

Chapter 2

Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

Revision: C-28, August 28, 2019

| ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (1-300) | | | |
|--|--|-------|---|
| VALIDITY EDITS | | | |
| 1-300-01V | IF FILING DATE PRIOR TO 10/01/2004 | | |
| | THEN VALUE IN POSITIONS 1-7 MUST BE A VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1 (ICD-9-CM). | | |
| 1-300-02V | IF FILING DATE ON OR AFTER 10/01/2004 | | |
| | THEN VALUE IN POSITIONS 1-7 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 | | |
| 1-300-03V | POA INDICATOR (POSITION 8 OF THE PRINCIPAL DIAGNOSIS/POA INDICATOR) MUST BE A VALID VALUE. | | |
| RELATIONAL EDITS | | | |
| 1-300-01R | IF PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) = | 799.9 | ICD-9-CM OR |
| | | R69 | ICD-10-CM OR |
| | | R99 | ICD-10-CM |
| | THEN AMOUNT ALLOWED (TOTAL) MUST = ZERO | | |
| | OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | 1 | MEDICAID |
| 1-300-02R | IF PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR FEMALE | | |
| | AND PERSON SEX (PATIENT) = MALE | | |
| | THEN AT LEAST ONE OVERRIDE CODE MUST = | G | DIAGNOSIS/PROCEDURE CODE FOR FEMALE: SEX INDICATES MALE |
| 1-300-03R | IF PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR MALE | | |
| | AND PERSON SEX (PATIENT) = FEMALE | | |
| | THEN AT LEAST ONE OVERRIDE CODE MUST = | H | DIAGNOSIS/PROCEDURE CODE FOR MALE: SEX INDICATES FEMALE |
| 1-300-05R | IF OP/NSP CODE IS CESAREAN SECTION OR REMOVAL OF FETUS (74.0-74.2, 74.4-74.99, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10A00ZZ, 10A03ZZ, 10A04ZZ, 10A08ZZ, 10A07Z6, 10A07ZW, 10A07ZX, OR 10A07ZZ) | | |
| 1 PATIENT AGE IS CALCULATED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND DATE OF ADMISSION. | | | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

| ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (1-300) (Continued) | | |
|---|--|---|
| | THEN PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) MUST BE 640-676 OR O09.00-O77.9, O82, OR O85-O9A.53. | |
| 1-300-06R | IF OP/NSP CODE IS ECTOPIC PREGNANCY (74.3, 10D27ZZ, 10D28ZZ, 10T20ZZ, 10T23ZZ, OR 10T24ZZ) | |
| | THEN PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) MUST BE 633.0-633.9 OR O00.0-O00.9. | |
| 1-300-07R | IF TYPE OF INSTITUTION = | 72 RTC |
| | AND AMOUNT ALLOWED (TOTAL) > 0 | |
| | THEN PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) MUST = | 290-316 (MENTAL HEALTH, ICD-9-CM) OR |
| | | F01- F99 (MENTAL HEALTH, ICD-10-CM) |
| 1-300-09R | IF TYPE OF INSTITUTION = | 72 RTC |
| | AND AMOUNT ALLOWED (TOTAL) > 0 | |
| | THEN PATIENT AGE ¹ MUST BE < 21 | |
| | UNLESS ENROLLMENT/HEALTH PLAN CODE = | SR SHCP-MTF REFERRED CARE |
| ¹ PATIENT AGE IS CALCULATED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND DATE OF ADMISSION. | | |

| ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR OCCURRENCES 1-24 (1-305 THROUGH 1-328) | | |
|---|---|---|
| VALIDITY EDITS | | |
| 1-XXX-01V ¹ | IF FILING DATE PRIOR TO 10/01/2004 | |
| | THEN VALUE IN POSITIONS 1-7 MUST BE A VALID ICD DIAGNOSIS CODE IF PRESENT OR BLANK FILLED | |
| 1-XXX-0V ¹ | IF FILLING DATE ON OR AFTER 10/01/2004 | |
| | THEN VALUE IN POSITIONS 1-7 MUST BE A VALID ICD DIAGNOSIS CODE OR BLANK FILLED | |
| | 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 | |
| 1-XXX-03V ¹ | ALL OCCURRENCES OF SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR MUST BE BLANK FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK FILLED SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR. | |
| 1-XXX-04V ¹ | POA INDICATOR (POSITION 8 OF THE SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR) MUST BE A VALID VALUE. | |
| RELATIONAL EDITS | | |
| 1-XXX-01R ¹ | IF ANY SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR FEMALE | |
| | AND PERSON SEX (PATIENT) = MALE | |
| | THEN AT LEAST ONE OVERRIDE CODE MUST = | G DIAGNOSIS/PROCEDURE CODE FOR FEMALE: SEX INDICATES MALE |
| 1-XXX-02R ¹ | IF ANY SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR MALE | |
| | AND PERSON SEX (PATIENT) = FEMALE | |
| ¹ XXX EQUALS ELN (305 THROUGH 328) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR. | | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR OCCURRENCES 1-24 (1-305 THROUGH 1-328) (Continued)

THEN AT LEAST ONE OVERRIDE CODE
MUST =

H DIAGNOSIS/PROCEDURE CODE FOR MALE: SEX
INDICATES FEMALE

¹ XXX EQUALS ELN (305 THROUGH 328) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR.

ELEMENT NAME: PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE (OP/NSP) (1-345)

VALIDITY EDITS

1-345-01V IF FILING DATE IS PRIOR TO 10/01/2004

THEN VALUE MUST BE A VALID ICD OP/NSP CODE IF PRESENT **OR** BLANK FILLED

1-345-02V IF FILING DATE IS ON OR AFTER 10/01/2004

THEN VALUE MUST BE A VALID ICD OP/NSP CODE IF PRESENT **OR** BLANK FILLED

AND ADMISSION DATE MUST BE ON OR AFTER THE OP/NSP EFFECTIVE DATE AND NOT LATER THAN THE OP/NSP TERMINATION DATE ON THE ICD OP/NSP

OR BEGIN DATE OF CARE MUST BE ON OR AFTER THE OP/NSP EFFECTIVE DATE AND NOT LATER THAN THE OP/NSP TERMINATION DATE ON THE ICD OP/NSP REFERENCE TABLE

OR END DATE OF CARE MUST BE ON OR AFTER THE OP/NSP EFFECTIVE DATE AND NOT LATER THAN THE OP/NSP TERMINATION DATE ON THE ICD OP/NSP REFERENCE TABLE

RELATIONAL EDITS

NONE

ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE OCCURRENCES 1-24 (1-350 THROUGH 1-373)

VALIDITY EDITS

1-XXX-01V¹ IF FILING DATE IS PRIOR TO 10/01/2004

THEN VALUE MUST BE A VALID ICD OP/NSP CODE IF PRESENT **OR** BLANK FILLED

1-XXX-02V¹ IF FILING DATE IS ON OR AFTER 10/01/2004

THEN VALUE MUST BE VALID ICD OP/NSP CODE IF PRESENT **OR** BLANK FILLED

AND ADMISSION DATE MUST BE ON OR AFTER THE OP/NSP EFFECTIVE DATE AND NOT LATER THAN THE OP/NSP TERMINATION DATE ON THE ICD OP/NSP

OR BEGIN DATE OF CARE MUST BE ON OR AFTER THE OP/NSP EFFECTIVE DATE AND NOT LATER THAN THE OP/NSP TERMINATION DATE ON THE ICD OP/NSP REFERENCE TABLE

OR END DATE OF CARE MUST BE ON OR AFTER THE OP/NSP EFFECTIVE DATE AND NOT LATER THAN THE OP/NSP TERMINATION DATE ON THE ICD OP/NSP REFERENCE TABLE

1-XXX-03V¹ ALL OCCURRENCES OF SECONDARY OP/NSP CODE FIELD MUST BE BLANK FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK FILLED SECONDARY OP/NSP CODE.

RELATIONAL EDITS

NONE

¹ XXX EQUALS ELN (350 THROUGH 373) FOR EACH OCCURRENCE OF SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE.

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

| ELEMENT NAME: TED RECORD CORRECTION INDICATOR (1-374) | |
|---|----------------------|
| VALIDITY EDITS | |
| 1-374-01V | VALUE MUST BE BLANK. |
| RELATIONAL EDITS | |
| NONE | |

| ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM COUNT (1-375) | |
|--|---|
| VALIDITY EDITS | |
| 1-375-01V | VALUE MUST BE IN RANGE 001-450. |
| AND MUST EQUAL THE PHYSICAL COUNT OF THE DETAIL LINE ITEMS ON THE TED RECORD | |
| 1-375-02V | 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 TOTAL OCCURRENCE/LINE ITEM COUNT MUST BE \geq TOTAL OCCURRENCE/LINE ITEM COUNT FROM DHA DATABASE | |
| RELATIONAL EDITS | |
| NONE | |

| ELEMENT NAME: AMOUNT NETWORK PROVIDER DISCOUNT (1-377) | |
|--|---|
| VALIDITY EDITS | |
| 1-377-01V | MUST BE NUMERIC AND \geq ZERO |
| RELATIONAL EDITS | |
| 1-377-01R | IF TYPE OF SUBMISSION = |
| | B ADJUSTMENT TO NON-TED (HCSR) DATA OR |
| | C COMPLETE CANCELLATION OR |
| | D COMPLETE DENIAL OR |
| | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR |
| | O ZERO GOVERNMENT TED RECORD DUE TO 100% OHI |
| THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO | |
| 1-377-02R | IF PROVIDER NETWORK STATUS INDICATOR = 2 NON-NETWORK PROVIDER |
| THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO | |
| 1-377-03R | IF REGION INDICATOR = B BLANK |
| THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO | |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

| ELEMENT NAME: ADJUSTMENT SEQUENCE NUMBER (1-378) | | | |
|--|-------------------------|---|---|
| VALIDITY EDITS | | | |
| 1-378-01V | MUST BE NUMERIC | | |
| RELATIONAL EDITS | | | |
| 1-378-01R | IF TYPE OF SUBMISSION = | D | COMPLETE DENIAL OR |
| | | I | INITIAL SUBMISSION OR |
| | | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R | RESUBMISSION |
| THEN ADJUSTMENT SEQUENCE NUMBER MUST = 000 (ZEROES) | | | |
| 1-378-02R | IF TYPE OF SUBMISSION = | A | ADJUSTMENT OR |
| | | C | COMPLETE CANCELLATION |
| THEN ADJUSTMENT SEQUENCE NUMBER MUST BE ONE GREATER THAN THE CURRENT VALUE IN THE TED DATABASE | | | |
| 1-378-03R | IF TYPE OF SUBMISSION = | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| THEN ADJUSTMENT SEQUENCE NUMBER MUST = 000 (ZEROES) | | | |

| ELEMENT NAME: SCH DRG NUMBER (1-379) | |
|---------------------------------------|---|
| VALIDITY EDITS | |
| 1-379-01V | MUST BE A VALID DRG NUMBER OR BLANK-FILLED. |
| RELATIONAL EDITS | |
| 1-379-01R | IF SCH DRG CALCULATION > 0 |
| THEN SCH DRG NUMBER MUST NOT BE BLANK | |

| ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER (1-380) | |
|---|---|
| VALIDITY EDITS | |
| 1-380-01V | EACH VALUE MUST BE NUMERIC. |
| 1-380-02V | OCCURRENCE/LINE ITEM NUMBER MUST BE CODED FOR EACH NUMBER OF OCCURRENCES SPECIFIED BY THE TOTAL OCCURRENCE/LINE ITEM COUNT. |
| 1-380-03V | OCCURRENCE/LINE ITEM NUMBER MUST BE REPORTED IN ASCENDING CONSECUTIVE ORDER. |
| RELATIONAL EDITS | |
| | NONE |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

| ELEMENT NAME: REVENUE CODE (1-385) | | | |
|------------------------------------|---|------|---|
| VALIDITY EDITS | | | |
| 1-385-01V | VALUE MUST BE A VALID REVENUE CODE. | | |
| | UNLESS ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTING IN ADDENDUM G , FIGURE 2.G-1 OR FIGURE 2.G-2 | | |
| | Note: THE FOLLOWING VALID OUTPATIENT REVENUE CODES ARE ALLOWED ON AN INSTITUTIONAL TED RECORD ONLY WHEN BEING DENIED 049X, 051X-054X, 0630-0635, 064X, 0661, 0662, 082X-085X, 0882, AND 310X. | | |
| 1-385-02V | FIRST DETAILED LINE MUST CONTAIN REVENUE CODE 0001. | | |
| RELATIONAL EDITS | | | |
| 1-385-01R | ONLY ONE OCCURRENCE OF REVENUE CODE MUST = 0001. | | |
| 1-385-02R | AT LEAST ONE OCCURRENCE OF REVENUE CODE FOR ROOM ACCOMMODATION CHARGES MUST = 010X-021X OR 0724 OR 100X | | |
| | UNLESS ONE OCCURRENCE OF OVERRIDE CODE = | Y | NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES |
| | OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | 11 | HOSPICE |
| | OR ANY OCCURRENCE OF REVENUE CODE = | 0023 | HHA PPS |
| | OR AMOUNT ALLOWED (TOTAL) = ZERO | | |
| 1-385-03R | IF PRICING RATE CODE = | H | TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE DRG REIMBURSEMENT WITH NO OUTLIER OR |
| | | DD | DISCOUNTED DRG |
| | THEN PROFESSIONAL SERVICE REVENUE CODES = 0901, 0914-0918, OR 096X-098X | | |
| | AND AQISITION OF BODY PARTS (081X) MUST BE DENIED. | | |
| 1-385-04R | IF ANY REVENUE CODE = 0723 | | |
| | THEN PERSON SEX (PATIENT) MUST = MALE. | | |
| 1-385-05R | IF ANY REVENUE CODE = 072X BUT NOT 0723 | | |
| | THEN PERSON SEX (PATIENT) MUST = FEMALE | | |
| 1-385-06R | IF TYPE OF SUBMISSION = | A | ADJUSTMENT OR |
| | | C | COMPLETE CANCELLATION |
| | THEN REVENUE CODES MUST OCCUR IN THE SAME ORDER | | |
| | AND ON THE SAME OCCURRENCE/LINE ITEM NUMBER AS DHA DATABASE. | | |
| 1-385-07R | IF REVENUE CODE = | 0022 | SNF CHARGE |
| | THEN ADMISSION DATE ≥ 08/01/2003 | | |
| | AND TYPE OF INSTITUTION MUST = | 76 | SNF |
| | AND HIPPS CODE ≠ BLANK | | |
| | UNLESS PATIENT AGE IS < 10 YEARS OF AGE ON DATE OF ADMISSION | | |
| 1-385-09R | IF ANY REVENUE CODE = | 0650 | GENERAL CLASSIFICATION OR |
| | | 0651 | ROUTINE HOME CARE OR |
| | | 0652 | CONTINUOUS HOME CARE OR |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

| ELEMENT NAME: REVENUE CODE (1-385) (Continued) | | |
|---|------|--|
| | 0655 | INPATIENT RESPITE CARE OR |
| | 0656 | GENERAL INPATIENT CARE - NON-RESPITE OR |
| | 0657 | PHYSICIAN SERVICES OR |
| | 0659 | OTHER HOSPICE |
| THEN TYPE OF INSTITUTION MUST = | 78 | NON-HOSPITAL BASED HOSPICE OR |
| | 79 | HOSPITAL BASED HOSPICE |
| UNLESS AMOUNT ALLOWED (TOTAL) = ZERO | | |
| 1-385-11R IF REVENUE CODE = | 0023 | HHA PPS |
| AND BEGIN DATE OF CARE ≥ 06/01/2004 | | |
| THEN TYPE OF INSTIUTION MUST = | 70 | HHA |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

| ELEMENT NAME: UNITS OF SERVICE BY REVENUE CODE (1-390) | | |
|--|---|---|
| VALIDITY EDITS | | |
| 1-390-01V | VALUE MUST BE SIGNED NUMERIC, 0 TO 9,999,999. | |
| | UNLESS TYPE OF SUBMISSION = | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN VALUE MUST BE SIGNED NUMERIC, -9,999,999 TO 9,999,999 | |
| RELATIONAL EDITS | | |
| 1-390-01R | IF TYPE OF SUBMISSION = | A ADJUSTMENT OR |
| | | C COMPLETE CANCELLATION OR |
| | | D COMPLETE DENIAL OR |
| | | I INITIAL SUBMISSION OR |
| | | O ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R RESUBMISSION |
| | THEN UNITS OF SERVICE BY REVENUE CODE MUST BE > ZERO FOR ALL OCCURRENCES/LINE ITEMS | |
| | EXCLUDING REVENUE CODE 0001 AND 0023. | |
| 1-390-02R | IF UNITS OF SERVICE BY REVENUE CODE = 0 | |
| | AND TYPE OF SUBMISSION ≠ | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN TOTAL CHARGE BY REVENUE CODE MUST ALSO = 0 (FOR THAT OCCURRENCE/LINE ITEM) | |
| | EXCEPT FOR REVENUE CODE 0001 OR 0022 | |
| 1-390-03R | IF UNITS OF SERVICE BY REVENUE CODE > 0 | |
| | AND TYPE OF SUBMISSION ≠ | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN TOTAL CHARGE BY REVENUE CODE MUST ALSO > 0 (FOR THAT OCCURRENCE/LINE ITEM) | |
| | UNLESS REVENUE CODE = | 0022 SNF PPS OR |
| | | 0023 HHA PPS OR |
| | | 0024 REHAB PPS OR |
| | | 0180 GENERAL CLASSIFICATION OR |
| | | 0182 PATIENT CONVENIENCE OR |
| | | 0183 THERAPEUTIC LEAVE OR |
| | | 0184 RESERVED (EFFECTIVE 04/01/2004) OR |
| | | 0185 HOSPITALIZATION OR |
| | | 0189 OTHER LEAVE OF ABSENCE |
| | OR THE OCCURRENCE/LINE ITEM CONTAINS AN ADJUSTMENT/DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2. | |
| 1-390-04R | IF REVENUE CODE = 0001 | |
| | THEN UNITS OF SERVICE BY REVENUE CODE MUST = ZERO. | |
| 1-390-05R | IF REVENUE CODE = | 0023 HHA PPS |
| | AND TYPE OF SUBMISSION ≠ | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

| ELEMENT NAME: UNITS OF SERVICE BY REVENUE CODE (1-390) (Continued) | | |
|---|---|---|
| | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| THEN UNITS OF SERVICE BY REVENUE CODE MUST = 1 | | |
| UNLESS THE OCCURRENCE/LINE ITEM CONTAINS AN ADJUSTMENT/DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2 . | | |
| THEN UNITS OF SERVICE BY REVENUE CODE MUST = 0 OR 1 | | |

| ELEMENT NAME: TOTAL CHARGE BY REVENUE CODE (1-395) | | |
|--|--|---|
| VALIDITY EDITS | | |
| 1-395-01V | IF TYPE OF SUBMISSION = | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| THEN MUST BE - 999,999.99 TO 999,999.99 | | |
| UNLESS REVENUE CODE = 0001 | | |
| THEN MUST BE - 9,999,999.99 TO 9,999,999.99 | | |
| ELSE MUST BE 0 TO 999,999.99 | | |
| UNLESS REVENUE CODE = 0001 | | |
| THEN MUST BE 0 TO 9,999,999.99 | | |
| RELATIONAL EDITS | | |
| 1-395-01R | IF TYPE OF SUBMISSION = | A ADJUSTMENT OR |
| | | C COMPLETE CANCELLATION OR |
| | | D COMPLETE DENIAL OR |
| | | I INITIAL SUBMISSION OR |
| | | O ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R RESUBMISSION |
| THEN TOTAL CHARGE BY REVENUE CODE MUST BE > ZERO ON EACH OCCURRENCE/LINE ITEM (EXCLUDING REVENUE CODE 0001, 0022, 0023, 0024, 0180, 0182, 0183, 0184, 0185, AND 0189) | | |
| 1-395-02R | THE SUM OF ALL TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODES OTHER THAN 0001 MUST EQUAL THE TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODE 0001. | |

- END -

