

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300)	
VALIDITY EDITS	
2-300-01V	MUST BE A VALID ENROLLMENT/HEALTH PLAN CODE (REFER TO CHAPTER 2, SECTION 2.5)
2-300-02V	IF ENROLLMENT/HEALTH PLAN CODE =
	SO SHCP - NON-TRICARE ELIGIBLE OR
	ST SHCP - TRICARE ELIGIBLE
	THEN BEGIN DATE OF CARE MUST < 06/01/2004
2-300-03V	IF ENROLLMENT/HEALTH PLAN CODE =
	TS TSS
	THEN BEGIN DATE OF CARE MUST < 12/31/2002
2-300-04V	IF ENROLLMENT/HEALTH PLAN CODE =
	BB TSP
	THEN BEGIN DATE OF CARE MUST < 12/31/2001
RELATIONAL EDITS	
2-300-02R	IF ENROLLMENT/HEALTH PLAN CODE =
	Y CHCBP - STANDARD OR
	AA CHCBP - EXTRA
	THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY =
	CL CLINICAL TRIALS OR
	PF PFPWD
2-300-03R	IF ENROLLMENT/HEALTH PLAN CODE =
	W TPR ADSM - USA
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	GU ADSM ENROLLED IN TPR
2-300-05R	IF ENROLLMENT/HEALTH PLAN CODE =
	BB TSP
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	MN TSP - NON-NETWORK OR
	MS TSP - NETWORK
2-300-06R	IF ENROLLMENT/HEALTH PLAN CODE =
	Z TRICARE PRIME, MTF/PCM
¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES	

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (CONTINUED)

THEN BEGIN DATE OF CARE MUST BE ≥ 10/01/1997

2-300-07R	IF ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP - NON-MTF-REFERRED CARE OR
		SO	SHCP - NON-TRICARE ELIGIBLE OR
		SR	SHCP - REFERRED CARE OR
		ST	SHCP - TRICARE ELIGIBLE

THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =

		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

2-300-08R	IF ENROLLMENT/HEALTH PLAN CODE =	Z	TRICARE PRIME, MTF/PCM
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THEN PHYSICIAN REFERRAL NUMBER MUST ≠ BLANK

UNLESS TYPE OF SERVICE (SECOND POSITION) MUST =

		B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
		M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

2-300-09R	IF ENROLLMENT/HEALTH PLAN CODE =	TS	TSS
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THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =

		SN	TSS - NON-NETWORK OR
		SS	TSS - NETWORK

2-300-10R	IF ENROLLMENT/HEALTH PLAN CODE =	PS	TSRx
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THEN TYPE OF SERVICE (SECOND POSITION) MUST =

		B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
		M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

2-300-11R	IF ENROLLMENT/HEALTH PLAN CODE =	PS	TSRx
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THEN BEGIN DATE OF CARE MUST BE ≥ 04/01/2001

AND NATIONAL DRUG CODE CANNOT BE BLANK.

UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

		1	MEDICAID
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¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (CONTINUED)

2-300-12R • **TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001. FOR EACH LINE ITEM WHERE BEGIN DATE OF CARE IS < 10/01/2001, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT.**

IF ENROLLMENT/HEALTH PLAN CODE = FE TFL - EXTRA **OR**

FS TFL - STANDARD

THEN BEGIN DATE OF CARE MUST BE ≥ 10/01/2001

AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =

FF TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) **OR**

FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) **OR**

FS TFL (SECOND PAYOR)

ELSE IF BEGIN DATE OF CARE IS < 10/01/2001 (FOR THAT DETAILED LINE ITEM)

THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE MUST =

15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER **OR**

26 EXPENSES INCURRED PRIOR TO COVERAGE **OR**

27 EXPENSES INCURRED AFTER COVERAGE TERMINATED **OR**

30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS **OR**

31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED **OR**

32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED **OR**

33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE **OR**

34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS **OR**

62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION **OR**

141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (CONTINUED)

2-300-13R	<ul style="list-style-type: none"> TFL CLAIMS: THE PATIENT MUST BE 64 YEARS AND 11 MONTHS OR GREATER. IF THE PATIENT IS LESS THAN THIS AGE, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT.
IF ENROLLMENT/HEALTH PLAN CODE =	FE TFL - EXTRA OR
	FS TFL - STANDARD OR
	PS TSRx
AND TYPE OF SERVICE (SECOND POSITION) ≠	M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
THEN PATIENT AGE ¹ MUST BE ≥ 64 YEARS AND 11 MONTHS	
ELSE IF PATIENT AGE ¹ IS < 64 YEARS AND 11 MONTHS	
THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE MUST =	15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
	26 EXPENSES INCURRED PRIOR TO COVERAGE OR
	27 EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
	30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
	31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
	32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
	33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
	34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
	62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
	141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
2-300-14R	IF ENROLLMENT/HEALTH PLAN CODE =
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
THEN BEGIN DATE OF CARE IS ≥ 09/01/2002	

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (CONTINUED)

2-300-15R	IF ENROLLMENT/HEALTH PLAN CODE =	SU	SCHP - REFERRAL DESIGNATION UNKNOWN
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
		M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
2-300-16R	IF ENROLLMENT/HEALTH PLAN CODE =	SU	SCHP - REFERRAL DESIGNATION UNKNOWN
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE
2-300-17R	<ul style="list-style-type: none"> FOR TMOP ONLY: FOR TSRx, THE PATIENT MUST BE 64 YEARS AND 8 MONTHS OR GREATER. IF THE PATIENT IS LESS THAN THIS AGE, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT. 		
	IF ENROLLMENT/HEALTH PLAN CODE =	PS	TSRx
	AND TYPE OF SERVICE (SECOND POSITION) =	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN PATIENT AGE¹ MUST BE ≥ 64 YEARS AND 8 MONTHS		
	ELSE IF PATIENT AGE¹ < 64 YEARS AND 8 MONTHS		
	THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE MUST =	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
		26	EXPENSES INCURRED PRIOR TO COVERAGE OR
		27	EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
		30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
		31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
		32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (CONTINUED)

		33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
		34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
		62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
2-300-18R	IF ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADMSM
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
		T	FOREIGN MILITARY MEMBER
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (2-301)

VALIDITY EDITS

2-301-01V MUST BE A VALID HCDP PLAN COVERAGE CODE LISTED IN [CHAPTER 2, ADDENDUM M](#).

RELATIONAL EDITS

NONE

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: REGION INDICATOR (2-303)	
VALIDITY EDITS	
2-303-01V	MUST BE A VALID REGION INDICATOR (REFER TO CHAPTER 2, SECTION 2.8)
2-303-02V	IF TYPE OF SUBMISSION ≠
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND REGION INDICATOR =
	NC NORTH CONTRACT OR
	SC SOUTH CONTRACT OR
	WC WEST CONTRACT
	THEN ADJUSTMENT KEY MUST =
	0 BATCH OR
	5 VOUCHER
RELATIONAL EDITS	
NONE	

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305)

VALIDITY EDITS

2-305-01V	OCCURRENCE NUMBER 1--MUST BE A VALID SPECIAL PROCESSING CODE ¹
2-305-02V	OCCURRENCE NUMBER 2--MUST BE A VALID SPECIAL PROCESSING CODE ¹
2-305-03V	OCCURRENCE NUMBER 3--MUST BE A VALID SPECIAL PROCESSING CODE ¹
2-305-04V	OCCURRENCE NUMBER 4--MUST BE A VALID SPECIAL PROCESSING CODE ¹
2-305-05V	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).
2-305-06V	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.
2-305-07V	<ul style="list-style-type: none"> SHCP REFERRED/NON-REFERRED
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AN SHCP - NON-MTF-REFERRED CARE OR AR SHCP - REFERRED CARE
	THEN BEGIN DATE OF CARE MUST BE < 06/01/2004
2-305-08V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	THEN BEGIN DATE OF CARE MUST BE < 09/01/2002
2-305-09V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = U BRAC PHARMACY
	THEN BEGIN DATE OF CARE MUST BE < 04/01/2001
2-305-10V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = MN TSP - NON-NETWORK OR MS TSP - NETWORK
	THEN BEGIN DATE OF CARE MUST BE < 12/31/2001
2-305-11V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = SN TSS - NON-NETWORK OR SS TSS - NETWORK
	THEN BEGIN DATE OF CARE MUST BE < 12/31/2002
2-305-13V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PD PHARMACY REDESIGN PILOT PROGRAM
	THEN BEGIN DATE OF CARE MUST BE < 04/01/2001
2-305-14V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = ST SPECIALIZED TREATMENT
	THEN BEGIN DATE OF CARE MUST BE < 10/01/2004
2-305-15V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = WR MENTAL HEALTH WRAPAROUND DEMONSTRATION
	THEN BEGIN DATE OF CARE MUST BE < 06/30/2001

RELATIONAL EDITS

2-305-02R	IF CA/NAS EXCEPTION REASON = 6 RESOURCE SHARING
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¹ AS STATED IN [CHAPTER 2, SECTION 2.8](#) OR BLANK

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)	
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = S RESOURCE SHARING - EXTERNAL
2-305-05R	(LIVER TRANSPLANT) IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODES ² 47133, 47135, OR 47136 AND 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 BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤ 02/19/1998) OR (≥ 09/01/1999 OR ≤ 05/31/2003) THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = ST SPECIALIZED TREATMENT
2-305-06R	IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODE ² 33945 THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 7 HEART TRANSPLANT
2-305-07R	IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODE ² 90199 THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 6 HHC
2-305-08R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF PFPWD THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY = 6 HHC OR A PARTNERSHIP PROGRAM OR E HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP) OR S RESOURCE SHARING - EXTERNAL OR RI RESOURCE SHARING - INTERNAL
2-305-09R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = X PARTIAL HOSPITALIZATION-PROVIDERS NOT CONTRACTED WITH OR EMPLOYED BY THE PARTIAL HOSPITALIZATION PROGRAM WHO BILL FOR PSYCHOTHERAPY SERVICES IN A PARTIAL HOSPITALIZATION PROGRAM THEN AT LEAST ONE PROCEDURE CODE ² MUST = 90812, 90813, 90814, 90815, 90816, 90817, 90843, 90844, 90846, 90847, 90849, OR 90855
2-305-12R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = U BRAC MEDICARE PHARMACY

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)

	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND BEGIN DATE OF CARE MUST BE < 04/01/2001		
2-305-13R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	16	AMBULATORY SURGERY FACILITY CHARGE
	THEN PRICING RATE CODE MUST =	E	AMBULATORY SURGERY-PAID AS BILLED OR
		C	AMBULATORY SURGERY FACILITY PAYMENT RATE OR
		P	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY- FACILITY PAYMENT RATE OR
		Q	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
		R	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY- PAID AS BILLED OR
		S	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE OR
		U	MEDICARE REIMBURSEMENT USED
2-305-14R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PO	TRICARE PRIME - POINT OF SERVICE
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	U	TRICARE PRIME, CIVILIAN PCM OR
		Z	TRICARE PRIME, MTF/PCM OR
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
2-305-15R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	FOREIGN ACTIVE DUTY CLAIMS OR
		GU	ADSM ENROLLED IN TPR
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	W	TPR ADSM - USA OR
		X	FOREIGN ADSM OR
		WA	TPR FOREIGN ADSM
2-305-21R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	MN	TSP - NON-NETWORK OR
		MS	TSP - NETWORK
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	BB	TSP

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)

2-305-22R	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		
		THEN ENROLLMENT/ HEALTH PLAN CODE MUST =		SN	SHCP - NON-MTF-REFERRED CARE OR
				SO	SHCP - NON-TRICARE ELIGIBLE OR
				SR	SHCP - REFERRED CARE OR
				ST	SHCP - TRICARE ELIGIBLE OR
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN		
2-305-23R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SN	TSS - NON-NETWORK OR		
		SS	TSS - NETWORK		
		THEN ENROLLMENT/ HEALTH PLAN CODE MUST =			
		TS	TSS		
2-305-24R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	E	HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP)		
		THEN BEGIN DATE OF CARE MUST BE ≥ 03/15/1999			
		AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =			
		CM	ICMP		
2-305-25R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM		
		THEN BEGIN DATE OF CARE IS ≥ 10/30/2000 AND < 09/01/2002			
		AND HHC MEMBER CATEGORY CODE MUST =			
		A	ACTIVE DUTY OR		
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR		
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)		
		AND HCC MEMBER RELATIONSHIP CODE MUST =			
B	SPOUSE OR				
		C	CHILD OR STEPCHILD OR		

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)

D PRE-ADOPTIVE CHILD OR

E WARD (COURT ORDERED)

2-305-26R • TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001. FOR EACH LINE ITEM WHERE DATE OF CARE IS < 10/01/2001, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT.

IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

FF TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) OR

FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR

FS TFL (SECOND PAYOR)

ELSE IF BEGIN DATE OF CARE IS < 10/01/2001

THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAILED LINE MUST =

15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR

26 EXPENSES INCURRED PRIOR TO COVERAGE OR

27 EXPENSES INCURRED AFTER COVERAGE TERMINATED OR

30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR

31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR

32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR

33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR

34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR

62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR

141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)

2-305-29R • SPECIAL PROCESSING CODE "V" IS USED FOR CARE PROVIDED WITHIN NORMAL LIMITS - WHILE SPECIAL PROCESSING CODE "W" IS USED FOR CARE OVER AND ABOVE THOSE NORMAL LIMITS

IF BEGIN DATE OF CARE IS ≥ 12/28/2001

AND ANY OCCURRENCE OF
SPECIAL PROCESSING
CODE =

CT **CCTP**

THEN AT LEAST ONE
OTHER OCCURRENCE OF
SPECIAL PROCESSING
CODE MUST =

V FINANCIALLY UNDERWRITTEN PAYMENT
BY CLAIMS PROCESSOR **OR**

W NON-FINANCIALLY UNDERWRITTEN
PAYMENT BY FINANCIALLY
UNDERWRITTEN CLAIMS PROCESSOR

¹ AS STATED IN [CHAPTER 2, SECTION 2.8](#) OR BLANK

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ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE (2-306)

VALIDITY EDITS

2-306-01V MUST BE A VALID HCDP SPECIAL ENTITLEMENT CODE LISTING IN [CHAPTER 2, SECTION 2.5](#)

RELATIONAL EDITS

NONE

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310)

VALIDITY EDITS

2-310-01V IF CA/NAS NUMBER IS NOT BLANK
 THEN POSITIONS 1-4 (MTF FACILITY #), MUST BE VALID (USE MTF NUMBERS).
 POSITIONS 5-12 (FORMAT; YYYYMMDD),
 POSITIONS 13-15 (SEQUENCE #), MUST BE NUMERIC **AND** NOT ZERO.

RELATIONAL EDITS

NO ERROR IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION **OR**
 D COMPLETE DENIAL

THEN BYPASS ALL CA/NAS NUMBER RELATIONAL EDITING.

NO ERROR IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS

THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA

NO ERROR IF ANY OCCURRENCE OF
 SPECIAL PROCESSING CODE = R MEDICARE/TRICARE DUAL ENTITLEMENT
 (FIRST PAYOR-NOT A MEDICARE BENEFIT)
AND BEGIN DATE OF CARE ≥ 10/01/2001 **OR**

T MEDICARE/TRICARE DUAL ENTITLEMENT
 (SECOND PAYOR) **AND** BEGIN DATE OF
 CARE ≥ 10/01/2001 **OR**

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

AR SHCP - REFERRED CARE **OR**

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

PF PFPWD **OR**

RS MEDICARE/TRICARE DUAL ENTITLEMENT
 (FIRST PAYOR-NO TRICARE PROVIDER
 CERTIFICATION, i.e., MEDICARE BENEFITS
 HAVE BEEN EXHAUSTED) **AND** BEGIN
 DATE OF CARE ≥ 10/01/2001 **OR**

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

SE SHCP - TRICARE ELIGIBLE **OR**

SM SHCP - EMERGENCY **OR**

ST SPECIALIZED TREATMENT **OR**

WR MENTAL HEALTH WRAP AROUND

THEN BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR IF ENROLLMENT/HEALTH PLAN
 CODE = U TRICARE PRIME, CIVILIAN PCM **OR**

W TPR **ADSM** - USA **OR**

X FOREIGN **ADSM** **OR**

Y CHCBP - STANDARD **OR**

Z TRICARE PRIME, MTF/PCM **OR**

AA CHCBP - EXTRA **OR**

BB TSP **OR**

FE TFL - EXTRA **OR**

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310) (CONTINUED)

	FS	TFL - STANDARD OR
	PS	TSRx OR
	SN	SHCP - NON-MTF-REFERRED CARE OR
	SR	SHCP - REFERRED CARE OR
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM

THEN BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
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THEN BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR	IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE =	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
		26	EXPENSES INCURRED PRIOR TO COVERAGE OR
		27	EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
		30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
		31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
		32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
		33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
		34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
		62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE

THEN BYPASS ALL CA/NAS NUMBER EDITING

NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	PPPWD
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THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.
² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310) (CONTINUED)

THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS NUMBER EDITING.

2-310-01R	IF PATIENT ZIP CODE IS NOT IN AN MTF ² CATCHMENT AREA ¹ THEN CA/NAS NUMBER MUST = BLANK
2-310-02R	IF CA/NAS EXCEPTION REASON ≠ BLANK THEN CA/NAS NUMBER MUST = BLANK
2-310-03R	• MENTAL HEALTH CHECK IF CA/NAS EXCEPTION REASON = BLANK AND TYPE OF SERVICE (FIRST POSITION) = I INPATIENT AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316 AND PATIENT ZIP CODE IS IN AN MTF ² CATCHMENT AREA ¹ THEN CA/NAS NUMBER MUST BE CODED UNLESS ANY OCCURRENCE OF OVERRIDE CODE = C GOOD FAITH PAYMENT THEN CA/NAS NUMBER MUST = BLANK

**2-310-04R IF CA/NAS NUMBER IS CODED
THEN CA/NAS EXCEPTION REASON MUST = BLANK**

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.
² MTF IS A 40 MILES CATCHMENT AREA.

ELEMENT NAME: CA/NAS REASON FOR ISSUANCE (2-315)

VALIDITY EDITS

2-315-01V VALUE MUST A VALID CA/NAS REASON FOR ISSUANCE.

RELATIONAL EDITS

2-315-01R	IF CA/NAS NUMBER IS CODED THEN CA/NAS REASON FOR ISSUANCE MUST ≠ BLANK.
2-315-02R	IF CA/NAS NUMBER = BLANK THEN CA/NAS REASON FOR ISSUANCE MUST = BLANK.
2-315-03R	IF CA/NAS REASON FOR ISSUANCE =
	7 ENROLLEE NETWORK CARE AUTHORIZATION/RESTRICTED CA/NAS OR
	8 ENROLLEE NON-NETWORK CARE AUTHORIZATIONS/RESTRICTED CA/NAS OR
	9 NOT ENROLLED, AUTHORIZED NETWORK CARE ONLY
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =
	T TRICARE STANDARD PROGRAM OR
	U TRICARE PRIME, CIVILIAN PCM OR
	V TRICARE EXTRA OR
	Z TRICARE PRIME, MTF/PCM

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320)

VALIDITY EDITS

2-320-01V VALUE MUST BE A VALID CA/NAS EXCEPTION REASON.

RELATIONAL EDITS

NO ERROR IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION **OR**
D COMPLETE DENIAL

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS
THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**

T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR-NOT A MEDICARE BENEFIT) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**

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

AR SHCP - REFERRED CARE **OR**

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

PF PFPWD **OR**

RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**

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

SE SHCP - TRICARE ELIGIBLE **OR**

SM SHCP - EMERGENCY **OR**

ST SPECIALIZED TREATMENT **OR**

WR MENTAL HEALTH WRAP AROUND

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR IF ENROLLMENT/HEALTH PLAN CODE = U TRICARE PRIME, CIVILIAN PCM **OR**

W TPR **ADSM** - USA **OR**

X FOREIGN **ADSM** **OR**

Y CHCBP - STANDARD **OR**

Z TRICARE PRIME, MTF/PCM **OR**

AA CHCBP - EXTRA **OR**

BB TSP **OR**

FE TFL - EXTRA **OR**

FS TFL - STANDARD **OR**

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320) (CONTINUED)

PS TSRx **OR**

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

SR SHCP - REFERRED CARE **OR**

WF TPR FOR ENROLLED ADFM RESIDING WITH
A TPR ELIGIBLE AD SM

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR IF HCC MEMBER CATEGORY
CODE =

T FOREIGN MILITARY MEMBER

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR IF ANY OCCURRENCE OF
ADJUSTMENT/DENIAL REASON
CODE FOR THAT DETAIL
OCCURRENCE =

15 PAYMENT ADJUSTED BECAUSE THE
SUBMITTED AUTHORIZATION NUMBER IS
MISSING, INVALID, OR DOES NOT APPLY TO
THE BILLED SERVICES OR PROVIDER **OR**

26 EXPENSES INCURRED PRIOR TO COVERAGE
OR

27 EXPENSES INCURRED AFTER COVERAGE
TERMINATED **OR**

30 PAYMENT ADJUSTED BECAUSE THE
PATIENT HAS NOT MET THE REQUIRED
ELIGIBILITY, SPEND DOWN, WAITING, OR
RESIDENCY REQUIREMENTS **OR**

31 CLAIM DENIED AS PATIENT CANNOT BE
IDENTIFIED AS OUR INSURED **OR**

32 OUR RECORDS INDICATE THAT THIS
DEPENDENT IS NOT AN ELIGIBLE
DEPENDENT AS DEFINED **OR**

33 CLAIM DENIED. INSURED HAS NO
DEPENDENT COVERAGE **OR**

34 CLAIM DENIED. INSURED HAS NO
COVERAGE FOR NEWBORNS **OR**

62 PAYMENT DENIED/REDUCED FOR
ABSENCE OF, OR EXCEEDED, PRE-
CERTIFICATION/AUTHORIZATION **OR**

141 CLAIM ADJUSTMENT BECAUSE THE CLAIM
SPANS ELIGIBLE AND INELIGIBLE PERIODS
OF COVERAGE

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING

NO ERROR IF ANY OCCURRENCE OF
SPECIAL PROCESSING CODE =

PF PFPWD

THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS EXCEPTION REASON
EDITING.

NO ERROR IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320) (CONTINUED)

THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS EXCEPTION REASON EDITING

2-320-01R IF PATIENT ZIP CODE IS NOT IN AN MTF² CATCHMENT AREA¹

THEN CA/NAS EXCEPTION REASON MUST = BLANK

2-320-02R IF CA/NAS NUMBER IS CODED

THEN CA/NAS EXCEPTION REASON MUST = BLANK

2-320-03R IF CA/NAS EXCEPTION REASON = Q ACTIVE DUTY CLAIMS

THEN ENROLLMENT HEALTH PLAN CODE MUST = X FOREIGN ADSM

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325)

VALIDITY EDITS

2-325-01V VALUE MUST A VALID NON-INSTITUTIONAL PRICING RATE CODE.

RELATIONAL EDITS

2-325-01R IF PRICING RATE CODE =

C	AMBULATORY SURGERY FACILITY PAYMENT RATE OR
D	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE OR
E	AMBULATORY SURGERY-PAID AS BILLED OR
P	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
Q	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
R	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED OR
V	MEDICARE REIMBURSEMENT RATE

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =

16 AMBULATORY SURGERY FACILITY CHARGE

2-325-02R IF ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A CODE LISTED IN [CHAPTER 2, ADDENDUM H, FIGURE 2-H-1](#).

THEN PRICING RATE CODE MUST = ZERO

0 PRICING NOT APPLICABLE (DENIED SERVICE/SUPPLIES AND ALLOWED DRUGS)

2-325-03R IF PRICING RATE CODE FOR THAT OCCURRENCE/LINE ITEM =

0 PRICING NOT APPLICABLE (DENIED SERVICE/SUPPLIES AND ALLOWED DRUGS)

THEN AMOUNT ALLOWED BY PROCEDURE CODE **MUST = ZERO**

UNLESS TYPE OF SERVICE (SECOND POSITION) =

B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS **OR**

M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

2-325-04R IF PRICING RATE CODE =

V MEDICARE REIMBURSEMENT RATE

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =

16 AMBULATORY SURGERY FACILITY CHARGE **OR**

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED)			
		T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		FS	TFL (SECOND PAYOR) OR
		MN	TSP - NON-NETWORK OR
		MS	TSP - NETWORK
2-325-05R	IF PRICING RATE CODE =	U	SHCP CLAIM OR ACTIVE DUTY MEMBER TPR PAID OUTSIDE NORMAL LIMITS
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AR	SHCP - REFERRED CARE OR
		AN	SHCP - NON-MTF-REFERRED CARE OR
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		GU	ADSM ENROLLED IN TPR OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
	OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF-REFERRED CARE OR
		SR	SHCP - REFERRED CARE
2-325-06R	IF PRICING CODE =	W	PRICED OVER CMAC
	AND ENROLLMENT/HEALTH PLAN CODE =	T	MCS STANDARD PROGRAM
	AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
	AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2003		
	THEN PROVIDER PARTICIPATING INDICATOR MUST =	N	NO
2-325-07R	IF PRICING RATE CODE =	GG	GLOBAL RATE AGREEMENT (USED WITH CORPORATE SERVICE PROVIDERS ONLY) OR
		GP	PER DIEM RATE AGREEMENT (USED WITH CORPORATE SERVICE PROVIDERS ONLY)
	THEN PROVIDER SPECIALITY MUST =		261QS1200X (CLINIC/CENTER - SLEEP DISORDER DIAGNOSTIC) OR
			293D00000X (PHYSIOLOGICAL LAB) OR
			261QE0700X (CLINIC/CENTER END STAGE RENAL DISEASE TREATMENT) OR

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED)

261QM1200X (CLINIC/CENTER MAGNETIC
RESONANCE IMAGING) **OR**

261QR0401X (CLINIC/CENTER
REHABILITATION, COMPREHENSIVE
OUTPATIENT REHAB FACILITY (CORF)) **OR**

2514H0200X (HOME HEALTH AGENCY) **OR**

261QR0404X (CLINIC/CENTER REHAB
CARDIAC FACILITIES) **OR**

261QX0203X (CLINIC/CENTER ONCOLOGY,
RADIATION) **OR**

261QR0200X (CLINIC/CENTER RADIOLOGY)

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APPLY TO GOVERNMENT USE.