFERRED TO ANOTHER REHABILITATION FACILITY INCLUDING REHABILITATION DISTINCT PART UNITS OF A HOSPITAL OR
63	DISCHARGED/TRANSFERRED TO A LONG TERM CARE HOSPITAL OR
64	DISCHARGED/TRANSFERRED TO A NURSING FACILITY CERTIFIED UNDER MEDICAID BUT NOT CERTIFIED UNDER MEDICARE OR
71	DISCHARGED/TRANSFERRED/REFERRED TO ANOTHER INSTITUTION FOR OUTPATIENT SERVICES AS SPECIFIED BY THE DISCHARGE PLAN OF CARE OR
72	DISCHARGED/TRANSFERRED/REFERRED TO THIS INSTITUTION FOR OUTPATIENT SERVICES AS SPECIFIED BY THE DISCHARGE PLAN OF CARE
1-275-03R	IF SPECIAL RATE CODE = 'H', 'J', 'N' OR 'Q' (TRICARE/CHAMPUS DRG)
	THEN DISCHARGE STATUS MUST ≠
30	STILL A PATIENT

ELEMENT NAME: DISCHARGE STATUS (1-275) (CONTINUED)

	UNLESS SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
1-275-04R	IF SPECIAL RATE CODE = 'G', 'I', 'M' OR 'O' (TRICARE/CHAMPUS DRG, WITH LONG STAY OR COST OUTLIER)		
	DISCHARGE STATUS MUST ≠	30	STILL A PATIENT
	UNLESS SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT

ELEMENT NAME: BEGIN DATE OF CARE (1-280)**VALIDITY EDITS**

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

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-280-02R	END DATE OF CARE	≤	
1-280-03R	FILING DATE	SEE BELOW	SPECIAL PROCESSING CODE, FREQUENCY CODE
1-280-04R	DATE HCSR PROCESSED TO COMPLETION	≤	
1-280-05R	DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
1-280-06R	PROVIDER TAXPAYER NUMBER ¹	SEE BELOW	PROVIDER ZIP CODE ¹ , TYPE OF INSTITUTION ¹ , PROVIDER ACCEPTANCE & TERMINATION DATES ¹ , PROVIDER RECORD EFFECTIVE DATE ¹ , AMOUNT ALLOWED
1-280-07R	PATIENT DATE OF BIRTH	≥	
1-280-08R	ADMISSION DATE	≥	
1-295-02R	TOTAL BED DAYS		END DATE OF CARE

EDITED ELEMENT RELATIONSHIP

1-280-03R	BEGIN DATE OF CARE MUST BE ≤ FILING DATE.		
	UNLESS SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
	FREQUENCY CODE =	3	INTERIM
		4	FINAL
1-280-05R	BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED		

¹ PROVIDER FILE

² 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

ELEMENT NAME: BEGIN DATE OF CARE (1-280) (CONTINUED)

WHEN TYPE OF SUBMISSION =	A ADJUSTMENT
	C COMPLETE CANCELLATION
	B ADJUSTMENT TO NON-HCSR DATA
	E CANCELLATION OF NON-HCSR DATA
	F ADJUSTMENT HCSR NEW SUFFIX
	G ADDITIONAL DRG INTERIM BILLING

1-280-06R PROVIDER MUST BE 'AUTHORIZED'² ON PROVIDER FILE FOR THIS BEGIN DATE OF CARE, UNLESS AMOUNT ALLOWED ≤ZERO

OR OVERRIDE CODE = NC (NON-CERTIFIED PROVIDER)

OR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FS TFL (SECOND PAYOR) OR
	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001

THEN DO NOT CHECK FOR MATCH OF THE PROVIDER FILE

¹ PROVIDER FILE

² 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

ELEMENT NAME: END DATE OF CARE (1-285)

VALIDITY EDITS

1-285-01 MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-235-03R	ADMISSION DATE		
1-280-02R	BEGIN DATE OF CARE		
¹	FILING DATE		
1-285-04R	DATE HCSR PROCESSED TO COMPLETION	≤	
1-285-05R	DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION

¹ SEE 1-280-02R (BEGIN DATE OF CARE ≤END DATE OF CARE) AND 1-280-03R (BEGIN DATE OF CARE ≤FILING DATE).

² PROVIDER FILE

³ 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

ELEMENT NAME: END DATE OF CARE (1-285) (CONTINUED)

1-285-06R	PROVIDER TAXPAYER NUMBER ¹	SEE BELOW	PROVIDER ZIP CODE ² , TYPE OF INSTITUTION ² , PROVIDER ACCEPTANCE & TERMINATION DATES ² , PROVIDER RECORD EFFECTIVE DATE ² , AMOUNT ALLOWED
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EDITED ELEMENT RELATIONSHIP

1-285-05R END DATE OF CARE MUST BE \leq DATE ADJUSTMENT IDENTIFIED

WHEN TYPE OF SUBMISSION =

- A ADJUSTMENT
- C COMPLETE CANCELLATION
- B ADJUSTMENT TO NON-HCSR DATA
- E CANCELLATION OF NON-HCSR DATA
- F ADJUSTMENT HCSR NEW SUFFIX
- G ADDITIONAL DRG INTERIM BILLING

1-285-06R PROVIDER MUST BE 'AUTHORIZED'³ ON PROVIDER FILE FOR THIS END DATE OF CARE, UNLESS AMOUNT ALLOWED \leq ZERO.

OR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

- FS **TFL** (SECOND PAYOR) **OR**
- T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** BEGIN DATE OF CARE \geq 10/01/2001

THEN DO NOT CHECK FOR MATCH OF THE PROVIDER FILE

¹ SEE 1-280-02R (BEGIN DATE OF CARE \leq END DATE OF CARE) AND 1-280-03R (BEGIN DATE OF CARE \leq FILING DATE).

² PROVIDER FILE

³ 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

ELEMENT NAME: NUMBER OF BIRTHS (1-290)

VALIDITY EDITS

1-290-01 VALUE MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PRINCIPAL TREATMENT	SEE BELOW	TYPE OF SUBMISSION, FILING DATE, SECONDARY TREATMENT DIAGNOSIS

¹ **NETTED NUMBER OF BIRTHS CANNOT BE LESS THAN ONE.**

ELEMENT NAME: NUMBER OF BIRTHS (1-290) (CONTINUED)

PRINCIPAL AND SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
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EDITED ELEMENT RELATIONSHIP

1-290-02R IF PRINCIPAL TREATMENT DIAGNOSIS IS FOR PREGNANCY-DELIVERY (640 - 669.9, INCLUSIVE, WITH FIFTH POSITION = 1 **OR** 2, **OR** 650) NUMBER OF BIRTHS MUST BE > ZERO

WHEN TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

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

1-290-03R IN ADDITION, IF DIAGNOSIS IS FOR MULTIPLE GESTATION (651 - 651.9, INCLUSIVE, WITH FIFTH POSITION = 1 **OR** 2), NUMBER OF BIRTHS MUST BE CONSISTENT WITH PRINCIPAL TREATMENT DIAGNOSIS. FOR EXAMPLE, IF PRINCIPAL TREATMENT DIAGNOSIS IS 651.01 (TWIN PREGNANCY), NUMBER OF BIRTHS MUST BE = 2.

WHEN TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0
	0	AMOUNT ALLOWED > 0
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

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

1-290-04R IF PRINCIPAL TREATMENT DIAGNOSIS IS FOR PREGNANCY-DELIVERY (640 - 669.9, INCLUSIVE, WITH FIFTH POSITION = 1 **OR** 2, **OR** 650), AT LEAST ONE SECONDARY TREATMENT DIAGNOSIS MUST BE FOR OUTCOME OF DELIVERY (V27.X), AND NUMBER OF BIRTHS MUST ALSO BE CONSISTENT WITH V-CODE. FOR EXAMPLE, IF SECONDARY TREATMENT DIAGNOSIS IS V27.3 (TWINS, ONE LIVEBORN AND ONE STILLBORN), NUMBER OF BIRTHS MUST BE = 2

WHEN TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT

¹ NETTED NUMBER OF BIRTHS CANNOT BE LESS THAN ONE.

ELEMENT NAME: NUMBER OF BIRTHS (1-290) (CONTINUED)

	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING WITH AMOUNT > 0
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	B	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE.		

1-290-05R	IF	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION OR
			R	RESUBMISSION OF ERROR REJECT OR
			O	ZERO PAYMENT WITH 100% OHI/TPL OR
			F	ADJUSTMENT NEW SUFFIX OR
			G	ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0

AND PRINCIPAL/SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE IS FOR OBSTETRICS-DELIVERY = 72.0 - 74.99 (EXCLUDING 73.3, 73.4, 74.3, 74.91, 73.21)¹

THEN NUMBER OF BIRTHS MUST BE > ZERO

IF	TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		C	COMPLETE CANCELLATION

AND PRINCIPAL/SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE IS FOR OBSTETRICS-DELIVERY = 72.0 - 74.99 (EXCLUDING 73.3, 73.4, 74.3, 74.91, 73.21)¹

THEN NUMBER OF BIRTHS MUST BE ≤ ZERO

¹ NETTED NUMBER OF BIRTHS CANNOT BE LESS THAN ONE.

ELEMENT NAME: TOTAL BED DAYS (1-295)

VALIDITY EDITS

1-295-01 VALUE MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
BEGIN DATE OF CARE AND END DATE SEE BELOW OF CARE		FREQUENCY CODE, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE
UNITS OF SERVICE BY REVENUE CODE SEE BELOW		REVENUE CODE, TYPE OF SUBMISSION, FILING DATE
GOVERNMENT AUTHORIZED BED DAYS	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE, OVERRIDE CODE

EDITED ELEMENT RELATIONSHIP

- 1-295-02R** IF FREQUENCY CODE = '1' (ADMIT THRU DISCHARGE HCSR) **OR** '4' (FINAL HCSR) **AND** BEGIN DATE OF CARE ≠ END DATE OF CARE, TOTAL BED DAYS = (END DATE OF CARE - BEGIN DATE OF CARE),
UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'Y' **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE '#' (HOSPICE **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '8' (CONTRACTED PROVIDER ARRANGEMENT)).
- IF FREQUENCY CODE = '2' (INITIAL HCSR) **OR** '3' (INTERIM HCSR) **OR** BEGIN DATE OF CARE = END DATE OF CARE, TOTAL BED DAYS = (END DATE OF CARE - BEGIN DATE OF CARE) + 1,
UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'Y' **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE '#' (HOSPICE **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '8' (CONTRACTED PROVIDER ARRANGEMENT)).
- 1-295-03R** TOTAL 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).
- 1-295-04R** TOTAL BED DAYS MUST BE ≥ GOVERNMENT AUTHORIZED BED DAYS
- 1-295-05R** TOTAL BED DAYS MUST BE > ZERO

WHEN TYPE OF SUBMISSION¹ =

- I INITIAL SUBMISSION
- R RESUBMISSION OF ERROR REJECT
- O ZERO PAYMENT WITH 100% OHI/TPL
- F ADJUSTMENT NEW SUFFIX
- D COMPLETE DENIAL
- G ADDITIONAL DRG INTERIM BILLING
- OR** TYPE OF SUBMISSION =
- A ADJUSTMENT
- C COMPLETE CANCELLATION

¹ THIS TYPE OF SUBMISSION RELATIONSHIP APPLIES TO ALL EDITS ON THIS PAGE.

ELEMENT NAME: TOTAL BED DAYS (1-295) (CONTINUED)

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

NO OCCURRENCE OF OVERRIDE CODE = 'Y'

NO OCCURRENCE OF SPECIAL PROCESSING CODE = '#'

¹ THIS TYPE OF SUBMISSION RELATIONSHIP APPLIES TO ALL EDITS ON THIS PAGE.

