

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		
2-300-09R	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
2-300-12R	<ul style="list-style-type: none"> 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		
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)	
	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
2-300-13R	<ul style="list-style-type: none"> 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

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)			
	AND TYPE OF SERVICE (SECOND POSITION) ≠	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
THEN PATIENT AGE ¹ MUST BE ≥ 64 YEARS AND 11 MONTHS			
ELSE IF PATIENT AGE ¹ 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			
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
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)	
	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
	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 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)

		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
2-300-18R	IF ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADMSM
	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 **TRS** TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) **OR**

402 **TRS** TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) **OR**

405 **TRS** TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) **OR**

406 **TRS** TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) **OR**

407 **TRS** TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) **OR**

408 **TRS** TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) **OR**

409 **TRS** SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE **OR**

410 **TRS** SURVIVOR CONTINUING WITH FAMILY COVERAGE **OR**

411 **TRS** SURVIVOR NEW INDIVIDUAL COVERAGE **OR**

412 **TRS** SURVIVOR NEW FAMILY COVERAGE **OR**

413 **TRS** MEMBER-ONLY COVERAGE **OR**

414 **TRS** MEMBER AND 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 **TRS** TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) **OR**

402 **TRS** TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) **OR**

405 **TRS** TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) **OR**

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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

406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
412	TRS SURVIVOR NEW FAMILY COVERAGE OR
413	TRS MEMBER-ONLY COVERAGE OR
414	TRS MEMBER AND 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)

VALIDITY EDITS

2-305-01V	OCCURRENCE NUMBER 1--MUST BE A VALID SPECIAL PROCESSING CODE ¹
2-305-02V	OCCURRENCE NUMBER 2--MUST BE A VALID SPECIAL PROCESSING CODE ¹
2-305-03V	OCCURRENCE NUMBER 3--MUST BE A VALID SPECIAL PROCESSING CODE ¹
2-305-04V	OCCURRENCE NUMBER 4--MUST BE A VALID SPECIAL PROCESSING CODE ¹
2-305-05V	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).
2-305-06V	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.
2-305-07V	<ul style="list-style-type: none"> • SHCP REFERRED/NON-REFERRED
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	AN SHCP - NON-MTF-REFERRED CARE OR
	AR SHCP - REFERRED CARE
	THEN BEGIN DATE OF CARE MUST BE < 06/01/2004
2-305-08V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADMS
	THEN BEGIN DATE OF CARE MUST BE < 09/01/2002
2-305-09V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	U BRAC PHARMACY
	THEN BEGIN DATE OF CARE MUST BE < 04/01/2001
2-305-10V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	MN TSP - NON-NETWORK OR
	MS TSP - NETWORK
	THEN BEGIN DATE OF CARE MUST BE < 12/31/2001
2-305-11V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	SN TSS - NON-NETWORK OR
	SS TSS - NETWORK
	THEN BEGIN DATE OF CARE MUST BE < 12/31/2002
2-305-13V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PD PHARMACY REDESIGN PILOT PROGRAM
	THEN BEGIN DATE OF CARE MUST BE < 04/01/2001
2-305-14V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	ST SPECIALIZED TREATMENT
	THEN BEGIN DATE OF CARE MUST BE < 10/01/2004
2-305-15V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	WR MENTAL HEALTH WRAPAROUND DEMONSTRATION
	THEN BEGIN DATE OF CARE MUST BE < 06/30/2001

RELATIONAL EDITS

2-305-02R	IF CA/NAS EXCEPTION REASON =	6	RESOURCE SHARING
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³ 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: 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 AND ≤ 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

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)			
2-305-12R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	BRAC MEDICARE PHARMACY
	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 OR
		P1	OPPS OR
		P2	OPPS WITH COST OUTLIER OR
		P3	OPPS WITH DISCOUNT
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 OR
		XF	FOREIGN ADFM
2-305-15R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	FOREIGN ACTIVE DUTY CLAIMS OR

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

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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

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)

AND HCC MEMBER

RELATIONSHIP CODE

MUST =

B SPOUSE OR

C CHILD OR STEPCCHILD OR

D PRE-ADOPTIVE CHILD OR

E WARD (COURT ORDERED)

2-305-26R

- 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

¹ AS STATED IN SECTION 2.8 OR BLANK

² CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.

³ 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: SPECIAL PROCESSING CODE (2-305) (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
2-305-29R	<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 \geq 12/28/2001
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	CT CCTP
	THEN AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	V FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR OR
	W NON-FINANCIALLY UNDERWRITTEN PAYMENT BY FINANCIALLY UNDERWRITTEN CLAIMS PROCESSOR
2-305-30R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PF ECHO
	THEN HCDP PLAN COVERAGE CODE MUST \neq
	401 TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
	402 TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405 TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406 TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407 TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408 TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409 TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR

¹ AS STATED IN SECTION 2.8 OR BLANK

² CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.

³ 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: SPECIAL PROCESSING CODE (2-305) (CONTINUED)

	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE

2-305-31R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AU AUTISM DEMONSTRATION
THEN BEGIN DATE OF CARE MUST BE ≥ 03/15/2008

AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = PF ECHO
AND PATIENT AGE³ MUST BE ≥ 18 MONTHS

2-305-32R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = RB RESPITE BENEFIT FOR ADSMs
THEN BEGIN DATE OF CARE MUST BE ≥ 01/01/2008

AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = SE SHCP - TRICARE ELIGIBLE

¹ AS STATED IN [SECTION 2.8](#) OR BLANK
² CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.
³ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

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 [SECTION 2.5](#)

RELATIONAL EDITS

NONE

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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 1 TO 11 OR 1 TO 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

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)	
	PS TSRx OR
	SN SHCP - NON-MTF-REFERRED CARE OR
	SR SHCP - REFERRED CARE OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
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 TRS 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	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
412	TRS SURVIVOR NEW FAMILY COVERAGE OR
413	TRS MEMBER-ONLY COVERAGE OR
414	TRS MEMBER AND 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.

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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 OR
	XF FOREIGN ADFM

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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)

	PS	TSRx	OR
	SN	SHCP - NON-MTF-REFERRED CARE	OR
	SR	SHCP - REFERRED CARE	OR
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM	

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
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THEN BYPASS ALL CA/NAS EXCEPTION REASON 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 EXCEPTION REASON EDITING

NO ERROR	IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO		
	THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS EXCEPTION REASON EDITING		

NO ERROR	IF HCDP PLAN COVERAGE CODE =	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS)	OR
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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)

	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND 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	
2-320-04R	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.

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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
	OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR)
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

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED)	
	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
	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 =
	NE OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
	AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2008
	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

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: PRICING RATE CODE (2-325) (CONTINUED)	
	261QM1200X (CLINIC/CENTER MAGNETIC RESONANCE IMAGING) OR
	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 OPPTS
	THEN AMBULATORY PAYMENT CLASSIFICATION CODE MUST ≠ BLANK OR ZEROES.
2-325-09R	IF PRICING RATE CODE = CA CAH REIMBURSEMENT
	THEN PROVIDER STATE OR COUNTRY CODE MUST = AK ALASKA
	AND BEGIN DATE OF CARE MUST BE ≥ 07/01/2007
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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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.ML/OPPS](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 OPPTS

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.