

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
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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<sub>s</sub> 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

WHEN<sup>1</sup> 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

<sup>1</sup> 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
<b>OR TYPE OF SUBMISSION =</b>	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE.		
<b>2-306-06R</b>	AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = TOTAL CHARGES BY PROCEDURE CODE	
<b>WHEN PRICING CODE =</b>	4	PAID AS BILLED
<b>IN THE CORRESPONDING DETAIL OCCURRENCE =</b>	I	TRICARE CLAIMCHECK-ADDED PROCEDURE, PAID AS BILLED
<b>WHEN TYPE OF SUBMISSION =</b>	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
<b>OR TYPE OF SUBMISSION =</b>	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE.		

<sup>1</sup> 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<sub>s</sub> 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
	<b>AND AMOUNT ALLOWED &gt; 0</b>		
	<b>THEN SPECIAL PROCESSING CODE MUST =</b>	?	AMBULATORY SURGERY-FACILITY CHARGE
<b>2-309-08R</b>	<b>IF PRICING CODE =</b>	U	MEDICARE REIMBURSEMENT USED
	<b>THEN SPECIAL PROCESSING CODE MUST =</b>	FS	TRICARE FOR LIFE (SECOND PAYOR) <b>OR</b>
		T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) <b>AND</b> EARLIEST BEGIN DATE OF CARE $\geq$ 10/01/2001 <b>OR</b>
		MS	TRICARE SENIOR PRIME (NETWORK) <b>OR</b>
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
<b>2-309-09R</b>	<b>IF PRICING CODE =</b>	W	PRICED OVER CMAC
	<b>AND ENROLLMENT STATUS =</b>	T	MCS - STANDARD PROGRAM
	<b>THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
			<b>AND EARLIEST BEGIN DATE OF CARE <math>\geq</math> 09/14/2001 <b>AND</b> <math>&lt;</math> 11/01/2004</b>
	<b>AND PROVIDER PARTICIPATING INDICATOR MUST =</b>	N	NO

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

**VALIDITY EDITS**

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

**RELATIONAL EDITS**

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

<sup>1</sup> PROVIDER FILE

<sup>2</sup> '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)
<b>2-315-02R</b> BEGIN DATE OF CARE	≥	CORRESPONDING DETAIL
<b>2-315-03R</b> FILING DATE	≤	
<b>2-315-04R</b> DATE HCSR PROCESSED TO COMPLETION	≤	
DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
PROVIDER TAXPAYER NUMBER <sup>1</sup>	SEE BELOW	PROVIDER SUBIDENTIFIER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup> , PROVIDER ACCEPTANCE AND TERMINATION DATES <sup>1</sup> , PROVIDER RECORD EFFECTIVE DATE <sup>1</sup> , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE

**EDITED ELEMENT RELATIONSHIP**

<b>2-315-05R</b> END DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED		
<b>WHEN TYPE OF SUBMISSION =</b>	A	ADJUSTMENT
	B	ADJUSTMENT TO NON-HCSR DATA
	C	COMPLETE CANCELLATION
	E	CANCELLATION OF NON-HCSR DATA
	F	ADJUSTMENT HCSR NEW SUFFIX
<b>2-315-06R</b> PROVIDER MUST BE 'AUTHORIZED' <sup>1</sup> 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).		
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	FS	TRICARE FOR LIFE (SECOND PAYOR) OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001
<b>THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE.</b>		

<sup>1</sup> '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.  
<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: END DATE OF CARE (2-315) (CONTINUED)**

**2-315-08R** IF PROCEDURE CODE<sup>2</sup> = '92895', '92896' OR '92897'

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

<sup>1</sup> '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.

<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: 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
<b>WHEN NAS EXCEPTION REASON =</b>	4	NURSING FACILITY
PLACE OF SERVICE =	56	RTC
<b>WHEN NAS EXCEPTION REASON =</b>	5	RTC
PLACE OF SERVICE =	55	STF
<b>WHEN NAS EXCEPTION REASON =</b>	7	STF
PLACE OF SERVICE =	99	OTHER LOCATIONS
<b>WHEN NAS EXCEPTION REASON =</b>	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**

	<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
<b>2-320-02R</b>	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](#).

<sup>1</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: TYPE OF SERVICE (2-325) (CONTINUED)**

**2-325-06R** IF PROCEDURE CODE<sup>1</sup> = '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

<sup>1</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: 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
<b>2-110-04R</b> NAS NUMBER		
<b>2-155-11R</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR	SEE BELOW	TYPE OF SUBMISSION, FILING DATE CONTRACTOR
CONTRACTOR		
<b>2-180-04R</b> NAS EXCEPTION REASON		
<b>2-309-02R</b> 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)

<b>WHEN TYPE OF SUBMISSION =</b>	D COMPLETE DENIAL
	F ADJUSTMENT NEW SUFFIX
	I INITIAL SUBMISSION
	O ZERO PAYMENT WITH 100% OHI/TPL
	R RESUBMISSION OF ERROR REJECT
<b>OR TYPE OF SUBMISSION =</b>	A ADJUSTMENT
	C COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> 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

<b>WHEN TYPE OF SUBMISSION =</b>	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<sub>s</sub> 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 ≥ 10/01/1987 AND ≤ 01/31/2002  
 AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/2001

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

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

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

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

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

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

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

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

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

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

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

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

WHEN PRICING PROFILE YEAR = '15'  
 THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 02/28/1995  
 AND DATE PROCESSED TO COMPLETION MUST BE ≥ 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 CODE<sup>1</sup> = 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 CODE<sup>1</sup> = 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 CODE<sup>1</sup> = 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 CODE<sup>1</sup> = 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 CODE<sup>1</sup> = 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).