

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: NUMBER OF SERVICES (2-300)

VALIDITY EDITS

2-300-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

- 2-300-02R IF TYPE OF SUBMISSION = 'I', 'R', 'D', 'F', OR 'O'
 NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE > ZERO.
- IF TYPE OF SUBMISSION = 'C' OR 'A'
 WITH FILING DATE WITHIN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE
 NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE ≥ ZERO.
- 2-300-03R IF TYPE OF SUBMISSION = 'C' OR 'A'
 WITH FILING DATE WITHIN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE
 FOR EACH OCCURRENCE, IF NUMBER OF SERVICES = ZERO, TOTAL CHARGES BY PROCEDURE CODE MUST ALSO BE = ZERO **FOR THAT OCCURRENCE** UNLESS SPC = '?'.
 IF NUMBER OF SERVICES > ZERO, TOTAL CHARGES BY PROCEDURE CODE MUST ALSO BE > ZERO **FOR THAT OCCURRENCE** UNLESS SPC = '?'.
- 2-300-04R THE SUM OF ALL OCCURRENCES OF NUMBER OF SERVICES BY PROCEDURE CODE MUST BE > ZERO, IF TYPE OF SUBMISSION = 'C' OR 'A'
 WITH FILING DATE WITHIN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE. (ALWAYS TRUE FOR TYPES OF SUBMISSION 'I', 'R', 'D', 'F', AND 'O'.)

ELEMENT NAME: TOTAL CHARGES BY PROCEDURE CODE (2-305)

VALIDITY EDITS

2-305-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	
2-300-03R	NUMBER OF SERVICES	

EDITED ELEMENT RELATIONSHIP

2-305-02R IF TYPE OF SUBMISSION = 'T', 'R', 'D', 'F', OR 'O'

TOTAL CHARGES BY PROCEDURE CODE FOR EACH OCCURRENCE 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
	D COMPLETE DENIAL

NO OCCURRENCE OF SPECIAL PROCESSING CODE =

? AMBULATORY SURGERY-FACILITY CHARGE

NO OCCURRENCE OF PRICING CODE =

C AMBULATORY SURGERY-FACILITY PAYMENT RATE

D DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE

E AMBULATORY SURGERY-PAID AS BILLED

P TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE

Q TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE

R TRICARE CLAIMCHECK ADDED PROCEDURE, AMBULATORY SURGERY, PAID AS BILLED

ELSE TOTAL CHARGES BY PROCEDURE CODE FOR EACH OCCURRENCE MUST BE ≥ ZERO

WHEN TYPE OF SUBMISSION =

A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN NUMBER OF MONTHS OF HCSRs STORED ON THE DATA BASE

AND NO OCCURRENCE OF PRICING CODE =

C AMBULATORY SURGERY

D DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE

ELEMENT NAME: TOTAL CHARGES BY PROCEDURE CODE (2-305) (CONTINUED)

E	AMBULATORY SURGERY-PAID AS BILLED
P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
R	TRICARE CLAIMCHECK ADDED PROCEDURE, AMBULATORY SURGERY, PAID AS BILLED

ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-306)

VALIDITY EDITS

2-306-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TOTAL CHARGES BY PROCEDURE CODE	SEE BELOW	SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	
DENIAL REASON CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
PRICING CODE	SEE BELOW	TOTAL CHARGES BY PROCEDURE CODE, TYPE OF SUBMISSION, FILING DATE

EDITED ELEMENT RELATIONSHIP

2-306-02R AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ZERO FOR ALL DETAIL OCCURRENCES:

WHEN TYPE OF SUBMISSION = D COMPLETE DENIAL

2-306-04R AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ZERO WHEN DENIAL REASON CODE IS NOT EQUAL TO BLANK, IN THE CORRESPONDING DETAIL OCCURRENCE

WHEN TYPE OF SUBMISSION = I INITIAL SUBMISSION
R RESUBMISSION OF ERROR REJECT
O ZERO PAYMENT WITH 100% OHI/TPL
F ADJUSTMENT NEW SUFFIX
D COMPLETE DENIAL
OR TYPE OF SUBMISSION = A ADJUSTMENT
C COMPLETE CANCELLATION

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

2-306-05R AMOUNT ALLOWED BY PROCEDURE CODE MUST BE LESS THAN OR EQUAL TO TOTAL CHARGES BY PROCEDURE CODE FOR EACH DETAIL OCCURRENCE

WHEN¹ SPECIAL RATE CODE = b/ NO SPECIAL RATE
D DISCOUNT RATE

PRICING CODE IN FIRST DETAIL OCCURRENCE NOT '9'

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

¹ THIS EDIT APPLIES TO PRIME, NON-PRIME (EXTRA), AND STANDARD TRICARE.

ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-306) (CONTINUED)

	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE.		
2-306-06R	AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = TOTAL CHARGES BY PROCEDURE CODE	
WHEN PRICING CODE =	4	PAID AS BILLED
IN THE CORRESPONDING DETAIL OCCURRENCE =	I	TRICARE CLAIMCHECK-ADDED PROCEDURE, PAID AS BILLED
WHEN TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE.		

¹ THIS EDIT APPLIES TO PRIME, NON-PRIME (EXTRA), AND STANDARD TRICARE.

ELEMENT NAME: PRICING CODE (2-309)

VALIDITY EDITS

2-309-01 MUST BE A VALID VALUE LISTED IN CHAPTER 2, SECTION 7.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DENIAL REASON CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE

EDITED ELEMENT RELATIONSHIP

2-309-02R PRICING CODE MUST BE ZERO WHEN DENIAL REASON CODE IS PRESENT (NOT BLANK).

2-309-03R IF PROGRAM INDICATOR = D DRUG
PRICING CODE MUST BE ZERO.

2-309-04R PRICING CODE MUST NOT BE ZERO WHEN DENIAL REASON CODE IS BLANK
UNLESS PROGRAM INDICATOR = D DRUG

2-309-05R IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO, PRICING CODE MUST = ZERO, FOR THAT DETAIL OCCURRENCE,

WHEN TYPE OF SUBMISSION =

I	INITIAL SUBMISSION
R	RESUBMISSION
O	ZERO PAYMENT WITH 100% OHI/TPL
F	ADJUSTMENT NEW SUFFIX
D	COMPLETE DENIAL

OR TYPE OF SUBMISSION =

A	ADJUSTMENT
C	COMPLETE CANCELLATION

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

2-309-06R PRICING CODE MUST NOT = '9' IN ANY DETAIL OCCURRENCE AFTER THE FIRST.

2-309-07R IF PRICING CODE =

C	AMBULATORY SURGERY-FACILITY PAYMENT RATE
D	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
E	AMBULATORY SURGERY-PAID AS BILLED
P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT
Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE

ELEMENT NAME: PRICING CODE (2-309) (CONTINUED)

		R	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	AND AMOUNT ALLOWED > 0		
	THEN SPECIAL PROCESSING CODE MUST =	?	AMBULATORY SURGERY-FACILITY CHARGE
2-309-08R	IF PRICING CODE =	U	MEDICARE REIMBURSEMENT USED
	THEN SPECIAL PROCESSING CODE MUST =	FS	TRICARE FOR LIFE (SECOND PAYOR) OR
		T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR
		MS	TRICARE SENIOR PRIME (NETWORK) OR
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
2-309-09R	IF PRICING CODE =	W	PRICED OVER CMAC
	AND ENROLLMENT STATUS =	T	MCS - STANDARD PROGRAM
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
	AND PROVIDER PARTICIPATING INDICATOR MUST = 'N' (NO)		

ELEMENT NAME: BEGIN DATE OF CARE (2-310)

VALIDITY EDITS

2-310-01 MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-310-02R	END DATE OF CARE	≤	CORRESPONDING DETAIL
2-310-03R	FILING DATE	≤	
2-310-04R	DATE OF HCSR PROCESSED TO COMPLETION	≤	
	DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
2-310-07R	PATIENT DATE OF BIRTH	≥	
	PROVIDER TAXPAYER NUMBER ¹	SEE BELOW	PROVIDER SUBIDENTIFIER ¹ , PROVIDER ZIP CODE ¹ , PROVIDER ACCEPTANCE & TERMINATION DATES ¹ , PROVIDER RECORD EFFECTIVE DATE ¹ , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE

EDITED ELEMENT RELATIONSHIP

2-310-05R BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED

**WHEN TYPE OF
SUBMISSION =**

- A ADJUSTMENT
- B ADJUSTMENT TO NON-HCSR DATA
- C COMPLETE CANCELLATION
- E CANCELLATION OF NON-HCSR DATA
- F ADJUSTMENT HCSR NEW SUFFIX

2-310-06R PROVIDER MUST BE 'AUTHORIZED'² ON PROVIDER FILE FOR EACH BEGIN DATE OF CARE, UNLESS AMOUNT ALLOWED ≤ ZERO, OR AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO
OR OVERRIDE CODE = 'NC' (NON-CERTIFIED PROVIDER).

**OR ANY OCCURRENCE OF
SPECIAL PROCESSING
CODE =**

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

THEN DO NOT CHECK FOR MATCH ON PROVIDER DATABASE

¹ PROVIDER FILE

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

ELEMENT NAME: END DATE OF CARE (2-315)

VALIDITY EDITS

2-315-01 MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-315-02R BEGIN DATE OF CARE	≥	CORRESPONDING DETAIL
2-315-03R FILING DATE	≤	
2-315-04R DATE HCSR PROCESSED TO COMPLETION	≤	
DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
PROVIDER TAXPAYER NUMBER ¹	SEE BELOW	PROVIDER SUBIDENTIFIER ¹ , PROVIDER ZIP CODE ¹ , PROVIDER ACCEPTANCE AND TERMINATION DATES ¹ , PROVIDER RECORD EFFECTIVE DATE ¹ , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE

EDITED ELEMENT RELATIONSHIP

2-315-05R END DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED

WHEN TYPE OF SUBMISSION =

- A ADJUSTMENT
- B ADJUSTMENT TO NON-HCSR DATA
- C COMPLETE CANCELLATION
- E CANCELLATION OF NON-HCSR DATA
- F ADJUSTMENT HCSR NEW SUFFIX

2-315-06R PROVIDER MUST BE 'AUTHORIZED'¹ ON PROVIDER FILE FOR EACH END DATE OF CARE, UNLESS AMOUNT ALLOWED ≤ ZERO, OR AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO OR OVERRIDE CODE = 'NC' (NON-CERTIFIED PROVIDER).

OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

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

THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE.

¹ 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, PROVIDER ZIP CODE, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

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ELEMENT NAME: END DATE OF CARE (2-315) (CONTINUED)

2-315-08R IF PROCEDURE CODE² = '92895', '92896' OR '92897'

END DATE OF CARE YEAR AND MONTH MUST EQUAL BEGIN DATE OF CARE YEAR AND MONTH FOR THAT OCCURRENCE.

¹ 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, PROVIDER ZIP CODE, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

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ELEMENT NAME: PLACE OF SERVICE (2-320)

VALIDITY EDITS

2-320-01 MUST BE A VALID VALUE LISTED IN CHAPTER 2, SECTION 7.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NAS EXCEPTION REASON		
TYPE OF SERVICE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
TYPE OF SUBMISSION	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-320-02R IF DENIAL REASON CODE IS BLANK

PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE. SEE FOR VALID PLACES OF SERVICE BASED ON TYPE OF SERVICE, SEE [FIGURE 6-A-3](#).

2-320-03R PLACE OF SERVICE MUST BE CONSISTENT WITH NAS EXCEPTION REASON

PLACE OF SERVICE =	31	SKILLED NURSING FACILITY
WHEN NAS EXCEPTION REASON =	4	NURSING FACILITY
PLACE OF SERVICE =	56	RTC
WHEN NAS EXCEPTION REASON =	5	RTC
PLACE OF SERVICE =	55	STF
WHEN NAS EXCEPTION REASON =	7	STF
PLACE OF SERVICE =	99	OTHER LOCATIONS
WHEN NAS EXCEPTION REASON =	3	COLLEGE INFIRMARY

2-320-04R IF PROGRAM INDICATOR = D DRUG

PLACE OF SERVICE = 99 PHARMACY

2-320-05R IF PLACE OF SERVICE = 21 INPATIENT HOSPITAL

ELEMENT NAME: PLACE OF SERVICE (2-320) (CONTINUED)

TYPE OF SERVICE FIRST
POSITION MUST = I INPATIENT

ELEMENT NAME: TYPE OF SERVICE (2-325)**VALIDITY EDITS**

2-325-01 FIRST BYTE MUST BE = 'A', 'C', 'I', 'O', 'M', 'N', 'P', OR 'K'.
SECOND BYTE MUST BE = '1' - '9'; 'A' - 'L'.

IF FIRST BYTE = 'A'; SECOND BYTE MUST NOT = 'C'.
IF FIRST BYTE = 'P'; SECOND BYTE MUST = 'H'.
IF FIRST BYTE = 'N'; SECOND BYTE MUST = 'I' OR SPECIAL PROCESSING CODE = 'N'.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-320-02R	PLACE OF SERVICE		
	TYPE OF SERVICE	SEE BELOW	
	NAS NUMBER	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	PROCEDURE CODE	SEE BELOW	
	NAS EXCEPTION REASON	SEE BELOW	
	PROVIDER MAJOR SPECIALTY	SEE BELOW	
	PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	SECONDARY TREATMENT DIAGNOSIS

EDITED ELEMENT RELATIONSHIP

2-325-02R FIRST BYTE OF TYPE OF SERVICE
MUST BE CONSISTENT = I ON SAME HCSR
M
K

A ON ONE HCSR
O
C
P
N

FOR EACH DETAIL OCCURRENCE IN THAT RECORD.

2-325-04R IF PROGRAM INDICATOR = D DRUG

TYPE OF SERVICE (SECOND
BYTE) MUST BE = B DRUGS

2-325-05R SECOND BYTE OF TYPE OF SERVICE MUST BE CONSISTENT WITH PROCEDURE CODE.
WHEN AMOUNT ALLOWED > '0' SEE [FIGURE 6-A-1](#).

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ELEMENT NAME: TYPE OF SERVICE (2-325) (CONTINUED)

2-325-06R IF PROCEDURE CODE¹ = '92891', '92892', '92893', '92898', **OR** '92899'.

AND DENIAL REASON CODE = BLANK

TYPE OF SERVICE (FIRST
 BYTE) MUST = P PARTIAL PSYCHIATRIC OUTPATIENT

2-325-07R IF NAS EXCEPTION REASON = 'A'

TYPE OF SERVICE (FIRST
 BYTE) MUST = I INPATIENT

2-325-08R IF PROVIDER MAJOR SPECIALTY BC BIRTHING CENTERS

TYPE OF SERVICE (FIRST
 BYTE) MUST = M MATERNITY
 O OUTPATIENT

2-325-09R IF TYPE OF SERVICE FIRST BYTE = 'M'

PRINCIPAL OR SECONDARY TREATMENT DIAGNOSIS MUST BE MATERNITY (630 - 676
 OR V22 - V24) **OR** V270 - 289

2-325-12R IF SECOND BYTE = 'C'

SPONSOR STATUS ≠ 'A', 'B', 'J', 'N', 'V', 'T', 'P', **OR** 'Q'.

2-325-14R IF TYPE OF SERVICE FIRST = A AMBULATORY SURGERY COST-SHARED AS
 INPATIENT (ACTIVE DUTY FAMILY MEMBERS
 ONLY)

C AIR FORCE CAM PRIMARY/PREVENTATIVE CARE

M OUTPATIENT MATERNITY COST-SHARED AS
 INPATIENT

N OUTPATIENT COST-SHARED AS INPATIENT

O OUTPATIENT, EXCLUDING 'M', 'P' **OR** 'N'

P OUTPATIENT PARTIAL PSYCHIATRIC
 HOSPITALIZATION COST-SHARED AS INPATIENT

PLACE OF SERVICE MUST
 NOT = 21 INPATIENT HOSPITAL

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 APPLY TO GOVERNMENT USE.

ELEMENT NAME: DENIAL REASON CODE (2-330)**VALIDITY EDITS**

2-330-01 MUST BE A VALID VALUE LISTED IN CHAPTER 2, SECTION 4 OR BLANK.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
2-110-04R NAS NUMBER		
2-155-11R AMOUNT PAID BY GOVERNMENT CONTRACTOR	SEE BELOW	TYPE OF SUBMISSION, FILING DATE CONTRACTOR
CONTRACTOR		
2-180-04R NAS EXCEPTION REASON		
2-309-02R PRICING CODE		
TYPE OF SUBMISSION	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-330-02R IF AMOUNT ALLOWED = ZERO
ALL DETAIL OCCURRENCES MUST CONTAIN A DENIAL REASON CODE (NOT BLANK)

WHEN TYPE OF SUBMISSION =	D COMPLETE DENIAL
	F ADJUSTMENT NEW SUFFIX
	I INITIAL SUBMISSION
	O ZERO PAYMENT WITH 100% OHI/TPL
	R RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A ADJUSTMENT
	C COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE.	

2-330-03R IF TYPE OF SUBMISSION = D DENIAL

ALL DETAIL OCCURRENCES MUST CONTAIN A DENIAL REASON CODE (EXCEPT BLANK).

2-330-04R IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO, DENIAL REASON CODE MUST NOT = BLANK, FOR THAT DETAIL OCCURRENCE

WHEN TYPE OF SUBMISSION =	D COMPLETE DENIAL
	F ADJUSTMENT NEW SUFFIX
	I INITIAL SUBMISSION
	O ZERO PAYMENT WITH 100% OHI/TPL
	R RESUBMISSION OF ERROR REJECT

ELEMENT NAME: DENIAL REASON CODE (2-330) (CONTINUED)

OR TYPE OF SUBMISSION = A ADJUSTMENT OR

C COMPLETE CANCELLATION

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

ELEMENT NAME: PRICING PROFILE YEAR (2-331)

VALIDITY EDITS

2-331-01 MUST BE A VALID VALUE LISTED IN CHAPTER 2, SECTION 7.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PRICING CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
PRICING CODE	SEE BELOW	END DATE OF CARE, DATE PROCESSED TO COMPLETION

EDITED ELEMENT RELATIONSHIP

2-331-02R IF PRICING CODE =	0	PRICING NOT APPLICABLE OR
	1	PRICED MANUALLY OR
	4	PAID AS BILLED OR
	5	PAID ON NEGOTIATED RATE OR
	F	TRICARE CLAIMCHECK-ADDED PROCEDURE, PRICED MANUALLY OR
	I	TRICARE CLAIMCHECK-ADDED PROCEDURE, PAID AS BILLED OR
	J	TRICARE CLAIMCHECK-ADDED PROCEDURE, PAID ON NEGOTIATED RATE OR
	T	TRICARE CLAIMCHECK-ADDED PROCEDURE, ALLOWED AS BILLED BUT PAID LESS THAN BILLED

THEN PRICING PROFILE YEAR MUST BE BLANK.

2-331-03R IF PROGRAM INDICATOR = D DRUG

THEN PRICING PROFILE MUST BE BLANK

2-331-04R IF PRICING CODE = '2', '3', '6', '7', '8', 'A', 'B', 'G', 'H', 'K', 'L', 'M', 'N', OR 'O' THEN:

WHEN PRICING PROFILE YEAR = '03'

THEN END DATE OF CARE MUST BE ≥ 04/01/2003

AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/2003

WHEN PRICING PROFILE YEAR = '02'

THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 03/31/2003

AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/2002

ELEMENT NAME: PRICING PROFILE YEAR (2-331) (CONTINUED)

WHEN PRICING PROFILE YEAR = '01'
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 01/31/2002
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/2001

WHEN PRICING PROFILE YEAR = '00'
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 01/31/2001
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/2000

WHEN PRICING PROFILE YEAR = '99'
 AND TYPE OF SERVICE (SECOND BYTE) \neq '7' (ANESTHESIA)
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 01/31/2000
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/1999

WHEN PRICING PROFILE YEAR = '99'
 AND TYPE OF SERVICE (SECOND BYTE) = '7' (ANESTHESIA)
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 03/31/2000
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/1999

WHEN PRICING PROFILE YEAR = '19'
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 01/31/1999
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/1999

WHEN PRICING PROFILE YEAR = '28'
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 12/31/1998
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 08/01/1998

WHEN PRICING PROFILE YEAR = '98'
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 12/31/1998
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/1998

WHEN PRICING PROFILE YEAR = '18'
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 01/31/1998
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/1998

WHEN PRICING PROFILE YEAR = '97'
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 12/31/1997
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 03/01/1997

WHEN PRICING PROFILE YEAR = '17'
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 02/28/1997
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/1997

WHEN PRICING PROFILE YEAR = '96'
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 12/31/1996
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/1996

WHEN PRICING PROFILE YEAR = '16'
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 01/31/1996
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/1996

WHEN PRICING PROFILE YEAR = '95'
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 01/31/1996
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/1995

WHEN PRICING PROFILE YEAR = '15'
 THEN END DATE OF CARE MUST BE \geq 10/01/1987 AND \leq 02/28/1995
 AND DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/1995

ELEMENT NAME: PRICING PROFILE YEAR (2-331) (CONTINUED)

WHEN PRICING PROFILE YEAR = '94'

THEN END DATE OF CARE MUST BE ≥ 04/01/1994 AND ≤ 12/31/1994
AND DATE PROCESSED TO COMPLETION MUST BE ≤ 12/31/1994

OR END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 12/31/1994
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1995

WHEN PRICING PROFILE YEAR = '14'

THEN END DATE OF CARE MUST BE ≥ 11/01/1993 AND ≤ 03/31/1994
AND DATE PROCESSED TO COMPLETION MUST BE ≤ 12/31/1994

OR END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 03/31/1994
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/95 AND ≤ 02/28/1995

WHEN PRICING PROFILE YEAR = '93'

THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 10/31/1993
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 02/28/1995

ELEMENT NAME: PROCEDURE CODE MODIFIER (2-333)

VALIDITY EDITS

2-333-01 MUST BE A VALID PROCEDURE CODE MODIFIER AS DEFINED IN [CHAPTER 2, SECTION 7](#).

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

2-333-03R IF PROCEDURE CODE¹ = 10040 - 69979 (SURGERY)

PROCEDURE CODE MODIFIER MUST = 20, 22 - 27, 30, 32, 47, 50 - 59, 62, 66, 73 - 82, 90, 91, 99,
E1 - E4, FA, F1 - F9, LC, LD, LT, P1 - P5, QB, QU, RC, RT, TA, TC, T1 - T9, OR BLANK

2-333-04R IF PROCEDURE CODE¹ = 70010 - 79999 (RADIOLOGY)

PROCEDURE CODE MODIFIER MUST = 22, 26, 27, 32, 51 - 53, 58, 59, 62, 66, 76 - 80, 90, 99, QB,
QU, TC OR BLANK

2-333-05R IF PROCEDURE CODE¹ = 80002 - 89399 (PATHOLOGY)

PROCEDURE CODE MODIFIER MUST = 22, 26, 32, 51 - 53, 59, 90, 91, QB, QU, QW, TC OR
BLANK

2-333-06R IF PROCEDURE CODE¹ = 90700 - 99199 (MEDICINE)

PROCEDURE CODE MODIFIER MUST = 22, 25, 26, 27, 32, 51 - 53, 55 - 59, 76 - 82, 90, 99, GT, QB,
QU, TC OR BLANK

2-333-07R IF PROCEDURE CODE¹ = 99201 - 99499 (EVALUATION/MANAGEMENT)

PROCEDURE CODE MODIFIER MUST = 21, 22, 24, 25, 27, 32, 52, 53, 57, 59, GT, QB, QU, TC
OR BLANK

2-333-08R IF PROCEDURE CODE = A0010 - A0999 (TRANSPORTATION SERVICES)

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ELEMENT NAME: PROCEDURE CODE MODIFIER (2-333) (CONTINUED)

PROCEDURE CODE MODIFIER MUST = D, E, **G**, H, **I, J**, N, P, R, S, X, AS, EE, EH, **EM**, EP, ER, **ET, GM**, HE, HH, HR, HT, PH, QB, QM, QN, QU, RA, RE, RH, SH, UC, XX **OR BLANK**

2-333-09R IF PROCEDURE CODE = A4206 - A6406 (MEDICAL AND SURGICAL SUPPLIES)

PROCEDURE CODE MODIFIER MUST = CC, LT, QB, QU, RT **OR BLANK**

2-333-10R IF PROCEDURE CODE = B4034 - B9999 (ENTERAL & PARENTERAL THERAPY)

PROCEDURE CODE MODIFIER MUST = CC, DD, QB, QU **OR BLANK**

2-333-11R IF PROCEDURE CODE = D0110 - D9999 (DENTAL PROCEDURES)

PROCEDURE CODE MODIFIER MUST = CC, ET, LT, QB, QU, RT, TC **OR BLANK**

2-333-12R IF PROCEDURE CODE = E0100 - E1830 (DURABLE MEDICAL EQUIPMENT)

PROCEDURE CODE MODIFIER MUST = CC, **KH, KI**, LL, LT, MS, NR, NU, QB, QE, QF, QG, QH, QT, QU, RP, RR, RT, TC, UE **OR BLANK**

2-333-13R IF PROCEDURE CODE = J0110 - J8999 (DRUGS ADMINISTERED OTHER THAN ORAL METHOD)

PROCEDURE CODE MODIFIER MUST = AA, AB, AC, AD, AE, AF, AG, CC, QB, QR, QU, TC **OR BLANK**

2-333-14R IF PROCEDURE CODE = J9000 - J9999 (CHEMOTHERAPY DRUGS)

PROCEDURE CODE MODIFIER MUST = CC, QB, QU, TC **OR BLANK**

2-333-15R IF PROCEDURE CODE = L0100 - L9999 (ORTHOTIC/PROSTHETIC PROCEDURES)

PROCEDURE CODE MODIFIER MUST = CC, **KO**, LT, QB, QU, RT, TC **OR BLANK**

2-333-16R IF PROCEDURE CODE = M0005 - M0900 (MEDICAL SERVICES)

PROCEDURE CODE MODIFIER MUST = AH, AJ, AN, CC, EJ, EM, EP, FP, Q5, Q6, QB, QC, QD, QT, **QU**, SF, TC **OR BLANK**

2-333-17R IF PROCEDURE CODE = P2028 - P9615 (PATHOLOGY AND LABORATORY)

PROCEDURE CODE MODIFIER MUST = CC, LR, QB, **QR**, QU, **QW**, TC **OR BLANK**

2-333-18R IF PROCEDURE CODE = Q0034 - Q9940 (TEMPORARY CODES)

PROCEDURE CODE MODIFIER MUST = CC, LL, LR, QB, QC, QD, QE, QF, QG, QH, QT, QU, RP, RR, TC, UE **OR BLANK**

2-333-19R IF PROCEDURE CODE = R0070 - R0076 (DIAGNOSTIC RADIOLOGY SERVICES)

PROCEDURE CODE MODIFIER MUST = CC, LT, QB, QU, RT, TC **OR BLANK**

2-333-20R IF PROCEDURE CODE = V2020 - V2799 (VISION SERVICES)

PROCEDURE CODE MODIFIER MUST = AP, CC, LS, LT, PL, QB, QU, RT, SF, TC, VP **OR BLANK**

2-333-21R IF PROCEDURE CODE = V5008 - V5364 (HEARING SERVICES)

PROCEDURE CODE MODIFIER MUST = CC, LT, QB, QU, RT, SF, TC **OR BLANK**

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ELEMENT NAME: OCCURRENCE COUNTER (2-335)

VALIDITY EDITS

2-335-01 EACH VALUE MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
UTILIZATION DATA OCCURRENCE COUNT	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-335-02R AN OCCURRENCE COUNTER VALUE MUST BE CODED FOR THE NUMBER OF OCCURRENCES SPECIFIED BY UTILIZATION DATA OCCURRENCE COUNT.

EACH OCCURRENCE COUNTER MUST HAVE A VALUE EQUAL TO THE NUMBER OF THAT OCCURRENCE (ASCENDING CONSECUTIVE ORDER).