

## NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: TYPE OF SUBMISSION (2-100)		VALIDITY EDITS	
2-100-01V	VALUE MUST BE A VALID TYPE OF SUBMISSION.		
2-100-02V	IF TYPE OF SUBMISSION =	B	ADJUSTMENT OF NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>THEN ADJUSTMENT KEY CANNOT =</b>	0	<b>BATCH OR</b>
		5	<b>VOUCHER</b>
	<b>AND REGION INDICATOR MUST = BLANK</b>		
2-100-03V	IF TYPE OF SUBMISSION =	A	ADJUSTMENT <b>OR</b>
		B	ADJUSTMENT OF NON-TED RECORD (HCSR) DATA <b>OR</b>
		C	COMPLETE CANCELLATION <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>THEN MATCH MUST BE FOUND ON THE TMA DATABASE</b>		
	<b>AND TYPE OF SUBMISSION ON THE EXISTING TMA DATABASE RECORD ≠</b>	C	COMPLETE CANCELLATION <b>OR</b>
		D	COMPLETE DENIAL <b>OR</b>
		E	COMPLETE CANCELLATION NON-TED RECORD (HCSR) DATA
	<b>UNLESS THE RECORD HAS PROVISIONAL ERRORS</b>		
2-100-04V	IF TYPE OF SUBMISSION =	D	COMPLETE DENIAL <b>OR</b>
		I	INITIAL SUBMISSION <b>OR</b>
		O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
		R	RESUBMISSION
	<b>THEN A TED RECORD MUST NOT BE PRESENT ON THE DATABASE WITH THE SAME TED RECORD INDICATOR</b>		
2-100-05V	IF TYPE OF SUBMISSION =	A	ADJUSTMENT TO TED <b>OR</b>
		C	COMPLETE CANCELLATION <b>OR</b>
		D	COMPLETE DENIAL <b>OR</b>
		I	INITIAL SUBMISSION <b>OR</b>
		O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
		R	RESUBMISSION

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**ELEMENT NAME: TYPE OF SUBMISSION (2-100) (CONTINUED)**

THEN REGION INDICATOR MUST =	BLANK OR
	NC NORTH CONTRACT OR
	SC SOUTH CONTRACT OR
	WC WEST CONTRACT

<b>2-100-06V</b> IF TYPE OF SUBMISSION =	<b>A ADJUSTMENT OR</b>
	<b>B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR</b>
	<b>C COMPLETE CANCELLATION TO TED RECORD DATA OR</b>
	<b>E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA</b>

<b>THEN TED RECORD CORRECTION INDICATOR MUST =</b>	<b>1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD OR</b>
	<b>2 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT CLAIM PROCESSING ERRORS OR TO UPDATE PRIOR DATA WITH MORE CURRENT/ACCURATE INFORMATION OR</b>
	<b>3 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT BOTH CLAIM PROCESSING ERRORS AND EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD</b>

**RELATIONAL EDITS**

<b>2-100-01R</b> IF TYPE OF SUBMISSION =	<b>O ZERO PAYMENT WITH 100% OHI/TPL</b>
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THEN THE AMOUNT OF OHI MUST BE > ZERO

AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE MUST > ZERO

AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = **ZERO**

<b>2-100-02R</b> IF ALL OCCURRENCE/LINE ITEMS ARE DENIED (REFER TO <a href="#">CHAPTER 2, ADDENDUM H, FIGURE 2-H-1</a> )	
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THEN TYPE OF SUBMISSION MUST =	<b>C COMPLETE CANCELLATION OR</b>
	<b>D COMPLETE DENIAL OR</b>
	<b>E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA</b>

<b>2-100-04R</b> IF RESUBMISSION NUMBER = ZERO FOR THIS BATCH OR VOUCHER	
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THEN TYPE OF SUBMISSION MUST ≠	<b>R RESUBMISSION</b>
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<b>2-100-05R</b> IF RESUBMISSION NUMBER > ZERO FOR THIS BATCH OR VOUCHER	
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<b>ELEMENT NAME:</b>		<b>TYPE OF SUBMISSION (2-100) (CONTINUED)</b>	
	THEN TYPE OF SUBMISSION MUST ≠	I	INITIAL TED RECORD SUBMISSION
<b>2-100-06R</b>	IF TYPE OF SUBMISSION =	I	INITIAL SUBMISSION <b>OR</b>
		R	RESUBMISSION
	<b>THEN THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT BILLED BY PROCEDURE CODE, AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE MUST BE &gt; 0.</b>		
<b>2-100-07R</b>	IF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>THEN BEGIN DATE OF CARE MUST BE &lt; 10/01/2010</b>		
<b>2-100-09R</b>	IF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN TYPE OF SERVICE (SECOND POSITION) MUST ≠	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, <b>PRESCRIPTION AUTHORIZATIONS, AND REVIEWS</b>

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (2-105)**

**VALIDITY EDITS**

**2-105-01V** MUST BE A VALID CLAIM FORM TYPE/EMC INDICATOR.

**RELATIONAL EDITS**

**2-105-01R** IF CLAIM FORM TYPE/EMC INDICATOR = I ELECTRONIC DRUG CLAIM SUBMISSION

**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

**2-105-02R** IF CLAIM FORM TYPE/EMC INDICATOR =

J OTHER

**AND** TYPE OF SERVICE SECOND POSITION = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS **OR**

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

**THEN** PROCEDURE CODE MUST =

000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS **OR**

000PA PRESCRIPTION PRIOR AUTHORIZATIONS

**ELEMENT NAME: ADMINISTRATIVE CLIN (2-108)**

**VALIDITY EDITS**

**2-108-01V** MUST BE ALPHANUMERIC **OR** BLANKS

**2-108-02V** IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**

C COMPLETE CANCELLATION

**AND** ADMINISTRATIVE CLAIM COUNT CODE (TMA DERIVED FIELD) ON TMA FILE =

1 CLAIM RATE HAS BEEN PAID

**THEN** ADMINISTRATIVE CLIN ON THE ADJUSTMENT MUST = ADMINISTRATIVE CLIN ON TMA DATABASE<sup>1</sup>

**RELATIONAL EDITS**

REFER TO [CHAPTER 2, SECTION 8.1](#).

<sup>1</sup> THIS EDIT IS CHECKED DURING THE MATCH AND MARRY PROCESS.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110)**

**VALIDITY EDITS**

<b>2-110-01V</b>	MUST BE A VALID 4 DIGIT DMIS-ID CODE.
<b>2-110-02V</b>	<ul style="list-style-type: none"> <li>REVISED FINANCING</li> </ul>
	IF HEADER TYPE INDICATOR = 5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6 VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE = Z TRICARE PRIME, MTF/CLINIC
	AND TYPE OF SUBMISSION ≠ B ADJUSTMENT NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>THEN PCM LOCATION DMIS-ID MUST EQUAL A VALID MTF/CLINIC DMIS-ID<sup>1</sup></b>
	<b>AND CANNOT = 6501, 6901-6915, 6917-6919, 7901-7912, 7916<sup>2</sup>-7919, 8000-8099, OR BLANK</b>

**RELATIONAL EDITS**

<b>NO ERROR</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	S	ZIP CODE OVERRIDE TO BE USED WHEN A BENEFICIARY HAS MOVED OUT OF A REGION AND THE CONTRACTOR IS STILL RESPONSIBLE FOR THE CARE CLAIMED; OR IF A BENEFICIARY RESIDES IN A REGION DIFFERENT FROM THE REGION THEY ARE ENROLLED IN-- <b>WITHIN THE SAME CONTRACT JURISDICTION</b>
	<b>THEN BYPASS ALL PCM LOCATION DMIS-ID RELATIONAL EDITING.</b>		
<b>2-110-01R</b>	IF BEGIN DATE OF CARE ≥ 10/01/1997		
	AND ENROLLMENT/HEALTH PLAN CODE =	BB	TSP
	<b>THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID<sup>1</sup></b>		
	<b>AND CANNOT = 6501, 6901-6915, 6917-6919, 7901-7912, 7916<sup>2</sup>-7919, 8000-8099, OR BLANK</b>		
<b>2-110-02R</b>	IF BEGIN DATE OF CARE ≥ 10/01/1999		
	AND ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE
	<b>THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID<sup>1</sup></b>		
	<b>AND CANNOT = 6501, 6901-6915, 6917-6919, 7901-7912, 7916<sup>2</sup>-7919, OR 8000-8099</b>		
<b>2-110-04R</b>	IF BEGIN DATE OF CARE ≥ 10/01/1997 AND < 09/01/2002		
	AND ENROLLMENT/HEALTH PLAN CODE =	U	TRICARE PRIME, CIVILIAN PCM
	AND REGION INDICATOR =	<del>h</del>	BLANK OR
		NC	NORTH CONTRACT
	<b>THEN DMIS-ID MUST = 6901, 6902, 6905, OR 8000-8099</b>		

<sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

<sup>2</sup> 7916 IS THE DMIS-ID FOR ALASKA.



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**ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110) (CONTINUED)**

	WO	TPR FOREIGN ADFM	<b>OR</b>
	XF	FOREIGN ADFM	
THEN PCM LOCATION DMIS-ID MUST = BLANK			
<b>UNLESS</b> HCDP PLAN COVERAGE CODE =	140	TRICARE PLUS WITH CHC COVERAGE FOR ADFMs	<b>OR</b>
	141	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
	142	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
	143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
	144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
	145	TRICARE PLUS COVERAGE FOR RETIRED SPONSORS, FAMILY MEMBERS AND MEDAL OF HONOR	<b>OR</b>
	146	TRICARE PLUS WITH CHC COVERAGE FOR RETIRED SPONSORS, FAMILY MEMBERS AND MEDAL OF HONOR	<b>OR</b>
	147	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	<b>OR</b>
	148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	<b>OR</b>
	149	TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED	<b>OR</b>
	150	TRICARE PLUS COVERAGE FOR ADFMs	<b>OR</b>
	151	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	
<b>2-110-08R</b>	IF BEGIN DATE OF CARE ≥ 09/01/2002		
		AND ENROLLMENT/HEALTH PLAN CODE CODE =	U TRICARE PRIME, CIVILIAN PCM
		AND REGION INDICATOR =	<del>h</del> BLANK <b>OR</b>
			NC NORTH CONTRACT
		THEN DMIS-ID MUST = 6901, 6902, <b>6917</b> , 8007, 8009, <b>OR</b> 6905	
		OR REGION INDICATOR =	<del>h</del> BLANK <b>OR</b>
			SC SOUTH CONTRACT
		THEN DMIS-ID MUST = 6903, 6904, 6906, 6913, 6914, 6915, <b>OR</b> 6918	

<sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

<sup>2</sup> 7916 IS THE DMIS-ID FOR ALASKA.

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**ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110) (CONTINUED)**

OR REGION INDICATOR = ~~⊖~~ BLANK OR

WC WEST CONTRACT

THEN DMIS-ID MUST = 6907, 6908, 6909, 6910, 6911, 6912, OR 6919

**2-110-09R** IF BEGIN DATE OF CARE ≥ 09/01/2002

AND ENROLLMENT/HEALTH  
PLAN CODE CODE =

W TPR AD SM - USA OR

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

AND REGION INDICATOR = ~~⊖~~ BLANK OR

NC NORTH CONTRACT

THEN DMIS-ID MUST = 7901, 7902, 7905, OR 7917

OR REGION INDICATOR = ~~⊖~~ BLANK OR

SC SOUTH CONTRACT

THEN DMIS-ID MUST = 7903, 7904, 7906, OR 7918

OR REGION INDICATOR = ~~⊖~~ BLANK OR

WC WEST CONTRACT

THEN DMIS-ID MUST = 7907, 7908, 7909, 7910, 7911, 7912, 7916<sup>2</sup>, OR 7919

**2-110-10R** IF BEGIN DATE OF CARE ≥ 09/01/2003

AND ENROLLMENT/HEALTH  
PLAN CODE =

WA TPR FOREIGN AD SM OR

WO TPR FOREIGN ADFM OR

XF FOREIGN ADFM

THEN DMIS-ID MUST ≠ BLANK

<sup>1</sup> A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

<sup>2</sup> 7916 IS THE DMIS-ID FOR ALASKA.



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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: <b>AMOUNT INTEREST PAYMENT (2-112)</b>	
VALIDITY EDITS	
<b>2-112-01V</b>	MUST BE NUMERIC
RELATIONAL EDITS	
<b>2-112-01R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	I INITIAL SUBMISSION <b>OR</b>
	O ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
	R RESUBMISSION
	<b>THEN AMOUNT INTEREST PAYMENT MUST BE ≥ ZERO</b>
<b>2-112-02R</b>	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION <b>OR</b>
	D COMPLETE DENIAL
	<b>THEN AMOUNT INTEREST PAYMENT MUST = ZERO</b>
<b>2-112-03R</b>	IF AMOUNT INTEREST PAYMENT ≠ ZERO
	<b>THEN REASON FOR INTEREST PAYMENT MUST =</b>
	A CLAIMS PENDED AT GOVERNMENT DIRECTION <b>OR</b>
	B CLAIMS REQUIRING GOVERNMENT INTERVENTION <b>OR</b>
	C CLAIMS REQUIRING DEVELOPMENT FOR POTENTIAL TPL <b>OR</b>
	D CLAIMS REQUIRING AN ACTION/ INTERFACE WITH ANOTHER PRIME CONTRACTOR <b>OR</b>
	E CLAIMS RETAINED BY THE CONTRACTOR THAT DO NOT FALL INTO ONE OF THE ABOVE CATEGORIES
<b>2-112-04R</b>	IF FILING STATE/COUNTRY CODE = FOREIGN COUNTRY INCLUDING PUERTO RICO (PRI)
	<b>THEN AMOUNT INTEREST PAYMENT MUST BE = ZERO</b>

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**ELEMENT NAME: REASON FOR INTEREST PAYMENT (2-113)**

**VALIDITY EDITS**

**2-113-01V** MUST BE A VALID REASON FOR INTEREST PAYMENT CODE (REFER TO CHAPTER 2, SECTION 2.8).

**RELATIONAL EDITS**

<b>2-113-01R</b>	IF REASON FOR INTEREST PAYMENT =	A	CLAIMS PENDED AT GOVERNMENT DIRECTION <b>OR</b>
		B	CLAIMS REQUIRING GOVERNMENT INTERVENTION <b>OR</b>
		C	CLAIMS REQUIRING DEVELOPMENT FOR POTENTIAL TPL <b>OR</b>
		D	CLAIMS REQUIRING AN ACTION/ INTERFACE WITH ANOTHER PRIME CONTRACTOR <b>OR</b>
		E	CLAIMS RETAINED BY THE CONTRACTOR THAT DO NOT FALL INTO ONE OF THE ABOVE CATEGORIES

**THEN AMOUNT INTEREST PAYMENT MUST ≠ ZERO**

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**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-115)**

**VALIDITY EDITS**

**2-115-01V** MUST BE A VALID PRINCIPAL DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.

**RELATIONAL EDITS**

**2-115-01R** IF ANY PRINCIPAL TREATMENT DIAGNOSIS CODE IS FOR FEMALE  
AND PERSON SEX (PATIENT) IS MALE

THEN AT LEAST ONE  
OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURAL CODE FOR  
FEMALE: SEX INDICATES MALE

**2-115-02R** IF ANY PRINCIPAL TREATMENT DIAGNOSIS CODE IS FOR MALE

AND NOT FOR CIRCUMCISION (PROCEDURE CODE<sup>2</sup> 54150 OR 54160)

AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (REFER TO  
CHAPTER 2, ADDENDUM E, FIGURE 2-E-9)

AND PERSON SEX (PATIENT) IS FEMALE

THEN AT LEAST ONE  
OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURAL CODE FOR  
MALE: SEX INDICATES FEMALE

**2-115-03R** IF PRINCIPAL TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION

THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS (i.e., NEWBORN  
(REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-7)

UNLESS AT LEAST ONE  
OVERRIDE CODE = R PERSON BIRTH CALENDAR DATE (PATIENT)  
IS NOT CONSISTENT WITH PROCEDURE/  
DIAGNOSIS CODE AGE RESTRICTING;  
PROCEDURE PERFORMED DUE TO  
MEDICAL NECESSITY

OR TYPE OF SERVICE  
(SECOND POSITION) = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION  
AUTHORIZATIONS, AND REVIEWS OR

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

**2-115-04R** IF SECONDARY TREATMENT DIAGNOSIS = MATERNITY (630-676 OR V22-V24 OR V270-  
V289)

AND PATIENT AGE<sup>1</sup> < 12

THEN ONE OCCURRENCE  
OF OVERRIDE CODE  
MUST = E DIAGNOSIS IS MATERNITY; PATIENT IS  
UNDER 12 YEARS OF AGE

**2-115-05R** IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9

THEN CALCULATED AMOUNT BILLED (TOTAL) MUST > ZERO AND ≤ \$200.00

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND  
BEGIN DATE OF CARE.

<sup>2</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN  
MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS  
APPLY TO GOVERNMENT USE.

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<b>ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-115) (CONTINUED)</b>	
<b>AND TYPE OF SERVICE (FIRST POSITION) MUST =</b>	A AMBULATORY SURGERY COST-SHARED AS INPATIENT (ADFMs ONLY) <b>OR</b>
	I INPATIENT <b>OR</b>
	N OUTPATIENT COST-SHARED AS INPATIENT <b>OR</b>
	O OUTPATIENT, EXCLUDING M, P, OR N
<b>AND TYPE OF SERVICE (SECOND POSITION) MUST =</b>	4 DIAGNOSTIC/THERAPEUTIC X-RAY <b>OR</b>
	5 DIAGNOSTIC LABORATORY <b>OR</b>
	7 ANESTHESIA
<b>UNLESS TYPE OF SUBMISSION =</b>	D COMPLETE DENIAL
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	1 MEDICAID
<b>2-115-06R</b> IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF <b>ECHO</b>
<b>THEN PRINCIPAL DIAGNOSIS CANNOT =</b>	799.9
<b>UNLESS TYPE OF SUBMISSION =</b>	D COMPLETE DENIAL
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	1 MEDICAID

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

<sup>2</sup> CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

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**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 - 7 (2-120 THROUGH 2-137)**

**VALIDITY EDITS**

**2-XXX-01V<sup>1</sup>** VALUE MUST BE VALID 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**

**2-XXX-01R<sup>1</sup>** IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR FEMALE  
AND PERSON SEX (PATIENT) IS MALE

THEN AT LEAST ONE  
OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE

**2-XXX-02R<sup>1</sup>** IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR MALE  
AND NOT FOR CIRCUMCISION (PROCEDURE CODE<sup>3</sup> 54150 OR 54160)

AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY ([CHAPTER 2, ADDENDUM E, FIGURE 2-E-9](#))

AND PERSON SEX (PATIENT) IS FEMALE

THEN AT LEAST ONE  
OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE

**2-XXX-03R<sup>1</sup>** IF SECONDARY TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION

THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS (i.e., NEWBORN (REFER TO [CHAPTER 2, ADDENDUM E, FIGURE 2-E-7](#)))

UNLESS AT LEAST ONE  
OVERRIDE CODE = R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY

OR 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-XXX-04R<sup>1</sup>** IF SECONDARY TREATMENT DIAGNOSIS = MATERNITY (630-676 OR V22-V24 OR V270-V289)

AND PATIENT AGE<sup>2</sup> < 12

<sup>1</sup> XXX EQUALS ELN (120 THROUGH 137) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.

<sup>2</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 - 7 (2-120 THROUGH 2-137)**

THEN ONE OCCURRENCE  
OF OVERRIDE CODE  
MUST =

E DIAGNOSIS IS MATERNITY; PATIENT IS  
UNDER 12 YEARS OF AGE

- <sup>1</sup> XXX EQUALS ELN (120 THROUGH 137) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.
- <sup>2</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.
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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: TED RECORD CORRECTION INDICATOR (2-139)**

**VALIDITY EDITS**

**2-139-01V** VALUE MUST BE A VALID TED RECORD CORRECTION INDICATOR

**2-139-02V** IF TED RECORD CORRECTION INDICATOR =

1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) **SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD OR**

2 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT CLAIM PROCESSING ERRORS OR TO UPDATE PRIOR DATA WITH MORE CURRENT/ACCURATE INFORMATION. **(NOT TO BE USED TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD) OR**

3 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT **BOTH** CLAIM PROCESSING ERRORS AND EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD

**THEN TYPE OF SUBMISSION MUST =**

A ADJUSTMENT **OR**

B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**

C COMPLETE CANCELLATION OF TED RECORD DATA **OR**

E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

**2-139-03V** IF TED RECORD CORRECTION INDICATOR =

1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) **SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD OR**

3 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT **BOTH** CLAIM PROCESSING ERRORS AND EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD

**THEN A MATCH TO A PROVISIONALLY ACCEPTED TED RECORD MUST BE PRESENT ON THE TMA DATABASE.**

**2-139-04V** IF TED RECORD CORRECTION INDICATOR =

2 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT CLAIM PROCESSING ERRORS OR TO UPDATE PRIOR DATA WITH MORE CURRENT/ACCURATE INFORMATION

**THEN A CORRESPONDING PROVISIONALLY ACCEPTED TED RECORD MUST NOT BE PRESENT ON THE TMA DATABASE.**

**RELATIONAL EDITS**

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM COUNT (2-140)**

**VALIDITY EDITS**

2-140-01V VALUE MUST BE IN RANGE: 001-099

**AND MUST EQUAL THE PHYSICAL COUNT OF THE DETAIL LINE ITEMS ON THE TED RECORD.**

2-140-02V IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**

B ADJUSTMENT OF NON-TED RECORD (HCSR) DATA **OR**

C COMPLETE CANCELLATION **OR**

E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

**THEN TOTAL OCCURRENCE/LINE ITEM COUNT MUST BE  $\geq$  TOTAL OCCURRENCE/LINE ITEM COUNT FROM TMA DATABASE**

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER (2-145)**

**VALIDITY EDITS**

2-145-01V EACH VALUE MUST BE NUMERIC AND NOT EQUAL TO ZERO.

2-145-02V OCCURRENCE/LINE ITEM NUMBER MUST BE CODED FOR EACH NUMBER OF OCCURRENCES SPECIFIED BY THE TOTAL OCCURRENCE/LINE ITEM COUNT.

2-145-03V OCCURRENCE/LINE ITEM NUMBER MUST BE REPORTED IN ASCENDING CONSECUTIVE ORDER.

**RELATIONAL EDITS**

NONE



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 NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: BEGIN DATE OF CARE (2-150)</b>	
<b>VALIDITY EDITS</b>	
<b>2-150-01V</b>	MUST BE A VALID GREGORIAN DATE.
<b>RELATIONAL EDITS</b>	
<b>2-150-01R</b>	BEGIN DATE OF CARE MUST BE ≤ END DATE OF CARE.
<b>2-150-02R</b>	BEGIN DATE OF CARE MUST BE ≤ FILING DATE.
<b>2-150-03R</b>	BEGIN DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION.
<b>2-150-04R</b>	BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT).
<b>2-150-05R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	C COMPLETE CANCELLATION <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>THEN BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED.</b>
	UNLESS TED RECORD CORRECTION INDICATOR =
	1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) <b>SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD</b>
	<b>AND DATE ADJUSTMENT IDENTIFIED = ZEROES.</b>
<b>2-150-06R</b>	PROVIDER MUST BE "AUTHORIZED" <sup>1</sup> ON PROVIDER FILE FOR EACH BEGIN DATE OF CARE
	<b>UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>
	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 <b>OR</b>
	FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) <b>OR</b>
	FS TFL (SECOND PAYOR) <b>OR</b>
	RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) <b>AND BEGIN DATE OF CARE ≥ 10/01/2001</b>
	<b>THEN DO NOT CHECK PROVIDER FILE</b>
<sup>1</sup> "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.	

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: END DATE OF CARE (2-155)**

**VALIDITY EDITS**

2-155-01V MUST BE A VALID GREGORIAN DATE.

**RELATIONAL EDITS**

2-155-01R END DATE OF CARE MUST BE  $\geq$  BEGIN DATE OF CARE

2-155-02R END DATE OF CARE MUST BE  $\leq$  FILING DATE.

2-155-03R END DATE OF CARE MUST BE  $\leq$  DATE TED RECORD PROCESSED TO COMPLETION.

2-155-04R IF TYPE OF SUBMISSION =

A	ADJUSTMENT <b>OR</b>
B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
C	COMPLETE CANCELLATION <b>OR</b>
E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

**THEN** END DATE OF CARE MUST BE  $\leq$  DATE ADJUSTMENT IDENTIFIED.

**UNLESS** TED RECORD CORRECTION INDICATOR =

1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) <b>SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD</b>
---	---

**AND** DATE ADJUSTMENT IDENTIFIED = ZEROES.

2-155-05R PROVIDER MUST BE "AUTHORIZED"<sup>1</sup> ON PROVIDER FILE FOR EACH END DATE OF CARE

**UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =**

T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE $\geq$ 10/01/2001 <b>OR</b>
FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) <b>OR</b>
FS	TFL (SECOND PAYOR) <b>OR</b>
RS	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) <b>AND</b> BEGIN DATE OF CARE $\geq$ 10/01/2001

**THEN DO NOT CHECK PROVIDER FILE**

2-155-06R END DATE OF CARE **MUST** BE IN THE SAME FISCAL YEAR AS THE BEGIN DATE OF CARE

<sup>1</sup> "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: PROCEDURE CODE (2-160)**

**VALIDITY EDITS**

**2-160-01V** MUST BE A VALID PROCEDURE CODE

**RELATIONAL EDITS**

**2-160-01R** IF PROCEDURE CODE DATABASE GOVERNMENT PAY CODE = 'Y' FOR THIS PROCEDURE CODE

**THEN** ON ONE OF THE RECORDS IN THE PROCEDURE CODE DATABASE THE DATED RECORD PROCESSED TO COMPLETION MUST BE ON **OR** AFTER THE PROCESSING EFFECTIVE DATE **AND** BEFORE THE PROCESSING TERMINATION DATE FOR THAT PROCEDURE CODE.

**AND** ON ONE OF THE RECORDS IN THE PROCEDURE CODE DATABASE THE BEGIN DATE OF CARE MUST BE ON OR AFTER THE CARE EFFECTIVE DATE AND BEFORE THE CARE TERMINATION DATE FOR THAT PROCEDURE CODE.

**ELSE** IF PROCEDURE CODE DATABASE GOVERNMENT PAY CODE = 'N' FOR THIS PROCEDURE CODE

**THEN** AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

**UNLESS** ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

**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**

**CL** CLINICAL TRIALS **OR**

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

**FS** **TFL (SECOND PAYOR) OR**

**GU** ADSM ENROLLED IN TPR **OR**

**MN** TSP - NETWORK **OR**

**MS** TSP - NON-NETWORK **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

**OR FILING STATE AND COUNTRY CODE MUST = A FOREIGN COUNTRY CODE (REFER TO CHAPTER 2, ADDENDUM A)**

**2-160-02R** IF ANY PROCEDURE CODE IS FOR FEMALE

**AND PERSON SEX (PATIENT) IS MALE**

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)	
	THEN AT LEAST ONE OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
2-160-03R	IF ANY PROCEDURE CODE IS FOR MALE AND NOT FOR CIRCUMCISION (PROCEDURE CODE <sup>1</sup> 54150 OR 54160) AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (CHAPTER 2, ADDENDUM E, FIGURE 2-E-9) AND PERSON SEX (PATIENT) IS FEMALE THEN AT LEAST ONE OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
2-160-04R	IF PROCEDURE CODE HAS AN AGE PARAMETER RESTRICTION THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS UNLESS AT LEAST ONE OVERRIDE CODE = R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/ DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY
2-160-05R	IF PROCEDURE CODE <sup>1</sup> = A0100, A0110, A0120, A0130, A0140, A0170, L3000 - L3649, 99082 THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = PF ECHO UNLESS ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2 OR 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 GU ADSM ENROLLED IN TPR OR MN TSP - NETWORK OR MS TSP - NON-NETWORK OR SC SHCP - NON-TRICARE ELIGIBLE OR SE SHCP - TRICARE ELIGIBLE OR SM SHCP - EMERGENCY OR ENROLLMENT/HEALTH PLAN CODE = X FOREIGN ADSM OR SN SHCP - NON-MTF-REFERRED CARE OR SR SHCP - REFERRED CARE OR WA TPR - FOREIGN ADSM
2-160-06R	IF TYPE OF SERVICE (FIRST POSITION) = I INPATIENT

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)**

THEN PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE (REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-8).

**2-160-07R** IF PROCEDURE CODE<sup>1</sup> = 90892-90898

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = WR MENTAL HEALTH WRAPAROUND DEMONSTRATION

**2-160-08R** IF PROCEDURE CODE<sup>1</sup> = 98800 FOR DRUGS OR

000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR

000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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

AND NATIONAL DRUG CODE MUST ≠ BLANK

UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (CHAPTER 2, ADDENDUM A)

**2-160-09R** IF PROCEDURE CODE = H0035 OR H0037

THEN AMBULATORY PAYMENT CLASSIFICATION CODE MUST ≠ BLANK OR ZEROES.

UNLESS AMOUNT ALLOWED BY PROCEDURE = ZERO

**2-160-10R** IF PROCEDURE CODE = A4281 - A4286 OR E0604

AND AMOUNT ALLOWED BY PROCEDURE CODE > ZERO.

THEN EITHER PRIMARY OR SECONDARY DIAGNOSIS CODE MUST = 765.0, 765.1, OR 765.21 - 765.28.

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**ELEMENT NAME: PROCEDURE CODE MODIFIER (2-165)**

**VALIDITY EDITS**

**2-165-01V** MUST BE A VALID PROCEDURE CODE MODIFIER AS DEFINED IN CHAPTER 2, SECTION 2.7

**RELATIONAL EDITS**

NONE

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: NATIONAL DRUG CODE (2-170)**

**VALIDITY EDITS**

2-170-01V MUST BE A VALID NATIONAL DRUG CODE OR BLANK

**RELATIONAL EDITS**

2-170-01R IF NATIONAL DRUG CODE = BLANK

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

AND PROCEDURE CODE<sup>1</sup>  
MUST ≠ 98800 FOR DRUGS

UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE  
(CHAPTER 2, ADDENDUM A)

2-170-02R IF NATIONAL DRUG CODE ≠ BLANK

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

AND PROCEDURE CODE<sup>1</sup>  
MUST = 98800 FOR DRUGS OR

99070 FOR SUPPLIES OR  
000MN PRESCRIPTION MEDICAL NECESSITY  
REVIEWS OR  
000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: NUMBER OF SERVICES (2-175)**

**VALIDITY EDITS**

2-175-01V MUST BE NUMERIC.

**RELATIONAL EDITS**

2-175-01R IF TYPE OF SUBMISSION =

A	ADJUSTMENT OR
C	COMPLETE CANCELLATION OR
D	COMPLETE DENIAL OR
I	INITIAL SUBMISSION OR
O	ZERO PAYMENT WITH 100% OHI/TPL OR
R	RESUBMISSION

THEN NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE > ZERO

UNLESS TYPE OF SERVICE  
(SECOND POSITION) =

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

AND OCCURRENCE/LINE ITEM NUMBER = 002

THEN NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO

2-175-02R • SURGERY PROCEDURE CODES

IF PROCEDURE CODE<sup>1</sup> = 10000-36399 OR 36800-69999 (SURGERY)

THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT  
EXCEED 10

2-175-03R • E/M PROCEDURE CODES

IF PROCEDURE CODE<sup>1</sup> =

99201-99205 (OFFICE VISITS - NEW PATIENTS)  
OR

99211-99215 (OFFICE VISITS - ESTABLISHED  
PATIENTS) OR

99217 (DISCHARGE SERVICES) OR

99221-99233 (HOSPITAL CARE PER DAY) OR

99234-99236 (OBSERVATION OR IMPATIENT  
CARE SERVICES) OR

99238-99239 (HOSPITAL DISCHARGE  
SERVICES) OR

99241-99245 (OFFICE CONSULTATIONS) OR

99251-99255 (INITIAL INPATIENT  
CONSULTATIONS) OR

99261-99263 (FOLLOW-UP INPATIENT  
CONSULTATIONS) OR

99271-99275 (CONFIRMATORY  
CONSULTATIONS) OR

99281-99285 (EMERGENCY DEPARTMENT  
VISIT) OR

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: NUMBER OF SERVICES (2-175) (CONTINUED)</b>	
	99291 (CRITICAL CARE) (NOTE: CODE 99292 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 15 MINUTES OF CARE) <b>OR</b>
	99295-99298 (NEONATAL INTENSIVE CARE) <b>OR</b>
	99301-99315 (NURSING FACILITY CHARGES) <b>OR</b>
	99321-99333 (DOMICILIARY, REST HOME, OR CUSTODIAL CARE SERVICES) <b>OR</b>
	99341-99350 (HOME SERVICES) <b>OR</b>
	99354 (PROLONGED SERVICES) (NOTE: CODE 99355 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 30 MINUTES OF CARE) <b>OR</b>
	99356 (PROLONGED SERVICES) (NOTE: CODE 99357 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 30 MINUTES OF CARE) <b>OR</b>
	99361-99373 (CASE MANAGEMENT SERVICES) <b>OR</b>
	99374-99380 (CARE PLAN OVERSIGHT) <b>OR</b>
	99381-99429 (PREVENTIVE MEDICINE SERVICES) <b>OR</b>
	99431-99440 (NEWBORN CARE) <b>OR</b>
	99450-99456 (SPECIAL EVALUATION AND MANAGEMENT SERVICES)
	<b>THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 3 PER DAY</b>
<b>2-175-04R</b>	• MEDICAL PROCEDURE CODES
	IF PROCEDURE CODE <sup>1</sup> = 99500-99512 (HOME HEALTH VISIT) <b>OR</b>
	99551-99568 (HOME INFUSION PER DIEM CODES)
	<b>THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 3 PER DAY</b>
<b>2-175-05R</b>	• ANESTHESIOLOGY PROCEDURE CODES
	IF PROCEDURE CODE <sup>1</sup> = 00100-01999 (ANESTHESIA)
	<b>THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 10</b>
<b>2-175-06R</b>	• VACCINES (VACCINE PRODUCT ONLY) PROCEDURE CODES
	IF PROCEDURE CODE <sup>1</sup> = 90476-90479 (VACCINES, TOXOIDS) <b>OR</b>
	<b>THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 3 PER DAY</b>

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

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**ELEMENT NAME: AMOUNT BILLED BY PROCEDURE CODE (2-180)**

**VALIDITY EDITS**

**2-180-01V** MUST BE NUMERIC.

**RELATIONAL EDITS**

**2-180-00R** IF TYPE OF SUBMISSION ≠ D COMPLETE DENIAL

THEN TOTAL OF ALL OCCURRENCES OF AMOUNT BILLED BY PROCEDURE CODE  
FOR THIS TED RECORD MUST NOT EXCEED TMA LIMIT OF \$1,000,000.00

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185)</b>			
<b>VALIDITY EDITS</b>			
<b>2-185-01V</b>	MUST BE NUMERIC.		
<b>RELATIONAL EDITS</b>			
<b>2-185-00R</b>	TOTAL OF ALL OCCURRENCES OF AMOUNT ALLOWED BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.		
<b>2-185-01R</b>	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION <b>OR</b>
		D	COMPLETE DENIAL
	<b>THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO FOR ALL OCCURRENCE/LINE ITEM</b>		
<b>2-185-02R</b>	IF PRICING RATE CODE =	↔	NO SPECIAL RATE <b>OR</b>
		D	DISCOUNT RATE <b>OR</b>
		V	MEDICARE REIMBURSEMENT RATE
	<b>AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) <b>AND</b> BEGIN DATE OF CARE ≥ 10/01/2001 <b>OR</b>
		FS	TFL (SECOND PAYOR)
	<b>AND TYPE OF SUBMISSION =</b>	A	ADJUSTMENT <b>OR</b>
		I	INITIAL SUBMISSION <b>OR</b>
		O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
		R	RESUBMISSION
	<b>THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ AMOUNT BILLED BY PROCEDURE CODE FOR EACH OCCURRENCE/LINE ITEM</b>		
<b>2-185-03R</b>	IF PRICING RATE CODE =	4	PAID AS BILLED <b>OR</b>
		I	CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, PAID AS BILLED
	<b>AND TYPE OF SUBMISSION =</b>	A	ADJUSTMENT <b>OR</b>
		I	INITIAL SUBMISSION <b>OR</b>
		O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
		R	RESUBMISSION
	<b>THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = AMOUNT BILLED BY PROCEDURE CODE</b>		
<b>2-185-04R</b>	IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO		
	<b>THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM MUST BE A CODE LISTED IN <a href="#">CHAPTER 2, ADDENDUM H, FIGURE 2-H-1</a> OR <a href="#">FIGURE 2-H-2</a></b>		
	<b>UNLESS TYPE OF SUBMISSION =</b>	B	ADJUSTMENT NON-TED DATA (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>2-185-05R</b>	IF TYPE OF SUBMISSION =	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>THEN AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO</b>		

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185) (CONTINUED)**

<b>2-185-06R</b>	IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO		
	<b>THEN</b> TYPE OF SUBMISSION MUST =	A	ADJUSTMENT <b>OR</b>
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		I	INITIAL SUBMISSION <b>OR</b>
		O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
		R	RESUBMISSION
<b>2-185-07R</b>	IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO		
	<b>THEN</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO		
	<b>UNLESS</b> TYPE OF SUBMISSION =	B	ADJUSTMENT NON-TED DATA (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

**ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (2-190)**

**VALIDITY EDITS**

**2-190-01V** MUST BE NUMERIC.

**RELATIONAL EDITS**

<b>2-190-00R</b>	TOTAL OF ALL OCCURRENCES OF AMOUNT PAID BY OTHER HEALTH INSURANCE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.		
<b>2-190-01R</b>	IF TYPE OF SUBMISSION =	A	ADJUSTMENT <b>OR</b>
		C	COMPLETE CANCELLATION <b>OR</b>
		D	COMPLETE DENIAL <b>OR</b>
		I	INITIAL SUBMISSION <b>OR</b>
		O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
		R	RESUBMISSION
	<b>THEN</b> AMOUNT PAID BY OTHER HEALTH INSURANCE MUST BE $\geq$ ZERO.		
<b>2-190-02R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
	<b>THEN</b> AMOUNT PAID BY OTHER HEALTH INSURANCE MUST EQUAL ZERO.		
<b>2-190-03R</b>	IF THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY OTHER HEALTH INSURANCE > 0		
	<b>AND</b> THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT ALLOWED (TOTAL) > 0		
	<b>AND</b> THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = 0		
	<b>THEN</b> TYPE OF SUBMISSION MUST =	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) TYPE CODE (2-191)**

**VALIDITY EDITS**

**2-191-01V** MUST BE A VALID OGP TYPE CODE LISTING IN [CHAPTER 2, SECTION 2.6](#).

**RELATIONAL EDITS**

<b>2-191-01R</b>	IF OGP TYPE CODE =	V	CHAMPVA
	THEN TYPE OF SUBMISSION MUST =		
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		C	COMPLETE CANCELLATION <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

**ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) BEGIN REASON CODE (2-192)**

**VALIDITY EDITS**

**2-192-01V** MUST BE A VALID OGP BEGIN REASON CODE LISTING IN [CHAPTER 2, SECTION 2.6](#).

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-195)**

**VALIDITY EDITS**

**2-195-01V** MUST BE NUMERIC.

**RELATIONAL EDITS**

**2-195-00R** TOTAL OF ALL OCCURRENCES OF AMOUNT APPLIED TOWARD DEDUCTIBLE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.

<b>2-195-01R</b>	IF TYPE OF SUBMISSION =	A	ADJUSTMENT <b>OR</b>
		I	INITIAL SUBMISSION <b>OR</b>
		O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
		R	RESUBMISSION

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≥ ZERO

<b>2-195-02R</b>	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION <b>OR</b>
		D	COMPLETE DENIAL

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE = ZERO

<b>2-195-03R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
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AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2005

AND ENROLLMENT/HEALTH

	PLAN CODE =	T	TRICARE STANDARD PROGRAM <b>OR</b>
		V	TRICARE EXTRA

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO

<b>2-195-04R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	ECHO
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THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO