CHAPTER 2
SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: AMOUNT PATIENT COST-SHARE (2-200)			
VALIDITY EDITS			
2-200-01V	MUST BE NUMERIC.		
RELATIONAL EDITS			
2-200-00R	TOTAL OF ALL OCCURRENCES OF AMOUNT PATIENT COST-SHARE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF $1,000,000.00.		
2-200-01R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION
	THEN AMOUNT PATIENT COST-SHARE MUST BE ≥ ZERO		
2-200-02R	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL
	THEN AMOUNT PATIENT COST-SHARE MUST BE = ZERO		

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) COPAYMENT FACTOR CODE (2-201)	
VALIDITY EDITS	
2-201-01V	MUST BE A VALID HCC COPAYMENT FACTOR CODE LISTED IN CHAPTER 2, SECTION 2.5.
RELATIONAL EDITS	
	NONE

ELEMENT NAME:	AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE (2-205)		
	VALIDITY EDITS		
2-205-01V	MUST BE NUMERIC.		
	RELATIONAL EDITS		
2-205-00R	TOTAL OF ALL OCCURRENCES OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF $1,000,000.00.		
2-205-01R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE ≥ ZERO		
2-205-02R	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE = ZERO		

ELEMENT NAME:	ADJUSTMENT/DENIAL REASON CODE (2-220)		
	VALIDITY EDITS		
2-220-01V	VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO CHAPTER 2, ADDENDUM H).		
	RELATIONAL EDITS		
2-220-01R	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL
	THEN ALL OCCURRENCE/LINE ITEMS MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN FIGURE 2-H-1 **OR** FIGURE 2-H-2		
2-220-02R	IF ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN FIGURE 2-H-1, FOR THAT OCCURRENCE/LINE ITEM		
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO		
	AND 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
2-220-03R	IF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN FIGURE 2-H-1, FOR THAT OCCURRENCE/LINE ITEM		
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO		

ELEMENT NAME:	PROVIDER INDIVIDUAL NPI NUMBER (RESERVED) (2-225)
	VALIDITY EDITS
2-225-01V	MUST BE BLANK FILLED.
	RELATIONAL EDITS
	NONE

ELEMENT NAME:	PROVIDER GROUP NPI NUMBER (RESERVED) (2-230)
	VALIDITY EDITS
2-230-01V	MUST BE BLANK FILLED.
	RELATIONAL EDITS
	NONE

ELEMENT NAME:	PROVIDER STATE OR COUNTRY CODE (2-235)		
	VALIDITY EDITS		
2-235-01V	VALUE MUST BE A VALID STATE (REFER TO CHAPTER 2, ADDENDUM B) **OR** COUNTRY CODE (REFER TO CHAPTER 2, ADDENDUM A).		
2-235-02V	ALL OCCURRENCES OF PROVIDER STATE OR COUNTRY CODE FOR THIS RECORD MUST BE **ALL** CONUS OR **ALL** OCONUS.		
	RELATIONAL EDITS		
2-235-01R	PROVIDER STATE/COUNTRY CODE MUST MATCH THE CORRESPONDING RECORD[1] IN THE PROVIDER FILE.		
	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., MEDICARE 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] **THE "CORRESPONDING RECORD" IS BASED ON CARE DATES, NON-INSTITUTIONAL PROVIDER KEY, PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION.**

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240)			
	VALIDITY EDITS		
2-240-01V	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 FOR THAT OCCURRENCE/LINE ITEM =	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 FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER		
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE FOR THAT OCCURRENCE =	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., MEDICARE 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 FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER		
NO ERROR	IF AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO		
	THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER		
NO ERROR	IF PROVIDER SPECIALTY =	172A00000X (OTHER SERVICE PROVIDERS/DRIVER) **OR**	
		344600000X (TRANSPORTATION SERVICES/TAXI)	
	THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER		
2-240-02R	IF PROVIDER TAXPAYER NUMBER IS ALL NINES		

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240) (CONTINUED)			
	THEN PROVIDER SPECIALTY MUST =	172A00000X (OTHER SERVICE PROVIDERS/DRIVER) **OR**	
		344600000X (TRANSPORTATION SERVICES/TAXI)	
	AND PROVIDER PARTICIPATION INDICATOR **MUST** =	N	NO
2-240-03R	PROVIDER TAXPAYER NUMBER **CANNOT** BE ALL NINES.		
	UNLESS PROVIDER SPECIALTY =	172A00000X (OTHER SERVICE PROVIDERS/DRIVER) **OR**	
		344600000X (TRANSPORTATION SERVICES/TAXI)	
	AND PROVIDER PARTICIPATION INDICATOR =	N	NO
2-240-04R	IF 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 SPECIALITY **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 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 SUB-IDENTIFIER		
	AND PROVIDER MUST BE CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF CARE		

ELEMENT NAME:	PROVIDER SUB-IDENTIFIER (2-245)
	VALIDITY EDITS
2-245-01V	MUST BE 4 CHARACTERS FIRST CHARACTER ALPHANUMERIC, LAST 3 CHARACTERS NUMERIC
	OR FIRST 2 CHARACTERS ALPHANUMERIC, LAST 2 CHARACTERS NUMERIC
	OR ALL 4 NUMERIC
	RELATIONAL EDITS
	NONE

ELEMENT NAME:	PROVIDER ZIP CODE (2-250)
	VALIDITY EDITS
2-250-01V	MUST BE 9 DIGITS **OR** 5 DIGITS WITH 4 BLANKS
	MUST BE A VALID ZIP CODE (BASED ON BEGIN DATE OF CARE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE **OR**
	MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE[1]) 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 SPECIALTY (2-255)		
	VALIDITY EDITS		
2-255-01V	THIS FIELD MUST BE A VALID PROVIDER SPECIALTY (REFER TO CHAPTER 2, ADDENDUM C).		
	RELATIONAL EDITS		
2-255-01R	IF PROVIDER SPECIALTY =	172A00000X (OTHER SERVICE PROVIDERS/DRIVER) **OR**	
		344600000X (TRANSPORTATION SERVICES/TAXI)	
	THEN PROVIDER TAXPAYER NUMBER MUST BE ALL NINES.		
	AND ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	PF	ECHO
	UNLESS ADJUSTMENT/DENIAL REASON CODE IS A DENIAL CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1, FOR THAT OCCURRENCE/LINE ITEM		
2-255-03R	IF PROVIDER SPECIALTY =	333600000X (SUPPLIERS/PHARMACY)	
	THEN TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
2-255-04R	IF PROVIDER SPECIALTY =	183500000X (PHARMACY SERVICE PROVIDERS/ PHARMACIST)	
	THEN TYPE OF SERVICE (SECOND POSITION) =	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

ELEMENT NAME:	PROVIDER PARTICIPATION INDICATOR (2-260)		
	VALIDITY EDITS		
2-260-01V	MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.		
	RELATIONAL EDITS		
2-260-01R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP (INTERNAL PROVIDERS WITH SIGNED AGREEMENT) **OR**
		S	RESOURCE SHARING - EXTERNAL **OR**
		RI	RESOURCE SHARING - INTERNAL
	THEN PROVIDER PARTICIPATION INDICATOR MUST =	Y	YES

ELEMENT NAME:	PROVIDER NETWORK STATUS INDICATOR (2-265)		
	VALIDITY EDITS		
2-265-01V	MUST BE =	1	NETWORK PROVIDER **OR**
		2	NON-NETWORK PROVIDER
	RELATIONAL EDITS		
	NONE		

ELEMENT NAME:	PHYSICIAN REFERRAL NUMBER (2-270)		
	VALIDITY EDITS		
	NONE		
	RELATIONAL EDITS		
	NONE		

ELEMENT NAME:	PLACE OF SERVICE (2-275)		
	VALIDITY EDITS		
2-275-01V	VALUE MUST BE A VALID PLACE OF SERVICE.		
	RELATIONAL EDITS		
2-275-01R	IF ADJUSTMENT/DENIAL REASON CODE IS **NOT** A CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 **OR** FIGURE 2-H-2		
	THEN PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE, REFER TO CHAPTER 2, ADDENDUM G.		
2-275-03R	IF CA/NAS EXCEPTION REASON =	5	RTC
	THEN PLACE OF SERVICE MUST =	56	RTC
2-275-04R	IF CA/NAS EXCEPTION REASON =	7	STF
	THEN PLACE OF SERVICE MUST =	55	STF
2-275-05R	IF CA/NAS EXCEPTION REASON =	3	COLLEGE INFIRMARY
	THEN PLACE OF SERVICE MUST =	99	OTHER LOCATIONS
2-275-06R	IF PLACE OF SERVICE =	21	INPATIENT HOSPITAL
	THEN TYPE OF SERVICE (FIRST POSITION) MUST =	I	INPATIENT
2-275-07R	IF PLACE OF SERVICE =	19	PHARMACY
	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

ELEMENT NAME:	TYPE OF SERVICE (2-280)		
	VALIDITY EDITS		
2-280-01V	FIRST POSITION MUST BE = 'A', 'C', 'I', 'K', 'M', 'N', 'O', **OR** 'P'.		
	SECOND POSITION MUST BE = 1-9; A-M.		
	IF FIRST POSITION = 'A'; SECOND POSITION MUST ≠ 'C'.		
	IF FIRST POSITION = 'P'; SECOND POSITION MUST = 'H'.		
	IF FIRST POSITION = 'N'; SECOND POSITION MUST = 'I'.		
	RELATIONAL EDITS		
2-280-01R	IF AMOUNT ALLOWED BY PROCEDURE CODE > 0.		
	THEN TYPE OF SERVICE (SECOND POSITION) MUST BE CONSISTENT WITH PROCEDURE CODE (REFER TO CHAPTER 2, ADDENDUM F).		
2-280-02R	IF PROCEDURE CODE[1] = 92891, 92892, 92893, 92895, 92898, 92899, H0035, **OR** H0037.		
	AND ADJUSTMENT/ DENIAL REASON CODE **CANNOT** EQUAL ANY CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 **OR** FIGURE 2-H-2		
	THEN TYPE OF SERVICE (FIRST POSITION) MUST =	P	PARTIAL PSYCHIATRIC OUTPATIENT
2-280-04R	IF PROVIDER SPECIALTY =	261QB0400X (AMBULATORY HEALTH CARE FACILITIES/CLINIC/CENTER BIRTHING)	
	THEN TYPE OF SERVICE (FIRST POSITION) MUST =	M	MATERNITY **OR**
		O	OUTPATIENT
2-280-05R	IF TYPE OF SERVICE (FIRST POSITION) =	M	OUTPATIENT MATERNITY CARE COST-SHARED AS INPATIENT
	THEN PRINCIPAL **OR** SECONDARY TREATMENT DIAGNOSIS MUST BE MATERNITY (630-676 **OR** V22-V24 **OR** V270-289)		
2-280-06R	IF TYPE OF SERVICE (SECOND POSITION) =	C	AMBULATORY SURGERY
	THEN HCC MEMBER CATEGORY CODE MUST ≠	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		P	TAMP MEMBER **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER
2-280-07R	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST SHARED AS INPATIENT (ACTIVE DUTY DEPENDENTS ONLY) **OR**
		M	OUTPATIENT MATERNITY COST SHARED AS INPATIENT **OR**

ELEMENT NAME: TYPE OF SERVICE (2-280) (CONTINUED)			
		N	OUTPATIENT COST SHARED AS INPATIENT **OR**
		O	OUTPATIENT, EXCLUDING M, P, **OR** N **OR**
		P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST SHARED AS INPATIENT
	THEN PLACE OF SERVICE CANNOT =	21	INPATIENT HOSPITAL
2-280-08R	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN NATIONAL DRUG CODE MUST ≠ BLANK		
	UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (CHAPTER 2, ADDENDUM A)		
2-280-09R	IF TYPE OF SERVICE (SECOND POSITION) =	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN TYPE OF SUBMISSION MUST ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO		
	AND AMOUNT BILLED BY PROCEDURE CODE MUST BE ≥ $10.20 **AND** ≤ $11.48		
	UNLESS PROCEDURE CODE =	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS **OR**
		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS
	UNLESS OCCURRENCE/LINE ITEM NUMBER = 002		
	THEN AMOUNT BILLED BY PROCEDURE CODE ON THIS LINE ITEM MUST = ZERO		
	AND AMOUNT PATIENT COST-SHARE MUST ≥ ZERO **AND** ≤ $9		
	UNLESS OCCURRENCE/LINE ITEM NUMBER = 002		
	THEN AMOUNT PATIENT COST-SHARE ON THIS LINE ITEM MUST = ZERO		
	AND CA/NAS EXCEPTION REASON MUST = BLANK		
	AND CA/NAS NUMBER MUST = BLANK		
	AND CA/NAS REASON FOR ISSUANCE MUST = BLANK		
	AND CLAIM FORM TYPE/ EMC INDICATOR MUST =	I	ELECTRONIC DRUG CLAIM SUBMISSION
	UNLESS PROCEDURE CODE =	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS **OR**
		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS
	THEN CLAIM FORM TYPE/ EMC INDICATOR MUST =	J	OTHER

ELEMENT NAME:	TYPE OF SERVICE (2-280) (CONTINUED)		
	AND CONTRACT NUMBER MUST = MDA90602C0013		
	AND NATIONAL DRUG CODE MUST ≠ BLANK		
	AND NUMBER OF SERVICES = 1		
	UNLESS OCCURRENCE/LINE ITEM NUMBER = 002		
	THEN NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO		
	AND PLACE OF SERVICE MUST =	19	PHARMACY
	AND PRICING RATE CODE MUST = ZERO		
	AND PROVIDER NETWORK STATUS INDICATOR MUST =	1	NETWORK PROVIDER
	AND PROVIDER PARTICIPATING INDICATOR MUST =	Y	YES
	AND PROVIDER SPECIALITY MUST =		183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)
2-280-10R	IF 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 REGION INDICATOR MUST = BLANK		
	UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (CHAPTER 2, ADDENDUM A)		
2-280-11R	IF TYPE OF SERVICE (SECOND POSITION) =	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND OCCURRENCE/LINE ITEM COUNT = 002		
	THEN PROCEDURE CODE[1] MUST =	99070	SUPPLIES
2-280-12R	IF TYPE OF SERVICE (SECOND POSITION) =	G	DENTAL
	THEN PROCEDURE CODE[1] ≠ 00100 - 09999		
2-280-13R	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS **OR**
		M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND CLAIM FORM TYPE/EMC INDICATOR =	J	OTHER

[1] **CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.**

ELEMENT NAME: TYPE OF SERVICE (2-280) (CONTINUED)			
	THEN PROCEDURE CODE MUST =	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS **OR**
		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS

ELEMENT NAME:	HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)		
	VALIDITY EDITS		
2-285-01V	MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO CHAPTER 2, SECTION 2.5)		
	RELATIONAL EDITS		
2-285-01R	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN HCC MEMBER CATEGORY MUST ≠	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA **OR**
		X	FOREIGN ADSM **OR**
		Y	CHCBP - STANDARD **OR**
		AA	CHCBP - EXTRA **OR**
		SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - REFERRED CARE **OR**
		ST	SHCP - TRICARE ELIGIBLE **OR**
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN **OR**
		WA	TPR FOREIGN ADSM
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SE	SHCP - TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY
	OR HCDP PLAN COVERAGE CODE =	401	TRICARE RESERVE SELECT TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) **OR**
		402	TRICARE RESERVE SELECT TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) **OR**
		405	TRICARE RESERVE SELECT TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) **OR**

ELEMENT NAME:	HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (CONTINUED)		
		406	TRICARE RESERVE SELECT TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) **OR**
		407	TRICARE RESERVE SELECT TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) **OR**
		408	TRICARE RESERVE SELECT TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) **OR**
		409	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE **OR**
		410	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH FAMILY COVERAGE **OR**
		411	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW INDIVIDUAL COVERAGE **OR**
		412	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW FAMILY COVERAGE
2-285-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	ECHO
	THEN HHC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		P	TAMP MEMBER **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
2-285-03R	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER
2-285-04R	IF TYPE OF SERVICE (SECOND POSITION) =	C	AMBULATORY SURGERY
	THEN HCC MEMBER CATEGORY CODE MUST =	D	DISABLED AMERICAN VETERAN **OR**
		F	FORMER MEMBER **OR**

ELEMENT NAME:	HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (CONTINUED)		
		H	MEDAL OF HONOR RECIPIENT **OR**
		R	RETIRED **OR**
		W	FORMER SPOUSE
2-285-05R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	THEN ONE OCCURRENCE OF OVERRIDE CODE =	M	NATO

ELEMENT NAME:	PAY GRADE CODE (SPONSOR) (2-291)
	VALIDITY EDITS
2-291-01V	MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO CHAPTER 2, SECTION 2.7)
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292)			
VALIDITY EDITS			
2-292-01V	MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO CHAPTER 2, SECTION 2.7)		
RELATIONAL EDITS			
2-292-01R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	THEN PAY PLAN CODE (SPONSOR) MUST =	FA	FOREIGN SERVICE CHIEFS OF MISSION **OR**
		FC	FOREIGN COMPENSATION AGENCY FOR INTERNATIONAL DEVELOPMENT **OR**
		FD	FOREIGN DEFENSE **OR**
		FE	SENIOR FOREIGN SERVICE **OR**
		FO	FOREIGN SERVICE OFFICERS **OR**
		FP	FOREIGN SERVICE PERSONNEL **OR**
		FZ	CONSULAR AGENT DEPARTMENT OF STATE **OR**
		ZZ	NOT APPLICABLE
2-292-02R	IF SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) =	H	PHS **OR**
		O	NOAA
	THEN PAY PLAN CODE (SPONSOR) MUST ≠	ME	ENLISTED
2-292-03R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	ECHO
	THEN PAY PLAN CODE (SPONSOR) MUST =	ME	ENLISTED **OR**
		MO	OFFICER **OR**
		MW	WARRANT OFFICER **OR**
		ZZ	NOT APPLICABLE

ELEMENT NAME:	HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)		
	VALIDITY EDITS		
2-295-01V	MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO CHAPTER 2, SECTION 2.5)		
	RELATIONAL EDITS		
2-295-01R	IF PATIENT AGE[1] < 17.		
	THEN HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF
2-295-02R	IF PATIENT AGE[1] < 12		
	THEN HCC MEMBER RELATIONSHIP CODE MUST ≠	B	SPOUSE **OR**
		G	SURVIVING SPOUSE
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	B	PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE
2-295-03R	IF PATIENT AGE[1] ≥ 21		
	AND PERSON BIRTH CALENDAR DATE (PATIENT) ≠ 19111111		
	THEN HCC MEMBER RELATIONSHIP CODE MUST ≠	C	CHILD OR STEPCHILD **OR**
		D	PRE-ADOPTIVE CHILD **OR**
		E	WARD (COURT ORDERED)
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE MUST =	D	PATIENT IS DEPENDENT 21 YEARS OF AGE
2-295-04R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE[1] < 34		
	THEN HCC MEMBER RELATIONSHIP CODE ≠	H	FORMER SPOUSE (20/20/20) **OR**
		I	FORMER SPOUSE (20/20/15) **OR**
		J	FORMER SPOUSE (10/20/10) **OR**
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
	AND HCC MEMBER CATEGORY CODE ≠	W	FORMER SPOUSE
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	I	PATIENT IS A FORMER SPOUSE UNDER 34 YEARS OF AGE
2-295-05R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	AND HCC MEMBER RELATIONSHIP CODE ≠	A	SELF
	THEN HCC MEMBER RELATIONSHIP CODE MUST CODE MUST =	B	SPOUSE **OR**
		C	CHILD OR STEPCHILD **OR**

[1] **PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.**

ELEMENT NAME:	**HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295) (CONTINUED)**		
		D	PRE-ADOPTIVE CHILD **OR**
		E	WARD (COURT ORDERED)
2-295-06R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	ECHO
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE **OR**
		C	CHILD OR STEPCHILD **OR**
		D	PRE-ADOPTIVE CHILD **OR**
		E	WARD (COURT ORDERED) **OR**
		G	SURVIVING SPOUSE
2-295-07R	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF **OR**
		B	SPOUSE **OR**
		C	CHILD OR STEPCHILD **OR**
		D	PRE-ADOPTIVE CHILD **OR**
		E	WARD (COURT ORDERED) **OR**
		G	SURVIVING SPOUSE
	AND HCC MEMBER CATEGORY CODE ≠	W	FORMER SPOUSE
	UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE
2-295-08R	IF HCC MEMBER CATEGORY CODE =	H	MEDAL OF HONOR RECIPIENT
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF **OR**
		B	SPOUSE **OR**
		C	CHILD OR STEPCHILD **OR**
		G	SURVIVING SPOUSE
2-295-10R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-REFERRED CARE **OR**
		AR	SHCP - REFERRED CARE **OR**
		SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY

[1] PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.

ELEMENT NAME:	**HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295) (CONTINUED)**		
	OR ENROLLMENT/ HEALTH PLAN CODE CODE MUST =	SN	SHCP - NON-MTF REFERRED **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - REFERRED **OR**
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN
	UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL OF INITIAL TED
	THEN BYPASS THIS EDIT		

[1] **PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.**