Chapter 2 Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

Revision: C-21, January 31, 2019

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

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200) (Continued)	
	THEN THE NON-CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING: INSTITUTIONAL PROVIDER TAXPAYER NUMBER **AND** TYPE OF INSTITUTION **AND** PROVIDER ZIP CODE[1] **AND** PROVIDER SUB-IDENTIFIER **AND** ACCEPTANCE AND TERMINATION DATES MUST = ZEROES **AND** PROVIDER CONTRACT AFFILIATION CODE MUST = **5** (NON-CERTIFIED PROVIDER)
	IF NO OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER
	THEN CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING: INSTITUTIONAL PROVIDER TAXPAYER NUMBER **AND** TYPE OF INSTITUTION **AND** PROVIDER ZIP CODE[1] **AND** PROVIDER SUB-IDENTIFIER
[1] ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE ARE USED IN THE MATCH.	

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (1-205)	
	VALIDITY EDITS
1-205-01V	MUST BE ALPHA **OR** NUMERIC--CANNOT BE BLANKS
	RELATIONAL EDITS
	NONE

ELEMENT NAME: SCH DRG CALCULATION (1-208)	
	VALIDITY EDITS
1-208-01V	MUST BE NUMERIC AND MUST BE ≥ ZERO
	RELATIONAL EDITS
1-208-01R	IF SCH DRG NUMBER IS NOT BLANK
	THEN SCH DRG CALCULATION MUST BE > ZERO

ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2) (1-215)	
	VALIDITY EDITS
1-215-01V	MUST BE ALL BLANKS **OR** 10 DIGITS (MUST NOT BE ALL ZEROES)
1-215-02V	IF PROVIDER ORGANIZATIONAL NPI NUMBER IS ALL DIGITS
	THEN THE CHECK DIGIT (POSITION 10 OF THE PROVIDER ORGANIZATIONAL NPI NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PROVIDER ZIP CODE (1-220)	
	VALIDITY EDITS
1-220-01V	MUST BE NINE DIGITS **OR** FIVE DIGITS WITH FOUR BLANKS
	MUST BE A VALID ZIP CODE (BASED ON ADMISSION DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE **OR**
	MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE[1]) FOLLOWED BY SIX BLANKS
	RELATIONAL EDITS
	NONE

[1] WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST ADDENDUM A.

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (1-225)	
	VALIDITY EDITS
1-225-01V	MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (1-230)			
	VALIDITY EDITS		
1-230-01V	MUST BE ONE OF THE FOLLOWING VALUES	1	NETWORK PROVIDER **OR**
		2	NON-NETWORK PROVIDER
	RELATIONAL EDITS		
	NONE		

ELEMENT NAME: TYPE OF INSTITUTION (1-235)			
	VALIDITY EDITS		
1-235-01V	VALUE MUST BE A VALID TYPE OF INSTITUTION CODE.		
	RELATIONAL EDITS		
1-235-02R	IF PRICING RATE CODE =	K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE **OR**
		L	REGION SPECIFIC PSYCHIATRIC PER DIEM RATE
	THEN TYPE OF INSTITUTION MUST =	22	PSYCHIATRIC HOSPITAL/UNIT **OR**
		52	CHILDREN'S PSYCHIATRIC HOSPITAL/UNIT
1-235-03R	IF TYPE OF INSTITUTION =	70	HHA
	AND BEGIN DATE OF CARE ≥ 06/01/2004		
	THEN ONE OCCURRENCE OF REVENUE CODE MUST =	0023	HHA PPS
	UNLESS AMOUNT ALLOWED (TOTAL) = ZERO		
1-235-04R	IF TYPE OF INSTITUTION =	91	SCH
	AND ADMISSION DATE ≥ 01/01/2014		
	AND AMOUNT ALLOWED (TOTAL) > 0		
	THEN PRICING RATE CODE MUST =	CR	CCR

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (1-240)	
	VALIDITY EDITS
1-240-01V	VALUE MUST BE A VALID CLAIM FORM TYPE/EMC INDICATOR.
	RELATIONAL EDITS
	NONE

ELEMENT NAME: FREQUENCY CODE (1-250)			
VALIDITY EDITS			
1-250-01V	MUST BE A VALID FREQUENCY CODE		
1-250-02V	IF DRG NUMBER IS NOT BLANK		
	AND TYPE OF SUBMISSION =	A	ADJUSTMENT TO TED RECORD DATA **OR**
		C	COMPLETE CANCELLATION TO TED RECORD DATA **OR**
		I	INITIAL TED RECORD SUBMISSION **OR**
		O	ZERO PAYMENT TED RECORD DUE TO 100% OHI **OR**
		R	RESUBMISSION OF AN INITIAL TED RECORD
	AND FREQUENCY CODE =	2	INTERIM-INITIAL **OR**
		3	INTERIM-INTERIM **OR**
		4	INTERIM-FINAL
	THEN THE FREQUENCY CODE SUBMISSION MUST FOLLOW THE DIRECTIONS IN THE TABLE BELOW		

	FREQUENCY CODE	**PREVIOUS TED RECORD FREQUENCY CODE**
	2	= 2 **OR** NO PREVIOUS TED RECORD
	3	= 2 **OR** 3 (PREVIOUS TED RECORD MUST EXIST)
	4	= 2, 3, **OR** 4 (PREVIOUS TED RECORD MUST EXIST)

RELATIONAL EDITS			
1-250-01R	IF PATIENT STATUS =	30	STILL A PATIENT
	AND AMOUNT ALLOWED (TOTAL) ≠ ZERO		
	OR OCCURRENCE OF SPECIAL PROCESSING CODE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYER) **OR**
		FS	TFL (SECOND PAYER)
	THEN FREQUENCY CODE MUST =	2	INTERIM-INITIAL **OR**
		3	INTERIM-INTERIM
	UNLESS TYPE OF INSTITUTION =	70	HHA
	THEN FREQUENCY CODE MUST =	2	INTERIM-INITIAL **OR**
		3	INTERIM-INTERIM **OR**
		7	REPLACEMENT OF PRIOR CLAIM **OR**
		8	VOID/CANCEL OF PRIOR CLAIM **OR**
		9	FINAL CLAIM FOR HHA EPISODE
1-250-02R	IF PATIENT STATUS =	01	DISCHARGED **OR**
		02	TRANSFERRED **OR**
		20	EXPIRED
	THEN FREQUENCY CODE MUST =	0	NON-PAYMENT/ZERO CLAIM **OR**
		1	ADMIT THROUGH DISCHARGE **OR**
		4	INTERIM-FINAL **OR**
		5	LATE CHARGE(S) **OR**
		7	REPLACEMENT OF PRIOR CLAIM **OR**
		8	VOID/CANCELLATION OF PRIOR CLAIM **OR**
		9	FINAL CLAIM FOR HHA PPS EPISODE

ELEMENT NAME: FREQUENCY CODE (1-250) (Continued)			
1-250-03R	IF PRICING RATE CODE =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER
	THEN FREQUENCY CODE MUST =	1	ADMIT THROUGH DISCHARGE
1-250-05R	IF FREQUENCY CODE =	5	LATE CHARGE(S)
	THEN AMOUNT ALLOWED (TOTAL) MUST = ZERO **FOR ALL OCCURRENCE/LINE ITEMS**		

ELEMENT NAME: TYPE OF ADMISSION (1-255)			
	VALIDITY EDITS		
1-255-01V	VALUE MUST BE A VALID TYPE OF ADMISSION CODE.		
	UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS =	0023	HHA
	OR TYPE OF INSTITUTION =	70	HHA
	OR AMOUNT ALLOWED (TOTAL) = ZERO		
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	THEN VALUE MUST BE BLANK **OR** A VALID TYPE OF ADMISSIONS CODE		
	RELATIONAL EDITS		
1-255-03R	IF TYPE OF ADMISSION =	4	NEWBORN
	AND ICD VERSION =	9	ICD-9
	AND POINT OF ORIGIN =	1	NORMAL DELIVERY **OR**
		2	PREMATURE DELIVERY **OR**
		4	EXTRAMURAL BIRTH **OR**
		5	BORN INSIDE THIS HOSPITAL **OR**
		6	BORN OUTSIDE THIS HOSPITAL
	THEN PRINCIPAL DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) MUST BE BETWEEN V30.0 AND V39.2.		
1-255-04R	IF TYPE OF ADMISSION =	4	NEWBORN
	AND ICD VERSION =	0	ICD-10
	THEN POINT OF ORIGIN =	5	BORN INSIDE THIS HOSPITAL **OR**
		6	BORN OUTSIDE THIS HOSPITAL
	AND PRINCIPAL DIAGNOSIS/POA INDICATOR (POSITiONS 1-7) MUST BE BETWEEN Z38.00 AND Z38.8.		

ELEMENT NAME: POINT OF ORIGIN (1-260)			
VALIDITY EDITS			
1-260-01V	VALUE MUST BE A VALID POINT OF ORIGIN.		
RELATIONAL EDITS			
1-260-01R	IF TYPE OF ADMISSION =	4	NEWBORN
	THEN POINT OF ORIGIN MUST =	1	NORMAL DELIVERY (DISCONTINUED 10/01/2007) **OR**
		2	PREMATURE DELIVERY (DISCONTINUED 10/01/2007) **OR**
		3	SICK BABY (DISCONTINUED 10/01/2007) **OR**
		4	EXTRAMURAL BIRTH **OR**
		5	BORN INSIDE THIS HOSPITAL **OR**
		6	BORN OUTSIDE THIS HOSPITAL

ELEMENT NAME: ADMISSION DATE (1-265)			
VALIDITY EDITS			
1-265-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE.		
RELATIONAL EDITS			
1-265-01R	ADMISSION DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION (PTC)		
1-265-02R	ADMISSION DATE MUST BE ≤ END DATE OF CARE		
1-265-03R	IF FREQUENCY CODE =	1	ADMIT THROUGH DISCHARGE
	THEN ADMISSION DATE MUST BE ≥ BEGIN DATE OF CARE		
	ELSE IF FREQUENCY CODE =	2	INTERIM-INITIAL
	AND TYPE OF INSTITUTION ≠	70	HHA
	THEN ADMISSION DATE MUST BE ≥ BEGIN DATE OF CARE		
1-265-04R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		B	ADJUSTMENT OF NON-TED RECORD (HCSR) DATA **OR**
		C	COMPLETE CANCELLATION **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN ADMISSION DATE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED		

ELEMENT NAME: PATIENT STATUS (1-270)			
VALIDITY EDITS			
1-270-01V	VALUE MUST BE A VALID PATIENT STATUS CODE.		
RELATIONAL EDITS			
1-270-01R	IF FREQUENCY CODE =	2	INTERIM-INITIAL **OR**
		3	INTERIM-INTERIM
	THEN PATIENT STATUS MUST =	30	STILL A PATIENT
1-270-03R	IF PRICING RATE CODE =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER
	THEN PATIENT STATUS MUST ≠	30	STILL A PATIENT

ELEMENT NAME: BEGIN DATE OF CARE (1-275)			
	VALIDITY EDITS		
1-275-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE.		
1-275-02V	BEGIN DATE OF CARE CANNOT BE < 01/01/1990.		
1-275-03V	BEGIN DATE OF CARE MUST BE ≤ END DATE OF CARE.		
	RELATIONAL EDITS		
1-275-02R	BEGIN DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION (PTC)		
1-275-03R	BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT)		
1-275-05R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		C	COMPLETE CANCELLATION **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED		
1-275-06R	PROVIDER MUST BE "AUTHORIZED"[1] ON PROVIDER FILE FOR THIS BEGIN DATE OF CARE		
	UNLESS AMOUNT ALLOWED (TOTAL) ≤ ZERO		
	OR ADJUSTMENT/DENIAL REASON CODE =	38	SERVICES NOT PROVIDED **OR** AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS **OR**
		52	THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/ PERFORM THE SERVICE BILLED **OR**
		B7	THIS PROVIDER WAS NOT CERTIFIED ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**
		FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) **OR**
		FS	TFL (SECOND PAYOR) **OR**
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) **AND** BEGIN DATE OF CARE ≥ 10/01/2001
	THEN DO NOT CHECK PROVIDER FILE		

[1] "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, TYPE OF INSTITUTION, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (1-200-02R).

ELEMENT NAME: END DATE OF CARE (1-280)			
	VALIDITY EDITS		
1-280-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE.		
1-280-02V	END DATE OF CARE CANNOT BE < 01/01/1990.		
1-280-03V	END DATE OF CARE MUST BE ≥ BEGIN DATE OF CARE.		
	RELATIONAL EDITS		
1-280-01R	END DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION (PTC)		
1-280-02R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		C	COMPLETE CANCELLATION **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN END DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED		
1-280-03R	PROVIDER MUST BE "AUTHORIZED"[1] ON PROVIDER FILE FOR THIS END DATE OF CARE		
	UNLESS AMOUNT ALLOWED (TOTAL) ≤ ZERO		
	OR ADJUSTMENT/DENIAL REASON CODE =	38	SERVICES NOT PROVIDED **OR** AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS **OR**
		52	THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/ PERFORM THE SERVICE BILLED **OR**
		B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**
		FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) **OR**
		FS	TFL (SECOND PAYOR) **OR**
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) **AND** BEGIN DATE OF CARE ≥ 10/01/2001
	THEN DO NOT CHECK PROVIDER FILE		

[1] "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, TYPE OF INSTITUTION, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (1-200-02R).

ELEMENT NAME: ADMINISTRATIVE CLIN (1-283)	
	VALIDITY EDITS
1-283-01V	MUST BE BLANKS.
	RELATIONAL EDITS
	REFER TO SECTION 8.1.

ELEMENT NAME: COVERED DAYS (1-285)			
VALIDITY EDITS			
1-285-01V	MUST BE NUMERIC.		
1-285-02V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	OR TYPE OF INSTITUTION =	78	NON-HOSPITAL BASED HOSPICE **OR**
		79	HOSPITAL BASED HOSPICE
	THEN BYPASS THIS EDIT		
	ELSE IF AMOUNT ALLOWED (TOTAL) ≤ ZERO		
	OR TYPE OF INSTITUTION =	70	HHA
	OR THE SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES THAT INDICATE THAT A ROOM WAS USED (010X-021X, **OR** 0724, **OR** 100X) = ZERO		
	THEN COVERED DAYS MUST = ZERO		
	ELSE IF FREQUENCY CODE =	3	INTERIM - INTERIM TED RECORD
	OR BEGIN DATE OF CARE = END DATE OF CARE		
	THEN COVERDAYS MUST BE ≤ END DATE OF CARE - BEGIN DATE OF CARE + 1		
	ELSE IF ADMISSION DATE = END DATE OF CARE		
	THEN COVERED DAYS MUST BE ≤ 1		
	ELSE IF FREQUENCY CODE =	1	ADMIT THRU DISCHARGE
	THEN COVERED DAYS MUST BE ≤ END DATE OF CARE - ADMISSION DATE		
	ELSE IF FREQUENCY CODE =	2	INTERIM - INITIAL TED RECORD
	THEN COVERED DAYS MUST BE ≤ END DATE OF CARE - ADMISSION DATE + 1		
	ELSE COVERED DAYS MUST BE ≤ END DATE OF CARE - BEGIN DATE OF CARE		
RELATIONAL EDITS			
	NONE		

ELEMENT NAME: DRG NUMBER (1-290)			
	VALIDITY EDITS		
1-290-01V	MUST BE A VALID DRG NUMBER **OR** BLANK FILLED.		
	RELATIONAL EDITS		
1-290-01R	IF PRICING RATE CODE =	~~b~~	NO SPECIAL RATE CODE **OR**
		K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE **OR**
		L	REGIONAL-SPECIFIC PSYCHIATRIC PER DIEM RATE **OR**
		P	PER DIEM RATE AGREEMENT **OR**
		CA	CAH REIMBURSEMENT **OR**
		CI	CAH IRF REIMBURSEMENT **OR**
		CP	CAH PSYCHIATRIC HOSPITAL PER DIEM RATE **OR**
		LT	STANDARD LTCH REIMBURSEMENT **OR**
		RF	TRICARE IRF REIMBURSEMENT **OR**
		SN	SITE-NEUTRAL LTCH REIMBURSEMENT
	THEN DRG NUMBER MUST = BLANK		
1-290-02R	IF ANY OCCURRENCE OF OVERRIDE CODE =	Y	NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES
	THEN DRG NUMBER MUST = BLANK		
1-290-31R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
		DD	DISCOUNTED DRG
	THEN DRG MUST NOT BE BLANK		
	AND IF END DATE OF CARE < 10/01/2014		
	THEN DATE OF ADMISSION MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE		
	ELSE END DATE OF CARE MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE		

ELEMENT NAME: HIPPS CODE (1-292)			
	VALIDITY EDITS		
1-292-01V	MUST BE VALID HIPPS CODES REFER TO SECTION 2.8.		
	RELATIONAL EDITS		
1-292-01R	IF HIPPS CODE = BLANK		
	THEN NO OCCURRENCE OF REVENUE CODE CAN =	0022	SNF **OR**
		0023	HHA PPS

ELEMENT NAME: ICD VERSION (1-293)			
	VALIDITY EDITS		
1-293-01V	VALUE MUST BE A VALID ICD VERSION.		
	RELATIONAL EDITS		
NO ERROR	IF AMOUNT ALLOWED (TOTAL) = ZERO		
1-293-02R	IF END DATE OF CARE ≥ 10/01/2015		
	THEN ICD VERSION MUST BE	0	ICD-10
1-293-04R	IF END DATE OF CARE < 10/01/2015		
	THEN ICD VERSION MUST BE	9	ICD-9

ELEMENT NAME: ADMISSION DIAGNOSIS (1-295)			
	VALIDITY EDITS		
1-295-01V	**IF** FILING DATE IS PRIOR TO 10/01/2004		
	THEN VALUE MUST BE VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1		
	UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS =	0023	HHA
	THEN VALUE MUST BE BLANK **OR** A VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1		
1-295-02V	**IF** FILING DATE ON **OR** AFTER 10/01/2004		
	THEN VALUE MUST BE VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1 (ICD-9-CM) AND V00-Y99.9 (ICD-10-CM).		
	AND BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD DIAGNOSIS REFERENCE TABLE		
	OR END DATE OF CARE MUST BE ON **OR** AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD DIAGNOSIS REFERENCE TABLE		
	UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS =	0023	HHA
	OR TYPE OF INSTITUTION =	70	HHA
	OR AMOUNT ALLOWED (TOTAL) = ZERO		
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	THEN VALUE MUST BE BLANK **OR** VALUE MUST BE A VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1 (ICD-9-CM) AND V00-Y99.9 (ICD-10-CM)		
	AND BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD DIAGNOSIS REFERENCE TABLE		
	OR END DATE OF CARE MUST BE ON **OR** AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD DIAGNOSIS REFERENCE TABLE		
	RELATIONAL EDITS		
	NONE		

- END -