

PRICING EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (4-001)	
VALIDITY EDITS	
4-001-01V	MUST = R PRICING
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PRICING STATE OR COUNTRY CODE (4-005)	
VALIDITY EDITS	
4-005-01V	MUST BE VALID STATE CODE OR FOREIGN COUNTRY CODE.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROCEDURE CODE (4-010)	
VALIDITY EDITS	
4-010-01V	MUST BE NUMERIC. MUST BE VALID CPT-4/HCPSCS OR TMA-ASSIGNED CODE.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: CLASS OF PROVIDER (4-015)	
VALIDITY EDITS	
4-015-01V	MUST BE '01' - '05'.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: TYPE OF PRICING SERVICE (4-020)	
VALIDITY EDITS	
4-020-01V	MUST BE '01' - '09'.
RELATIONAL EDITS	
NONE	

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ELEMENT NAME: PREVAILING FEE (4-025)

VALIDITY EDITS

4-025-01V MUST BE NUMERIC.

RELATIONAL EDITS

4-025-01R IF CONVERSION AMOUNT = ZERO,

AND CONVERSION FACTOR = ZERO

AND RELATIVE VALUE UNIT = ZERO

**AND CATEGORY OF CARE
FOR CONVERSION FACTOR ≠ B BY REPORT**

THEN PREVAILING FEE MUST ≠ ZERO.

ELEMENT NAME: CONVERSION AMOUNT (4-030)

VALIDITY EDITS

4-030-01V MUST BE NUMERIC.

RELATIONAL EDITS

4-030-01R IF PREVAILING FEE = ZERO

**AND CATEGORY OF CARE FOR
CONVERSION FACTOR ≠ A ANESTHESIA OR
B BY REPORT**

THEN CONVERSION AMOUNT MUST ≠ ZERO

4-030-02R IF CATEGORY OF CARE FOR
CONVERSION FACTOR ≠ B BY REPORT

THEN CONVERSION AMOUNT MUST = ZERO

ELSE CONVERSION AMOUNT MUST ≠ ZERO

4-030-03R IF PREVAILING FEE ≠ ZERO

THEN CONVERSION AMOUNT MUST = ZERO

4-030-04R IF CONVERSION FACTOR ≠ ZERO

AND RELATIVE VALUE UNIT ≠ ZERO

**AND CATEGORY OF CARE
FOR CONVERSION FACTOR ≠ A ANESTHESIA**

THEN CONVERSION AMOUNT MUST ≠ ZERO

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PRICING EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: CONVERSION FACTOR (4-032)	
VALIDITY EDITS	
4-032-01V	MUST BE NUMERIC
RELATIONAL EDITS	
4-032-01R	IF CONVERSION AMOUNT \neq ZERO AND RELATIVE VALUE UNIT \neq ZERO THEN CONVERSION FACTOR MUST \neq ZERO
4-032-02R	IF PREVAILING FEE = ZERO AND CATEGORY OF CARE FOR CONVERSION \neq B BY REPORT THEN CONVERSION FACTOR MUST \neq ZERO
4-032-03R	IF CATEGORY OF CARE FOR CONVERSION FACTOR = B BY REPORT THEN CONVERSION FACTOR MUST = ZERO
4-032-04R	IF PREVAILING FEE \neq ZERO THEN CONVERSION FACTOR MUST = ZERO

ELEMENT NAME: RELATIVE VALUE UNIT (4-033)	
VALIDITY EDITS	
4-033-01V	MUST BE NUMERIC
RELATIONAL EDITS	
4-033-01R	IF CONVERSION FACTOR \neq ZERO AND CONVERSION AMOUNT \neq ZERO THEN RELATIVE VALUE UNIT MUST \neq ZERO
4-033-02R	IF PREVAILING FEE = ZERO AND CATEGORY OF CARE FOR CONVERSION \neq B BY REPORT THEN RELATIVE VALUE UNIT MUST \neq ZERO
4-033-03R	IF CATEGORY OF CARE FOR CONVERSION FACTOR = B BY REPORT THEN RELATIVE VALUE UNIT MUST = ZERO
4-033-04R	IF PREVAILING FEE \neq ZERO THEN RELATIVE VALUE UNIT MUST = ZERO

ELEMENT NAME: CATEGORY OF CARE FOR CONVERSION FACTOR (4-035)	
VALIDITY EDITS	
4-035-01V	MUST BE VALID CATEGORY OF CARE FOR CONVERSION FACTOR.
RELATIONAL EDITS	
NONE	

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PRICING EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: MEDICARE ECONOMIC INDEX PRICE (4-040)

VALIDITY EDITS

4-040-01V MUST BE NUMERIC.

RELATIONAL EDITS

4-040-01R IF MEDICARE ECONOMIC INDEX PRICE \neq ZERO
THEN PREVAILING FEE AND CONVERSION AMOUNT CANNOT BOTH = ZERO.

ELEMENT NAME: PRICING PROFILE (4-045)

VALIDITY EDITS

4-045-01V MUST BE A VALID PRICING PROFILE.

RELATIONAL EDITS

NONE

ELEMENT NAME: PRICING EFFECTIVE DATE (4-050)

VALIDITY EDITS

4-050-01V MUST BE VALID GREGORIAN DATE.

RELATIONAL EDITS

NONE