

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

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 | | | |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

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 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 | |
| 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 | |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

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 **ADDENDUM M.**

2-301-02V IF FILING DATE ≥ 09/01/2007

AND HCDP PLAN COVERAGE CODE =

109 TRICARE USFHP DIRECT CARE COVERAGE FOR ADFMS OR

114 TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR

115 TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR

118 TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR RETIRED SPONSORS AND FAMILY MEMBERS OR

119 TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR RETIRED SPONSORS AND FAMILY MEMBERS OR

133 TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR

138 TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS OR

139 TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS

THEN THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

| ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (2-301) | |
|---|--|
| | 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 OR |
| | 418 TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE OR |
| | 419 TRR MEMBER AND FAMILY COVERAGE OR |
| | 420 TRR SURVIVOR INDIVIDUAL COVERAGE OR |
| | 421 TRR SURVIVOR 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 |
| | 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 OR |
| | 418 TRR MEMBER-ONLY COVERAGE OR |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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

| | | | |
|-----------|---|-----|--|
| | | 419 | TRR MEMBER AND FAMILY COVERAGE OR |
| | | 420 | TRR SURVIVOR INDIVIDUAL COVERAGE OR |
| | | 421 | TRR SURVIVOR FAMILY COVERAGE |
| | THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN = | PF | ECHO |
| 2-301-03R | IF HCDP PLAN COVERAGE CODE = | 417 | TRANSITIONAL CARE FOR SERVICE-RELATED CONDITIONS (TCSRC) |
| | THEN ENROLLMENT/ HEALTH PLAN CODE MUST = | X | FOREIGN ADSM OR |
| | | SR | SHCP - REFERRED CARE |

ELEMENT NAME: REGION INDICATOR (2-303)

VALIDITY EDITS

| | | | |
|-----------|---|----|---|
| 2-303-01V | MUST BE A VALID REGION INDICATOR (REFER TO 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

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)

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 ADSM |
| | 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 |
|-----------|------------------------------|---|------------------|

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.

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) | |
|--|--|
| | 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 |

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.

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) | | | |
|--|---|--|--|
| 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 |
| 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 |

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.

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) | | | |
|--|--|----|--|
| | | 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 |

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.

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)

THEN BEGIN DATE OF CARE IS \geq 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 STEPCHILD OR

D PRE-ADOPTIVE CHILD OR

E WARD (COURT ORDERED)

2-305-26R

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)

THEN BEGIN DATE OF CARE MUST BE \geq 10/01/2001

AND ENROLLMENT/
HEALTH PLAN CODE

MUST =

FE TFL EXTRA OR

FS TFL STANDARD

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

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.

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) | |
|--|--|
| 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 |
| 2-305-29R | <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 |
| | <p>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</p> <p align="center">CT CCTP</p> |
| | <p>THEN AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</p> <p align="center">V FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR OR</p> <p align="center">W NON-FINANCIALLY UNDERWRITTEN PAYMENT BY FINANCIALLY UNDERWRITTEN CLAIMS PROCESSOR</p> |
| 2-305-30R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = |
| | PF ECHO |
| | <p>THEN HCDP PLAN COVERAGE CODE MUST \neq</p> <p align="center">401 TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR</p> <p align="center">402 TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR</p> <p align="center">405 TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR</p> <p align="center">406 TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR</p> <p align="center">407 TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR</p> |

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.

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) | |
|---|---|
| 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 OR |
| 418 | TRR MEMBER-ONLY COVERAGE OR |
| 419 | TRR MEMBER AND FAMILY COVERAGE OR |
| 420 | TRR SURVIVOR INDIVIDUAL COVERAGE OR |
| 421 | TRR SURVIVOR 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 ADMSs THEN BEGIN DATE OF CARE MUST BE ≥ 01/01/2008 AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = AD FOREIGN ACTIVE DUTY CLAIMS OR GU ADMS ENROLLED IN TPR OR SE SHCP - TRICARE ELIGIBLE |
| 2-305-35R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = DE TDRL PHYSICAL EXAMS THEN BEGIN DATE OF CARE MUST BE ≥ 03/30/2009 AND ENROLLMENT/HEALTH PLAN CODE MUST = SR SHCP REFERRED CARE |

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.

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)

| | | | |
|-----------|---|----|---|
| | AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | SE | SHCP - TRICARE ELIGIBLE |
| 2-305-36R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | EF | TRICARE RESERVE AND NATIONAL GUARD FAMILY MEMBER BENEFITS |
| | THEN BEGIN DATE OF CARE MUST BE ≥ 11/01/2009 | | |
| | AND ENROLLMENT/HEALTH PLAN CODE MUST = | T | TRICARE STANDARD PROGRAM OR |
| | | V | TRICARE EXTRA |
| | AND HCDP SPECIAL ENTITLEMENT CODE MUST = | 02 | NOBLE EAGLE PARTICIPATION SPECIAL ENTITLEMENT OR |
| | | 03 | ENDURING FREEDOM PARTICIPATION SPECIAL ENTITLEMENT |
| | AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO | | |

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

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 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.

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) (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. | | |

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

| | | | |
|------------------|-----------------------|--|--|
| 2-310-03R | • MENTAL HEALTH CHECK | | |
|------------------|-----------------------|--|--|

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 NUMBER (2-310) (CONTINUED)

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.

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

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)

| | | |
|--|----|---|
| | 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 AD5M |

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

| | | | |
|-----------------|-------------------------------|---|-------------------------|
| NO ERROR | IF HCC MEMBER CATEGORY CODE = | T | FOREIGN MILITARY MEMBER |
|-----------------|-------------------------------|---|-------------------------|

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 |

| | |
|------------------|--|
| 2-320-01R | IF PATIENT ZIP CODE IS NOT IN AN MTF ² CATCHMENT AREA ¹ |
| | 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 EXCEPTION REASON (2-320) (CONTINUED)

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.

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 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 |

¹ CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.

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) | |
|--|---|
| | 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 DEMONSTRATION |
| | AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2009 |
| | 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 |

¹ CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.

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) | |
|--|---|
| | 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 OPPS |
| | THEN AMBULATORY PAYMENT CLASSIFICATION CODE MUST ≠ BLANK OR ZEROES. |
| 2-325-09R | IF PRICING RATE CODE = CA CAH REIMBURSEMENT |
| | THEN BEGIN DATE OF CARE MUST BE ≥ 12/01/2009 |
| | UNLESS PROVIDER STATE OR COUNTRY CODE = |
| | AK ALASKA |
| | THEN BEGIN DATE OF CARE MUST BE ≥ 07/01/2007 |
| 2-325-10R | IF PRICING CODE = W PRICED OVER CMAC |
| | AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE = |
| | EF TRICARE RESERVE AND NATIONAL GUARD FAMILY MEMBER BENEFITS |
| | AND ENROLLMENT/HEALTH PLAN CODE = |
| | T TRICARE STANDARD PROGRAM |
| | THEN PROVIDER PARTICIPATING INDICATOR MUST = |
| | N NO |

¹ CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

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.MIL/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 \neq 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 [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.

