

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) | |
|---|--|
| VALIDITY EDITS | |
| 2-300-01V | MUST BE A VALID ENROLLMENT/HEALTH PLAN CODE (REFER TO CHAPTER 2, SECTION 2.5) |
| 2-300-02V | IF ENROLLMENT/HEALTH PLAN CODE = |
| | SO SHCP - NON-TRICARE ELIGIBLE OR |
| | ST SHCP - TRICARE ELIGIBLE |
| | THEN BEGIN DATE OF CARE MUST < 06/01/2004 |
| 2-300-03V | IF ENROLLMENT/HEALTH PLAN CODE = |
| | TS TSS |
| | THEN BEGIN DATE OF CARE MUST < 12/31/2002 |
| 2-300-04V | IF ENROLLMENT/HEALTH PLAN CODE = |
| | BB TSP |
| | THEN BEGIN DATE OF CARE MUST < 12/31/2001 |
| RELATIONAL EDITS | |
| 2-300-02R | IF ENROLLMENT/HEALTH PLAN CODE = |
| | Y CHCBP - STANDARD OR |
| | AA CHCBP - EXTRA |
| | THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY = |
| | CL CLINICAL TRIALS OR |
| | PF ECHO |
| 2-300-03R | IF ENROLLMENT/HEALTH PLAN CODE = |
| | W TPR ADSM - USA |
| | THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = |
| | GU ADSM ENROLLED IN TPR |
| 2-300-05R | IF ENROLLMENT/HEALTH PLAN CODE = |
| | BB TSP |
| | THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = |
| | MN TSP - NON-NETWORK OR |
| | MS TSP - NETWORK |
| 2-300-06R | IF ENROLLMENT/HEALTH PLAN CODE = |
| | Z TRICARE PRIME, MTF/PCM |
| | THEN BEGIN DATE OF CARE MUST BE ≥ 10/01/1997 |

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (CONTINUED) | | |
|--|---|---|
| 2-300-07R | IF ENROLLMENT/HEALTH PLAN CODE = | SN SHCP - NON-MTF-REFERRED CARE OR |
| | | SO SHCP - NON-TRICARE ELIGIBLE OR |
| | | SR SHCP - REFERRED CARE OR |
| | | ST SHCP - TRICARE ELIGIBLE |
| | THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | 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 |
| 2-300-08R | IF ENROLLMENT/HEALTH PLAN CODE = | Z TRICARE PRIME, MTF/PCM |
| | THEN PHYSICIAN REFERRAL NUMBER MUST ≠ BLANK | |
| | UNLESS 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 | |
| 2-300-09R | IF ENROLLMENT/HEALTH PLAN CODE = | TS TSS |
| | THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | SN TSS - NON-NETWORK OR |
| | | SS TSS - NETWORK |
| 2-300-10R | IF ENROLLMENT/HEALTH PLAN CODE = | PS TSRx |
| | 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 |
| 2-300-11R | IF ENROLLMENT/HEALTH PLAN CODE = | PS TSRx |
| | THEN BEGIN DATE OF CARE MUST BE ≥ 04/01/2001 | |
| | AND NATIONAL DRUG CODE CANNOT BE BLANK. | |
| | UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | 1 MEDICAID |
| ¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES | | |

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (CONTINUED)

2-300-12R • **TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001. FOR EACH LINE ITEM WHERE BEGIN DATE OF CARE IS < 10/01/2001, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT.**

IF ENROLLMENT/HEALTH PLAN CODE = FE TFL - EXTRA **OR**

FS TFL - STANDARD

THEN BEGIN DATE OF CARE MUST BE ≥ 10/01/2001

AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = FF TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) **OR**

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

FS TFL (SECOND PAYOR)

ELSE IF BEGIN DATE OF CARE IS < 10/01/2001 (FOR THAT DETAILED LINE ITEM)

THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE MUST = 15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER **OR**

26 EXPENSES INCURRED PRIOR TO COVERAGE **OR**

27 EXPENSES INCURRED AFTER COVERAGE TERMINATED **OR**

30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS **OR**

31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED **OR**

32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED **OR**

33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE **OR**

34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS **OR**

62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION **OR**

141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (CONTINUED)

2-300-13R • **TFL CLAIMS: THE PATIENT MUST BE 64 YEARS AND 11 MONTHS OR GREATER. IF THE PATIENT IS LESS THAN THIS AGE, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT.**

IF ENROLLMENT/HEALTH PLAN

CODE =

FE TFL - EXTRA **OR**

FS TFL - STANDARD **OR**

PS TSRx

**AND TYPE OF SERVICE
(SECOND POSITION) ≠**

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

THEN PATIENT AGE¹ MUST BE ≥ 64 YEARS AND 11 MONTHS

ELSE IF PATIENT AGE¹ IS < 64 YEARS AND 11 MONTHS

**THEN ADJUSTMENT/DENIAL
REASON CODE FOR THAT
DETAIL OCCURRENCE MUST =**

15 PAYMENT ADJUSTED BECAUSE THE
SUBMITTED AUTHORIZATION NUMBER IS
MISSING, INVALID, OR DOES NOT APPLY TO
THE BILLED SERVICES OR PROVIDER **OR**

26 EXPENSES INCURRED PRIOR TO COVERAGE
OR

27 EXPENSES INCURRED AFTER COVERAGE
TERMINATED **OR**

30 PAYMENT ADJUSTED BECAUSE THE
PATIENT HAS NOT MET THE REQUIRED
ELIGIBILITY, SPEND DOWN, WAITING, OR
RESIDENCY REQUIREMENTS **OR**

31 CLAIM DENIED AS PATIENT CANNOT BE
IDENTIFIED AS OUR INSURED **OR**

32 OUR RECORDS INDICATE THAT THIS
DEPENDENT IS NOT AN ELIGIBLE
DEPENDENT AS DEFINED **OR**

33 CLAIM DENIED. INSURED HAS NO
DEPENDENT COVERAGE **OR**

34 CLAIM DENIED. INSURED HAS NO
COVERAGE FOR NEWBORNS **OR**

62 PAYMENT DENIED/REDUCED FOR
ABSENCE OF, OR EXCEEDED, PRE-
CERTIFICATION/AUTHORIZATION **OR**

141 CLAIM ADJUSTMENT BECAUSE THE CLAIM
SPANS ELIGIBLE AND INELIGIBLE PERIODS
OF COVERAGE

2-300-14R IF ENROLLMENT/HEALTH PLAN
CODE =

WF TPR FOR ENROLLED ADFM RESIDING WITH
A TPR ELIGIBLE ADSM

THEN BEGIN DATE OF CARE IS ≥ 09/01/2002

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (CONTINUED) | | | |
|--|--|----|---|
| 2-300-15R | IF ENROLLMENT/HEALTH PLAN CODE = | SU | SCHP - REFERRAL DESIGNATION UNKNOWN |
| | 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 |
| 2-300-16R | IF ENROLLMENT/HEALTH PLAN CODE = | SU | SCHP - REFERRAL DESIGNATION UNKNOWN |
| | THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | SC | SHCP - NON-TRICARE ELIGIBLE OR |
| | | SE | SHCP - TRICARE ELIGIBLE |
| 2-300-17R | <ul style="list-style-type: none"> FOR TMOP ONLY: FOR TSRx, THE PATIENT MUST BE 64 YEARS AND 8 MONTHS OR GREATER. IF THE PATIENT IS LESS THAN THIS AGE, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT. | | |
| | IF ENROLLMENT/HEALTH PLAN CODE = | PS | TSRx |
| | AND TYPE OF SERVICE (SECOND POSITION) = | M | MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS |
| | THEN PATIENT AGE¹ MUST BE ≥ 64 YEARS AND 8 MONTHS | | |
| | ELSE IF PATIENT AGE¹ < 64 YEARS AND 8 MONTHS | | |
| | THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE MUST = | 15 | PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR |
| | | 26 | EXPENSES INCURRED PRIOR TO COVERAGE OR |
| | | 27 | EXPENSES INCURRED AFTER COVERAGE TERMINATED OR |
| | | 30 | PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR |
| | | 31 | CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR |
| | | 32 | OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR |

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (2-300) (CONTINUED) | |
|--|--|
| | 33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR |
| | 34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR |
| | 62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR |
| | 141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE |
| 2-300-18R | IF ENROLLMENT/HEALTH PLAN CODE = |
| | X FOREIGN ADMS |
| | THEN HCC MEMBER RELATIONSHIP CODE MUST = |
| | A SELF OR |
| | T FOREIGN MILITARY MEMBER |
| | AND 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 |
| | 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 |
| | V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) |

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (2-301)

VALIDITY EDITS

2-301-01V MUST BE A VALID HCDP PLAN COVERAGE CODE LISTED IN [CHAPTER 2, ADDENDUM M](#).

RELATIONAL EDITS

| | | | | | |
|------------------|------------------------------|-----|--|----|---------------------|
| 2-301-01R | IF 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 | | |
| | | 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 | | |
| | | | THEN ENROLLMENT/ HEALTH PLAN CODE MUST = | T | TRICARE STANDARD OR |
| | | | | V | TRICARE EXTRA OR |
| | | | | FE | TFL - EXTRA OR |
| | | FS | TFL - STANDARD OR | | |
| | | PS | TSRx OR | | |
| | | SR | SHCP-REFERRED CARE | | |
| 2-301-02R | IF 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 | | |

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (2-301)

| | |
|-----|---|
| 405 | TRICARE RESERVE SELECT TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR |
| 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 |

THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =

PF ECHO

ELEMENT NAME: REGION INDICATOR (2-303)

VALIDITY EDITS

| | |
|-----------|---|
| 2-303-01V | MUST BE A VALID REGION INDICATOR (REFER TO CHAPTER 2, SECTION 2.8) |
| 2-303-02V | IF TYPE OF SUBMISSION ≠ |
| | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | AND REGION INDICATOR = |
| | NC NORTH CONTRACT OR |
| | SC SOUTH CONTRACT OR |
| | WC WEST CONTRACT |
| | THEN ADJUSTMENT KEY |
| | MUST = |
| | 0 BATCH OR |
| | 5 VOUCHER |

RELATIONAL EDITS

NONE

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED) | |
|--|--|
| | THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = S RESOURCE SHARING - EXTERNAL |
| 2-305-05R | (LIVER TRANSPLANT) |
| | IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODES ² 47133, 47135, OR 47136 |
| | AND 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 BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤ 02/19/1998) |
| | OR (≥ 09/01/1999 OR ≤ 05/31/2003) |
| | THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = ST SPECIALIZED TREATMENT |
| 2-305-06R | IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODE ² 33945 |
| | THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 7 HEART TRANSPLANT |
| 2-305-07R | IF ANY OCCURRENCE/LINE ITEM = PROCEDURE CODE ² 90199 |
| | THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = 6 HHC |
| 2-305-08R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF ECHO |
| | THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY = |
| | 6 HHC OR |
| | A PARTNERSHIP PROGRAM OR |
| | E HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP) OR |
| | S RESOURCE SHARING - EXTERNAL OR |
| | CM ICMP OR |
| | CT CCTP OR |
| | RI RESOURCE SHARING - INTERNAL |
| 2-305-09R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = X PARTIAL HOSPITALIZATION-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 ² MUST = 90812, 90813, 90814, 90815, 90816, 90817, 90843, 90844, 90846, 90847, 90849, OR 90855 |
| 2-305-12R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = U BRAC MEDICARE PHARMACY |

¹ AS STATED IN CHAPTER 2, SECTION 2.8 OR BLANK

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED) | | | |
|--|---|----|--|
| | THEN TYPE OF SERVICE (SECOND POSITION) MUST = | B | RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS |
| AND BEGIN DATE OF CARE MUST BE < 04/01/2001 | | | |
| 2-305-13R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | 16 | AMBULATORY SURGERY FACILITY CHARGE |
| | THEN PRICING RATE CODE MUST = | 0 | PRICING NOT APPLICABLE (DENIED SERVICE/SUPPLIES AND ALLOWED DRUGS) OR |
| | | 1 | PRICED MANUALLY OR |
| | | C | AMBULATORY SURGERY FACILITY PAYMENT RATE OR |
| | | D | DISCOUNTED AMBULATORY SURGERY - FACILITY PAYMENT RATE OR |
| | | E | AMBULATORY SURGERY-PAID AS BILLED OR |
| | | P | CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY- FACILITY PAYMENT RATE OR |
| | | Q | CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR |
| | | R | CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY- PAID AS BILLED OR |
| | | V | MEDICARE REIMBURSEMENT RATE |
| 2-305-14R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | PO | TRICARE PRIME - POINT OF SERVICE |
| | THEN ENROLLMENT/ HEALTH PLAN CODE MUST = | U | TRICARE PRIME, CIVILIAN PCM OR |
| | | Z | TRICARE PRIME, MTF/PCM OR |
| | | WF | TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM |
| 2-305-15R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AD | FOREIGN ACTIVE DUTY CLAIMS OR |
| | | GU | ADSM ENROLLED IN TPR |
| | THEN ENROLLMENT/ HEALTH PLAN CODE MUST = | W | TPR ADSM - USA OR |
| | | X | FOREIGN ADSM OR |
| | | WA | TPR FOREIGN ADSM |
| 2-305-21R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | MN | TSP - NON-NETWORK OR |

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED) | | | |
|--|--|----|---|
| | | MS | TSP - NETWORK |
| | THEN ENROLLMENT/ HEALTH PLAN CODE MUST = | BB | TSP |
| 2-305-22R | 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 |
| | THEN ENROLLMENT/ HEALTH PLAN CODE MUST = | 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 |
| 2-305-23R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | SN | TSS - NON-NETWORK OR |
| | | SS | TSS - NETWORK |
| | THEN ENROLLMENT/ HEALTH PLAN CODE MUST = | TS | TSS |
| 2-305-24R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | E | HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP) |
| | THEN BEGIN DATE OF CARE MUST BE ≥ 03/15/1999 | | |
| | AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | CM | ICMP |
| 2-305-25R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | GF | TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM |
| | THEN BEGIN DATE OF CARE IS ≥ 10/30/2000 AND < 09/01/2002 | | |
| | AND HHC MEMBER CATEGORY CODE MUST = | A | ACTIVE DUTY OR |
| | | G | NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR |
| | | S | RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) |

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED) | |
|---|---|
| AND HCC MEMBER RELATIONSHIP CODE MUST = | B SPOUSE OR |
| | C CHILD OR STEPCHILD OR |
| | D PRE-ADOPTIVE CHILD OR |
| | E WARD (COURT ORDERED) |
| 2-305-26R | <ul style="list-style-type: none"> TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001. FOR EACH LINE ITEM WHERE DATE OF CARE IS < 10/01/2001, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT. |
| IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | FF TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) OR |
| | FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR |
| | FS TFL (SECOND PAYOR) |
| ELSE IF BEGIN DATE OF CARE IS < 10/01/2001 | |
| THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAILED LINE MUST = | |
| | 15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR |
| | 26 EXPENSES INCURRED PRIOR TO COVERAGE OR |
| | 27 EXPENSES INCURRED AFTER COVERAGE TERMINATED OR |
| | 30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR |
| | 31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR |
| | 32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR |
| | 33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR |
| | 34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR |
| | 62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR |

¹ AS STATED IN CHAPTER 2, SECTION 2.8 OR BLANK

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED) | |
|---|--|
| | 141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE |
| 2-305-29R | <ul style="list-style-type: none"> SPECIAL PROCESSING CODE "V" IS USED FOR CARE PROVIDED WITHIN NORMAL LIMITS - WHILE SPECIAL PROCESSING CODE "W" IS USED FOR CARE OVER AND ABOVE THOSE NORMAL LIMITS |
| | IF BEGIN DATE OF CARE IS ≥ 12/28/2001 |
| | <p>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</p> <p>CT CCTP</p> |
| | <p>THEN AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</p> <p>V FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR OR</p> |
| | <p>W NON-FINANCIALLY UNDERWRITTEN PAYMENT BY FINANCIALLY UNDERWRITTEN CLAIMS PROCESSOR</p> |
| 2-305-30R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = |
| | <p>THEN HCDP PLAN COVERAGE CODE MUST ≠</p> <p>PF ECHO</p> |
| | 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 |
| | 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 |

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)

411 TRICARE RESERVE SELECT TIER 1 SURVIVOR
NEW INDIVIDUAL COVERAGE OR

412 TRICARE RESERVE SELECT TIER 1 SURVIVOR
NEW FAMILY COVERAGE

¹ AS STATED IN [CHAPTER 2, SECTION 2.8](#) OR BLANK

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APPLY TO GOVERNMENT USE.

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE (2-306)

VALIDITY EDITS

2-306-01V MUST BE A VALID HCDP SPECIAL ENTITLEMENT CODE LISTING IN [CHAPTER 2,](#)
[SECTION 2.5](#)

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310)

VALIDITY EDITS

2-310-01V IF CA/NAS NUMBER IS NOT BLANK THEN MUST BE 15 ALPHANUMERIC CHARACTERS.

RELATIONAL EDITS

NO ERROR IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION OR
D COMPLETE DENIAL

THEN BYPASS ALL CA/NAS NUMBER RELATIONAL EDITING.

NO ERROR IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS
THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR

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

PF ECHO

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 OR

SC SHCP - NON-TRICARE ELIGIBLE OR

SE SHCP - TRICARE ELIGIBLE OR

SM SHCP - EMERGENCY OR

ST SPECIALIZED TREATMENT OR

WR MENTAL HEALTH WRAP AROUND

THEN BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR IF ENROLLMENT/HEALTH PLAN CODE = U TRICARE PRIME, CIVILIAN PCM OR

W TPR ADSM - USA OR

X FOREIGN ADSM OR

Y CHCBP - STANDARD OR

Z TRICARE PRIME, MTF/PCM OR

AA CHCBP - EXTRA OR

BB TSP OR

FE TFL - EXTRA OR

FS TFL - STANDARD OR

PS TSRx OR

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: CA/NAS NUMBER (2-310) (CONTINUED) | |
|--|--|
| | SN SHCP - NON-MTF-REFERRED CARE OR |
| | SR SHCP - REFERRED CARE OR |
| | WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE AD SM |
| THEN BYPASS ALL CA/NAS NUMBER EDITING. | |
| NO ERROR | IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER |
| THEN BYPASS ALL CA/NAS NUMBER EDITING. | |
| NO ERROR | IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE = |
| | 15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR |
| | 26 EXPENSES INCURRED PRIOR TO COVERAGE OR |
| | 27 EXPENSES INCURRED AFTER COVERAGE TERMINATED OR |
| | 30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR |
| | 31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR |
| | 32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR |
| | 33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR |
| | 34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR |
| | 62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR |
| | 141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE |
| THEN BYPASS ALL CA/NAS NUMBER EDITING | |
| NO ERROR | IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO |
| THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS NUMBER EDITING. | |
| NO ERROR | IF HCDP PLAN COVERAGE CODE = |
| | 401 TRICARE RESERVE SELECT TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR |

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310) (CONTINUED)

| | |
|-----|--|
| 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 |
| 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 |

2-310-02R IF CA/NAS EXCEPTION REASON ≠ BLANK
THEN CA/NAS NUMBER MUST = BLANK

2-310-03R • MENTAL HEALTH CHECK
 IF CA/NAS EXCEPTION REASON = BLANK
AND TYPE OF SERVICE (FIRST POSITION) = I INPATIENT
AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316
AND PATIENT ZIP CODE IS IN AN MTF² CATCHMENT AREA¹
THEN CA/NAS NUMBER MUST BE CODED
UNLESS ANY OCCURRENCE OF OVERRIDE CODE = C GOOD FAITH PAYMENT
THEN CA/NAS NUMBER MUST = BLANK

2-310-04R IF CA/NAS NUMBER IS CODED
THEN CA/NAS EXCEPTION REASON MUST = BLANK

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: CA/NAS REASON FOR ISSUANCE (2-315) | |
|---|---|
| VALIDITY EDITS | |
| 2-315-01V | VALUE MUST A VALID CA/NAS REASON FOR ISSUANCE. |
| RELATIONAL EDITS | |
| 2-315-02R | IF CA/NAS NUMBER = BLANK THEN CA/NAS REASON FOR ISSUANCE MUST = BLANK. |
| 2-315-03R | IF CA/NAS REASON FOR ISSUANCE = |
| | 7 ENROLLEE NETWORK CARE AUTHORIZATION/RESTRICTED CA/NAS OR |
| | 8 ENROLLEE NON-NETWORK CARE AUTHORIZATIONS/RESTRICTED CA/NAS OR |
| | 9 NOT ENROLLED, AUTHORIZED NETWORK CARE ONLY |
| | THEN ENROLLMENT/ HEALTH PLAN CODE MUST = |
| | T TRICARE STANDARD PROGRAM OR |
| | U TRICARE PRIME, CIVILIAN PCM OR |
| | V TRICARE EXTRA OR |
| | Z TRICARE PRIME, MTF/PCM |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320)

VALIDITY EDITS

2-320-01V VALUE MUST BE A VALID CA/NAS EXCEPTION REASON.

RELATIONAL EDITS

NO ERROR IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION **OR**
D COMPLETE DENIAL

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS
THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**

T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR-NOT A MEDICARE BENEFIT) **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**

PF ECHO

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 **OR**

SC SHCP - NON-TRICARE ELIGIBLE **OR**

SE SHCP - TRICARE ELIGIBLE **OR**

SM SHCP - EMERGENCY **OR**

ST SPECIALIZED TREATMENT **OR**

WR MENTAL HEALTH WRAP AROUND

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR IF ENROLLMENT/HEALTH PLAN CODE = U TRICARE PRIME, CIVILIAN PCM **OR**

W TPR ADSM - USA **OR**

X FOREIGN ADSM **OR**

Y CHCBP - STANDARD **OR**

Z TRICARE PRIME, MTF/PCM **OR**

AA CHCBP - EXTRA **OR**

BB TSP **OR**

FE TFL - EXTRA **OR**

FS TFL - STANDARD **OR**

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320) (CONTINUED)

| | | | |
|------------------|---|-----|--|
| NO ERROR | IF 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 |
| | | 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 |
| 2-320-01R | IF PATIENT ZIP CODE IS NOT IN AN MTF ² CATCHMENT AREA ¹ | | |
| | THEN CA/NAS EXCEPTION REASON MUST = BLANK | | |
| 2-320-02R | IF CA/NAS NUMBER IS CODED | | |
| | THEN CA/NAS EXCEPTION REASON MUST = BLANK | | |
| 2-320-03R | IF CA/NAS EXCEPTION REASON = | Q | ACTIVE DUTY CLAIMS |
| | THEN ENROLLMENT HEALTH PLAN CODE MUST = | X | FOREIGN ADSM |
| 2-320-04R | IF PATIENT ZIP CODE IS IN AN MTF CATCHMENT AREA | | |
| | AND TYPE OF SERVICE (FIRST POSITION) = | I | INPATIENT |
| | AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316 | | |
| | AND CA/NAS NUMBER NOT CODED | | |
| | THEN CA/NAS EXCEPTION REASON MUST BE CODED | | |

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: PRICING RATE CODE (2-325) | | | |
|--|--|----|--|
| VALIDITY EDITS | | | |
| 2-325-01V | VALUE MUST A VALID NON-INSTITUTIONAL PRICING RATE CODE. | | |
| RELATIONAL EDITS | | | |
| 2-325-01R | IF PRICING RATE CODE = | C | AMBULATORY SURGERY FACILITY PAYMENT RATE OR |
| | | D | DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE OR |
| | | E | AMBULATORY SURGERY-PAID AS BILLED OR |
| | | P | CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE OR |
| | | Q | CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE OR |
| | | R | CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | 16 | AMBULATORY SURGERY FACILITY CHARGE |
| 2-325-02R | IF ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 . | | |
| | THEN PRICING RATE CODE MUST = ZERO | 0 | PRICING NOT APPLICABLE (DENIED SERVICE/SUPPLIES AND ALLOWED DRUGS) |
| 2-325-03R | IF PRICING RATE CODE FOR THAT OCCURRENCE/LINE ITEM = | 0 | PRICING NOT APPLICABLE (DENIED SERVICE/SUPPLIES AND ALLOWED DRUGS) |
| | THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO | | |
| | UNLESS TYPE OF SERVICE (SECOND POSITION) = | B | RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR |
| | | M | MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS |
| 2-325-04R | IF PRICING RATE CODE = | V | MEDICARE REIMBURSEMENT RATE |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | 16 | AMBULATORY SURGERY FACILITY CHARGE OR |
| | | T | MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR |

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED) | | | |
|--|--|----|--|
| | | FS | TFL (SECOND PAYOR) OR |
| | | MN | TSP - NON-NETWORK OR |
| | | MS | TSP - NETWORK |
| 2-325-05R | IF PRICING RATE CODE = | U | SHCP CLAIM OR ACTIVE DUTY MEMBER TPR PAID OUTSIDE NORMAL LIMITS |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | AR | SHCP - REFERRED CARE OR |
| | | AN | SHCP - NON-MTF-REFERRED CARE OR |
| | | CE | SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR |
| | | GU | ADSM ENROLLED IN TPR 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 |
| 2-325-06R | IF PRICING CODE = | W | PRICED OVER CMAC |
| | AND ENROLLMENT/HEALTH PLAN CODE = | T | TRICARE STANDARD PROGRAM |
| | AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | NE | OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM |
| | AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2007 | | |
| | THEN PROVIDER PARTICIPATING INDICATOR MUST = | N | NO |
| 2-325-07R | IF PRICING RATE CODE = | GG | GLOBAL RATE AGREEMENT (USED WITH CORPORATE SERVICE PROVIDERS ONLY) OR |
| | | GP | PER DIEM RATE AGREEMENT (USED WITH CORPORATE SERVICE PROVIDERS ONLY) |
| | THEN PROVIDER SPECIALITY MUST = | | 261QS1200X (CLINIC/CENTER - SLEEP DISORDER DIAGNOSTIC) OR |
| | | | 293D00000X (PHYSIOLOGICAL LAB) OR |
| | | | 261QE0700X (CLINIC/CENTER END STAGE RENAL DISEASE TREATMENT) OR |
| | | | 261QM1200X (CLINIC/CENTER MAGNETIC RESONANCE IMAGING) OR |

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED)

| | | | |
|------------------|--|----|---|
| | | | 261QR0401X (CLINIC/CENTER REHABILITATION, COMPREHENSIVE OUTPATIENT REHAB FACILITY (CORF)) OR |
| | | | 2514H0200X (HOME HEALTH AGENCY) OR |
| | | | 261QR0404X (CLINIC/CENTER REHAB CARDIAC FACILITIES) OR |
| | | | 261QX0203X (CLINIC/CENTER ONCOLOGY, RADIATION) OR |
| | | | 261QR0200X (CLINIC/CENTER RADIOLOGY) |
| 2-325-08R | IF PRICING RATE CODE = | P1 | OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) OR |
| | | P2 | OUTPATIENT PROSPECTIVE PAYMENT SYSTEM WITH COST OUTLIER OR |
| | | P3 | OUTPATIENT PROSPECTIVE PAYMENT SYSTEM WITH DISCOUNT OR |
| | | P5 | PARTIAL HOSPITALIZATION - PAID AS OPPS |
| | THEN AMBULATORY PAYMENT CLASSIFICATION CODE MUST ≠ BLANK OR ZEROES. | | |

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ELEMENT NAME: AMBULATORY PAYMENT CLASSIFICATION CODE (APC) (2-330)

VALIDITY EDITS

| | |
|------------------|--|
| 2-330-01V | MUST BE A VALID APC CODE AS LISTED ON TMA'S OPPTS WEB SITE AT HTTP://WWW.TRICARE.MIL/OPPS , BLANK, OR ALL ZEROES |
| | UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = ZERO |

RELATIONAL EDITS

| | |
|------------------|--|
| 2-330-01R | IF AMBULATORY PAYMENT CLASSIFICATION CODE = BLANK OR ZEROES. |
| | THEN PRICING RATE CODE ≠ |
| | P1 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) OR |
| | P2 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM WITH COST OUTLIER OR |
| | P3 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM WITH DISCOUNT OR |
| | P5 PARTIAL HOSPITALIZATION - PAID AS OPPS |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: OPPTS PAYMENT STATUS INDICATOR CODE (2-331)

VALIDITY EDITS

2-331-01V MUST BE A VALID OPPTS PAYMENT STATUS INDICATOR CODE (REFER TO [CHAPTER 2, SECTION 2.6](#)) OR BLANK.

RELATIONAL EDITS

2-331-01R IF OPPTS PAYMENT STATUS INDICATOR CODE = BLANK
THEN AMBULATORY PAYMENT CLASSIFICATION CODE MUST = ALL ZEROES OR BLANK.