

## PRICING EDIT REQUIREMENTS (ELN 000 - 099)

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<b>ELEMENT NAME: RECORD TYPE INDICATOR (4-001)</b>	
<b>VALIDITY EDITS</b>	
4-001-01V	MUST = R PRICING
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: PRICING STATE OR COUNTRY CODE (4-005)</b>	
<b>VALIDITY EDITS</b>	
4-005-01V	MUST BE VALID STATE CODE OR FOREIGN COUNTRY CODE.
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: PROCEDURE CODE (4-010)</b>	
<b>VALIDITY EDITS</b>	
4-010-01V	MUST BE NUMERIC. MUST BE VALID CPT-4/HCPSCS OR TMA-ASSIGNED CODE.
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: CLASS OF PROVIDER (4-015)</b>	
<b>VALIDITY EDITS</b>	
4-015-01V	MUST BE '01' - '05'.
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: TYPE OF PRICING SERVICE (4-020)</b>	
<b>VALIDITY EDITS</b>	
4-020-01V	MUST BE '01' - '09'.
<b>RELATIONAL EDITS</b>	
NONE	

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**ELEMENT NAME: PREVAILING FEE (4-025)**

**VALIDITY EDITS**

4-025-01V MUST BE NUMERIC.

**RELATIONAL EDITS**

4-025-01R IF CONVERSION AMOUNT = ZERO,

**AND CONVERSION FACTOR = ZERO**

**AND RELATIVE VALUE UNIT = ZERO**

**AND CATEGORY OF CARE  
FOR CONVERSION FACTOR ≠ B BY REPORT**

**THEN PREVAILING FEE MUST ≠ ZERO.**

**ELEMENT NAME: CONVERSION AMOUNT (4-030)**

**VALIDITY EDITS**

4-030-01V MUST BE NUMERIC.

**RELATIONAL EDITS**

4-030-01R IF PREVAILING FEE = ZERO

**AND CATEGORY OF CARE FOR  
CONVERSION FACTOR ≠ A ANESTHESIA OR  
B BY REPORT**

**THEN CONVERSION AMOUNT MUST ≠ ZERO**

4-030-02R IF CATEGORY OF CARE FOR  
CONVERSION FACTOR ≠ B BY REPORT

**THEN CONVERSION AMOUNT MUST = ZERO**

**ELSE CONVERSION AMOUNT MUST ≠ ZERO**

4-030-03R IF PREVAILING FEE ≠ ZERO

**THEN CONVERSION AMOUNT MUST = ZERO**

**4-030-04R IF CONVERSION FACTOR ≠ ZERO**

**AND RELATIVE VALUE UNIT ≠ ZERO**

**AND CATEGORY OF CARE  
FOR CONVERSION FACTOR ≠ A ANESTHESIA**

**THEN CONVERSION AMOUNT MUST ≠ ZERO**

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<b>ELEMENT NAME: CONVERSION FACTOR (4-032)</b>	
<b>VALIDITY EDITS</b>	
<b>4-032-01V</b>	MUST BE NUMERIC
<b>RELATIONAL EDITS</b>	
<b>4-032-01R</b>	IF CONVERSION AMOUNT $\neq$ ZERO AND RELATIVE VALUE UNIT $\neq$ ZERO THEN CONVERSION FACTOR MUST $\neq$ ZERO
<b>4-032-02R</b>	IF PREVAILING FEE = ZERO AND CATEGORY OF CARE FOR CONVERSION $\neq$ B BY REPORT THEN CONVERSION FACTOR MUST $\neq$ ZERO
<b>4-032-03R</b>	IF CATEGORY OF CARE FOR CONVERSION FACTOR = B BY REPORT THEN CONVERSION FACTOR MUST = ZERO
<b>4-032-04R</b>	IF PREVAILING FEE $\neq$ ZERO THEN CONVERSION FACTOR MUST = ZERO

<b>ELEMENT NAME: RELATIVE VALUE UNIT (4-033)</b>	
<b>VALIDITY EDITS</b>	
<b>4-033-01V</b>	MUST BE NUMERIC
<b>RELATIONAL EDITS</b>	
<b>4-033-01R</b>	IF CONVERSION FACTOR $\neq$ ZERO AND CONVERSION AMOUNT $\neq$ ZERO THEN RELATIVE VALUE UNIT MUST $\neq$ ZERO
<b>4-033-02R</b>	IF PREVAILING FEE = ZERO AND CATEGORY OF CARE FOR CONVERSION $\neq$ B BY REPORT THEN RELATIVE VALUE UNIT MUST $\neq$ ZERO
<b>4-033-03R</b>	IF CATEGORY OF CARE FOR CONVERSION FACTOR = B BY REPORT THEN RELATIVE VALUE UNIT MUST = ZERO
<b>4-033-04R</b>	IF PREVAILING FEE $\neq$ ZERO THEN RELATIVE VALUE UNIT MUST = ZERO

<b>ELEMENT NAME: CATEGORY OF CARE FOR CONVERSION FACTOR (4-035)</b>	
<b>VALIDITY EDITS</b>	
<b>4-035-01V</b>	MUST BE VALID CATEGORY OF CARE FOR CONVERSION FACTOR.
<b>RELATIONAL EDITS</b>	
NONE	

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**ELEMENT NAME: MEDICARE ECONOMIC INDEX PRICE (4-040)**

**VALIDITY EDITS**

4-040-01V MUST BE NUMERIC.

**RELATIONAL EDITS**

4-040-01R IF MEDICARE ECONOMIC INDEX PRICE  $\neq$  ZERO  
THEN PREVAILING FEE AND CONVERSION AMOUNT CANNOT BOTH = ZERO.

**ELEMENT NAME: PRICING PROFILE (4-045)**

**VALIDITY EDITS**

4-045-01V MUST BE A VALID PRICING PROFILE.

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PRICING EFFECTIVE DATE (4-050)**

**VALIDITY EDITS**

4-050-01V MUST BE VALID GREGORIAN DATE.

**RELATIONAL EDITS**

NONE