

## NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

<b>ELEMENT NAME: REASON FOR ADJUSTMENT (2-200)</b>		
<b>VALIDITY EDITS</b>		
<b>2-200-01</b>	VALUE MUST BE 'A' - 'F' OR BLANK.	
<b>RELATIONAL EDITS</b>		
<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
TYPE OF SUBMISSION	SEE BELOW	
<b>EDITED ELEMENT RELATIONSHIP</b>		
<b>2-200-02R</b>	IF TYPE OF SUBMISSION	'A', 'B', OR 'F'
	REASON FOR ADJUSTMENT MUST =	'A' - 'F'
	IF TYPE OF SUBMISSION	'D', 'I', 'R', OR 'O'
	REASON FOR ADJUSTMENT MUST =	SPACE.
	IF TYPE OF SUBMISSION	'C' OR 'E'
	REASON FOR ADJUSTMENT MUST =	'D' - 'F'.

**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202)**

**VALIDITY EDITS**

2-202-01,	OCCURRENCE NUMBER 1
2-202-02,	OCCURRENCE NUMBER 2
2-202-03	OCCURRENCE NUMBER 3 VALUE MUST BE A VALID CODE LISTED UNDER SPECIAL PROCESSING CODE LOCATED IN <a href="#">ADP MANUAL, CHAPTER 2, SECTION 8</a> OR BLANK
2-202-04	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-140-14R,	NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
2-145-14R,	PATIENT COPAYMENT / COINSURANCE		TYPE OF SERVICE, PROVIDER PARTICIPATION INDICATOR
<b>AND</b>			
2-145-15R	CONTRACTOR NUMBER	SEE BELOW	
2-235-06R	PROVIDER MAJOR SPECIALTY	SEE BELOW	
2-100-05R	PATIENT ZIP CODE		
	PROCEDURE CODE	SEE BELOW	
	SPONSOR STATUS	SEE BELOW	
	SPONSOR BRANCH OF SERVICE	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW	
	FILING DATE	SEE BELOW	
	PROVIDER STATE <b>OR</b> COUNTRY CODE	SEE BELOW	
	BEGIN DATE OF CARE	SEE BELOW	
	CONTRACTOR NUMBER	SEE BELOW	
	DENIAL REASON CODE	SEE BELOW	
	PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

2-202-05R	IF NAS EXCEPTION REASON =	9	DEMONSTRATION PROJECTS
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST BE =	3	ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY <b>OR</b>

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**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

	4	ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY <b>OR</b>
	9	FORT DRUM COOPERATIVE MEDICAL CARE <b>OR</b>
	6	HOME HEALTH CARE <b>OR</b>
	E	HHC/CM <b>OR</b>
	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM <b>AND EARLIEST BEGIN DATE OF CARE ≥ 09/14/2001 AND &lt; 11/01/2004</b>
IF NAS EXCEPTION REASON =	8	HEART/LIVER TRANSPLANT
AND EARLIEST BEGIN DATE OF CARE < 03/01/1997		
THEN AT LEAST ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST =		
	5	LIVER TRANSPLANT <b>OR</b>
	7	HEART TRANSPLANT
IF NAS EXCEPTION REASON =	8	HEART TRANSPLANT
AND EARLIEST BEGIN DATE OF CARE ≥ 03/01/1997		
THEN AT LEAST ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST =		
	7	HEART TRANSPLANT
IF NAS EXCEPTION REASON =	6	PARTNERSHIPS
THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =		
	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS <b>OR</b>
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS <b>OR</b>
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS <b>OR</b>
	O	CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES <b>OR</b>
	S	RESOURCE SHARING
IF NAS EXCEPTION REASON =	L	HOSPICE
THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =		
	O	HOSPICE NON-AFFILIATED PROVIDER <b>OR</b>
	#	HOSPICE
IF NAS EXCEPTION REASON =	Q	ACTIVE DUTY CLAIMS

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**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	AD ACTIVE DUTY CLAIMS
<b>2-202-06R</b>	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE <sup>1</sup> IS 47133  AND EARLIEST BEGIN DATE OF CARE < 03/01/1997  OR (> 02/19/1998 AND < 09/01/1999)	
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5 LIVER TRANSPLANT
	ELSE IF EARLIEST BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤ 02/19/1998) OR (≥ 09/01/1999 AND ≤ 05/31/2003)	
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	ST SPECIALIZED TREATMENT
	<b>OR</b> IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE <sup>1</sup> IS 47133, 47135, <b>OR</b> 47136  AND EARLIEST BEGIN DATE OF CARE < 03/01/1997 OR (> 02/19/1998 AND < 09/01/1999) OR > 05/31/2003	
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5 LIVER TRANSPLANT
	ELSE IF EARLIEST BEGIN DATE OF CARE (≥ 03/01/97 AND ≤ 02/19/1998) OR (≥ 09/01/1999 AND ≤ 05/31/2003)	
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	ST SPECIALIZED TREATMENT
	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE <sup>1</sup> IS 33945,	
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	7 HEART TRANSPLANT
	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE <sup>1</sup> IS 90199,	
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	6 HOME HEALTH CARE
<b>2-202-09R</b>	IF PROGRAM INDICATOR =	H PFPWD
	THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	A PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS <b>OR</b>  B PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS <b>OR</b>

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**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS <b>OR</b>
	6	HOME HEALTH CARE <b>OR</b>
	E	HHC/CM <b>OR</b>
	F	ARMY CAM DEMONSTRATION <b>OR</b>
	G	
	I	AIR FORCE CAM DEMONSTRATION <b>OR</b>
	J	
	N	CHAMPUS SELECT <b>OR</b>
	S	RESOURCE SHARING
IF PROGRAM INDICATOR =	D	DRUG
<b>THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS <b>OR</b>
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS <b>OR</b>
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS WHO ASSISTED OR PROVIDED ANCILLARY SUPPORT
IF PROGRAM INDICATOR =	T	DENTAL
<b>THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS <b>OR</b>
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS <b>OR</b>
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS <b>OR</b>
	E	HHC/CM <b>OR</b>
	F	ARMY CAM DEMONSTRATION
	G	
<b>2-202-10R</b>		SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED
<b>2-202-11R</b>	IF SPECIAL PROCESSING CODE =	F REYNOLDS ARMY COMMUNITY HOSPITAL, FT. SILL
		THE FILING DATE MUST BE $\geq$ 06/01/1989 <b>AND</b> THE END DATE OF CARE $\leq$ 05/31/1992.
	IF SPECIAL PROCESSING CODE =	G EVANS ARMY COMMUNITY HOSPITAL, FT. CARSON
		THE FILING DATE MUST BE $\geq$ 10/01/1989 <b>AND</b> THE EARLIEST BEGIN DATE OF CARE $\leq$ 09/30/1992
	IF SPECIAL PROCESSING CODE =	I BERGSTROM AFB CATCHMENT AREA
		THE FILING DATE MUST BE $\geq$ 03/01/1990 <b>AND</b> END DATE OF CARE $\leq$ 04/30/1993.

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**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

	IF SPECIAL PROCESSING CODE =	J	LUKE/WILLIAMS AFB CATCHMENT AREA
	<b>THEN</b> THE FILING DATE MUST BE $\geq$ 03/01/1990.		
<b>2-202-12R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
	<b>THEN</b> PROVIDER STATE <b>OR</b> COUNTRY CODE MUST =		
		12	FLORIDA <b>OR</b>
		13	GEORGIA
<b>2-202-13R</b>	IF EARLIEST BEGIN DATE OF CARE $<$ 06/30/1988		
	<b>THEN</b> NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		
		E	HHC/CM
<b>2-202-15R</b>	IF ANY DENIAL REASON CODE =	G	DEMONSTRATION AUTHORIZATION NOT ON FILE
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE =		
		F	ARMY CAM DEMONSTRATIONS
		G	
		E	HHC/CM
<b>2-202-16R</b>	IF FIRST POSITION OF TYPE OF SERVICE =	C	AIR FORCE CAM PRIMARY/PREVENTIVE CARE
	<b>THEN</b> SPECIAL PROCESSING CODE MUST =		
		I	BERGSTROM AFB CATCHMENT AREA <b>OR</b>
		J	LUKE/WILLIAMS AFB CATCHMENT AREA
<b>2-202-17R</b>	IF SPECIAL PROCESSING CODE =	X	PROVIDERS NOT CONTRACTED WITH OR EMPLOYED BY THE PARTIAL HOSPITALIZATION PROGRAM WHO BILL FOR PSYCHOTHERAPY SERVICES IN A PARTIAL HOSPITALIZATION PROGRAM
	<b>THEN</b> AT LEAST ONE PROCEDURE CODE <sup>1</sup> MUST =		
			90812, 90813, 90814, 90815, 90816, 90817, 90843, 90844, 90846, 90847, 90849, <b>OR</b> 90855
<b>2-202-18R</b>	IF SPECIAL PROCESSING CODE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (NORMAL COB PROCESSING)
	<b>AND</b> BEGIN DATE OF CARE IS $<$ 10/01/2001		
	<b>THEN</b> SPONSOR STATUS =		
		A	ACTIVE DUTY <b>OR</b>
		D	100% DISABLED <b>OR</b>
		F	FORMER MEMBER <b>OR</b>
		H	MEDAL OF HONOR <b>OR</b>
		I	PERMANENTLY DISABLED <b>OR</b>
		K	DECEASED <b>OR</b>
		O	TEMPORARILY DISABLED <b>OR</b>

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**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

	Q	PRISON/APPELLATE <b>OR</b>
	R	RETIRED <b>OR</b>
	W	TITLE III RETIREE
<b>2-202-19R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U BRAC MEDICARE PHARMACY
	AND TYPE OF SUBMISSION =	D COMPLETE DENIAL <b>OR</b>
		F ADJUSTMENT NEW SUFFIX <b>OR</b>
		I INITIAL SUBMISSION <b>OR</b>
		O ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
		R RESUBMISSION OF ERROR REJECT
	THEN CONTRACTOR NUMBER MUST =	03 MCS - REGION 3/4 <b>OR</b>
		06 MCS - REGION 6 <b>OR</b>
		07 MCS - CENTRAL REGION <b>OR</b>
		11 MCS - REGION 11 <b>OR</b>
		13 UNISYS <b>OR</b>
		25 MCS - REGION 2/5 <b>OR</b>
		26 MCS - REGION 1 <b>OR</b>
		60 MCS - REGION 9, 10, 12
	AND PROGRAM INDICATOR MUST =	D DRUG
	AND LATEST BEGIN DATE OF CARE MUST BE < 04/01/2001	
<b>2-202-20R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	? AMBULATORY SURGERY FACILITY CHARGE
	THEN SPECIAL RATE CODE MUST =	R AMBULATORY SURGERY FACILITY PAYMENT RATE <b>OR</b>
		S DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE <b>OR</b>
		V MEDICARE REIMBURSEMENT RATE
	OR PRICE CODE MUST =	C AMBULATORY SURGERY - FACILITY PAYMENT RATE <b>OR</b>
		D DISCOUNTED AMBULATORY SURGERY - FACILITY PAYMENT RATE <b>OR</b>
		E AMBULATORY SURGERY - PAID AS BILLED <b>OR</b>
		P TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE <b>OR</b>

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**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

	Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE <b>OR</b>
	R	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
<b>AND AMOUNT ALLOWED &gt; 0</b>		
<b>2-202-21R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PO TRICARE PRIME - POINT OF SERVICE
	<b>THEN ENROLLMENT STATUS MUST =</b>	E MCS - TRICARE - PRIME <b>OR</b>
		K MCS - CALIFORNIA/HAWAII ENROLLED <b>OR</b>
		O NEW ORLEANS PRIME <b>OR</b>
		U MCS - PRIME WITH CONTRACTOR NETWORK PCM <b>OR</b>
		Z MCS - PRIME (WITH MTF/CLINIC PCM) <b>OR</b>
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD ACTIVE DUTY CLAIMS <b>OR</b>
		GU ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR
	<b>THEN ENROLLMENT STATUS MUST =</b>	W ACTIVE DUTY - USA <b>OR</b>
		X ACTIVE DUTY - EUROPE
<b>2-202-22R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD ACTIVE DUTY
	<b>THEN PATIENT RELATIONSHIP TO SPONSOR MUST =</b>	<del>h</del> SPONSOR
	<b>AND SPONSOR STATUS MUST =</b>	A ACTIVE DUTY CLAIMS <b>OR</b>
		B RECALLED TO ACTIVE DUTY <b>OR</b>
		J ACADEMY STUDENT/NAVY OCS <b>OR</b>
		N NATIONAL GUARD <b>OR</b>
		Q PRISONER/APPELLATE <b>OR</b>
		T FOREIGN MILITARY (NATO) <b>OR</b>
		V RESERVE
<b>2-202-24R</b>	(NATIONAL STS)	
	IF PROCEDURE CODE <sup>1</sup> = 38240, 38230 [ALLOGENEIC BONE MARROW TRANSPLANT]	

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**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

AND EARLIEST BEGIN DATE OF CARE &lt; 10/01/1997

THEN AT LEAST ONE  
SPECIAL PROCESSING  
CODE MUST =3 ALLOGENEIC BONE MARROW RECIPIENT  
(WILFORD HALL REFERRED ONLY) OR& BONE MARROW TRANSPLANTS - TMA APPROVED  
ONLY

ELSE

IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1997 AND ≤ 12/31/2002

THEN AT LEAST ONE  
SPECIAL PROCESSING  
CODE MUST =

ST SPECIALIZED TREATMENT

IF PROCEDURE CODE<sup>1</sup> = 50300, 50320, 50340, 50360, 50365, 50370, 50380 [KIDNEY  
TRANSPLANT]

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

THEN AT LEAST ONE  
SPECIAL PROCESSING  
CODE MUST =

ST SPECIALIZED TREATMENT

UNLESS NAS EXCEPTION  
REASON =

K CHCBP

OR PATIENT ZIP CODE IS NOT IN THE 48 CONTIGUOUS UNITED STATES AND THE  
DISTRICT OF COLUMBIA

2-202-26R

IF ANY OCCURRENCE OF  
SPECIAL PROCESSING CODE =WR MENTAL HEALTH WRAPAROUND  
DEMONSTRATIONTHEN CONTRACTOR  
NUMBER MUST =

07 CENTRAL REGION

2-202-27R

IF ANY OCCURANCE OF  
SPECIAL PROCESSING CODE =

MS TRICARE SENIOR PRIME OR

MN TRICARE SENIOR PRIME (NON-NETWORK)

THEN ENROLLMENT STATUS  
MUST =

BB TRICARE SENIOR PRIME

2-202-40R

IF ANY OCCURRENCE OF  
SPECIAL PROCESSING CODE =

AN SHCP - NON-MTF-REFERRED CARE OR

AR SHCP - REFERRED CARE OR

CE SHCP COMPREHENSIVE CLINICAL EVALUATION  
PROGRAM OR

SC SHCP - NON-TRICARE ELIGIBLE OR

SE SHCP -TRICARE ELIGIBLE OR

SM SHCP - EMERGENCY

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**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

	<b>THEN ENROLLMENT STATUS MUST =</b>	SR SHCP - REFERRED CARE <b>OR</b>
		SN SHCP - NON-MTF-REFERRED CARE <b>OR</b>
		SO SHCP CLAIMS FOR NON-TRICARE ELIGIBLE <b>OR</b>
		ST SHCP CLAIMS FOR TRICARE ELIGIBLE
<b>2-202-41R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SN TRICARE SENIOR SUPPLEMENT (NON-NETWORK) <b>OR</b>
		SS TRICARE SENIOR SUPPLEMENT (NETWORK)
	<b>THEN ENROLLMENT STATUS MUST =</b>	TS TRICARE SENIOR SUPPLEMENT
<b>2-202-43R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	<b>THEN EARLIEST BEGIN DATE OF CARE IS ≥ 10/30/2000 AND &lt; 09/01/2002</b>	
	<b>AND SPONSOR STATUS MUST =</b>	A ACTIVE DUTY <b>OR</b>
		B RECALLED TO ACTIVE DUTY <b>OR</b>
		N NATIONAL GUARD <b>OR</b>
		V RESERVE
	<b>AND PATIENT RELATIONSHIP TO SPONSOR MUST =</b>	C CHILD <b>OR</b>
		S SPOUSE <b>OR</b>
		V STEP CHILD <b>OR</b>
		W WARD
<b>2-202-44R</b>	IF EARLIEST BEGIN DATE OF CARE IS ≥ 03/15/1999	
	<b>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	E HOME HEALTH CARE/CASE MANAGEMENT (HHC/CM) DEMO (AFTER 03/15/1999 GRANDFATHERED INTO THE INDIVIDUAL CASE MANAGEMENT PROGRAM)
	<b>THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	CM INDIVIDUAL CASE MANAGEMENT PROGRAM (ICMP) CLAIMS
<b>2-202-45R</b>	IF EARLIEST BEING DATE OF CARE IS ≥ 10/01/2001	
	<b>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	FF TFL (FIRST PAYOR) <b>OR</b>

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**ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)**

		FS	TFL (SECOND PAYOR)
	<b>THEN ENROLLMENT STATUS MUST =</b>	FE	TFL - EXTRA <b>OR</b>
		FS	TFL - STANDARD
<b>2-202-46R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FF	TFL - FIRST PAYOR <b>OR</b>
		FS	TFL - SECOND PAYOR
	<b>THEN EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001</b>		
<b>2-202-49R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GN	TPR ENROLLED ADFM - NON-NETWORK <b>OR</b>
		GT	TPR ENROLLED ADFM - NETWORK
	<b>AND EARLIEST BEGIN DATE OF CARE IS ≥ 09/01/2002</b>		
	<b>THEN ENROLLMENT STATUS MUST =</b>	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADMS
<b>2-202-50R</b>	• SPECIAL PROCESSING CODE "V" IS USED FOR CARE NORMALLY PROVIDED - WHILE SPECIAL PROCESSING CODE "W" IS USED FOR CARE OVER AND ABOVE THOSE NORMAL LIMITS		
	IF BEGIN DATE OF CARE IS ≥ 12/28/2001		
	<b>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	CT	CUSTODIAL CARE TRANSITIONAL POLICY
	<b>THEN AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	V	AT-RISK PAYMENT BY AT-RISK CLAIMS PROCESSOR <b>OR</b>
		W	NOT-AT-RISK PAYMENT BY AT-RISK CLAIMS PROCESSOR

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**ELEMENT NAME: SPECIAL RATE CODE (2-203)**

**VALIDITY EDITS**

**2-203-01** VALUE MUST BE A VALID SPECIAL RATE CODE LOCATED IN [CHAPTER 2, SECTION 8](#)

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
STATE/COUNTRY CODE	SEE BELOW	

**ELEMENT NAME: SPECIAL RATE CODE (2-203) (CONTINUED)**

**EDITED ELEMENT RELATIONSHIP**

<b>2-203-02R</b>	<b>WHEN FILING STATE/COUNTRY CODE IS NOT EQUAL TO '34', THEN SPECIAL RATE CODE MUST NOT BE 'A' OR 'B' OR 'C' OR 'E' OR 'F'.</b>	
<b>2-203-03R</b>	<b>WHEN FILING STATE/COUNTRY CODE IS EQUAL TO '34' AND SPECIAL RATE CODE IS 'A' OR 'B' OR 'C' OR 'E' OR 'F', THEN THE LATEST END DATE OF CARE MUST BE LESS THAN 19890101.</b>	
<b>2-203-04R</b>	<b>IF SPECIAL RATE CODE =</b>	<b>R AMBULATORY SURGERY FACILITY PAYMENT RATE OR</b>
		<b>S DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE OR</b>
		<b>V MEDICARE REIMBURSEMENT RATE</b>
	<b>OR PRICING CODE =</b>	<b>C AMBULATORY SURGERY-FACILITY PAYMENT RATE OR</b>
		<b>D DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR</b>
		<b>E AMBULATORY SURGERY-PAID AS BILLED OR</b>
		<b>P TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE OR</b>
		<b>Q TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR</b>
		<b>R TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED</b>
	<b>AND AMOUNT ALLOWED &gt; 0</b>	
	<b>THEN SPECIAL PROCESSING CODE MUST =</b>	<b>? AMBULATORY SURGERY FACILITY CHARGE</b>
<b>2-203-05R</b>	<b>IF SPECIAL RATE CODE =</b>	<b>V MEDICARE REIMBURSEMENT RATE</b>
	<b>THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	<b>FS TFL -SECOND PAYOR OR</b>
		<b>T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR</b>
		<b>MS TSP - NETWORK OR</b>
		<b>? AMBULATORY SURGERY FACILITY CHARGE OR</b>
		<b>MN TSP - NON-NETWORK</b>
<b>2-203-06R</b>	<b>IF SPECIAL RATE CODE =</b>	<b>U SHCP CLAIM PAID OUTSIDE NORMAL LIMITS</b>
	<b>THEN SPECIAL PROCESSING CODE MUST =</b>	<b>AN SHCP - NON-MTF-REFERRED CARE OR</b>
		<b>AR SHCP - MTF-REFERRED CARE OR</b>

**ELEMENT NAME: SPECIAL RATE CODE (2-203) (CONTINUED)**

	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	GU	ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR <b>OR</b>
	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
	SM	SHCP - EMERGENCY
<b>2-203-07R</b>	IF SPECIAL RATE CODE =	GG GLOBAL RATE AGREEMENT <b>OR</b>
		GP PER DIEM RATE AGREEMENT
	<b>THEN PROVIDER SPECIALTY MUST =</b>	AA CORPORATE PROVIDER - PHYSICIAN-DIRECTED CLINICS (I.E. RADIATION THERAPY AND CARDIAC REHABILITATION PROGRAMS) <b>OR</b>
		AB CORPORATE PROVIDER - CARDIAC CATHETERIZATION CLINICS <b>OR</b>
		AC CORPORATE PROVIDER - FREESTANDING SLEEP DISORDER DIAGNOSTIC CENTERS <b>OR</b>
		AD CORPORATE PROVIDER - INDEPENDENT PHYSIOLOGICAL LABORATORIES <b>OR</b>
		AE CORPORATE PROVIDER - FREESTANDING KIDNEY DIALYSIS CENTERS <b>OR</b>
		AF CORPORATE PROVIDER - FREESTANDING MAGNETIC RESONANCE IMAGING CENTERS <b>OR</b>
		AG CORPORATE PROVIDER - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES (CORFS) <b>OR</b>
		AH CORPORATE PROVIDER - HOME HEALTH AGENCIES (HHAS) <b>OR</b>
		AI CORPORATE PROVIDER - FREESTANDING BONE MARROW TRANSPLANT CENTERS <b>OR</b>
		AJ CORPORATE PROVIDER - HOME INFUSION (ACCREDITATION COMMISSION FOR HEALTH CARE, INC. (ACHC ACCREDITED)) <b>OR</b>
		AK CORPORATE PROVIDER - DIABETIC OUTPUT SELF MANAGEMENT EDUCATION PROGRAM (ADA ACCREDITED) <b>OR</b>
		CT CORPORATE PROVIDER - TEMPORARY

**ELEMENT NAME: MAJOR DIAGNOSTIC CATEGORY (2-205)**

**VALIDITY EDITS**

**2-205-01** VALUE MUST = 1 - 25, 60 - 74, OR BLANK.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**NO ERROR** IF ENROLLMENT CODE = PS TSx

**THEN** BYPASS ALL RELATIONAL MAJOR DIAGNOSTIC CATEGORY EDITS

**2-205-02R** IF NAS NUMBER IS NOT CODED THE MAJOR DIAGNOSTIC CATEGORY MUST NOT BE CODED.

**2-205-05R** IF MAJOR DIAGNOSTIC CATEGORY = '61' THROUGH '74', RECORD TYPE MUST = '2' (NON-INSTITUTIONAL)

**ELEMENT NAME: REASON FOR ISSUANCE (2-207)**

**VALIDITY EDITS**

**2-207-01** 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**

**NO ERROR** IF ENROLLMENT CODE = PS TSx

**THEN** BYPASS ALL RELATIONAL REASON FOR ISSUANCE EDITS

**2-207-03R** IF NAS NUMBER IS BLANK THE REASON FOR ISSUANCE MUST = BLANK.

**2-207-04R** IF MAJOR DIAGNOSTIC CATEGORY IS NOT CODED, REASON FOR ISSUANCE MUST = BLANK, '7', '8' OR '9'.

**2-207-05R** IF REASON FOR ISSUANCE = '7', '8' OR '9'

**THEN** ENROLLMENT CODE MUST =

D MCS - TRICARE-TIDEWATER STANDARD PROGRAM OR

E MCS - TRICARE-TIDEWATER PRIME OR

**ELEMENT NAME: REASON FOR ISSUANCE (2-207) (CONTINUED)**

F	FI STANDARD PROGRAM <b>OR</b>
G	MCS - TRICARE-TIDEWATER EXTRA <b>OR</b>
R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
T	MCS - STANDARD PROGRAM <b>OR</b>
U	MCS - PRIME, CIVILIAN PCM <b>OR</b>
V	MCS - EXTRA <b>OR</b>
Y	CHCBP - STANDARD <b>OR</b>
Z	MCS - PRIME (WITH MTF/CLINIC PCM) <b>OR</b>
AA	CHCBP - EXTRA

**ELEMENT NAME: PRICING LOCALITY CODE (2-208)**

**VALIDITY EDITS**

**2-208-01** MUST BE VALID THREE (3) POSITION CODE OF '001' THRU '225' OR '301' THRU '390' **OR** ALL BLANKS.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**2-208-02R** IF EARLIEST BEGIN DATE OF CARE TO  $\geq$  05/01/1992

AND ANY OCCURRENCE OF PRICING CODE =	A	NATIONAL PREVAILING CHARGE <b>OR</b>
	B	NATIONAL CONVERSION FACTOR <b>OR</b>
	N	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL PREVAILING CHARGE <b>OR</b>
	O	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL CONVERSION FACTOR

**THEN PRICING LOCALITY CODE MUST NOT = BLANKS**

**2-208-03R** IF EARLIEST BEGIN DATE OF CARE TO  $\geq$  05/01/1992

AND NO OCCURRENCE OF PRICING CODE =	A	NATIONAL PREVAILING CHARGE <b>OR</b>
	B	NATIONAL CONVERSION FACTOR <b>OR</b>
	N	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL PREVAILING CHARGE <b>OR</b>
	O	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL CONVERSION FACTOR

**THEN PRICING LOCALITY CODE MUST = BLANKS**

**ELEMENT NAME: CLAIM FORM TYPE (2-210)**

**VALIDITY EDITS**

**2-210-01** 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 (2-211)**

**VALIDITY EDITS**

**2-211-01** MUST BE VALID DMIS CODE

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**NO ERROR** IF OVERRIDE CODE = S ZIP CODE OVERRIDE TO BE USED WHEN BENEFICIARY HAS MOVED OUT OF A REGION AND THE CONTRACTOR IS STILL RESPONSIBLE FOR THE CARE CLAIMED; OR IF THE 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.**

**2-211-02R** IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1997

**AND IF ENROLLMENT STATUS CODE =** Z MCS - PRIME, MTF/CLINIC OR BB TSP

**THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID<sup>1</sup>**

**AND CANNOT = 6501, 6901 - 6915, 7901 - 7912, 7916, 8000 - 8099, OR BLANK**

**2-211-03R** IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1999

**AND IF ENROLLMENT STATUS CODE =** SR SHCP - REFERRED CARE

**THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID<sup>1</sup>**

**AND CANNOT = 6501, 6901 - 6915, 7901 - 7912, 7916, 8000 - 8099, OR BLANK**

<sup>2</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.  
<sup>3</sup> THESE REGION CODES ARE RESERVED FOR FUTURE USE.



**ELEMENT NAME: PCM LOCATION DMIS-ID (2-211) (CONTINUED)****2-211-04R** IF EARLIEST BEGIN DATE OF CARE  $\geq$  10/01/1997 AND  $<$  10/01/1999AND ENROLLMENT STATUS  
CODE = U MCS - PRIME, CIVILIAN PCM

AND REGION CODE = 2 THEN DMIS-ID MUST BE 6501 OR 6902 OR 8000 - 8099

**2-211-05R** IF EARLIEST BEGIN DATE OF CARE  $\geq$  10/01/1997 AND  $<$  09/01/2002AND 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

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 <sup>2</sup>REGION CODE = 13 THEN DMIS-ID MUST BE 6913OR <sup>2</sup>REGION CODE = 14 THEN DMIS-ID MUST BE 6914OR <sup>2</sup>REGION CODE = 15 THEN DMIS-ID MUST BE 6915**2-211-06R** IF EARLIEST BEGIN DATE OF CARE  $\geq$  10/01/1997 AND  $<$  10/01/1999AND ENROLLMENT STATUS  
CODE = W TPR ACTIVE DUTY CLAIMS - 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

**2-211-07R** IF EARLIEST BEGIN DATE OF CARE  $\geq$  10/01/1999 AND  $<$  09/01/2002AND ENROLLMENT STATUS  
CODE = W TPR ACTIVE DUTY CLAIMS - 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

<sup>2</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.<sup>3</sup> THESE REGION CODES ARE RESERVED FOR FUTURE USE.

**ELEMENT NAME: PCM LOCATION DMIS-ID (2-211) (CONTINUED)**

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

**2-211-08R** IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1997

AND ENROLLMENT STATUS  
 CODE ≠

SR SHCP - REFERRED CARE

U MCS - PRIME, CIVILIAN PCM OR

W TPR ACTIVE DUTY CLAIMS - USA OR

Z MCS - PRIME, MTF/CLINIC OR

BB TRICARE SENIOR PRIME

WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR  
 ELIGIBLE ADSM

THEN PCM LOCATION DMIS-ID MUST = BLANK

**2-211-09R** 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 <sup>2</sup>REGION CODE = 13 THEN DMIS-ID MUST BE 6913

OR <sup>2</sup>REGION CODE = 14 THEN DMIS-ID MUST BE 6914

OR <sup>2</sup>REGION CODE = 15 THEN DMIS-ID MUST BE 6915

<sup>2</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

<sup>3</sup> THESE REGION CODES ARE RESERVED FOR FUTURE USE.

**ELEMENT NAME: PCM LOCATION DMIS-ID (2-211) (CONTINUED)**

<b>2-211-10R</b>	IF DATE OF ADMISSION ≥ 09/01/2002
	AND ENROLLMENT STATUS CODE =
	W TPR ACTIVE DUTY CLAIMS - 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
	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

<sup>2</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.  
<sup>3</sup> THESE REGION CODES ARE RESERVED FOR FUTURE USE.

**ELEMENT NAME: NUMBER OF PAYMENT REDUCTION DAYS/SERVICES (2-212)**

**VALIDITY EDITS**

**2-212-01** MUST BE NUMERIC.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**2-212-02R** IF REASON FOR PAYMENT REDUCTION IS NOT EQUAL TO BLANK.  
NUMBER OF PAYMENT REDUCTION DAYS/SERVICES MUST BE GREATER THAN ZERO.

**ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE (2-214)**

**VALIDITY EDITS**

**2-214-01** 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**

<b>2-214-02R</b> 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 (2-215)**

**VALIDITY EDITS**

**2-215-01** MUST APPEAR IN A FIGURE OF VALID STATE OR COUNTRY CODES, OR BE ALL BLANKS.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROVIDER STATE/COUNTRY CODE <sup>1</sup>	SEE BELOW	PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER SUB-IDENTIFIER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup> , BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE <sup>1</sup>
PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
AMOUNT ALLOWED	SEE BELOW	
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	
PROVIDER MAJOR SPECIALTY	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

<b>2-215-02R</b> MUST MATCH THE PROVIDER STATE OR COUNTRY CODE IN THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON NON-INSTITUTIONAL PROVIDER KEY: PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE.		
UNLESS (PROGRAM INDICATOR =	D	DRUG

<sup>1</sup> PROVIDER FILE

**ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (2-215) (CONTINUED)**

AND PROVIDER PARTICIPATION INDICATOR = 'N')

OR AMOUNT ALLOWED ≤ ZERO

OR ANY OCCURRENCE OF  
SPECIAL PROCESSING

CODE = FS TFL (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.

IF (NETTED) AMOUNT ALLOWED (FOR EACH DETAIL OCCURRENCE)  
BY PROCEDURE CODE ≤ ZERO

THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE.

2-215-03R CAN BE BLANK-FILLED WHEN  
PROVIDER MAJOR SPECIALTY = TS TRANSPORTATION SERVICES

DO NOT CHECK PROVIDER FILE. ERROR GENERATED IF PROVIDER STATE/COUNTRY  
CODE IS BLANK WHEN SPECIALTY IS NOT 'TS' (TRANSPORTATION SERVICES).

<sup>1</sup> PROVIDER FILE

**ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-217)**

**VALIDITY EDITS**

2-217-01 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 <sup>1</sup>	SEE BELOW	PROVIDER SUB-IDENTIFIER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup>
PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
PROVIDER MAJOR SPECIALTY CODE	SEE BELOW	
2-310-06R BEGIN DATE OF CARE		RECORD EFFECTIVE DATE <sup>1</sup> , PROVIDER ACCEPTANCE DATE <sup>1</sup> , PROVIDER TERMINATION DATE <sup>1</sup> , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE
2-315-06R END DATE OF CARE		SAME AS ABOVE
INST/NON-INST INDICATOR <sup>1</sup>	SEE BELOW	RECORD TYPE

<sup>1</sup> PROVIDER FILE.

**ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-217) (CONTINUED)**

**EDITED ELEMENT RELATIONSHIP**

**NO ERROR** IF DENIAL REASON CODE = M PROVIDER IS NOT TRICARE CERTIFIED **OR**  
N MULTIPLE DENIAL REASONS

**OR ANY OCCURRENCE  
SPECIAL PROCESSING  
CODE =**

FS **TFL (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 THE PROVIDER FILE.**

**NO ERROR** IF DENIAL REASON CODE = 7 SUSPENSE LIMITATION EXCEEDED  
**AND 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.**

**2-217-02R 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:  
NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER  
AND PROVIDER MAJOR SPECIALTY  
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)  
THEN IF NO OCCURRENCE OF OVERRIDE CODE = 'NC' (NON-CERTIFIED PROVIDER)  
THE CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE  
USING THE FOLLOWING  
NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER  
AND PROVIDER MAJOR SPECIALTY  
AND PROVIDER ZIP CODE  
AND PROVIDER MUST BE CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF  
CARE  
AND PROVIDER SUB-IDENTIFIER**

**2-217-04R WHEN AN AUTHORIZED PROVIDER IS FOUND ON THE DATABASE, INST/NON-INST  
INDICATOR MUST AGREE WITH THE HCSR RECORD TYPE.**

**2-217-05R IF PROGRAM INDICATOR = D DRUG  
AND PROVIDER PARTICIPATION INDICATOR = 'N' MUST BE ALL NINES,  
OR A VALID PROVIDER TAXPAYER NUMBER.  
DO NOT CHECK PROVIDER FILE.**

<sup>1</sup> PROVIDER FILE.

**ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-217) (CONTINUED)**

**2-217-07R** PROVIDER TAXPAYER NUMBER **CANNOT** BE ALL NINES **UNLESS** PROVIDER MAJOR SPECIALTY = 'TS' (TRANSPORTATION SERVICES), **OR** (PROGRAM INDICATOR = 'D' (DRUG) AND PROVIDER PARTICIPATION INDICATOR = NO). DO NOT CHECK PROVIDER FILE **WHEN** PROVIDER TAXPAYER NUMBER IS ALL NINES.

<sup>1</sup> PROVIDER FILE.

**ELEMENT NAME: PROVIDER SUB-IDENTIFIER (2-220)****VALIDITY EDITS**

**2-220-01** MUST BE FOUR CHARACTERS FIRST CHARACTER ALPHANUMERIC, LAST THREE CHARACTERS NUMERIC, **OR** FIRST TWO CHARACTERS ALPHANUMERIC, LAST TWO CHARACTERS NUMERIC, **OR** ALL FOUR NUMERIC.

**RELATIONAL EDITS**

	<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
<b>2-217-03R</b>	PROVIDER SUB-IDENTIFIER <sup>1</sup>		PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup>
	PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
	PROVIDER MAJOR SPECIALTY CODE	SEE BELOW	
<b>2-310-06R</b>	BEGIN DATE OF CARE		RECORD EFFECTIVE DATE <sup>1</sup> , PROVIDER ACCEPTANCE DATE <sup>1</sup> , PROVIDER TERMINATION DATE <sup>1</sup> , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE
<b>2-315-06R</b>	END DATE OF CARE		SAME AS ABOVE

**EDITED ELEMENT RELATIONSHIP**

NONE

<sup>1</sup> PROVIDER FILE

**ELEMENT NAME: PROVIDER ZIP CODE (2-225)**

**VALIDITY EDITS**

**2-225-01** 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.  
MUST **NOT** BE ALL ZEROES, **OR** ALL NINES.

**RELATIONAL EDITS**

	<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
<b>2-217-03R</b>	PROVIDER ZIP CODE		PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER SUB-IDENTIFIER <sup>1</sup>
	PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
	PROVIDER MAJOR SPECIALTY	SEE BELOW	
<b>2-310-06R</b>	BEGIN DATE OF CARE	SEE BELOW	RECORD EFFECTIVE DATE <sup>1</sup> , PROVIDER ACCEPTANCE DATE <sup>1</sup> , PROVIDER TERMINATION DATE <sup>1</sup> , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE
<b>2-315-06R</b>	END DATE OF CARE		SAME AS ABOVE

**EDITED ELEMENT RELATIONSHIP**

NONE

<sup>1</sup> PROVIDER FILE

**ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (2-230)**

**VALIDITY EDITS**

**2-230-01** MUST BE ONE OF THE FOLLOWING VALUES 'Y' (YES) **OR** 'N' (NO).

**RELATIONAL EDITS**

	<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
	SPECIAL PROCESSING CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

<b>2-230-02R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		E	HHC/CM
		S	RESOURCE SHARING



**ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (2-230) (CONTINUED)**

PROVIDER PARTICIPATION INDICATOR MUST = 'Y'.

**ELEMENT NAME: PROVIDER MAJOR SPECIALTY (2-235)****VALIDITY EDITS**2-235-01 THIS FIELD MUST BE A VALID PROVIDER MAJOR SPECIALTY, SEE [CHAPTER 2, ADDENDUM C](#).**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROVIDER MAJOR SPECIALTY OR TYPE SEE BELOW OF INSTITUTION <sup>1</sup>		PROVIDER TAXPAYER NUMBER <sup>1</sup> , PROVIDER SUB-IDENTIFIER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup> , BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE <sup>1</sup>
AMOUNT ALLOWED	SEE BELOW	
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
STATE/COUNTRY CODE	SEE BELOW	
CONTRACTOR NUMBER	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

2-235-02R MUST MATCH THE PROVIDER MAJOR SPECIALTY CODE IN THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON CARE DATES, AND NON-INSTITUTIONAL PROVIDER KEY PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE.

UNLESS AMOUNT ALLOWED ≤ ZERO

OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

FS TFL (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

IF (NETTED) AMOUNT ALLOWED (FOR EACH DETAIL OCCURRENCE) BY PROCEDURE CODE ≤ ZERO

THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE.

2-235-03R IF PROVIDER MAJOR SPECIALTY IS 'TS' (TRANSPORTATION SERVICES)

THEN THE PROGRAM INDICATOR MUST BE =

H PFPWD

<sup>1</sup> PROVIDER FILE

**ELEMENT NAME: PROVIDER MAJOR SPECIALTY (2-235) (CONTINUED)**

DO NOT CHECK PROVIDER FILE.

PROVIDER MAJOR SPECIALTY MUST BE '49' (MISCELLANEOUS) **OR** '88' (PHARMACY)

WHEN PROGRAM  
INDICATOR = D DRUG

DO NOT CHECK PROVIDER FILE.

2-235-06R IF ANY SPECIAL PROCESSING  
CODE = 6 HOME HEALTH CARE

PROVIDER MAJOR SPECIALTY MUST ≠ 24, 35, 48, 50, 80, 84, 86, **OR** 92.

2-235-08R **IF FILING DATE IS ≥ 06/01/1999**  
**THEN PROVIDER MAJOR SPECIALTY ≠ 70**  
**(THE MAJOR SPECIALTY OF THE PROVIDER IN THE CLINIC WHO PROVIDED THE**  
**SERVICE MUST BE REPORTED.)**  
**UNLESS**  
**TYPE OF SUBMISSION = 'D' (COMPLETE DENIAL) **OR** FILING STATE**  
****OR** COUNTRY CODE = ALPHA **AND** ≠ 'PR'**  
****OR** SPECIAL PROCESSING CODE = "CA" (CIVIL ACTION PAYMENT)**

<sup>1</sup> PROVIDER FILE

**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-255)**

**VALIDITY EDITS**

2-255-01 VALUE MUST BE A VALID ICD-9-CM DIAGNOSIS CODE.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PATIENT SEX	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
2-170-11R OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
AMOUNT BILLED	SEE BELOW	TYPE OF SUBMISSION, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
TYPE OF SERVICE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

2-255-02R<sup>1</sup> PRINCIPAL TREATMENT 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 2-255-02R (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 2-255-02R IS  
DONE INSTEAD.

**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-255) (CONTINUED)**

**2-255-04R** PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND NOT FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'.  
USE ICD-9-CM TAPE FOR SEX-SPECIFIC DIAGNOSIS CODES.

**2-255-05R** PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE). IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR AGE-SPECIFIC DIAGNOSIS CODES.

**2-255-08R** IF ANY OCCURRENCE OF  
SPECIAL PROCESSING CODE = E HHC/CM  
PRINCIPAL TREATMENT DIAGNOSIS CANNOT = 290-319.

**2-255-09R** IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9

AND PROGRAM  
INDICATOR = I INSTITUTIONAL OR  
N NON-INSTITUTIONAL

THEN TYPE OF SERVICE  
FIRST POSITION MUST  
BE = A AMBULATORY SURGERY COST-SHARED AS  
INPATIENT (ACTIVE DUTY FAMILY MEMBERS  
ONLY) OR

I INPATIENT OR  
O OUTPATIENT, EXCLUDING 'M', 'P', OR 'N' OR  
N OUTPATIENT COST-SHARED AS INPATIENT

AND TYPE OF SERVICE  
SECOND POSITION MUST = 4 DIAGNOSTIC/THERAPEUTIC X-RAY OR  
5 DIAGNOSTIC LABORATORY OR  
7 ANESTHESIA

AND AMOUNT BILLED MUST BE ≤ \$200.00

UNLESS TYPE OF SUBMISSION = D COMPLETE DENIAL

OR ANY OCCURRENCE OF  
SPECIAL PROCESSING  
CODE = 1 MEDICAID

**2-255-10R** IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9

AND PROGRAM  
INDICATOR = D DRUG

THEN AMOUNT BILLED MUST BE ≤ \$250.00

UNLESS TYPE OF SUBMISSION = D COMPLETE DENIAL

<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-255-02R (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 2-255-02R IS DONE INSTEAD.

**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-255) (CONTINUED)**

	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	1	MEDICAID
2-255-11R	IF PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES OR
		T	DENTAL
	THEN PRINCIPAL DIAGNOSIS CANNOT =	799.9	
	UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	1	MEDICAID

<sup>1</sup> THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-255-02R (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 2-255-02R IS DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 (2-260)**

**VALIDITY EDITS**

2-260-01 VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED. ALL OCCURRENCES OF SECONDARY TREATMENT DIAGNOSIS MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY TREATMENT DIAGNOSIS.

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
	PATIENT DATE OF BIRTH	SEE BELOW	
	PATIENT SEX	SEE BELOW	
2-170-11R	OVERRIDE CODE		
	PROCEDURE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

2-260-02R<sup>1</sup> SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

2-260-04R 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> THIS EDIT IS NOT DONE IS VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-260-02R (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 2-260-02R IS DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 (2-260) (CONTINUED)**

**2-260-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) [i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR 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 IS NOT DONE IS VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-260-02R (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 2-260-02R IS DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-2 (2-265)****VALIDITY EDITS**

**2-265-01** VALUE MUST BE 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 DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	
<b>2-170-11R</b> OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**2-265-02R<sup>2</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

**2-265-04R** 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.

**2-265-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) [i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR 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> SEE EDIT 2-260-01.

<sup>2</sup> THIS EDIT IS NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-265-02R (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 2-270-02R IS DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-3 (2-270)**

**VALIDITY EDITS**

**2-270-01** VALUE MUST BE 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 DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	
<b>2-170-11R</b> OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**2-270-02R<sup>1</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

**2-270-04R** 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.

**2-270-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR 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> SEE EDIT 2-260-01

<sup>2</sup> THIS EDIT IS NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-270-02R (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 2-265-02R IS DONE INSTEAD.

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-4 (2-275)****VALIDITY EDITS**

**2-275-01** VALUE MUST BE 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	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	
<b>2-170-11R</b> OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

- 2-275-02R<sup>1</sup>** SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.
- 2-275-04R** 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.
- 2-275-05R** SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR 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 2-25-02R (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 2-275-02R IS DONE INSTEAD.

**ELEMENT NAME: UTILIZATION DATA OCCURRENCE COUNT (2-280)**

**VALIDITY EDITS**

2-280-01 UTILIZATION DATA OCCURRENCE COUNT MUST BE = 01 THRU 25.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-280-02R 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: PROCEDURE CODE (2-290)**

**VALIDITY EDITS**

N/A

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROCEDURE TEXT IDENTIFIER	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE
PROVIDER MAJOR SPECIALTY	SEE BELOW	TYPE OF SERVICE
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	ENROLLMENT STATUS, OVERRIDE CODE, AMOUNT ALLOWED BY PROCEDURE CODE, TYPE OF SUBMISSION, FILING DATE
DENIAL REASON CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
DATE HCSR PROCESSED TO COMPLETION	SEE BELOW	BEGIN DATE OF CARE

<sup>1</sup> USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.

<sup>2</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.



**ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)**

**EDITED ELEMENT RELATIONSHIP**

**2-290-02R** PROCEDURE CODE MUST BE VALID FOR PROCEDURE TEXT IDENTIFIER. IF PROCEDURE TEXT IDENTIFIER = '4', PROCEDURE CODE MUST BE A VALID CPT-4 CODE **OR** A TMA APPROVED CODE (SEE [CHAPTER 2, ADDENDUM E](#)). IF PROCEDURE TEXT IDENTIFIER = '8', PROCEDURE CODE MUST BE A VALID AMERICAN DENTAL ASSOCIATION (ADA) PROCEDURE CODE.

**2-290-03R** FOR ORIGINAL SUBMISSIONS: DATE HCSR PROCESSED TO COMPLETION MUST BE ON **OR** AFTER THE PROCESSING EFFECTIVE DATE AND BEFORE THE PROCESSING TERMINATION DATE (FOR THAT PROCEDURE CODE) ON THE PROCEDURE CODE DATABASE TABLE.

FOR ADJUSTMENT/CANCELLATION SUBMISSIONS: DATE HCSR PROCESSED TO COMPLETION MUST BE ON OR AFTER THE PROCESSING EFFECTIVE DATE (FOR THAT PROCEDURE CODE) ON THE PROCEDURE CODE DATABASE TABLE.

BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE CARE EFFECTIVE DATE AND BEFORE THE CARE TERMINATION DATE OF THE VALID DATE HCSR PROCESSED TO COMPLETION ENTRY ON THE PROCEDURE CODE DATABASE TABLE.

**UNLESS SPECIAL  
PROCESSING CODE =**

AN **SHCP** - NON-MTF-REFERRED CARE **OR**

AR **SHCP** - MTF-REFERRED CARE **OR**

CE **SHCP** - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**

GU **ADSM** ENROLLED IN **TPR**: NOT-AT-RISK PAYMENT BY CONTRACTOR **OR**

MN **TSP** (NON-NETWORK) **OR**

MS **TSP** (NETWORK) **OR**

SC **SHCP** - NON- TRICARE ELIGIBLE **OR**

SE **SHCP** - TRICARE ELIGIBLE **OR**

SM **SHCP** - EMERGENCY

NOTE: DENIED PROCEDURES ARE EDITED AGAINST THE TABLE ENTRY FOR THE VALID DATE HCSR PROCESSED TO COMPLETION AND BEGIN DATE OF CARE. PROCEDURES MAY BE DENIED (GOVERNMENT PAY INDICATOR = NO) ON ONE TABLE ENTRY, AND ALLOWED (GOVERNMENT PAY INDICATOR = YES) ON ANOTHER TABLE ENTRY. SEE EDITS 2-290-04R AND 2-290-05R.

**2-290-04R** **IF** TYPE OF SUBMISSION =

D COMPLETE DENIAL **OR**

F ADJUSTMENT NEW SUFFIX **OR**

<sup>1</sup> USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.

<sup>2</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

**ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)**

- I INITIAL SUBMISSION **OR**
- O ZERO PAYMENT WITH 100% OHI/TPL **OR**
- R RESUBMISSION OF ERROR REJECT

**AND ENROLLMENT STATUS NOT = 'A', 'B', 'C', OR 'K' (PRIME)  
AND DENIAL REASON CODE<sup>1</sup> MUST BE PRESENT - (CANNOT BE BLANK)  
THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO**

- IF TYPE OF SUBMISSION =**
- A ADJUSTMENT **OR**
  - B ADJUSTMENT NON-HCSR DATA **OR**
  - C COMPLETE CANCELLATION **OR**
  - E CANCELLATION NON-HCSR DATA

**AND ENROLLMENT STATUS NOT = 'A', 'B', 'C', OR 'K' (PRIME)  
AND DENIAL REASON CODE<sup>1</sup> MUST BE PRESENT - (CANNOT BE BLANK)  
THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO**

- UNLESS ANY OCCURRENCE OF  
SPECIAL PROCESSING CODE =**
- AD ACTIVE DUTY CLAIMS **OR**
  - AN SHCP - NON-MTF-REFERRED CARE **OR**
  - AR SHCP - MTF-REFERRED CARE **OR**
  - CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
  - GU ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR **OR**
  - MN TSP (NON-NETWORK) **OR**
  - MS TSP (NETWORK) **OR**
  - SC SHCP - NON-TRICARE ELIGIBLE **OR**
  - SE SHCP - TRICARE ELIGIBLE **OR**
  - SM SHCP - EMERGENCY

- OR HEALTH CARE PLAN  
CODE =**
- 14 TRICARE EUROPE **OR**
  - 15 TRICARE PACIFIC **OR**
  - 16 TRICARE SOUTHCOM

- 2-290-05R IF TYPE OF SUBMISSION =**
- D COMPLETE DENIAL **OR**
  - F ADJUSTMENT NEW SUFFIX **OR**
  - I INITIAL SUBMISSION **OR**
  - O ZERO PAYMENT WITH 100% OHI/TPL **OR**

<sup>1</sup> USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.

<sup>2</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

**ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)**

	R RESUBMISSION OF ERROR REJECT
	<b>AND ENROLLMENT STATUS = 'A', 'B', 'C', OR 'K' (PRIME)</b> <b>AND DENIAL REASON CODE<sup>1</sup> MUST BE PRESENT - (CANNOT BE BLANK)</b> <b>THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO</b>
<b>IF TYPE OF SUBMISSION =</b>	A ADJUSTMENT <b>OR</b>
	B ADJUSTMENT NON-HCSR DATA <b>OR</b>
	C COMPLETE CANCELLATION <b>OR</b>
	E CANCELLATION NON-HCSR DATA
	<b>AND ENROLLMENT STATUS = 'A', 'B', 'C', OR 'K' (PRIME)</b> <b>AND DENIAL REASON CODE<sup>1</sup> MUST BE PRESENT - (CANNOT BE BLANK)</b> <b>THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO</b>
	<b>THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO,</b>
<b>UNLESS OVERRIDE CODE =</b>	Z (ENHANCED BENEFIT)
	<b>OR ANY OCCURRENCE OF</b> SPECIAL PROCESSING CODE =
	AD ACTIVE DUTY CLAIMS <b>OR</b>
	AN SHCP - NON-MTF-REFERRED CARE <b>OR</b>
	AR SHCP - MTF-REFERRED CARE <b>OR</b>
	CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	GU ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR. <b>OR</b>
	MN TSP (NON-NETWORK) <b>OR</b>
	MS TSP (NETWORK) <b>OR</b>
	SC SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SE SHCP - TRICARE ELIGIBLE <b>OR</b>
	SM SHCP - EMERGENCY
	<b>OR HEALTH CARE PLAN</b> CODE =
	14 TRICARE EUROPE <b>OR</b>
	15 TRICARE PACIFIC <b>OR</b>
	16 TRICARE SOUTHCOM
<b>2-290-06R</b>	PROCEDURE CODE MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF PROCEDURE 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 PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'.

<sup>1</sup> USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.

<sup>2</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

**ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)**

**2-290-07R** PROCEDURE CODE MUST BE CONSISTENT WITH DATE OF BIRTH (AGE). PROCEDURES WHICH ARE RESTRICTED TO CERTAIN AGE GROUPS (i.e., NEWBORN) MUST BE VALID FOR THE PATIENT'S AGE. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'.

**2-290-08R** IF PROGRAM INDICATOR = D DRUG

**THEN** PROCEDURE CODE<sup>2</sup> MUST = 98800.

**2-290-09R** IF PRICING CODE = 6 MEI ADJUSTED PREVAILING PRICE, PRIMARY CARE  
**OR**

K TRICARE CLAIMCHECK-ADDED PROCEDURE, MEI ADJUSTED PREVAILING PRICE, PRIMARY CARE

**THEN** PROCEDURE CODE MUST BE MEI PRIMARY PROCEDURE CODE

**2-290-10R** IF PROGRAM INDICATOR = H PROGRAM FOR PERSONS WITH DISABILITIES

IF PROCEDURE CODE<sup>2</sup> = 06896, 98320, A0100, A0110, A0120, A0130, A0140, A0170, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3201, L3202, L3203, L3204, L3205, L3206, L3207, L3212, L3213, L3214, L3215, L3216, L3217, L3218, L3219, L3221, L3222, L3223, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, **OR** L3649

**THEN** PROGRAM INDICATOR = 'H' (PROGRAM FOR PERSONS WITH DISABILITIES)  
**UNLESS**  
DENIAL REASON CODE **IS NOT** EQUAL TO BLANK

**OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 'AN', 'AR', 'CE', 'GU', 'SC', 'SE', 'SM' (SHCP/TPR CLAIMS), 'MN' **OR** 'MS' (TSP CLAIMS)

**2-290-11R** IF TYPE OF SERVICE = I INPATIENT

**THEN** PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE  
(REFER TO [FIGURE 2-E-9](#))

**2-290-12R** IF PROCEDURE CODE<sup>2</sup> = 90892, 90893, 90894, 90895, 90896, 90897, **OR** 90898

**THEN** SPECIAL PROCESSING CODE MUST = WR MENTAL HEALTH WRAPAROUND DEMONSTRATION

<sup>1</sup> USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.

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