

Chapter 2

Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

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| ELEMENT NAME: TYPE OF SUBMISSION (2-100) | | | |
|--|--|---|---|
| VALIDITY EDITS | | | |
| 2-100-01V | VALUE MUST BE A VALID TYPE OF SUBMISSION. | | |
| 2-100-02V | IF TYPE OF SUBMISSION = | B | ADJUSTMENT OF NON-TED RECORD (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN ADJUSTMENT KEY CANNOT = | 0 | BATCH OR |
| | | 5 | VOUCHER |
| | AND REGION INDICATOR MUST = BLANK | | |
| 2-100-03V | 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 A MATCH MUST BE FOUND ON THE DHA DATABASE | | |
| | AND TYPE OF SUBMISSION ON THE EXISTING DHA DATABASE RECORD \neq | C | COMPLETE CANCELLATION OR |
| | | D | COMPLETE DENIAL OR |
| | | E | COMPLETE CANCELLATION NON-TED RECORD (HCSR) DATA |
| | UNLESS THE RECORD HAS PROVISIONAL ERRORS | | |
| 2-100-04V | IF TYPE OF SUBMISSION = | D | COMPLETE DENIAL OR |
| | | I | INITIAL SUBMISSION OR |
| | | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R | RESUBMISSION |
| | THEN A TED RECORD MUST NOT BE PRESENT ON THE DATABASE WITH THE SAME TRI | | |
| RELATIONAL EDITS | | | |
| 2-100-01R | IF TYPE OF SUBMISSION = | O | ZERO PAYMENT WITH 100% OHI/TPL |
| | THEN THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT OF OHI MUST BE > ZERO. | | |
| | AND THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE MUST BE > ZERO. | | |

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| ELEMENT NAME: TYPE OF SUBMISSION (2-100) (Continued) | | |
|--|--|--|
| AND THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO. | | |
| 2-100-02R | IF ALL OCCURRENCES/LINE ITEMS ARE DENIED (REFER TO ADDENDUM G, FIGURE 2.G-1) | |
| | THEN TYPE OF SUBMISSION MUST = | C COMPLETE CANCELLATION OR |
| | | D COMPLETE DENIAL OR |
| | | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| 2-100-04R | IF RESUBMISSION NUMBER = ZERO FOR THIS BATCH OR VOUCHER | |
| | THEN TYPE OF SUBMISSION MUST ≠ | R RESUBMISSION |
| 2-100-05R | IF RESUBMISSION NUMBER > ZERO FOR THIS BATCH OR VOUCHER | |
| | THEN TYPE OF SUBMISSION MUST ≠ | I INITIAL TED RECORD SUBMISSION |
| 2-100-06R | IF TYPE OF SUBMISSION = | |
| | | I INITIAL SUBMISSION OR |
| | | R RESUBMISSION |
| THEN THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT BILLED BY PROCEDURE CODE, AND THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE MUST BE > 0. | | |
| 2-100-07R | IF TYPE OF SUBMISSION = | |
| | | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| THEN BEGIN DATE OF CARE MUST BE < 10/01/2010 | | |
| 2-100-09R | IF TYPE OF SUBMISSION = | |
| | | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN TYPE OF SERVICE (SECOND POSITION) MUST ≠ | M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS |
| 2-100-10R | IF THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY OTHER HEALTH INSURANCE > 0 | |
| | AND THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED (TOTAL) BY PROCEDURE CODE > 0 | |
| | AND THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = 0 | |
| | AND DATE ADJUSTMENT IDENTIFIED = ZEROES | |
| | THEN TYPE OF SUBMISSION MUST = | O ZERO PAYMENT TED RECORD DUE TO 100% OHI |
| UNLESS THE SUM OF THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PATIENT COST-SHARE AND THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT APPLIED TOWARD DEDUCTIBLE ≥ THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE | | |

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| ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (2-105) | | | |
|--|--|-------|---|
| VALIDITY EDITS | | | |
| 2-105-01V | MUST BE A VALID CLAIM FORM TYPE/EMC INDICATOR. | | |
| RELATIONAL EDITS | | | |
| 2-105-01R | IF CLAIM FORM TYPE/EMC INDICATOR = | I | ELECTRONIC DRUG CLAIM SUBMISSION |
| | THEN TYPE OF SERVICE (SECOND POSITION) MUST = | B | RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR |
| | | M | MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS |
| 2-105-02R | IF CLAIM FORM TYPE/EMC INDICATOR = | J | OTHER |
| | AND TYPE OF SERVICE SECOND POSITION = | B | RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR |
| | | M | MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS |
| | THEN PROCEDURE CODE MUST = | 000MN | PRESCRIPTION MEDICAL NECESSITY REVIEWS OR |
| | | 000PA | PRESCRIPTION PRIOR AUTHORIZATIONS |
| UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A) | | | |

| ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) | |
|---|--|
| VALIDITY EDITS | |
| 2-108-01V | MUST BE BLANKS. |
| RELATIONAL EDITS | |
| | REFER TO SECTION 8.1 . |

| ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110) | | | |
|--|--|------|--|
| VALIDITY EDITS | | | |
| 2-110-01V | MUST BE A VALID FOUR DIGIT DMIS-ID CODE. | | |
| 2-110-03V | IF FILING DATE ≥ 09/01/2007 | | |
| | AND PCM LOCATION DMIS-ID = | 0190 | JOHNS HOPKINS MEDICAL SERVICES CORPORATION OR |
| | | 0191 | BRIGHTON MARINE OR |
| | | 0192 | CHRISTUS HEALTH/ST JOHN'S OR |
| | | 0193 | ST VINCENTS CATHOLIC MEDICAL CENTERS OF NY OR |
| | | 0194 | PACIFIC MEDICAL CLINICS OR |
| | | 0196 | CHRISTUS HEALTH/ST JOSEPH'S OR |
| | | 0194 | CHRISTUS HEALTH/ST MARY'S OR |
| | | 0198 | MARTIN'S POINT HEALTH CARE OR |
| | | 0199 | FAIRVIEW HEALTH SYSTEM |
| | THEN THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO | | |
| RELATIONAL EDITS | | | |
| NONE | | | |

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| ELEMENT NAME: AMOUNT INTEREST PAYMENT (2-112) | | |
|--|--|---|
| VALIDITY EDITS | | |
| 2-112-01V | MUST BE NUMERIC | |
| RELATIONAL EDITS | | |
| 2-112-01R | IF TYPE OF SUBMISSION = | A ADJUSTMENT OR |
| | | C COMPLETE CANCELLATION OR |
| | | I INITIAL SUBMISSION OR |
| | | O ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R RESUBMISSION |
| THEN AMOUNT INTEREST PAYMENT MUST BE ≥ ZERO | | |
| 2-112-02R | IF TYPE OF SUBMISSION = | C COMPLETE CANCELLATION OR |
| | | D COMPLETE DENIAL |
| THEN AMOUNT INTEREST PAYMENT MUST = ZERO | | |
| 2-112-03R | IF TRANSACTION RECORD AMOUNT INTEREST PAYMENT ≠ ZERO | |
| | THEN TRANSACTION RECORD REASON FOR INTEREST PAYMENT MUST = | A CLAIMS PENDED AT GOVERNMENT DIRECTION (TERMINATED 07/08/2019) OR |
| | | B CLAIMS REQUIRING GOVERNMENT INTERVENTION (TERMINATED 07/08/2019) OR |
| | | C CLAIMS REQUIRING DEVELOPMENT FOR POTENTIAL TPL (TERMINATED 07/08/2019) OR |
| | | D CLAIMS REQUIRING AN ACTION/INTERFACE WITH ANOTHER PRIME CONTRACTOR (TERMINATED 07/08/2019) OR |
| | | E CLAIMS RETAINED BY THE CONTRACTOR THAT DO NOT FALL INTO ONE OF THE ABOVE CATEGORIES (TERMINATED 07/08/2019) OR |
| | | F 10 USC 1095c(a)(2) INTEREST PAYMENT (THE CONTRACTOR IS FISCALLY REPOSIBILE FOR ANY INTEREST) (EFFECTIVE DATE 07/09/2019) OR |
| | | G 10 USC 1095c(a)(2) INTEREST PAYMENT (THE GOVERNMENT IS FISCALLY REPOSIBILE FOR ANY INTEREST) (EFFECTIVE DATE 07/09/2019) |
| 2-112-04R | IF TRANSACTION RECORD AMOUNT INTEREST PAYMENT < ZERO AND REASON FOR INTEREST PAYMENT = | F 10 USC 1095c(a)(2) INTEREST PAYMENT (THE CONTRACTOR IS FISCALLY RESPONSIBLE FOR ANY INTEREST) (EFFECTIVE DATE 07/09/2019) OR |
| | | G 10 USC 1095c(a)(2) INTEREST PAYMENT (THE GOVERNMENT IS FISCALLY RESPONSIBLE FOR ANY INTEREST) (EFFECTIVE DATE 07/09/2019) |
| THEN TRANSACTION RECORD REASON FOR INTEREST PAYMENT MUST = REASON FOR INTEREST PAYMENT FOUND ON DATABASE ¹ | | |
| ¹ REDUCTIONS IN INTEREST MUST BE PROCESSED USING SAME REASON CODE AS PAYMENT TO ENSURE DHA ACCOUNTING SYSTEM PROCESSES TRANSACTION CORRECTLY. | | |

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| ELEMENT NAME: REASON FOR INTEREST PAYMENT (2-113) | | |
|---|--|--|
| VALIDITY EDITS | | |
| 2-113-01V | MUST BE A VALID REASON FOR INTEREST PAYMENT CODE (BASED ON BEGIN DATE OF CARE) (REFER TO SECTION 2.8). | |
| | AND AT LEAST ONE OCCURRENCE OF BEGIN DATE OF CARE MUST BE ON OR AFTER THE CARE EFFECTIVE DATE AND ON OR BEFORE THE CARE TERMINATION DATE | |
| RELATIONAL EDITS | | |
| 2-113-01R | IF TRANSACTION RECORD REASON FOR INTEREST PAYMENT = | A CLAIMS PENDED AT GOVERNMENT DIRECTION (TERMINATED 07/08/2019) OR |
| | | B CLAIMS REQUIRING GOVERNMENT INTERVENTION (TERMINATED 07/08/2019) OR |
| | | C CLAIMS REQUIRING DEVELOPMENT FOR POTENTIAL TPL (TERMINATED 07/08/2019) OR |
| | | D CLAIMS REQUIRING AN ACTION/INTERFACE WITH ANOTHER PRIME CONTRACTOR (TERMINATED 07/08/2019) OR |
| | | E CLAIMS RETAINED BY THE CONTRACTOR THAT DO NOT FALL INTO ONE OF THE ABOVE CATEGORIES (TERMINATED 07/08/2019) OR |
| | | F 10 USC 1095c(a)(2) INTEREST PAYMENT (THE CONTRACTOR IS FISCALLY REPOSNSIBLE FOR ANY INTEREST) (EFFECTIVE DATE 07/09/2019) OR |
| | | G 10 USC 1095c(a)(2) INTEREST PAYMENT (THE GOVERNMENT IS FISCALLY REPOSNSIBLE FOR ANY INTEREST) (EFFECTIVE DATE 07/09/2019) |
| THEN TRANSACTION RECORD AMOUNT INTEREST PAYMENT MUST ≠ ZERO | | |

| ELEMENT NAME: ICD VERSION (2-114) | | |
|-----------------------------------|---|----------|
| VALIDITY EDITS | | |
| 2-114-01V | VALUE MUST BE A VALID ICD VERSION | |
| RELATIONAL EDITS | | |
| NO ERROR | IF THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO | |
| 2-114-01R | IF ICD VERSION = | 9 ICD-9 |
| | THEN END DATE OF CARE OF EACH LINE ITEM MUST BE < 10/01/2015. | |
| 2-114-02R | IF ICD VERSION = | 0 ICD-10 |
| | THEN BEGIN DATE OF CARE OF EACH LINE ITEM MUST BE ON OR AFTER ≥ 10/01/2015. | |

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| ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (2-115) | | | |
|---|---|-------|--|
| VALIDITY EDITS | | | |
| 2-115-01V | IF FILING DATE IS PRIOR TO 10/01/2004 | | |
| | THEN VALUE IN POSITIONS 1-7 MUST BE A VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1 | | |
| 2-115-02V | IF FILING DATE IS 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 FOR AT LEAST ONE LINE ITEM | | |
| | EITHER 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 | | |
| 2-115-03V | POA INDICATOR (POSITION 8 OF THE PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR) MUST BE A VALID VALUE. | | |
| RELATIONAL EDITS | | | |
| 2-115-01R | IF PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR FEMALE | | |
| | AND PERSON SEX (PATIENT) IS MALE | | |
| | THEN AT LEAST ONE OVERRIDE CODE MUST = | G | DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE |
| 2-115-02R | IF PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR MALE | | |
| | AND PERSON SEX (PATIENT) IS FEMALE | | |
| | THEN AT LEAST ONE OVERRIDE CODE MUST = | H | DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE |
| 2-115-06R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | | |
| | | PF | ECHO |
| | THEN PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) CANNOT = | 799.9 | ICD-9-CM OR |
| | | R69 | ICD-10-CM OR |
| | | R99 | ICD-10-CM |
| | UNLESS TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO | | |
| | OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | 1 | MEDICAID |

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| ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR OCCURRENCES 1 - 24 (2-116 THROUGH 2-138, 2-340) | |
|---|--|
| VALIDITY EDITS | |
| 2-XXX-01V¹ | IF FILING DATE IS PRIOR TO 10/01/2004 |
| THEN VALUE IN POSITIONS 1-7 MUST BE A VALID ICD DIAGNOSIS CODE OR BLANK FILLED. | |
| 2-XXX-02V¹ | IF FILING DATE IS 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 | |
| 2-XXX-03V¹ | 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 |
| 2-XXX-04V | POA INDICATOR (POSITION 8 OF THE PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR) MUST BE A VALID VALUE. |
| RELATIONAL EDITS | |
| 2-XXX-01R1 | IF ANY SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR FEMALE |
| AND PERSON SEX (PATIENT) IS MALE | |
| THEN AT LEAST ONE OVERRIDE CODE MUST = | G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE |
| 2-XXX-02R¹ | IF ANY SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR MALE |
| AND PERSON SEX (PATIENT) IS FEMALE | |
| THEN AT LEAST ONE OVERRIDE CODE MUST = | H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE |
| ¹ XXX EQUALS ELN (116 THROUGH 138, 2-340) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR. | |

| ELEMENT NAME: TED RECORD CORRECTION INDICATOR (2-139) | |
|--|----------------------|
| VALIDITY EDITS | |
| 2-139-01V | VALUE MUST BE BLANK. |
| RELATIONAL EDITS | |
| NONE | |

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| ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM COUNT (2-140) | |
|---|--|
| VALIDITY EDITS | |
| 2-140-01V | VALUE MUST BE IN RANGE: 001-099 AND MUST EQUAL THE PHYSICAL COUNT OF THE DETAIL OCCURRENCE/LINE ITEM ON THE TED RECORD. |
| 2-140-02V | 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 TOTAL OCCURRENCE/LINE ITEM COUNT MUST BE ≥ TOTAL OCCURRENCE/LINE ITEM COUNT FROM DHA DATABASE |
| RELATIONAL EDITS | |
| NONE | |

| ELEMENT NAME: ADJUSTMENT SEQUENCE NUMBER (2-141)¹ | |
|--|---|
| VALIDITY EDITS | |
| 2-141-01V | MUST BE NUMERIC. |
| RELATIONAL EDITS | |
| 2-141-01R | 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) |
| 2-141-02R | 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 |
| 2-141-03R | 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) |
| ¹ BYPASS ALL 2-141 EDITS FOR CONTRACT NUMBERS MDA906-02-C-0013 (TMOP), MDA906-03-C-0019 (TRRx), MDA906-03-C-0009 (WEST), MDA906-03-C-0010 (SOUTH), MDA906-03-C-0011 (NORTH), AND MDA906-03-C-0015 (TDEFIC). | |

| ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER (2-145) | |
|--|---|
| VALIDITY EDITS | |
| 2-145-01V | EACH VALUE MUST BE NUMERIC AND NOT EQUAL TO ZERO. |
| 2-145-02V | OCCURRENCE/LINE ITEM NUMBER MUST BE CODED FOR EACH NUMBER OF OCCURRENCES SPECIFIED BY THE TOTAL OCCURRENCE/LINE ITEM COUNT. |
| 2-145-03V | OCCURRENCE/LINE ITEM NUMBER MUST BE REPORTED IN ASCENDING CONSECUTIVE ORDER. |
| RELATIONAL EDITS | |
| NONE | |

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| ELEMENT NAME: BEGIN DATE OF CARE (2-150) | | |
|---|---|--|
| VALIDITY EDITS | | |
| 2-150-01V | MUST BE A VALID GREGORIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE. | |
| 2-150-02V | CANNOT BE MORE THAN 10 YEARS PRIOR TO DHA CURRENT SYSTEM DATE. | |
| 2-150-03V | BEGIN DATE OF CARE MUST BE ≤ END DATE OF CARE. | |
| RELATIONAL EDITS | | |
| 2-150-01R | BEGIN DATE OF CARE MUST BE ≤ END DATE OF CARE. | |
| 2-150-02R | BEGIN DATE OF CARE MUST BE ≤ FILING DATE. | |
| 2-150-03R | BEGIN DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION. | |
| 2-150-04R | BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT). | |
| 2-150-05R | 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. | | |
| 2-150-06R | PROVIDER MUST BE “AUTHORIZED” ¹ ON PROVIDER FILE FOR EACH BEGIN DATE OF CARE | |
| UNLESS AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO | | |
| | OR ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM = | 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 PROVIDER SPECIALTY = | 172A00000X (OTHER SERVICE PROVIDER/DRIVERS) OR |
| | | 344600000X (TRANSPORTATION SERVICES/TAXI) |
| | 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 NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER MAJOR SPECIALTY, PROVIDER ZIP CODE, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (2-240-04R). | | |

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| ELEMENT NAME: END DATE OF CARE (2-155) | | |
|---|---|---|
| VALIDITY EDITS | | |
| 2-155-01V | MUST BE A VALID GREGORIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE. | |
| 2-155-02V | CANNOT BE MORE THAN 10 YEARS PRIOR TO DHA CURRENT SYSTEM DATE. | |
| 2-155-03V | END DATE OF CARE MUST BE > OR EQUAL TO BEGIN DATE OF CARE. | |
| RELATIONAL EDITS | | |
| 2-155-02R | END DATE OF CARE MUST BE ≤ FILING DATE. | |
| 2-155-03R | END DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION. | |
| 2-155-04R | 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. | | |
| 2-155-05R | PROVIDER MUST BE “AUTHORIZED” ¹ ON PROVIDER FILE FOR EACH END DATE OF CARE | |
| UNLESS AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO | | |
| | OR ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM = | 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 PROVIDER SPECIALTY = | 172A00000X (OTHER SERVICE PROVIDER/DRIVERS) OR |
| | | 344600000X (TRANSPORTATION SERVICES/TAXI) |
| | 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 | | |
| 2-155-06R | END DATE OF CARE MUST BE IN THE SAME FISCAL YEAR AS THE BEGIN DATE OF CARE | |
| ¹ “AUTHORIZED” RECORD ON PROVIDER FILE IS BASED ON NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER MAJOR SPECIALTY, PROVIDER ZIP CODE, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (2-240-04R). | | |

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

| ELEMENT NAME: PROCEDURE CODE (2-160) | | |
|--|----|--|
| VALIDITY EDITS | | |
| 2-160-01V ¹ FOR FILING DATE PRIOR TO 01/01/2005, VALUE MUST BE A VALID PROCEDURE CODE | | |
| AND PROCEDURE CODE MUST MATCH ONE OF THE RECORDS IN THE PROCEDURE CODE DATABASE USING THE FOLLOWING DATE LOGIC: | | |
| FOR TYPE OF SUBMISSION = | D | COMPLETE DENIAL OR |
| | I | INITIAL TED RECORD SUBMISSION OR |
| | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | R | RESUBMISSION OF AN INITIAL TED RECORD (TYPE OF SUBMISSION WAS I) THAT WAS REJECTED DUE TO ERRORS |
| THE DATE TED RECORD PROCESSED TO COMPLETION MUST BE ON OR AFTER THE PROCESSING EFFECTIVE DATE AND BEFORE THE PROCESSING TERMINATION DATE | | |
| AND THE BEGIN DATE OF CARE MUST BE ON OR AFTER THE CARE EFFECTIVE DATE AND BEFORE THE CARE TERMINATION DATE | | |
| FOR TYPE OF SUBMISSION = | A | ADJUSTMENT TO TED RECORD DATA OR |
| | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | C | COMPLETE CANCELLATION OR |
| | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| THE DATE TED RECORD PROCESSED TO COMPLETION MUST BE ON OR AFTER THE PROCESSING EFFECTIVE DATE | | |
| AND THE BEGIN DATE OF CARE MUST BE ON OR AFTER THE CARE EFFECTIVE DATE AND BEFORE THE CARE TERMINATION DATE | | |
| 2-160-02V ¹ FOR FILING DATE ON OR AFTER 01/01/2005 VALUE MUST BE A VALID PROCEDURE CODE | | |
| AND PROCEDURE CODE MUST MATCH ONE OF THE RECORDS IN THE PROCEDURE CODE REFERENCE TABLE USING THE FOLLOWING DATE LOGIC: | | |
| BEGIN DATE OF CARE MUST BE ON OR AFTER THE PROCEDURE CODE CARE EFFECTIVE DATE AND NOT LATER THAN THE PROCEDURE CODE CARE TERMINATION DATE. | | |
| RELATIONAL EDITS | | |
| 2-160-01R ² IF ON THE MATCHING RECORD THE PROCEDURE CODE DATABASE GOVERNMENT PAY CODE = N | | |
| THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO | | |
| UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | T | MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR |
| | AD | FOREIGN ACTIVE DUTY CLAIMS (EFFECTIVE 06/30/1996) OR |
| | AN | SHCP - NON-MTF/eMSM-REFERRED CARE OR |
| | AR | SHCP - MTF/eMSM REFERRED CARE OR |
| | CE | SHCP - CCEP OR |
| | CL | CLINICAL TRIALS OR |
| | CP | CANCER CLINICAL TRIALS OR |
| | DB | DIGITAL BREAST TOMOSYNTHESIS OR |
| | FS | TFL (SECOND PAYOR) OR |
| ¹ PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-160-01R. | | |
| ² BYPASS EDIT 2-160-01R IF RECORD FAILS EDIT 2-160-01V OR 2-160-02V. | | |

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

| ELEMENT NAME: PROCEDURE CODE (2-160) (Continued) | | |
|--|--|---|
| | GU | SERVICE MEMBER ENROLLED IN TPR OR |
| | LD | LDTs DEMONSTRATION OR |
| | L2 | NON-FDA APPROVED LDTs DEMONSTRATION OR |
| | MN | TSP - NETWORK OR |
| | MS | TSP - NON-NETWORK OR |
| | RD | RARE DISEASES OR |
| | SC | SHCP - NON-TRICARE ELIGIBLE OR |
| | SE | SHCP - TRICARE ELIGIBLE OR |
| | SM | SHCP - EMERGENCY |
| OR ENROLLMENT/HEALTH PLAN CODE = | X | FOREIGN SERVICE MEMBER OR |
| | SN | SHCP - NON-MTF/eMSM-REFERRED CARE OR |
| | SR | SHCP - MTF/eMSM REFERRED CARE OR |
| | WA | TPR - FOREIGN SERVICE MEMBER |
| OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AS | COMPREHENSIVE AUTISM CARE DEMONSTRATION |
| AND PROCEDURE CODE = 0359T, 0360T, 0361T, 0364T, 0365T, 0368T, 0369T, 0370T, T1023, 97151, 97153, 97155, OR 97156 | | |
| OR FILING DATE < 11/05/2011 | | |
| AND FILING STATE COUNTRY CODE = A FOREIGN COUNTRY CODE (REFER TO ADDENDUM A) | | |
| 2-160-05R | IF PROCEDURE CODE = A0100, A0110, A0120, A0130, A0140, A0170, E0170 - E0172, E0241- E0245, E0273, E0625, E0701, L3215 - L3219, L3221 - L3223, L3230, L3250 - L3255, L3257, L3265, L3500, L3510, L3520, L3630, S8940, S9122 - S9124, V5281 - V5290, OR 99082 | |
| AND AMOUNT ALLOWED BY PROCEDURE CODE > ZERO | | |
| THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | PF | ECHO |
| UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AD | FOREIGN ACTIVE DUTY CLAIMS (EFFECTIVE 06/30/1996) OR |
| | AN | SHCP - NON-MTF/eMSM-REFERRED CARE OR |
| | AR | SHCP - MTF/eMSM REFERRED CARE OR |
| | CE | SHCP - CCEP OR |
| | GU | SERVICE MEMBER ENROLLED IN TPR OR |
| | MN | TSP - NETWORK OR |
| | MS | TSP - NON-NETWORK OR |
| | SC | SHCP - NON-TRICARE ELIGIBLE OR |
| | SE | SHCP - TRICARE ELIGIBLE OR |
| | SM | SHCP - EMERGENCY |
| OR ENROLLMENT/HEALTH PLAN CODE = | X | FOREIGN SERVICE MEMBER OR |
| | SN | SHCP - NON-MTF/eMSM-REFERRED CARE OR |
| | SR | SHCP - MTF/eMSM REFERRED CARE OR |
| | WA | TPR - FOREIGN SERVICE MEMBER |
| ¹ PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-160-01R. | | |
| ² BYPASS EDIT 2-160-01R IF RECORD FAILS EDIT 2-160-01V OR 2-160-02V. | | |

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Non-Institutional Edit Requirements (ELN 100 - 199)

| ELEMENT NAME: PROCEDURE CODE (2-160) (Continued) | | | |
|---|--|-------|---|
| 2-160-06R | IF TYPE OF SERVICE (FIRST POSITION) = | I | INPATIENT |
| | THEN PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE (REFER TO ADDENDUM E, FIGURE 2.E-1). | | |
| 2-160-08R | IF PROCEDURE CODE = | 98800 | FOR DRUGS OR |
| | | 00MN | PRESCRIPTION MEDICAL NECESSITY REVIEWS OR |
| | | 00PA | PRESCRIPTION PRIOR AUTHORIZATIONS |
| | THEN TYPE OF SERVICE (SECOND POSITION) MUST = | B | RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS OR |
| | | M | MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS |
| | AND NATIONAL DRUG CODE MUST ≠ BLANK | | |
| | UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A) | | |
| 2-160-11R | IF PROCEDURE CODE = S5108 OR 99080 | | |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | AP | ABA PILOT OR |
| | | AU | AUTISM DEMONSTRATION OR |
| | | BA | ABA (INTERIM BENEFIT) |
| | UNLESS ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2 . | | |
| | OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AN | SHCP - NON-MTF/eMSM-REFERRED CARE OR |
| | | AR | SHCP - MTF/eMSM REFERRED CARE OR |
| | | CE | SHCP - CCEP OR |
| | | GU | SERVICE MEMBER ENROLLED IN TPR OR |
| | | MN | TSP - NETWORK OR |
| | | MS | TSP - NON-NETWORK OR |
| | | SC | SHCP - NON-TRICARE ELIGIBLE OR |
| | | SE | SHCP - TRICARE ELIGIBLE OR |
| | | SM | SHCP - EMERGENCY |
| | OR ENROLLMENT/HEALTH PLAN CODE = | X | FOREIGN SERVICE MEMBER OR |
| | | SN | SHCP - NON-MTF/eMSM-REFERRED CARE OR |
| | | SR | SHCP - MTF/eMSM REFERRED CARE OR |
| | | WA | TPR - FOREIGN SERVICE MEMBER |
| 2-160-12R | IF PROCEDURE CODE = 1181F, 1450F, S5115, G8539, G8542, G9165, G9166, OR G9167 | | |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | AP | ABA PILOT |
| | UNLESS AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO. | | |
| | OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AD | FOREIGN ACTIVE DUTY CLAIMS OR |
| | | AN | SHCP - NON-MTF/eMSM-REFERRED CARE OR |
| | | AR | SHCP - MTF/eMSM REFERRED CARE OR |
| ¹ PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-160-01R. | | | |
| ² BYPASS EDIT 2-160-01R IF RECORD FAILS EDIT 2-160-01V OR 2-160-02V. | | | |

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Non-Institutional Edit Requirements (ELN 100 - 199)

| ELEMENT NAME: PROCEDURE CODE (2-160) (Continued) | | |
|---|----|---|
| | CE | SHCP - CCEP OR |
| | GU | SERVICE MEMBER ENROLLED IN TPR OR |
| | MN | TSP - NETWORK OR |
| | MS | TSP - NON-NETWORK OR |
| | SC | SHCP - NON-TRICARE ELIGIBLE OR |
| | SE | SHCP - TRICARE ELIGIBLE OR |
| | SM | SHCP - EMERGENCY |
| OR ENROLLMENT/HEALTH PLAN CODE = | X | FOREIGN SERVICE MEMBER OR |
| | SN | SHCP - NON-MTF/eMSM-REFERRED CARE OR |
| | SR | SHCP - MTF/eMSM REFERRED CARE OR |
| | WA | TPR - FOREIGN SERVICE MEMBER |
| ¹ PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-160-01R. | | |
| ² BYPASS EDIT 2-160-01R IF RECORD FAILS EDIT 2-160-01V OR 2-160-02V. | | |

| ELEMENT NAME: PROCEDURE CODE MODIFIER (2-165) | |
|--|---|
| VALIDITY EDITS | |
| 2-165-01V | MUST BE A VALID PROCEDURE CODE MODIFIER AS DEFINED IN SECTION 2.7 . |
| RELATIONAL EDITS | |
| NONE | |

| ELEMENT NAME: NATIONAL DRUG CODE (2-170) | | |
|--|--|--|
| VALIDITY EDITS | | |
| 2-170-01V | MUST BE A VALID NATIONAL DRUG CODE OR BLANK | |
| RELATIONAL EDITS | | |
| 2-170-01R | IF NATIONAL DRUG CODE = BLANK | |
| | THEN TYPE OF SERVICE (SECOND POSITION) MUST ≠ | B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS OR |
| | | M MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS |
| | AND PROCEDURE CODE MUST ≠ | 98800 FOR DRUGS |
| | UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A) | |
| 2-170-02R | IF NATIONAL DRUG CODE ≠ BLANK | |
| | THEN TYPE OF SERVICE (SECOND POSITION) MUST = | B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS OR |
| | | M MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS |
| | AND PROCEDURE CODE MUST = | 98800 FOR DRUGS OR |
| | | 99070 FOR SUPPLIES OR |
| | | 000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR |
| | | 000PA PRESCRIPTION PRIOR AUTHORIZATIONS |

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Non-Institutional Edit Requirements (ELN 100 - 199)

| ELEMENT NAME: NUMBER OF SERVICES (2-175) | |
|---|---|
| VALIDITY EDITS | |
| 2-175-01V | MUST BE NUMERIC. |
| RELATIONAL EDITS | |
| 2-175-01R | 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 NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE > ZERO |
| | UNLESS TYPE OF SERVICE (SECOND POSITION) = |
| | M MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS |
| | AND OCCURRENCE/LINE ITEM NUMBER = 002 |
| | THEN NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO |
| 2-175-02R¹ | • SURGERY PROCEDURE CODES |
| | IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO |
| | AND PROCEDURE CODE = 10000-36399 OR 36800-69999 (SURGERY) |
| | THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 10 PER DAY |
| | UNLESS PROCEDURE CODE = 11201, 11721, 13102, 13122, 13133, 13153, 15001, 15003, 15101, 15201, 15221, 15241, 15261, 15301, 15321, 15331, 15341, 15343, 15361, 15366, 15401, 15421, 15431, 17003, 17004, 17110, 17111, OR 17310 |
| | OR ANY OCCURRENCE OF OVERRIDE CODE = NS CONTRACTOR HAS DETERMINED THE NUMBER OF SERVICES IS MEDICALLY NECESSARY |
| 2-175-03R¹ | • E/M PROCEDURE CODES |
| | IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO |
| | AND PROCEDURE CODE = |
| | 99201-99205 (OFFICE VISITS - NEW PATIENTS) OR |
| | 99211-99215 (OFFICE VISITS - ESTABLISHED PATIENTS) OR |
| | 99217 (DISCHARGE SERVICES) OR |
| | 99221-99233 (HOSPITAL CARE PER DAY) OR |
| | 99234-99236 (OBSERVATION OR INPATIENT CARE SERVICES) OR |
| | 99238-99239 (HOSPITAL DISCHARGE SERVICES) OR |
| | 99241-99245 (OFFICE CONSULTATIONS) OR |
| | 99251-99255 (INITIAL INPATIENT CONSULTATIONS) OR |
| | 99261-99263 (FOLLOW-UP INPATIENT CONSULTATIONS) OR |
| | 99271-99275 (CONFIRMATORY CONSULTATIONS) OR |
| | 99281-99285 (EMERGENCY DEPARTMENT VISIT) OR |
| ¹ EDITS 2-175-02R, 2-175-03R, 2-175-04R, AND 2-175-06R ARE ONLY EXECUTED FOR FILING DATES < 02/01/2010. | |
| ² EDIT 2-175-07R IS ONLY EXECUTED FOR FILING DATES ≥ 02/01/2010. PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-175-07R. BYPASS EDIT 2-175-07R IF RECORD FAILS EDIT 2-160-01V OR 2-160-02V. | |
| ³ TO DETERMINE MAXIMUM NUMBER OF SERVICES REFER TO THE MAXIMUM NUMBER OF SERVICES CODE LIST AT HTTP://HEALTH.MIL/MILITARY-HEALTH-TOPICS/BUSINESS-SUPPORT/RATES-AND-REIMBURSEMENT . | |

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

| ELEMENT NAME: NUMBER OF SERVICES (2-175) (Continued) | | |
|---|--|--|
| | 99291 (CRITICAL CARE) (NOTE: CODE 99292 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 15 MINUTES OF CARE) OR | |
| | 99295-99298 (NEONATAL INTENSIVE CARE) OR | |
| | 99301-99315 (NURSING FACILITY CHARGES) OR | |
| | 99321-99333 (DOMICILIARY, REST HOME, OR CUSTODIAL CARE SERVICES) OR | |
| | 99341-99350 (HOME SERVICES) OR | |
| | 99354 (PROLONGED SERVICES) (NOTE: CODE 99355 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 30 MINUTES OF CARE) OR | |
| | 99356 (PROLONGED SERVICES) (NOTE: CODE 99357 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 30 MINUTES OF CARE) OR | |
| | 99361-99373 (CASE MANAGEMENT SERVICES) OR | |
| | 99374-99380 (CARE PLAN OVERSIGHT) OR | |
| | 99381-99429 (PREVENTIVE MEDICINE SERVICES) OR | |
| | 99431-99440 (NEWBORN CARE) OR | |
| | 99450-99456 (SPECIAL EVALUATION AND MANAGEMENT SERVICES) | |
| THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED THREE PER DAY | | |
| UNLESS ANY OCCURRENCE OF OVERRIDE CODE = | NS | CONTRACTOR HAS DETERMINED THAT NUMBER OF SERVICES IS MEDICALLY NECESSARY |
| 2-175-04R¹ • MEDICAL PROCEDURE CODES | | |
| IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO | | |
| AND PROCEDURE CODE = | 99500-99512 (HOME HEALTH VISIT) OR | |
| | 99551-99568 (HOME INFUSION PER DIEM CODES) | |
| THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED THREE PER DAY | | |
| UNLESS ANY OCCURRENCE OF OVERRIDE CODE = | NS | CONTRACTOR HAS DETERMINED THAT NUMBER OF SERVICES IS MEDICALLY NECESSARY |
| 2-175-06R¹ • VACCINES (VACCINE PRODUCT ONLY) PROCEDURE CODES | | |
| IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO | | |
| AND PROCEDURE CODE = | 90476-90479 (VACCINES, TOXOIDS) | |
| THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED THREE PER DAY | | |
| UNLESS ANY OCCURRENCE OF OVERRIDE CODE = | NS | CONTRACTOR HAS DETERMINED THAT NUMBER OF SERVICES IS MEDICALLY NECESSARY |
| 2-175-07R² IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO | | |
| OR PRICING RATE CODE = | P1 | OPPS OR |
| ¹ EDITS 2-175-02R, 2-175-03R, 2-175-04R, AND 2-175-06R ARE ONLY EXECUTED FOR FILING DATES < 02/01/2010. | | |
| ² EDIT 2-175-07R IS ONLY EXECUTED FOR FILING DATES ≥ 02/01/2010. PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-175-07R. BYPASS EDIT 2-175-07R IF RECORD FAILS EDIT 2-160-01V OR 2-160-02V. | | |
| ³ TO DETERMINE MAXIMUM NUMBER OF SERVICES REFER TO THE MAXIMUM NUMBER OF SERVICES CODE LIST AT HTTP://HEALTH.MIL/MILITARY-HEALTH-TOPICS/BUSINESS-SUPPORT/RATES-AND-REIMBURSEMENT . | | |

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Chapter 2, Section 6.2

Non-Institutional Edit Requirements (ELN 100 - 199)

| ELEMENT NAME: NUMBER OF SERVICES (2-175) (Continued) | | |
|--|----|---|
| | P2 | OPPS WITH COST OUTLIER OR |
| | P3 | OPPS WITH DISCOUNT OR |
| | P5 | HOSPITAL-BASED PARTIAL HOSPITALIZATION PAID AS OPPS |
| OR NO OCCURRENCE OF SPECIAL PROCESSING CODE = | T | MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR |
| | FS | TFL (SECOND PAYOR) |
| THEN BYPASS THIS EDIT | | |
| ELSE NUMBER OF SERVICES CANNOT EXCEED THE MAXIMUM ALLOWED NUMBER OF SERVICES PER DAY FOR THE PROCEDURE CODE ON THIS LINE ITEM ³ (BEGIN DATE OF CARE MUST BE ON OR AFTER THE MAXIMUM NUMBER OF SERVICES TABLE EFFECTIVE DATE AND NOT LATER THAN THE MAXIMUM NUMBER OF SERVICES TABLE TERMINATION DATE) | | |
| UNLESS ANY OCCURRENCE OF OVERRIDE CODE = | NS | CONTRACTOR HAS DETERMINED THAT NUMBER OF SERVICES IS MEDICALLY NECESSARY |
| ¹ EDITS 2-175-02R, 2-175-03R, 2-175-04R, AND 2-175-06R ARE ONLY EXECUTED FOR FILING DATES < 02/01/2010. ² EDIT 2-175-07R IS ONLY EXECUTED FOR FILING DATES ≥ 02/01/2010. PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-175-07R. BYPASS EDIT 2-175-07R IF RECORD FAILS EDIT 2-160-01V OR 2-160-02V. ³ TO DETERMINE MAXIMUM NUMBER OF SERVICES REFER TO THE MAXIMUM NUMBER OF SERVICES CODE LIST AT HTTP://HEALTH.MIL/MILITARY-HEALTH-TOPICS/BUSINESS-SUPPORT/RATES-AND-REIMBURSEMENT . | | |

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Non-Institutional Edit Requirements (ELN 100 - 199)

| ELEMENT NAME: AMOUNT BILLED BY PROCEDURE CODE (2-180) | |
|--|---|
| VALIDITY EDITS | |
| 2-180-01V | MUST BE NUMERIC. |
| 2-180-02V | IF CONTRACT NUMBER = MDA906-02-C-0013 (TMOP) |
| | THEN IF PROCEDURE CODE = 000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR |
| | 000PA PRESCRIPTION PRIOR AUTHORIZATIONS |
| | THEN AMOUNT BILLED BY PROCEDURE CODE MUST > ZERO |
| | ELSE IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION TO TED RECORD DATA |
| | OR ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 FOR THAT OCCURRENCE/LINE ITEM |
| | THEN AMOUNT BILLED BY PROCEDURE CODE MUST = ZERO |
| | AND AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO |
| | AND AMOUNT PAID BY OHI MUST = ZERO |
| | AND AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO |
| | AND AMOUNT PATIENT COST-SHARE MUST = ZERO |
| | ELSE IF OCCURRENCE/LINE ITEM NUMBER = 002 |
| | THEN AMOUNT BILLED BY PROCEDURE CODE MUST = ZERO |
| | ELSE AMOUNT BILLED BY PROCEDURE CODE MUST BE $\geq \$10.20$ AND $\leq \$11.48$ |
| 2-180-03V | IF CONTRACT NUMBER = MDA906-02-C-0013 (TMOP) |
| | AND AMOUNT BILLED BY PROCEDURE CODE = ZERO |
| | THEN TYPE OF SUBMISSION MUST = C COMPLETE CANCELLATION TO TED RECORD DATA |
| | OR OCCURRENCE/LINE ITEM NUMBER MUST = 002 |
| | OR ADJUSTMENT/DENIAL REASON CODE MUST BE A DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 FOR THAT OCCURRENCE/LINE ITEM |
| RELATIONAL EDITS | |
| 2-180-00R | IF TYPE OF SUBMISSION \neq D COMPLETE DENIAL |
| | THEN TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT BILLED BY PROCEDURE CODE FOR THIS TED RECORD MUST NOT EXCEED DHA LIMIT OF \$1,000,000.00 |

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Non-Institutional Edit Requirements (ELN 100 - 199)

| ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185) | | | |
|--|---|--------------|---|
| VALIDITY EDITS | | | |
| 2-185-01V | MUST BE NUMERIC. | | |
| RELATIONAL EDITS | | | |
| 2-185-00R | TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS DHA LIMIT OF \$1,000,000.00. | | |
| 2-185-01R | IF TYPE OF SUBMISSION = | C | COMPLETE CANCELLATION OR |
| | | D | COMPLETE DENIAL |
| THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO FOR ALL OCCURRENCES/LINE ITEMS | | | |
| 2-185-02R | IF PRICING RATE CODE = | H | NO SPECIAL RATE OR |
| | | D | DISCOUNT RATE OR |
| | | V | MEDICARE REIMBURSEMENT RATE |
| | AND NO OCCURRENCE OF SPECIAL PROCESSING CODE = | T | MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR |
| | | FS | TFL (SECOND PAYOR) OR |
| | | 16 | AMBULATORY SURGERY FACILITY CHARGE |
| | AND TYPE OF SUBMISSION = | A | ADJUSTMENT OR |
| | | I | INITIAL SUBMISSION OR |
| | | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R | RESUBMISSION |
| THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ AMOUNT BILLED BY PROCEDURE CODE FOR EACH OCCURRENCE/LINE ITEM | | | |
| 2-185-03R | IF PRICING RATE CODE = | 4 | PAID AS BILLED OR |
| | | I | CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, PAID AS BILLED |
| | AND TYPE OF SUBMISSION = | A | ADJUSTMENT OR |
| | | I | INITIAL SUBMISSION OR |
| | | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R | RESUBMISSION |
| THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = AMOUNT BILLED BY PROCEDURE CODE | | | |
| 2-185-04R | IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO | | |
| | THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM MUST BE A CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2 . | | |
| | UNLESS TYPE OF SUBMISSION = | B | ADJUSTMENT NON-TED DATA (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| 2-185-05R | IF TYPE OF SUBMISSION = | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| THEN AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO | | | |
| 2-185-06R | IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO | | |
| | THEN TYPE OF SUBMISSION MUST = | A | ADJUSTMENT OR |
| | | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | I | INITIAL SUBMISSION OR |

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Non-Institutional Edit Requirements (ELN 100 - 199)

| ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185) (Continued) | | |
|---|--|---|
| | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | R | RESUBMISSION |
| 2-185-07R | IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO | |
| | THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO | |
| | UNLESS TYPE OF SUBMISSION = | B ADJUSTMENT NON-TED DATA (HCSR) DATA OR |
| | | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |

| ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (2-190) | | | |
|---|---|---|--|
| VALIDITY EDITS | | | |
| 2-190-01V | MUST BE NUMERIC. | | |
| RELATIONAL EDITS | | | |
| 2-190-00R | TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY OTHER HEALTH INSURANCE FOR THIS TED RECORD EXCEEDS DHA LIMIT OF \$1,000,000.00. | | |
| 2-190-01R | 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 AMOUNT PAID BY OTHER HEALTH INSURANCE MUST BE ≥ ZERO. | | | |

| ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) TYPE CODE (2-191) | | |
|--|--|---|
| VALIDITY EDITS | | |
| 2-191-01V | MUST BE A VALID OGP TYPE CODE LISTING IN SECTION 2.6 . | |
| RELATIONAL EDITS | | |
| 2-191-01R | IF OGP TYPE CODE = | V CHAMPVA |
| | THEN TYPE OF SUBMISSION MUST = | C COMPLETE CANCELLATION OR |
| | | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |

| ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) BEGIN REASON CODE (2-192) | |
|--|--|
| VALIDITY EDITS | |
| 2-192-01V | MUST BE A VALID OGP BEGIN REASON CODE LISTING IN SECTION 2.6 . |
| RELATIONAL EDITS | |
| NONE | |

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Non-Institutional Edit Requirements (ELN 100 - 199)

| ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-195) | | | |
|--|--|----|--|
| VALIDITY EDITS | | | |
| 2-195-01V | MUST BE NUMERIC. | | |
| RELATIONAL EDITS | | | |
| 2-195-00R | TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT APPLIED TOWARD DEDUCTIBLE FOR THIS TED RECORD EXCEEDS DHA LIMIT OF \$1,000,000.00. | | |
| 2-195-01R | IF TYPE OF SUBMISSION = | A | ADJUSTMENT OR |
| | | I | INITIAL SUBMISSION OR |
| | | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R | RESUBMISSION |
| THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≥ ZERO | | | |
| 2-195-02R | IF TYPE OF SUBMISSION = | C | COMPLETE CANCELLATION OR |
| | | D | COMPLETE DENIAL |
| THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE = ZERO | | | |
| 2-195-03R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | NE | OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM DEMONSTRATION |
| AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2008 | | | |
| | AND ENROLLMENT/HEALTH PLAN CODE = | T | TRICARE STANDARD PROGRAM OR |
| | | V | TRICARE EXTRA |
| THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO | | | |
| 2-195-04R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | DE | TDRL PHYSICAL EXAMS OR |
| | | PF | ECHO |
| THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO | | | |

- END -

