

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200)	
VALIDITY EDITS	
1-200-01V	MUST BE NUMERIC
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE AND LAST 6 POSITIONS MUST BE NUMERIC)
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE AND FOURTH POSITION MUST BE = 'A' AND LAST 5 POSITIONS MUST BE NUMERIC)
RELATIONAL EDITS	
NO ERROR	IF ADJUSTMENT/DENIAL REASON CODE =
	38 SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS OR
	52 THE REFERRING/PRESCRIBING/ RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED OR
	B7 THIS PROVIDER WAS NOT CERTIFIED/ ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE
	THEN DO NOT CHECK PROVIDER FILE
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
	FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR
	FS TFL (SECOND PAYOR) OR
	RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001
	THEN DO NOT CHECK PROVIDER FILE
NO ERROR	IF AMOUNT ALLOWED (TOTAL) ≤ ZERO
	THEN DO NOT CHECK PROVIDER FILE
1-200-02R	IF ANY OCCURRENCE OF OVERRIDE CODE =
	NC NON-CERTIFIED PROVIDER

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200) (CONTINUED)

THEN THE NON-CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:

INSTITUTIONAL PROVIDER TAXPAYER NUMBER

AND TYPE OF INSTITUTION

AND PROVIDER ZIP CODE

AND PROVIDER SUB-IDENTIFIER

AND ACCEPTANCE AND TERMINATION DATES MUST = ZEROES

AND PROVIDER CONTRACT AFFILIATION CODE MUST = '5' (NON-CERTIFIED PROVIDER)

IF NO OCCURRENCE OF
OVERRIDE CODE =

NC NON-CERTIFIED PROVIDER

THEN CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:

INSTITUTIONAL PROVIDER TAXPAYER NUMBER

AND TYPE OF INSTITUTION

AND PROVIDER ZIP CODE

AND PROVIDER SUB-IDENTIFIER

AND PROVIDER MUST BE CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF CARE.

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (1-205)

VALIDITY EDITS

1-205-01V MUST BE ALPHA OR NUMERIC--NO BLANKS

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (RESERVED) (1-210)

VALIDITY EDITS

1-210-01V MUST BE BLANK FILLED.

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER GROUP NPI NUMBER (RESERVED) (1-215)

VALIDITY EDITS

1-215-01V MUST BE BLANK FILLED.

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER ZIP CODE (1-220)

VALIDITY EDITS

1-220-01V MUST BE 9 DIGITS OR 5 DIGITS WITH 4 BLANKS

MUST BE A VALID ZIP CODE (BASED ON ADMISSION DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE OR

MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE¹) FOLLOWED BY 6 BLANKS

RELATIONAL EDITS

NONE

¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST CHAPTER 2, ADDENDUM A.

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (1-225)

VALIDITY EDITS

1-225-01V MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.

RELATIONAL EDITS

1-225-01R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER

THEN PROVIDER PARTICIPATION INDICATOR MUST = Y YES

1-225-02R IF THERE IS A MEDICARE NUMBER PRESENT ON THE PROVIDER FILE FOR THAT PROVIDER (IF MATCH WAS FOUND AND CORRECT HISTORY RECORD BASED ON CARE DATES WAS IDENTIFIED)

THEN THE PROVIDER PARTICIPATION INDICATOR ON TED MUST = Y YES

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (1-230)

VALIDITY EDITS

1-230-01V	MUST BE ONE OF THE FOLLOWING VALUES	1	NETWORK PROVIDER OR
		2	NON-NETWORK PROVIDER

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: TYPE OF INSTITUTION (1-235)

VALIDITY EDITS

1-235-01V VALUE MUST BE A VALID TYPE OF INSTITUTION CODE.

RELATIONAL EDITS

1-235-01R IF TYPE OF INSTITUTION = 72 RTC
AND PATIENT ZIP CODE IS IN AN MTF CATCHMENT AREA

THEN CA/NAS
EXCEPTION REASON
MUST = 5 RTC

1-235-02R IF PRICING RATE CODE = K HOSPITAL-SPECIFIC PSYCHIATRIC PER
DIEM RATE OR
L REGION SPECIFIC PSYCHIATRIC PER DIEM
RATE

THEN TYPE OF INSTITUTION
MUST = 22 PSYCHIATRIC HOSPITAL/UNIT OR
52 CHILDREN'S PSYCHIATRIC HOSPITAL/
UNIT

1-235-03R IF TYPE OF INSTITUTION = 70 HOME HEALTH AGENCY

AND BEGIN DATE OF CARE ≥ 06/01/2004

THEN ONE OCCURRENCE
OF REVENUE CODE
MUST = 0023 HOME HEALTH AGENCY (HHA-PPS)

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (1-240)

VALIDITY EDITS

1-240-01V VALUE MUST BE A VALID CLAIM FORM TYPE/EMC INDICATOR.

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: FREQUENCY CODE (1-250)

VALIDITY EDITS

1-250-01V MUST BE A VALID FREQUENCY CODE AND MUST = THE VALUES IN THE FOLLOWING TABLE:

FREQUENCY CODE	PREVIOUS TED RECORD FREQUENCY CODE	BEGIN DATE OF CARE
1	= 1 OR NO PREVIOUS TED RECORD	N/A
2	= 2 OR NO PREVIOUS TED RECORD	N/A
3	= 2 OR 3	PLUS 1 DAY OF ENDING DATE OF CARE ON EXISTING PREVIOUS TED NET RECORD
4	= 2 OR 3	PLUS 1 DAY OF ENDING DATE OF CARE ON EXISTING PREVIOUS TED NET RECORD

RELATIONAL EDITS

1-250-01R	IF PATIENT STATUS =	30	STILL A PATIENT
	THEN FREQUENCY CODE MUST =	2	INTERIM-INITIAL OR
		3	INTERIM-INTERIM
	UNLESS TYPE OF INSTITUTION =	70	HOME HEALTH AGENCY
	THEN FREQUENCY CODE MUST =	2	INTERIM-INITIAL OR
		3	INTERIM-INTERIM OR
		7	REPLACEMENT OF PRIOR CLAIM OR
		8	VOID/CANCEL OF PRIOR CLAIM OR
		9	FINAL CLAIM FOR HOME HEALTH AGENCY EPISODE
1-250-02R	IF PATIENT STATUS =	01	DISCHARGED OR
		02	TRANSFERRED OR
		20	EXPIRED
	THEN FREQUENCY CODE MUST =	1	ADMIT THRU DISCHARGE OR
		4	INTERIM-FINAL
1-250-03R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER
	THEN FREQUENCY CODE MUST =	1	ADMIT THRU DISCHARGE
1-250-04R	IF FREQUENCY CODE =	3	INTERIM-INTERIM OR
		4	INTERIM-FINAL
	THEN TYPE OF SUBMISSION MUST ≠	I	INITIAL SUBMISSION OR
		R	RESUBMISSION
1-250-05R	IF FREQUENCY CODE =	0	NON-PAYMENT/ZERO CLAIM

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: FREQUENCY CODE (1-250) (CONTINUED)

THEN TYPE OF INSTITUTION
MUST =

70 HOME HEALTH AGENCY OR

76 SKILLED NURSING FACILITY

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: TYPE OF ADMISSION (1-255)

VALIDITY EDITS

1-255-01V VALUE MUST BE A VALID TYPE OF ADMISSIONS CODE.

RELATIONAL EDITS

1-255-02R IF CA/NAS EXCEPTION REASON = 2 EMERGENCY

THEN TYPE OF ADMISSION
MUST = 1 EMERGENCY **OR**

4 NEWBORN

1-255-03R IF TYPE OF ADMISSION = 4 NEWBORN

THEN PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO
CHAPTER 2, ADDENDUM E, FIGURE 2-E-7).

ELEMENT NAME: SOURCE OF ADMISSION (1-260)

VALIDITY EDITS

1-260-01V VALUE MUST BE A VALID SOURCE OF ADMISSION.

RELATIONAL EDITS

1-260-01R IF TYPE OF ADMISSION = 4 NEWBORN

THEN SOURCE OF ADMISSION
MUST = 1 NORMAL DELIVERY **OR**

2 PREMATURE DELIVERY **OR**

3 SICK BABY **OR**

4 EXTRAMURAL BIRTH

AND PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO
CHAPTER 2, ADDENDUM E, FIGURE 2-E-7).

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: ADMISSION DATE (1-265)	
VALIDITY EDITS	
1-265-01V	MUST BE A VALID GREGORIAN DATE.
RELATIONAL EDITS	
1-265-01R	ADMISSION DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION
1-265-02R	ADMISSION DATE MUST BE ≤ END DATE OF CARE
1-265-03R	IF FREQUENCY CODE =
	1 ADMIN THRU DISCHARGE OR
	2 INTERIM-INITIAL
	THEN ADMISSION DATE MUST = BEGIN DATE OF CARE
1-265-04R	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 ADMISSION DATE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED
	UNLESS TED RECORD CORRECTION INDICATOR =
	1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD
	AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PATIENT STATUS (1-270)

VALIDITY EDITS

1-270-01V VALUE MUST BE A VALID PATIENT STATUS CODE.

RELATIONAL EDITS

1-270-01R	IF FREQUENCY CODE =	2	INTERIM-INITIAL OR
		3	INTERIM-INTERIM
	THEN PATIENT STATUS MUST =	30	STILL A PATIENT
1-270-02R	IF FREQUENCY CODE =	1	ADMIT THRU DISCHARGE
	THEN PATIENT STATUS MUST =	01	DISCHARGED OR
		02	TRANSFERRED OR
		03	DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF) OR
		04	DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF) OR
		05	DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF INSTITUTION FOR INPATIENT CARE, OR REFERRED FOR OUTPATIENT CARE TO ANOTHER INSTITUTION OR
		06	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION OR
		07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE OR
		08	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER OR
		20	EXPIRED OR
		40	DIED AT HOME OR
		41	DIED IN MEDICAL FACILITY, SUCH AS HOSPITAL, SNF OR FREE-STANDING HOSPICE OR
		42	PLACE OF DEATH UNKNOWN OR
		43	DISCHARGED/TRANSFERRED TO A FEDERAL HOSPITAL OR
		50	HOSPICE-HOME OR
		51	HOSPICE-MEDICAL FACILITY OR
		61	DISCHARGED/TRANSFERRED WITHIN THIS INSTITUTION TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED OR
		62	DISCHARGED/TRANSFERRED TO ANOTHER REHABILITATION FACILITY INCLUDING REHABILITATION DISTINCT PART UNITS OF A HOSPITAL OR
		63	DISCHARGED/TRANSFERRED TO A LONG TERM CARE HOSPITAL OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME:		PATIENT STATUS (1-270) (CONTINUED)	
		64	DISCHARGED/TRANSFERRED TO A NURSING FACILITY CERTIFIED UNDER MEDICAID BUT NOT CERTIFIED UNDER MEDICARE OR
		65	DISCHARGED/TRANSFERRED TO A PSYCHIATRIC HOSPITAL OR PSYCHIATRIC DISTINCT PART OF A HOSPITAL
1-270-03R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	THEN PATIENT STATUS MUST ≠	30	STILL A PATIENT

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: BEGIN DATE OF CARE (1-275)	
VALIDITY EDITS	
1-275-01V	MUST BE A VALID GREGORIAN DATE.
RELATIONAL EDITS	
1-275-01R	BEGIN DATE OF CARE MUST BE ≤ END DATE OF CARE
1-275-02R	BEGIN DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION
1-275-03R	BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT)
1-275-04R	BEGIN DATE OF CARE MUST BE ≥ ADMISSION DATE
1-275-05R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	C COMPLETE CANCELLATION OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED
	UNLESS TED RECORD CORRECTION INDICATOR =
	1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD
	AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.
1-275-06R	PROVIDER MUST BE "AUTHORIZED" ¹ ON PROVIDER FILE FOR THIS BEGIN DATE OF CARE
	UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
	FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR
	FS TFL (SECOND PAYOR) OR
	RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001
	THEN DO NOT CHECK PROVIDER FILE
¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: END DATE OF CARE (1-280)

VALIDITY EDITS

1-280-01V MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

1-280-01R END DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION

1-280-02R IF TYPE OF SUBMISSION =

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

THEN END DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED

UNLESS TED RECORD CORRECTION INDICATOR =

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

AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

1-280-03R PROVIDER MUST BE "AUTHORIZED"¹ ON PROVIDER FILE FOR THIS END DATE OF CARE

UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

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

THEN DO NOT CHECK PROVIDER FILE

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: ADMINISTRATIVE CLIN (1-283)

VALIDITY EDITS

1-283-01V MUST BE ALPHANUMERIC OR BLANKS

1-283-02V 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 DATABASE¹

RELATIONAL EDITS

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

¹ THIS EDIT IS CHECKED DURING THE MATCH AND MARRY PROCESS.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: COVERED DAYS (1-285)

VALIDITY EDITS

1-285-01V MUST BE NUMERIC.

RELATIONAL EDITS

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 11 HOSPICE

THEN BYPASS ALL COVERED DAYS

1-285-01R IF TYPE OF SUBMISSION = A ADJUSTMENT OR
I INITIAL SUBMISSION OR
O ZERO PAYMENT WITH 100% OHI/TPL OR
R RESUBMISSION

AND TYPE OF INSTITUTION ≠ 70 HOME HEALTH AGENCY

THEN COVERED DAYS MUST BE > ZERO

1-285-02R IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION OR
D COMPLETE DENIAL

THEN COVERED DAYS MUST = ZERO

1-285-03R IF TYPE OF SUBMISSION = A ADJUSTMENT OR
I INITIAL SUBMISSION OR
O ZERO PAYMENT WITH 100% OHI/TPL OR
R RESUBMISSION

THEN COVERED DAYS MUST BE ≤ SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES THAT INDICATE THAT A ROOM WAS USED (010X-018X, 020X-021X, 0724, OR 0762)

1-285-04R IF TYPE OF INSTITUTION = 70 HOME HEALTH AGENCY
AND TYPE OF SUBMISSION = I INITIAL SUBMISSION OR
O ZERO PAYMENT TED RECORD DUE 100% OHI OR
R RESUBMISSION OF ERROR REJECT

THEN COVERED DAYS MUST = ZERO

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: DRG NUMBER (1-290)			
VALIDITY EDITS			
1-290-01V	MUST BE A VALID DRG NUMBER OR BLANK FILLED.		
RELATIONAL EDITS			
1-290-01R	IF PRICING RATE CODE =	B	NO SPECIAL RATE CODE OR
		K	HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM RATE OR
		L	REGIONAL-SPECIFIC PSYCHIATRIC PER DIEM RATE OR
		P	PER DIEM RATE AGREEMENT
	THEN DRG NUMBER MUST = BLANK		
1-290-02R	IF ANY OCCURRENCE OF OVERRIDE CODE =	Y	NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES
	THEN DRG NUMBER MUST = BLANK.		
1-290-08R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	AND DATE OF ADMISSION ≥ 10/01/1996 AND < 10/01/1997		
	THEN DRG NUMBER MUST = 001-102, 104-108, 110-384, 391-434, 436-437, 439-473, 475-479, 481-495, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-09R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	AND DATE OF ADMISSION ≥ 10/01/1997 AND < 10/01/1998		
	THEN DRG NUMBER MUST = 001-102, 104-108, 110-213, 216-220, 223-384, 391-434, 436-437, 439-473, 475-479, 481-503, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-10R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	AND DATE OF ADMISSION ≥ 10/01/1998 AND < 10/01/1999		
	THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-471, 473, 475-511, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-21R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: DRG NUMBER (1-290) (CONTINUED)

		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	AND DATE OF ADMISSION ≥ 10/01/1999 AND < 10/01/2000		
	THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-473, 475-511, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-23R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	AND DATE OF ADMISSION ≥ 10/01/2000 AND < 10/01/2001		
	THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-471, 473, 475-511, 600-619, 621-624, 626-628, 630-636, 900-901		
1-290-24R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	AND DATE OF ADMISSION ≥ 10/01/2001 AND ≤ 09/30/2002		
	THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-523, 600-619, 621-624, 626-628, 630-636, 900-901		
1-290-25R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	AND DATE OF ADMISSION ≥ 10/01/2002 AND ≤ 09/30/2003		
	THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-527, 600-619, 621-624, 626-628, 630-636, 900-901		
1-290-26R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	AND DATE OF ADMISSION ≥ 10/01/2003 AND < 10/01/2004		
	THEN DRG NUMBER MUST = 001-003, 006-111, 113-213, 216-220, 223-230, 232-384, 391-399, 401-433, 439-455, 461-471, 473, 475-513, 515-540, 600-619, 621-624, 626-628, 630-636, 900-901.		
1-290-27R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: DRG NUMBER (1-290) (CONTINUED)

J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER

AND DATE OF ADMISSION ≥ 10/01/2004 **AND** < 10/01/2005

THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-482, 484-513, 515-543, 600-619, 621-624, 626-628, 630-636, 900-901.

1-290-28R IF PRICING RATE CODE = H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**

I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**

J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER

AND DATE OF ADMISSION ≥ 10/01/2005

THEN DRG NUMBER MUST = 001-003, 006-106, 108, 110-111, 113-114, 117-208, 210-213, 216-220, 223-230, 232-384, 391-399, 401-433, 439-455, 461-471, 473, 475-477, 479-482, 484-513, 515, 518-525, 528-559, 600-619, 621-624, 626-628, 630-636, 900-901.

ELEMENT NAME: HIPPS CODE (1-292)

VALIDITY EDITS

1-292-01V MUST BE VALID HIPPS CODES REFER TO [CHAPTER 2, SECTION 2.8](#)

RELATIONAL EDITS

1-292-01R IF HIPPS CODE = BLANK

THEN NO OCCURRENCE OF REVENUE CODE CAN =

0022 SKILLED NURSING FACILITY **OR**

0023 HOME HEALTH AGENCY

ELEMENT NAME: ADMISSION DIAGNOSIS (1-295)

VALIDITY EDITS

1-295-01V VALUE MUST BE VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.

RELATIONAL EDITS

NONE

