

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: NUMBER OF SERVICES (2-300)**

**VALIDITY EDITS**

**2-300-01** MUST BE NUMERIC.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	TOTAL CHARGES BY PROCEDURE CODE, FILING DATE

**EDITED ELEMENT RELATIONSHIP**

- 2-300-02R** IF TYPE OF SUBMISSION = 'T', 'R', 'D', 'F', OR 'O'  
 NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE > ZERO.
- IF TYPE OF SUBMISSION = 'C' OR 'A'  
 WITH FILING DATE WITHIN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE  
 NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE ≥ ZERO.
- 2-300-03R** IF TYPE OF SUBMISSION = 'C' OR 'A'  
 WITH FILING DATE WITHIN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE  
 FOR EACH OCCURRENCE, IF NUMBER OF SERVICES = ZERO, TOTAL CHARGES BY  
 PROCEDURE CODE MUST ALSO BE = ZERO **FOR THAT OCCURRENCE** UNLESS SPC = '?'.  
 IF NUMBER OF SERVICES > ZERO, TOTAL CHARGES BY PROCEDURE CODE MUST ALSO  
 BE > ZERO **FOR THAT OCCURRENCE** UNLESS SPC = '?'.
- 2-300-04R** THE SUM OF ALL OCCURRENCES OF NUMBER OF SERVICES BY PROCEDURE CODE MUST  
 BE > ZERO, IF TYPE OF SUBMISSION = 'C' OR 'A'  
 WITH FILING DATE WITHIN NUMBER OF MONTHS OF HCSRs STORED ON THE  
 DATABASE. (ALWAYS TRUE FOR TYPES OF SUBMISSION 'T', 'R', 'D', 'F', AND 'O'.)

**ELEMENT NAME: TOTAL CHARGES BY PROCEDURE CODE (2-305)**

**VALIDITY EDITS**

**2-305-01** MUST BE NUMERIC.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	

**2-300-03R** NUMBER OF SERVICES

**EDITED ELEMENT RELATIONSHIP**

**2-305-02R** IF TYPE OF SUBMISSION = 'I', 'R', 'D', 'F', OR 'O'  
 TOTAL CHARGES BY PROCEDURE CODE FOR EACH OCCURRENCE MUST BE > ZERO.

TOTAL CHARGES BY PROCEDURE CODE FOR EACH OCCURRENCE MUST BE > ZERO

**WHEN**

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

NO OCCURRENCE OF SPECIAL  
 PROCESSING CODE =

? AMBULATORY SURGERY-FACILITY CHARGE

NO OCCURRENCE OF PRICING  
 CODE =

C AMBULATORY SURGERY-FACILITY PAYMENT RATE

D DISCOUNTED AMBULATORY SURGERY-FACILITY  
 PAYMENT RATE

E AMBULATORY SURGERY-PAID AS BILLED

P TRICARE CLAIMCHECK-ADDED PROCEDURE,  
 AMBULATORY SURGERY-FACILITY PAYMENT RATE

Q TRICARE CLAIMCHECK-ADDED PROCEDURE,  
 DISCOUNTED AMBULATORY SURGERY-FACILITY  
 PAYMENT RATE

R TRICARE CLAIMCHECK ADDED PROCEDURE,  
 AMBULATORY SURGERY, PAID AS BILLED

**ELSE**

TOTAL CHARGES BY PROCEDURE CODE FOR EACH OCCURRENCE MUST BE ≥ ZERO

**WHEN**

TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN NUMBER OF MONTHS OF HCSRs STORED ON THE DATA BASE

**AND**

NO OCCURRENCE OF  
 PRICING CODE = C AMBULATORY SURGERY

**ELEMENT NAME: TOTAL CHARGES BY PROCEDURE CODE (2-305) (CONTINUED)**

D	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
E	AMBULATORY SURGERY-PAID AS BILLED
P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
R	TRICARE CLAIMCHECK ADDED PROCEDURE, AMBULATORY SURGERY, PAID AS BILLED

**ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-306)****VALIDITY EDITS****2-306-01** MUST BE NUMERIC.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TOTAL CHARGES BY PROCEDURE CODE	SEE BELOW	SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	
DENIAL REASON CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
PRICING CODE	SEE BELOW	TOTAL CHARGES BY PROCEDURE CODE, TYPE OF SUBMISSION, FILING DATE

**EDITED ELEMENT RELATIONSHIP****2-306-02R** AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ZERO FOR ALL DETAIL OCCURRENCES:**WHEN**

TYPE OF SUBMISSION = D COMPLETE DENIAL

**2-306-04R** AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ZERO WHEN DENIAL REASON CODE IS NOT EQUAL TO BLANK, IN THE CORRESPONDING DETAIL OCCURRENCE**WHEN**

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

D COMPLETE DENIAL

**OR**

TYPE OF SUBMISSION = A ADJUSTMENT

<sup>1</sup> THIS EDIT APPLIES TO PRIME, NON-PRIME (EXTRA), AND STANDARD TRICARE.

**ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-306) (CONTINUED)**

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE.

**2-306-05R** AMOUNT ALLOWED BY PROCEDURE CODE MUST BE LESS THAN OR EQUAL TO TOTAL CHARGES BY PROCEDURE CODE FOR EACH DETAIL OCCURRENCE

**WHEN<sup>1</sup>**

SPECIAL RATE CODE = b NO SPECIAL RATE

D DISCOUNT RATE

PRICING CODE IN FIRST DETAIL OCCURRENCE NOT '9'

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

D COMPLETE DENIAL

**OR**

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE.

**2-306-06R** AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = TOTAL CHARGES BY PROCEDURE CODE

**WHEN**

PRICING CODE = 4 PAID AS BILLED

IN THE CORRESPONDING  
 DETAIL OCCURRENCE = I TRICARE CLAIMCHECK-ADDED PROCEDURE, PAID AS BILLED

**WHEN**

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

D COMPLETE DENIAL

**OR**

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE.

<sup>1</sup> THIS EDIT APPLIES TO PRIME, NON-PRIME (EXTRA), AND STANDARD TRICARE.

**ELEMENT NAME: PRICING CODE (2-309)****VALIDITY EDITS**

**2-309-01** MUST BE VALID VALUE OF '0', '1', '2', '3', '4', '5', '6', '7', '8', '9', 'A', THRU 'O', 'P', 'Q', 'R', 'U', 'T', OR 'V'.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
DENIAL REASON CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE

**EDITED ELEMENT RELATIONSHIP**

**2-309-02R** PRICING CODE MUST BE ZERO **WHEN** DENIAL REASON CODE IS PRESENT (NOT BLANK).

**2-309-03R** IF PROGRAM INDICATOR = D DRUG  
PRICING CODE MUST BE ZERO.

**2-309-04R** PRICING CODE MUST **NOT** BE ZERO **WHEN** DENIAL REASON CODE **IS** BLANK  
**UNLESS**  
PROGRAM INDICATOR = D DRUG

**2-309-05R** IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO, PRICING CODE MUST = ZERO, FOR THAT DETAIL OCCURRENCE,

**WHEN**  
TYPE OF SUBMISSION = I INITIAL SUBMISSION  
R RESUBMISSION  
O ZERO PAYMENT  
F ADJUSTMENT NEW SUFFIX  
D COMPLETE DENIAL

**OR**  
TYPE OF SUBMISSION = A ADJUSTMENT  
C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> STORED ON THE DATABASE.

**2-309-06R** PRICING CODE MUST NOT = 9 IN ANY DETAIL OCCURRENCE AFTER THE FIRST.

**2-309-07R** IF PRICING CODE = C AMBULATORY SURGERY-FACILITY PAYMENT RATE  
D DISCOUNTED AMBULATORY SURGERY-FACILITY  
PAYMENT RATE  
E AMBULATORY SURGERY-PAID AS BILLED  
P TRICARE CLAIMCHECK-ADDED PROCEDURE,  
AMBULATORY SURGERY-FACILITY PAYMENT

**ELEMENT NAME: PRICING CODE (2-309) (CONTINUED)**

	Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
	R	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
<b>AND</b> AMOUNT ALLOWED > 0		
SPECIAL PROCESSING CODE MUST BE =	?	AMBULATORY SURGERY-FACILITY CHARGE
<b>2-309-08R</b> IF PRICING CODE =	U	MEDICARE REIMBURSEMENT USED
<b>THEN</b> SPECIAL PROCESSING CODE MUST =		
	MS	TRICARE-SENIOR PRIME (NETWORK)
	MN	TRICARE-SENIOR PRIME (NON-NETWORK)

**ELEMENT NAME: BEGIN DATE OF CARE (2-310)**

**VALIDITY EDITS**

**2-310-01** MUST BE A VALID GREGORIAN DATE.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>2-310-02R</b> END DATE OF CARE	≤	CORRESPONDING DETAIL
<b>2-310-03R</b> FILING DATE	≤	
<b>2-310-04R</b> DATE OF HCSR PROCESSED TO COMPLETION	≤	
DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
<b>2-310-07R</b> PATIENT DATE OF BIRTH	≥	
PROVIDER TAXPAYER NUMBER <sup>1</sup>	SEE BELOW	PROVIDER SUBIDENTIFIER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup> , PROVIDER ACCEPTANCE & TERMINATION DATES <sup>1</sup> , PROVIDER RECORD EFFECTIVE DATE <sup>1</sup> , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE

**EDITED ELEMENT RELATIONSHIP**

**2-310-05R** BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED

**WHEN TYPE OF SUBMISSION IS =**

- A ADJUSTMENT
- C COMPLETE CANCELLATION

<sup>1</sup> PROVIDER FILE

**ELEMENT NAME: BEGIN DATE OF CARE (2-310) (CONTINUED)**

B ADJUSTMENT TO NON-HCSR DATA

E CANCELLATION OF NON-HCSR DATA

F ADJUSTMENT HCSR NEW SUFFIX

**2-310-06R** PROVIDER MUST BE 'AUTHORIZED' ON PROVIDER FILE FOR EACH BEGIN DATE OF CARE, UNLESS AMOUNT ALLOWED  $\leq$  ZERO, OR AMOUNT ALLOWED BY PROCEDURE CODE  $\leq$  ZERO. 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, PROVIDER ZIP CODE, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

<sup>1</sup> PROVIDER FILE**ELEMENT NAME: END DATE OF CARE (2-315)**

## VALIDITY EDITS

**2-315-01** MUST BE A VALID GREGORIAN DATE.

## RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>2-315-02R</b>	BEGIN DATE OF CARE	$\geq$	CORRESPONDING DETAIL
<b>2-315-03R</b>	FILING DATE	$\leq$	
<b>2-315-04R</b>	DATE HCSR PROCESSED TO COMPLETION	$\leq$	
	DATE ADJUSTMENT IDENTIFIED	SEE BELOW	TYPE OF SUBMISSION
	PROVIDER TAXPAYER NUMBER <sup>1</sup>	SEE BELOW	PROVIDER SUBIDENTIFIER <sup>1</sup> , PROVIDER ZIP CODE <sup>1</sup> , PROVIDER ACCEPTANCE AND TERMINATION DATES <sup>1</sup> , PROVIDER RECORD EFFECTIVE DATE <sup>1</sup> , AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE

## EDITED ELEMENT RELATIONSHIP

**2-315-05R** END DATE OF CARE MUST BE  $\leq$  DATE ADJUSTMENT IDENTIFIED

**WHEN TYPE OF SUBMISSION IS =** A ADJUSTMENT

C COMPLETE CANCELLATION

B ADJUSTMENT TO NON-HCSR DATA

E CANCELLATION OF NON-HCSR DATA

F ADJUSTMENT HCSR NEW SUFFIX

**2-315-06R** PROVIDER MUST BE 'AUTHORIZED' ON PROVIDER FILE FOR EACH END DATE OF CARE, UNLESS AMOUNT ALLOWED  $\leq$  ZERO, OR AMOUNT ALLOWED BY PROCEDURE CODE  $\leq$  ZERO. 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, PROVIDER ZIP CODE, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

**ELEMENT NAME: END DATE OF CARE (2-315) (CONTINUED)**

**2-315-08R** IF PROCEDURE CODE = '92895', '92896' **OR** '92897'  
END DATE OF CARE YEAR AND MONTH MUST EQUAL BEGIN DATE OF CARE YEAR  
AND MONTH FOR THAT OCCURRENCE.

**ELEMENT NAME: PLACE OF SERVICE (2-320)**

**VALIDITY EDITS**

**2-320-01** VALUE MUST BE IN RANGE, '11', '12', '21'-'26', '31'-'34', '41', '42', '51'-'56', '61', '62', '65', '71', '72',  
'81' **OR** '99'.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NAS EXCEPTION REASON		
TYPE OF SERVICE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
TYPE OF SUBMISSION	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**2-320-02R** IF DENIAL REASON CODE IS BLANK  
PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE. SEE FOR VALID PLACES  
OF SERVICE BASED ON TYPE OF SERVICE, SEE [FIGURE 6-A-3](#).

**2-320-03R** PLACE OF SERVICE MUST BE CONSISTENT WITH NAS EXCEPTION REASON

PLACE OF SERVICE =	31	SKILLED NURSING FACILITY
<b>WHEN NAS EXCEPTION REASON =</b>	4	NURSING FACILITY
PLACE OF SERVICE =	56	RTC
<b>WHEN NAS EXCEPTION REASON =</b>	5	RTC
PLACE OF SERVICE =	55	STF
<b>WHEN NAS EXCEPTION REASON =</b>	7	STF
PLACE OF SERVICE =	99	OTHER LOCATIONS
<b>WHEN NAS EXCEPTION REASON =</b>	3	COLLEGE INFIRMARY
<b>2-320-04R</b> IF PROGRAM INDICATOR =	D	DRUG
PLACE OF SERVICE =	99	PHARMACY
<b>2-320-05R</b> IF PLACE OF SERVICE =	21	INPATIENT HOSPITAL
TYPE OF SERVICE FIRST POSITION MUST =	I	INPATIENT

**ELEMENT NAME: TYPE OF SERVICE (2-325)****VALIDITY EDITS**

**2-325-01** FIRST BYTE MUST BE = 'A', 'C', 'I', 'O', 'M', 'N', 'P', OR 'K'.  
SECOND BYTE MUST BE = '1' - '9'; 'A' - 'L'.

IF FIRST BYTE = 'A'; SECOND BYTE MUST NOT = 'C'.  
IF FIRST BYTE = 'P'; SECOND BYTE MUST = 'H'.  
IF FIRST BYTE = 'N'; SECOND BYTE MUST = 'I' OR SPECIAL PROCESSING CODE = 'N'.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>2-320-02R</b> PLACE OF SERVICE		
TYPE OF SERVICE	SEE BELOW	
NAS NUMBER	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
PROCEDURE CODE	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
PROVIDER MAJOR SPECIALTY	SEE BELOW	
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	SECONDARY TREATMENT DIAGNOSIS

**EDITED ELEMENT RELATIONSHIP**

**2-325-02R** FIRST BYTE OF TYPE OF SERVICE  
MUST BE CONSISTENT =

I	ON SAME HCSR
M	
K	
A	ON ONE HCSR
O	
C	
P	
N	

FOR EACH DETAIL OCCURRENCE IN THAT RECORD.

**2-325-04R** IF PROGRAM INDICATOR = D DRUG

TYPE OF SERVICE (SECOND  
BYTE) MUST BE = B DRUGS

**2-325-05R** SECOND BYTE OF TYPE OF SERVICE MUST BE CONSISTENT WITH PROCEDURE CODE.  
WHEN AMOUNT ALLOWED > '0' SEE [FIGURE 6-A-1](#).

**2-325-06R** IF PROCEDURE CODE = '92891', '92892', '92893', '92898', OR '92899'.  
AND DENIAL REASON CODE = 'b'  
TYPE OF SERVICE (FIRST BYTE) MUST = 'P' (PARTIAL PSYCHIATRIC OUTPATIENT).

**2-325-07R** IF NAS EXCEPTION REASON = 'A'

TYPE OF SERVICE (FIRST  
BYTE) MUST = I INPATIENT

**2-325-08R** IF PROVIDER MAJOR SPECIALTY BC BIRTHING CENTERS

**ELEMENT NAME: TYPE OF SERVICE (2-325) (CONTINUED)**

	TYPE OF SERVICE (FIRST BYTE) MUST =	M MATERNITY
		O OUTPATIENT
<b>2-325-09R</b>	IF TYPE OF SERVICE FIRST BYTE = 'M' PRINCIPAL OR SECONDARY TREATMENT DIAGNOSIS MUST BE MATERNITY (630 - 676 OR V22 - V24) OR V270 - 289	
<b>2-325-12R</b>	IF SECOND BYTE = 'C' SPONSOR STATUS ≠ 'A', 'B', 'J', 'N', 'V', 'T', 'P', OR 'Q'.	
<b>2-325-14R</b>	IF TYPE OF SERVICE FIRST =	A AMBULATORY SURGERY COST SHARED AS INPATIENT (ACTIVE DUTY FAMILY MEMBERS ONLY)
		C AIR FORCE CAM PRIMARY/PREVENTATIVE CARE
		O OUTPATIENT, EXCLUDING 'M', 'P' OR 'N'
		N OUTPATIENT COST SHARED AS INPATIENT
		M OUTPATIENT MATERNITY COST SHARED AS INPATIENT
		P OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST SHARED AS INPATIENT
	PLACE OF SERVICE MUST NOT =	21 INPATIENT HOSPITAL

**ELEMENT NAME: DENIAL REASON CODE (2-330)**

**VALIDITY EDITS**

**2-330-01** VALUE MUST BE IN RANGE '1' - '4', '6' - '9', 'A' - 'D', 'G', 'J' - 'N', 'GG', 'LL', OR BLANK.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
<b>2-110-04R</b> NAS NUMBER		
<b>2-155-11R</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR	SEE BELOW	TYPE OF SUBMISSION, FILING DATE CONTRACTOR
CONTRACTOR		
<b>2-180-04R</b> NAS EXCEPTION REASON		
<b>2-309-02R</b> PRICING CODE		
TYPE OF SUBMISSION	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**2-330-02R** IF AMOUNT ALLOWED = ZERO  
ALL DETAIL OCCURRENCES MUST CONTAIN A DENIAL REASON CODE (NOT BLANK)

**ELEMENT NAME: DENIAL REASON CODE (2-330) (CONTINUED)****WHEN**

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

**OR**

TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

**2-330-03R** IF TYPE OF SUBMISSION = D DENIAL

ALL DETAIL OCCURRENCES MUST CONTAIN A DENIAL REASON CODE (EXCEPT BLANK).

**2-330-04R** IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO, DENIAL REASON CODE MUST NOT = BLANK, FOR THAT DETAIL OCCURRENCE,

**WHEN**

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

**OR**

TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

**ELEMENT NAME: PRICING PROFILE YEAR (2-331)**

**VALIDITY EDITS**

**2-331-01** VALUE MUST BE BLANK '91', '92', '93', '14', '94', '15', '95', '16', '96', '17', '97', '18', '19', '28', '98', '99', OR '00'.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PRICING CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
PRICING CODE	SEE BELOW	END DATE OF CARE, DATE PROCESSED TO COMPLETION

**EDITED ELEMENT RELATIONSHIP**

<b>2-331-02R</b>	IF PRICING CODE =	0	PRICING NOT APPLICABLE
		1	PRICED MANUALLY
		4	PAID AS BILLED
		5	PAID ON NEGOTIATED RATE
		F	TRICARE CLAIMCHECK-ADDED PROCEDURE, PRICED MANUALLY
		I	TRICARE CLAIMCHECK-ADDED PROCEDURE, PAID AS BILLED
		J	TRICARE CLAIMCHECK-ADDED PROCEDURE, PAID ON NEGOTIATED RATE
		T	TRICARE CLAIMCHECK-ADDED PROCEDURE, ALLOWED AS BILLED BUT PAID LESS THAN BILLED

PRICING PROFILE YEAR MUST BE BLANK.

**2-331-03R** IF PROGRAM INDICATOR = D DRUG

PRICING PROFILE MUST BE BLANK

**2-331-04R** IF PRICING CODE = '2', '3', '6', '7', '8', 'A', 'B', 'G', 'H', 'K', 'L', 'M', 'N', OR 'O' THEN:

**WHEN PRICING PROFILE YEAR = '01'**

**THEN END DATE OF CARE MUST BE ≥ 02/01/2001**

**AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/2001**

**WHEN PRICING PROFILE YEAR = '00'**

**AND TYPE OF SERVICE (SECOND BYTE) ≠ '7' (ANESTHESIA)**

**THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 01/31/2001**

**AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/2000**

**WHEN PRICING PROFILE YEAR = '00'**

**AND TYPE OF SERVICE (SECOND BYTE) = '7' (ANESTHESIA)**

**THEN END DATE OF CARE MUST BE ≥ 04/01/2000 AND ≤ 01/31/2001**

**AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/2000**

**ELEMENT NAME: PRICING PROFILE YEAR (2-331) (CONTINUED)**

**WHEN PRICING PROFILE YEAR = '99'**  
**AND TYPE OF SERVICE (SECOND BYTE) ≠ '7' (ANESTHESIA)**  
**THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 01/31/2000**  
**AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1999**

**WHEN PRICING PROFILE YEAR = '99'**  
**AND TYPE OF SERVICE (SECOND BYTE) = '7' (ANESTHESIA)**  
**THEN END DATE OF CARE MUST BE ≥ 01/01/1999 AND ≤ 03/31/2000**  
**AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1999**

**WHEN PRICING PROFILE YEAR = '19'**  
**THEN END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 01/31/1999**  
**AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1999**

**WHEN PRICING PROFILE YEAR = '28'**  
**END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 12/31/1998**  
**AND**  
**DATE PROCESSED TO COMPLETION MUST BE ≥ 08/01/1998**

**WHEN PRICING PROFILE YEAR = '98'**  
**END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 12/31/1998**  
**AND**  
**DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1998**

**WHEN PRICING PROFILE YEAR = '18'**  
**END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 01/31/1998**  
**AND**  
**DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1998**

**WHEN PRICING PROFILE YEAR = '97'**  
**END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 12/31/1997**  
**AND**  
**DATE PROCESSED TO COMPLETION MUST BE ≥ 03/01/1997**

**WHEN PRICING PROFILE YEAR = '17'**  
**END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 02/28/1997**  
**AND**  
**DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1997**

**WHEN PRICING PROFILE YEAR = '96'**  
**END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 12/31/1996**  
**AND**  
**DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1996**

**WHEN PRICING PROFILE YEAR = '16'**  
**END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 01/31/1996**  
**AND**  
**DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1996**

**WHEN PRICING PROFILE YEAR = '95'**  
**END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 01/31/1996**  
**AND**  
**DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1995**

**WHEN PRICING PROFILE YEAR = '15'**  
**END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 02/28/1995**  
**AND**  
**DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1995**

**WHEN PRICING PROFILE YEAR = '94'**  
**END DATE OF CARE MUST BE ≥ 04/01/1994 AND ≤ 12/31/1994**  
**AND DATE PROCESSED TO COMPLETION MUST BE ≤ 12/31/1994**

**ELEMENT NAME: PRICING PROFILE YEAR (2-331) (CONTINUED)**

**OR**

END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 12/31/1994  
AND DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/1995

**WHEN PRICING PROFILE YEAR = '14'**

END DATE OF CARE MUST BE ≥ 11/01/1993 AND ≤ 03/31/1994  
AND  
DATE PROCESSED TO COMPLETION MUST BE ≤ 12/31/1994

**OR**

END DATE OF CARE MUST BE ≥ 10/01/1987 AND ≤ 03/31/1994  
AND  
DATE PROCESSED TO COMPLETION MUST BE ≥ 01/01/95 AND ≤ 02/28/1995

**WHEN PRICING PROFILE YEAR = '93'**

END DATE OF CARE MUST BE ≥ 01/01/1987 AND ≤ 10/31/1993  
AND  
DATE PROCESSED TO COMPLETION MUST BE ≥ 02/28/1995

**ELEMENT NAME: CPT-4 MODIFIER (2-333)**

**VALIDITY EDITS**

**2-333-01** MUST BE 20 - 26, 32, 50 - 52, 54 - 58, 62, 66, 76 - 82, 90, 99, TC **OR** BLANK.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROCEDURE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**2-333-03R** IF PROCEDURE CODE = 10040 - 69979

PROCEDURE CODE MUST = 20, 22, 26, 32, 47, 50 - 52, 54 - 58, 62, 66, 76 - 82, 90, 99, TC **OR** BLANK

**2-333-04R** IF PROCEDURE CODE = 70010 - 79999

PROCEDURE CODE MODIFIER MUST = 22, 26, 32, 51, 52, 58, 62, 66, 76 - 80, 90, 99, TC **OR** BLANK

**2-333-05R** IF PROCEDURE CODE = 80002 - 89399

PROCEDURE CODE MODIFIER MUST = 22, 26, 32, 52, 90, TC **OR** BLANK

**2-333-06R** IF PROCEDURE CODE = 90700 - 99199

PROCEDURE CODE MODIFIER MUST = 22, 26, 32, 51, 52, 55 - 58, 76 - 82, 90, 99, TC **OR** BLANK

**2-333-07R** IF PROCEDURE CODE = 99201 - 99499

PROCEDURE CODE MODIFIER MUST = 21, 24, 25, 32, 52, 57, TC **OR** BLANK

**2-333-08R** IF PROCEDURE CODE = A0010 - A0999

PROCEDURE CODE MODIFIER MUST = D, E, H, N, P, R, S, X, AS, EE, EH, EP, ER, HE, HH, HR, HT, PH, QM, QN, RA, RE, RH, SH, XX **OR** BLANK

**2-333-09R** IF PROCEDURE CODE = A4206 - A6406

PROCEDURE CODE MODIFIER MUST = CC, LT, RT **OR** BLANK

**ELEMENT NAME: CPT-4 MODIFIER (2-333) (CONTINUED)**

<b>2-333-10R</b>	IF PROCEDURE CODE = B4034 - B9999
	PROCEDURE CODE MODIFIER MUST = CC, DD, <b>OR</b> BLANK
<b>2-333-11R</b>	IF PROCEDURE CODE = D0110 - D9999
	PROCEDURE CODE MODIFIER MUST = CC, ET, LT, QB, QU, RT, TC <b>OR</b> BLANK
<b>2-333-12R</b>	IF PROCEDURE CODE = E0100 - E1830
	PROCEDURE CODE MODIFIER MUST = CC, LL, LT, MS, NR, NU, QE, QF, QG, QH, QT, RP, RR, RT, TC, UE <b>OR</b> BLANK
<b>2-333-13R</b>	IF PROCEDURE CODE = J0110 - J8999
	PROCEDURE CODE MODIFIER MUST = AA, AB, AC, AD, AE, AF, AG, CC, QB, QU, TC <b>OR</b> BLANK
<b>2-333-14R</b>	IF PROCEDURE CODE = J9000 - J9999
	PROCEDURE CODE MODIFIER MUST = CC, QB, QU, TC <b>OR</b> BLANK
<b>2-333-15R</b>	IF PROCEDURE CODE = L0100 - L9999
	PROCEDURE CODE MODIFIER MUST = CC, LT, QB, QU, RT, TC <b>OR</b> BLANK
<b>2-333-16R</b>	IF PROCEDURE CODE = M0005 - M0900
	PROCEDURE CODE MODIFIER MUST = AH, AJ, AN, CC, EJ, EM, EP, FP, QB, QC, QD, QT, QU, Q5, Q6, SF, TC <b>OR</b> BLANK
<b>2-333-17R</b>	IF PROCEDURE CODE = P2028 - P9615
	PROCEDURE CODE MODIFIER MUST = CC, LR, TC <b>OR</b> BLANK
<b>2-333-18R</b>	IF PROCEDURE CODE = Q0034 - Q9940
	PROCEDURE CODE MODIFIER MUST = CC, LL, LR, QC, QD, QE, QF, QG, QH, QT, RP, RR, TC, UE <b>OR</b> BLANK
<b>2-333-19R</b>	IF PROCEDURE CODE = R0070 - R0076
	PROCEDURE CODE MODIFIER MUST = CC, LT, RT, TC <b>OR</b> BLANK
<b>2-333-20R</b>	IF PROCEDURE CODE = V2020 - V2799
	PROCEDURE CODE MODIFIER MUST = AP, CC, LS, LT, PL, RT, SF, TC, VP <b>OR</b> BLANK
<b>2-333-21R</b>	IF PROCEDURE CODE = V5008 - V5364
	PROCEDURE CODE MODIFIER MUST = CC, LT, RT, SF, TC <b>OR</b> BLANK

**ELEMENT NAME: OCCURRENCE COUNTER (2-335)****VALIDITY EDITS**

**2-335-01** EACH VALUE MUST BE NUMERIC.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
UTILIZATION DATA OCCURRENCE COUNT	SEE BELOW	

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**ELEMENT NAME: OCCURRENCE COUNTER (2-335) (CONTINUED)**

**EDITED ELEMENT RELATIONSHIP**

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**2-335-02R** AN OCCURRENCE COUNTER VALUE MUST BE CODED FOR THE NUMBER OF OCCURRENCES SPECIFIED BY UTILIZATION DATA OCCURRENCE COUNT.

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EACH OCCURRENCE COUNTER MUST HAVE A VALUE EQUAL TO THE NUMBER OF THAT OCCURRENCE (ASCENDING CONSECUTIVE ORDER).