

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: REASON FOR ADJUSTMENT (2-200)
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VALIDITY EDITS

2-200-01	VALUE MUST BE 'A' - 'F' OR BLANK.
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RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
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TYPE OF SUBMISSION	SEE BELOW	
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EDITED ELEMENT RELATIONSHIP

2-200-02R	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 ADP MANUAL, CHAPTER 2, SECTION 8 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
AND			
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 OR 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 OR

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

	4	ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY OR
	9	FORT DRUM COOPERATIVE MEDICAL CARE OR
	6	HOME HEALTH CARE OR
	E	HHC/CM OR
	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM AND EARLIEST BEGIN DATE OF CARE \geq 09/14/2001 AND $<$ 11/01/2004
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 OR
	7	HEART TRANSPLANT
IF NAS EXCEPTION REASON =	8	HEART TRANSPLANT
AND EARLIEST BEGIN DATE OF CARE \geq 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 OR
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS OR
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS OR
	O	CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES OR
	S	RESOURCE SHARING
IF NAS EXCEPTION REASON =	L	HOSPICE
THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =		
	O	HOSPICE NON-AFFILIATED PROVIDER OR
	#	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
2-202-06R	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE ¹ 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
	OR IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE ¹ IS 47133, 47135, OR 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 ¹ IS 33945,	
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	7 HEART TRANSPLANT
	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE ¹ IS 90199,	
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	6 HOME HEALTH CARE
2-202-09R	IF PROGRAM INDICATOR =	H PFPWD
	THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	A PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS OR B PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS OR

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

	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS OR
	6	HOME HEALTH CARE OR
	E	HHC/CM OR
	F	ARMY CAM DEMONSTRATION OR
	G	
	I	AIR FORCE CAM DEMONSTRATION OR
	J	
	N	CHAMPUS SELECT OR
	S	RESOURCE SHARING
IF PROGRAM INDICATOR =	D	DRUG
THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS OR
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS OR
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS WHO ASSISTED OR PROVIDED ANCILLARY SUPPORT
IF PROGRAM INDICATOR =	T	DENTAL
THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS OR
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS OR
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS OR
	E	HHC/CM OR
	F	ARMY CAM DEMONSTRATION
	G	
2-202-10R		SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED
2-202-11R	IF SPECIAL PROCESSING CODE =	F REYNOLDS ARMY COMMUNITY HOSPITAL, FT. SILL
		THE FILING DATE MUST BE \geq 06/01/1989 AND 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 AND 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 AND 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
	THEN THE FILING DATE MUST BE \geq 03/01/1990.		
2-202-12R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
	THEN PROVIDER STATE OR COUNTRY CODE MUST =		
		12	FLORIDA OR
		13	GEORGIA
2-202-13R	IF EARLIEST BEGIN DATE OF CARE $<$ 06/30/1988		
	THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		
		E	HHC/CM
2-202-15R	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
2-202-16R	IF FIRST POSITION OF TYPE OF SERVICE =	C	AIR FORCE CAM PRIMARY/PREVENTIVE CARE
	THEN SPECIAL PROCESSING CODE MUST =		
		I	BERGSTROM AFB CATCHMENT AREA OR
		J	LUKE/WILLIAMS AFB CATCHMENT AREA
2-202-17R	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
	THEN AT LEAST ONE PROCEDURE CODE ¹ MUST =		
		90812, 90813, 90814, 90815, 90816, 90817, 90843, 90844, 90846, 90847, 90849, OR 90855	
2-202-18R	IF SPECIAL PROCESSING CODE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (NORMAL COB PROCESSING)
	AND BEGIN DATE OF CARE IS $<$ 10/01/2001		
	THEN SPONSOR STATUS =		
		A	ACTIVE DUTY OR
		D	100% DISABLED OR
		F	FORMER MEMBER OR
		H	MEDAL OF HONOR OR
		I	PERMANENTLY DISABLED OR
		K	DECEASED OR
		O	TEMPORARILY DISABLED OR

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

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

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

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

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

AND EARLIEST BEGIN DATE OF CARE < 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 CODE¹ = 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)

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

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

		FS	TFL (SECOND PAYOR)
	THEN ENROLLMENT STATUS MUST =	FE	TFL - EXTRA OR
		FS	TFL - STANDARD
2-202-46R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FF	TFL - FIRST PAYOR OR
		FS	TFL - SECOND PAYOR
	THEN EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001		
2-202-49R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GN	TPR ENROLLED ADFM - NON-NETWORK OR
		GT	TPR ENROLLED ADFM - NETWORK
	AND EARLIEST BEGIN DATE OF CARE IS ≥ 09/01/2002		
	THEN ENROLLMENT STATUS MUST =	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADMS
2-202-50R	<ul style="list-style-type: none"> 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		
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	CT	CUSTODIAL CARE TRANSITIONAL POLICY
	THEN AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	V	AT-RISK PAYMENT BY AT-RISK CLAIMS PROCESSOR OR
		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

2-203-02R	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'.	
2-203-03R	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.	
2-203-04R	IF SPECIAL RATE CODE =	R AMBULATORY SURGERY FACILITY PAYMENT RATE OR
		S DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE OR
		V MEDICARE REIMBURSEMENT RATE
	OR PRICING CODE =	C AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
		D DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
		E AMBULATORY SURGERY-PAID AS BILLED OR
		P TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
		Q TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR
		R TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	AND AMOUNT ALLOWED > 0	
	THEN SPECIAL PROCESSING CODE MUST =	? AMBULATORY SURGERY FACILITY CHARGE
2-203-05R	IF SPECIAL RATE CODE =	V MEDICARE REIMBURSEMENT RATE
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	FS TFL -SECOND PAYOR OR
		T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR
		MS TSP - NETWORK OR
		? AMBULATORY SURGERY FACILITY CHARGE OR
		MN TSP - NON-NETWORK
2-203-06R	IF SPECIAL RATE CODE =	U SHCP CLAIM PAID OUTSIDE NORMAL LIMITS
	THEN SPECIAL PROCESSING CODE MUST =	AN SHCP - NON-MTF-REFERRED CARE OR
		AR SHCP - MTF-REFERRED CARE OR

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

	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU	ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
2-203-07R	IF SPECIAL RATE CODE =	GG GLOBAL RATE AGREEMENT OR
		GP PER DIEM RATE AGREEMENT
	THEN PROVIDER SPECIALTY MUST =	AA CORPORATE PROVIDER - PHYSICIAN-DIRECTED CLINICS (I.E. RADIATION THERAPY AND CARDIAC REHABILITATION PROGRAMS) OR
		AB CORPORATE PROVIDER - CARDIAC CATHETERIZATION CLINICS OR
		AC CORPORATE PROVIDER - FREESTANDING SLEEP DISORDER DIAGNOSTIC CENTERS OR
		AD CORPORATE PROVIDER - INDEPENDENT PHYSIOLOGICAL LABORATORIES OR
		AE CORPORATE PROVIDER - FREESTANDING KIDNEY DIALYSIS CENTERS OR
		AF CORPORATE PROVIDER - FREESTANDING MAGNETIC RESONANCE IMAGING CENTERS OR
		AG CORPORATE PROVIDER - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES (CORFS) OR
		AH CORPORATE PROVIDER - HOME HEALTH AGENCIES (HHAS) OR
		AI CORPORATE PROVIDER - FREESTANDING BONE MARROW TRANSPLANT CENTERS OR
		AJ CORPORATE PROVIDER - HOME INFUSION (ACCREDITATION COMMISSION FOR HEALTH CARE, INC. (ACHC ACCREDITED)) OR
		AK CORPORATE PROVIDER - DIABETIC OUTPUT SELF MANAGEMENT EDUCATION PROGRAM (ADA ACCREDITED) OR
		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 OR
G	MCS - TRICARE-TIDEWATER EXTRA OR
R	TRICARE EXTRA - NORTH CAROLINA OR
T	MCS - STANDARD PROGRAM OR
U	MCS - PRIME, CIVILIAN PCM OR
V	MCS - EXTRA OR
Y	CHCBP - STANDARD OR
Z	MCS - PRIME (WITH MTF/CLINIC PCM) OR
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 ≥ 05/01/1992

AND ANY OCCURRENCE OF PRICING CODE =	A	NATIONAL PREVAILING CHARGE OR
	B	NATIONAL CONVERSION FACTOR OR
	N	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL PREVAILING CHARGE OR
	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 ≥ 05/01/1992

AND NO OCCURRENCE OF PRICING CODE =	A	NATIONAL PREVAILING CHARGE OR
	B	NATIONAL CONVERSION FACTOR OR
	N	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL PREVAILING CHARGE OR
	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-ID¹		
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-ID¹		
AND CANNOT = 6501, 6901 - 6915, 7901 - 7912, 7916, 8000 - 8099, OR BLANK		

² A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.
³ 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 $<$ 10/01/1999

AND 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 $<$ 09/01/2002

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

AND 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 $<$ 09/01/2002

AND 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

² A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.³ 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 ²REGION CODE = 13 THEN DMIS-ID MUST BE 6913

OR ²REGION CODE = 14 THEN DMIS-ID MUST BE 6914

OR ²REGION CODE = 15 THEN DMIS-ID MUST BE 6915

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

³ THESE REGION CODES ARE RESERVED FOR FUTURE USE.

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

2-211-10R	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

² A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.
³ 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

2-214-02R 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 ¹	SEE BELOW	PROVIDER TAXPAYER NUMBER ¹ , PROVIDER SUB-IDENTIFIER ¹ , PROVIDER ZIP CODE ¹ , BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE ¹
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

2-215-02R 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

¹ 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).

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

¹ 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.

¹ 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.

¹ 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

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

EDITED ELEMENT RELATIONSHIP

NONE

¹ 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

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

EDITED ELEMENT RELATIONSHIP

NONE

¹ 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

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

EDITED ELEMENT RELATIONSHIP

2-230-02R	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 ¹		PROVIDER TAXPAYER NUMBER ¹ , PROVIDER SUB-IDENTIFIER ¹ , PROVIDER ZIP CODE ¹ , BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE ¹
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

¹ 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)**

¹ 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

2-255-02R¹ PRINCIPAL TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION
IDENTIFIER.

¹ 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

¹ 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

¹ 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

2-260-02R¹ 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.

¹ 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.

¹ 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.¹

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

2-265-02R² 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.

¹ SEE EDIT 2-260-01.

² 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.¹

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

2-270-02R¹ 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.

¹ SEE EDIT 2-260-01

² 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.¹

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

- 2-275-02R¹** 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.

¹ 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

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

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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**

I INITIAL SUBMISSION **OR**

O ZERO PAYMENT WITH 100% OHI/TPL **OR**

R RESUBMISSION OF ERROR REJECT

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

² **CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2004 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.**

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

**AND ENROLLMENT STATUS NOT = 'A', 'B', 'C', OR 'K' (PRIME)
AND DENIAL REASON CODE¹ 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 CODE¹ 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
	R	RESUBMISSION OF ERROR REJECT

**AND ENROLLMENT STATUS = 'A', 'B', 'C', OR 'K' (PRIME)
AND DENIAL REASON CODE¹ MUST BE PRESENT - (CANNOT BE BLANK)
THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO**

IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
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¹ USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.

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

	B	ADJUSTMENT NON-HCSR DATA OR
	C	COMPLETE CANCELLATION OR
	E	CANCELLATION NON-HCSR DATA
AND ENROLLMENT STATUS = 'A', 'B', 'C', OR 'K' (PRIME)		
AND DENIAL REASON CODE ¹ MUST BE PRESENT - (CANNOT BE BLANK)		
THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO		
THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO,		
UNLESS OVERRIDE CODE =	Z	(ENHANCED BENEFIT)
OR 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
2-290-06R	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 NOT 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'.	
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 ² MUST = 98800.	

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

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

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 CODE² = 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 CODE² = 90892, 90893, 90894, 90895, 90896, 90897, **OR** 90898

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

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

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