

## Chapter 2

## Section 5.4

### Institutional Edit Requirements (ELN 300 - 399)

Revision: C-36, April 15, 2020

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)

<b>ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (1-300) (Continued)</b>		
	<b>THEN</b> PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) MUST BE 640-676 <b>OR</b> O09.00-O77.9, O82, <b>OR</b> O85-O9A.53.	
<b>1-300-06R</b>	IF OP/NSP CODE IS ECTOPIC PREGNANCY (74.3, 10D27ZZ, 10D28ZZ, 10T20ZZ, 10T23ZZ, <b>OR</b> 10T24ZZ)	
	<b>THEN</b> PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) MUST BE 633.0-633.9 <b>OR</b> O00.0-O00.9.	
<b>1-300-07R</b>	IF TYPE OF INSTITUTION =	72    RTC
	<b>AND</b> AMOUNT ALLOWED (TOTAL) > 0	
	<b>THEN</b> PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) MUST =	290-316 (MENTAL HEALTH, ICD-9-CM) <b>OR</b>
		F01- F99 (MENTAL HEALTH, ICD-10-CM)
<b>1-300-09R</b>	IF TYPE OF INSTITUTION =	72    RTC
	<b>AND</b> AMOUNT ALLOWED (TOTAL) > 0	
	<b>THEN</b> PATIENT AGE <sup>1</sup> MUST BE < 21	
	<b>UNLESS</b> ENROLLMENT/HEALTH PLAN CODE =	SR    SHCP-MTF REFERRED CARE
<sup>1</sup> 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 <sup>1</sup>	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 <sup>1</sup>	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 <sup>1</sup>	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 <sup>1</sup>	POA INDICATOR (POSITION 8 OF THE SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR) MUST BE A VALID VALUE.	
RELATIONAL EDITS		
1-XXX-01R <sup>1</sup>	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 <sup>1</sup>	IF ANY SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR MALE	
	AND PERSON SEX (PATIENT) = FEMALE	
<sup>1</sup> 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

<sup>1</sup> 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-01V<sup>1</sup>** 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-02V<sup>1</sup>** 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-03V<sup>1</sup>** 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

<sup>1</sup> 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	
<b>1-374-01V</b>	VALUE MUST BE BLANK.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM COUNT (1-375)	
VALIDITY EDITS	
<b>1-375-01V</b>	VALUE MUST BE IN RANGE 001-450.
<b>AND</b> MUST EQUAL THE PHYSICAL COUNT OF THE DETAIL LINE ITEMS ON THE TED RECORD	
<b>1-375-02V</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	C COMPLETE CANCELLATION <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN</b> 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	
<b>1-377-01V</b>	MUST BE NUMERIC AND $\geq$ ZERO
RELATIONAL EDITS	
<b>1-377-01R</b>	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
<b>THEN</b> AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO	
<b>1-377-02R</b>	IF PROVIDER NETWORK STATUS INDICATOR = 2 NON-NETWORK PROVIDER
<b>THEN</b> AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO	
<b>1-377-03R</b>	IF REGION INDICATOR = <del>B</del> BLANK
<b>THEN</b> 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.		
	<b>UNLESS</b> ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTING IN <a href="#">ADDENDUM G</a> , <a href="#">FIGURE 2.G-1</a> OR <a href="#">FIGURE 2.G-2</a>		
	<b>Note:</b> THE FOLLOWING VALID OUTPATIENT REVENUE CODES ARE ALLOWED ON AN INSTITUTIONAL TED RECORD ONLY <b>WHEN</b> BEING DENIED 049X, 051X-054X, 0630-0635, 064X, 0661, 0662, 082X-085X, 0882, <b>AND</b> 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 <b>OR</b> 0724 <b>OR</b> 100X		
	<b>UNLESS</b> ONE OCCURRENCE OF OVERRIDE CODE =	Y	NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES
	<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	<b>OR</b> ANY OCCURRENCE OF REVENUE CODE =	0023	HHA PPS
	<b>OR</b> AMOUNT ALLOWED (TOTAL) = ZERO		
1-385-03R	IF PRICING RATE CODE =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		I	TRICARE DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
		DD	DISCOUNTED DRG
	<b>THEN</b> PROFESSIONAL SERVICE REVENUE CODES = 0901, 0914-0918, <b>OR</b> 096X-098X		
	<b>AND</b> AQUISITION OF BODY PARTS (081X) MUST BE DENIED.		
1-385-04R	IF ANY REVENUE CODE = 0723		
	<b>THEN</b> PERSON SEX (PATIENT) MUST = MALE.		
1-385-05R	IF ANY REVENUE CODE = 072X BUT <b>NOT</b> 0723		
	<b>THEN</b> PERSON SEX (PATIENT) MUST = FEMALE		
1-385-06R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT <b>OR</b>
		C	COMPLETE CANCELLATION
	<b>THEN</b> REVENUE CODES MUST OCCUR IN THE SAME ORDER		
	<b>AND</b> ON THE SAME OCCURRENCE/LINE ITEM NUMBER AS DHA DATABASE.		
1-385-07R	IF REVENUE CODE =	0022	SNF CHARGE
	<b>THEN</b> ADMISSION DATE ≥ 08/01/2003		
	<b>AND</b> TYPE OF INSTITUTION MUST =	76	SNF
	<b>AND</b> HIPPS CODE ≠ BLANK		
	<b>UNLESS</b> PATIENT AGE IS < 10 YEARS OF AGE ON DATE OF ADMISSION		
1-385-09R	IF ANY REVENUE CODE =	0650	GENERAL CLASSIFICATION <b>OR</b>
		0651	ROUTINE HOME CARE <b>OR</b>
		0652	CONTINUOUS HOME CARE <b>OR</b>

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

Chapter 2, Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

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



**TRICARE Systems Manual 7950.3-M, April 1, 2015**

Chapter 2, Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

<b>ELEMENT NAME: TOTAL CHARGE BY REVENUE CODE (1-395)</b>			
<b>VALIDITY EDITS</b>			
<b>1-395-01V</b>	IF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN</b> MUST BE - 999,999.99 TO 999,999.99			
<b>UNLESS</b> REVENUE CODE = 0001			
<b>THEN</b> MUST BE - 9,999,999.99 TO 9,999,999.99			
<b>ELSE</b> MUST BE 0 TO 999,999.99			
<b>UNLESS</b> REVENUE CODE = 0001			
<b>THEN</b> MUST BE 0 TO 9,999,999.99			
<b>RELATIONAL EDITS</b>			
<b>1-395-01R</b>	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
<b>THEN</b> 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)			
<b>1-395-02R</b>	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 -

