

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200)	
VALIDITY EDITS	
1-200-01V	MUST BE NUMERIC
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE AND LAST 6 POSITIONS MUST BE NUMERIC)
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE AND FOURTH POSITION MUST BE = 'A' AND LAST 5 POSITIONS MUST BE NUMERIC)
RELATIONAL EDITS	
NO ERROR	IF ADJUSTMENT/DENIAL REASON CODE =
	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
	THEN DO NOT CHECK PROVIDER FILE
NO ERROR	IF 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
NO ERROR	IF AMOUNT ALLOWED (TOTAL) ≤ ZERO
	THEN DO NOT CHECK PROVIDER FILE
¹ ONLY THE FIRST 5 DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.	

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ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200) (CONTINUED)

1-200-02R IF ANY OCCURRENCE OF
OVERRIDE CODE = NC NON-CERTIFIED PROVIDER

THEN THE NON-CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:
 INSTITUTIONAL PROVIDER TAXPAYER NUMBER
AND TYPE OF INSTITUTION
AND PROVIDER ZIP CODE¹
AND PROVIDER SUB-IDENTIFIER
AND ACCEPTANCE AND TERMINATION DATES MUST = ZEROES
AND PROVIDER CONTRACT AFFILIATION CODE MUST = '5' (NON-CERTIFIED PROVIDER)

IF NO OCCURRENCE OF
OVERRIDE CODE = NC NON-CERTIFIED PROVIDER

THEN CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:
 INSTITUTIONAL PROVIDER TAXPAYER NUMBER
AND TYPE OF INSTITUTION
AND PROVIDER ZIP CODE¹
AND PROVIDER SUB-IDENTIFIER

¹ ONLY THE FIRST 5 DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (1-205)

VALIDITY EDITS

1-205-01V MUST BE ALPHA OR NUMERIC--CANNOT BE BLANKS

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2) (1-215)

VALIDITY EDITS

1-215-01V MUST BE ALL BLANKS **OR** 10 DIGITS (MUST NOT BE ALL ZEROES).

1-215-02V IF PROVIDER ORGANIZATIONAL NPI NUMBER IS ALL DIGITS

THEN THE CHECK DIGIT (POSITION 10 OF THE PROVIDER ORGANIZATIONAL NPI NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM

RELATIONAL EDITS

NONE

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ELEMENT NAME: PROVIDER ZIP CODE (1-220)	
VALIDITY EDITS	
1-220-01V	MUST BE 9 DIGITS OR 5 DIGITS WITH 4 BLANKS
	MUST BE A VALID ZIP CODE (BASED ON ADMISSION DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE OR
	MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE ¹) FOLLOWED BY 6 BLANKS
RELATIONAL EDITS	
NONE	
¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST ADDENDUM A .	

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (1-225)	
VALIDITY EDITS	
1-225-01V	MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.
RELATIONAL EDITS	
1-225-01R	IF PRICING RATE CODE =
	H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
	I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
	J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR
	DD DISCOUNTED DRG
	THEN PROVIDER PARTICIPATION INDICATOR MUST =
	Y YES

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (1-230)	
VALIDITY EDITS	
1-230-01V	MUST BE ONE OF THE FOLLOWING VALUES
	1 NETWORK PROVIDER OR
	2 NON-NETWORK PROVIDER
RELATIONAL EDITS	
NONE	

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ELEMENT NAME: TYPE OF INSTITUTION (1-235)

VALIDITY EDITS

1-235-01V VALUE MUST BE A VALID TYPE OF INSTITUTION CODE.

RELATIONAL EDITS

1-235-01R IF TYPE OF INSTITUTION = 72 RTC
AND PATIENT ZIP CODE IS IN AN MTF CATCHMENT AREA

THEN CA/NAS
EXCEPTION REASON
MUST = 5 RTC

1-235-02R IF PRICING RATE CODE = K HOSPITAL-SPECIFIC PSYCHIATRIC PER
DIEM RATE OR
L REGION SPECIFIC PSYCHIATRIC PER DIEM
RATE

THEN TYPE OF INSTITUTION
MUST = 22 PSYCHIATRIC HOSPITAL/UNIT OR

52 CHILDREN'S PSYCHIATRIC HOSPITAL/
UNIT

1-235-03R IF TYPE OF INSTITUTION = 70 HOME HEALTH AGENCY
AND BEGIN DATE OF CARE ≥ 06/01/2004

THEN ONE OCCURRENCE
OF REVENUE CODE
MUST = 0023 HOME HEALTH AGENCY (HHA-PPS)

UNLESS AMOUNT ALLOWED (TOTAL) = ZERO

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (1-240)

VALIDITY EDITS

1-240-01V VALUE MUST BE A VALID CLAIM FORM TYPE/EMC INDICATOR.

RELATIONAL EDITS

NONE

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ELEMENT NAME: FREQUENCY CODE (1-250)

VALIDITY EDITS

1-250-01V MUST BE A VALID FREQUENCY CODE

1-250-02V IF DRG NUMBER IS NOT BLANK

AND TYPE OF SUBMISSION = A ADJUSTMENT TO TED RECORD DATA OR

C COMPLETE CANCELLATION TO TED RECORD DATA OR

I INITIAL TED RECORD SUBMISSION OR

O ZERO PAYMENT TED RECORD DUE TO 100% OHI OR

R RESUBMISSION OF AN INITIAL TED RECORD

AND FREQUENCY CODE = 2 INTERIM - INITIAL TED RECORD OR

3 INTERIM - INTERIM TED RECORD OR

4 INTERIM - FINAL TED RECORD

THEN THE FREQUENCY CODE SUBMISSION MUST FOLLOW THE DIRECTIONS IN THE TABLE BELOW

FREQUENCY CODE	PREVIOUS TED RECORD FREQUENCY CODE
2	= 2 OR NO PREVIOUS TED RECORD
3	= 2 OR 3 (PREVIOUS TED RECORD MUST EXIST)
4	= 2, 3, OR 4 (PREVIOUS TED RECORD MUST EXIST)

RELATIONAL EDITS

1-250-01R IF PATIENT STATUS = 30 STILL A PATIENT

AND AMOUNT ALLOWED (TOTAL) ≠ 0

OR NO OCCURRENCE OF SPECIAL PROCESSING CODE =

T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYER) OR

FS TFL (SECOND PAYER)

THEN FREQUENCY CODE MUST = 2 INTERIM-INITIAL OR

3 INTERIM-INTERIM

UNLESS TYPE OF INSTITUTION = 70 HOME HEALTH AGENCY

THEN FREQUENCY CODE MUST = 2 INTERIM-INITIAL OR

3 INTERIM-INTERIM OR

7 REPLACEMENT OF PRIOR CLAIM OR

8 VOID/CANCEL OF PRIOR CLAIM OR

9 FINAL CLAIM FOR HOME HEALTH AGENCY EPISODE

1-250-02R IF PATIENT STATUS = 01 DISCHARGED OR

02 TRANSFERRED OR

20 EXPIRED

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ELEMENT NAME: FREQUENCY CODE (1-250) (CONTINUED)

	THEN FREQUENCY CODE MUST =	0	NON-PAYMENT/ZERO CLAIM OR
		1	ADMIT THRU DISCHARGE OR
		4	INTERIM-FINAL OR
		7	REPLACEMENT OF PRIOR CLAIM OR
		8	VOID/CANCELLATION OF PRIOR CLAIM OR
		9	FINAL CLAIM FOR HOME HEALTH AGENCY (HHA-PPS) EPISODE
1-250-03R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER
	THEN FREQUENCY CODE MUST =	1	ADMIT THRU DISCHARGE

ELEMENT NAME: TYPE OF ADMISSION (1-255)

VALIDITY EDITS

1-255-01V	VALUE MUST BE A VALID TYPE OF ADMISSIONS CODE.		
	UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS =	0023	HOME HEALTH AGENCY
	OR TYPE OF INSTITUTION =	70	HHA
	OR AMOUNT ALLOWED (TOTAL) = ZERO		
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	THEN VALUE MUST BE BLANK OR A VALID TYPE OF ADMISSIONS CODE		

RELATIONAL EDITS

1-255-02R	IF CA/NAS EXCEPTION REASON =	2	EMERGENCY
	THEN TYPE OF ADMISSION MUST =	1	EMERGENCY OR
		4	NEWBORN
1-255-03R	IF TYPE OF ADMISSION =	4	NEWBORN
	THEN PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO ADDENDUM E, FIGURE 2-E-1).		

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ELEMENT NAME: SOURCE OF ADMISSION (1-260)

VALIDITY EDITS

1-260-01V VALUE MUST BE A VALID SOURCE OF ADMISSION.

RELATIONAL EDITS

1-260-01R IF TYPE OF ADMISSION = 4 NEWBORN

THEN SOURCE OF ADMISSION
MUST = 1 NORMAL DELIVERY **OR**

2 PREMATURE DELIVERY **OR**

3 SICK BABY **OR**

4 EXTRAMURAL BIRTH

**AND PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO
ADDENDUM E, FIGURE 2-E-1).**

ELEMENT NAME: ADMISSION DATE (1-265)

VALIDITY EDITS

1-265-01V MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM
DATE.

RELATIONAL EDITS

1-265-01R ADMISSION DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION

1-265-02R ADMISSION DATE MUST BE ≤ END DATE OF CARE

1-265-03R IF FREQUENCY CODE = 1 ADMIN THRU DISCHARGE **OR**

2 INTERIM-INITIAL

THEN ADMISSION DATE MUST = BEGIN DATE OF CARE

1-265-04R 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 ADMISSION DATE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED

**UNLESS TED RECORD
CORRECTION INDICATOR = 1 ADJUSTMENT/CANCELLATION (TYPE OF
SUBMISSION A, B, C, OR E) SOLELY TO
CORRECT A PROVISIONALLY ACCEPTED
TED RECORD**

AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

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ELEMENT NAME: PATIENT STATUS (1-270)

VALIDITY EDITS

1-270-01V VALUE MUST BE A VALID PATIENT STATUS CODE.

RELATIONAL EDITS

1-270-01R	IF FREQUENCY CODE =	2	INTERIM-INITIAL OR
		3	INTERIM-INTERIM
	THEN PATIENT STATUS MUST =	30	STILL A PATIENT
1-270-02R	IF FREQUENCY CODE =	1	ADMIT THRU DISCHARGE
	THEN PATIENT STATUS MUST =	01	DISCHARGED OR
		02	TRANSFERRED OR
		03	DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF) OR
		04	DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF) OR
		05	DISCHARGED/TRANSFERRED TO A DESIGNATED CANCER CENTER OR CHILDREN'S HOSPITAL OR
		06	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION OR
		07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE OR
		08	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER OR
		20	EXPIRED OR
		40	DIED AT HOME OR
		41	DIED IN MEDICAL FACILITY, SUCH AS HOSPITAL, SNF, OR FREESTANDING HOSPICE OR
		42	PLACE OF DEATH UNKNOWN OR
		43	DISCHARGED/TRANSFERRED TO A FEDERAL HOSPITAL OR
		50	HOSPICE-HOME OR
		51	HOSPICE-MEDICAL FACILITY OR
		61	DISCHARGED/TRANSFERRED WITHIN THIS INSTITUTION TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED OR
		62	DISCHARGED/TRANSFERRED TO ANOTHER REHABILITATION FACILITY INCLUDING REHABILITATION DISTINCT PART UNITS OF A HOSPITAL OR
		63	DISCHARGED/TRANSFERRED TO A LONG TERM CARE HOSPITAL OR

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ELEMENT NAME: PATIENT STATUS (1-270) (CONTINUED)		
	64	DISCHARGED/TRANSFERRED TO A NURSING FACILITY CERTIFIED UNDER MEDICAID BUT NOT CERTIFIED UNDER MEDICARE OR
	65	DISCHARGED/TRANSFERRED TO A PSYCHIATRIC HOSPITAL OR PSYCHIATRIC DISTINCT PART OF A HOSPITAL OR
	66	DISCHARGED/TRANSFERRED TO A CRITICAL ACCESS HOSPITAL OR
	70	DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF HEALTH CARE NOT DEFINED ELSEWHERE IN THE CODE LIST
1-270-03R	IF PRICING RATE CODE =	H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	THEN PATIENT STATUS MUST ≠	30 STILL A PATIENT

ELEMENT NAME: BEGIN DATE OF CARE (1-275)		
VALIDITY EDITS		
1-275-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.	
1-275-02V	CANNOT BE MORE THAN 10 YEARS PRIOR TO TMA CURRENT SYSTEM DATE.	
1-275-03V	BEGIN DATE OF CARE MUST BE ≤ END DATE OF CARE.	
RELATIONAL EDITS		
1-275-02R	BEGIN DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION	
1-275-03R	BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT)	
1-275-04R	BEGIN DATE OF CARE MUST BE ≥ ADMISSION DATE	
1-275-05R	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	
	UNLESS TED RECORD CORRECTION INDICATOR =	1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD
	AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.	

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, TYPE OF INSTITUTION, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (1-200-02R).

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ELEMENT NAME: BEGIN DATE OF CARE (1-275) (CONTINUED)

1-275-06R	PROVIDER MUST BE "AUTHORIZED" ¹ ON PROVIDER FILE FOR THIS BEGIN DATE OF CARE
	UNLESS AMOUNT ALLOWED (TOTAL) ≤ ZERO
OR ADJUSTMENT/DENIAL REASON CODE =	
	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 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 INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, TYPE OF INSTITUTION, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (1-200-02R).

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ELEMENT NAME: END DATE OF CARE (1-280)	
VALIDITY EDITS	
1-280-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.
1-280-02V	CANNOT BE MORE THAN 10 YEARS PRIOR TO TMA CURRENT SYSTEM DATE.
1-280-03V	END DATE OF CARE MUST BE ≥ BEGIN DATE OF CARE.
RELATIONAL EDITS	
1-280-01R	END DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION
1-280-02R	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
	UNLESS TED RECORD CORRECTION INDICATOR =
	1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD
	AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.
1-280-03R	PROVIDER MUST BE "AUTHORIZED" ¹ ON PROVIDER FILE FOR THIS END DATE OF CARE UNLESS AMOUNT ALLOWED (TOTAL) ≤ ZERO
	OR ADJUSTMENT/DENIAL REASON CODE =
	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 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
¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, TYPE OF INSTITUTION, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (1-200-02R).	

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ELEMENT NAME: END DATE OF CARE (1-280) (CONTINUED)

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 INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, TYPE OF INSTITUTION, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (1-200-02R).

ELEMENT NAME: ADMINISTRATIVE CLIN (1-283)

VALIDITY EDITS

1-283-01V MUST BE BLANKS OR A VALID CLIN FOR THE CONTRACT NUMBER ON THE TMA DATABASE.

1-283-02V	IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		B	HCSR ADJUSTMENT OR
		C	COMPLETE CANCELLATION OR
		E	HCSR CANCELLATION

AND ADMINISTRATIVE CLAIM COUNT CODE (TMA DERIVED FIELD) ON TMA FILE =

1 CLAIM RATE HAS BEEN PAID

THEN ADMINISTRATIVE CLIN ON THE ADJUSTMENT MUST = ADMINISTRATIVE CLIN ON TMA DATABASE¹

1-283-03V	IF CONTRACT NUMBER ≠	MDA906-02-C-0013 (TMOP) OR
		MDA906-03-C-0009 (WEST) OR
		MDA906-03-C-0010 (SOUTH) OR
		MDA906-03-C-0011 (NORTH) OR
		MDA906-03-C-0015 (TDEFIC) OR
		MDA906-03-C-0019 (TRRx)

THEN ADMINISTRATIVE CLIN MUST BE BLANK

RELATIONAL EDITS

REFER TO SECTION 8.1.

¹ THIS EDIT IS CHECKED DURING THE MATCH AND MARRY PROCESS.

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ELEMENT NAME: COVERED DAYS (1-285)

VALIDITY EDITS

1-285-01V	MUST BE NUMERIC.	
1-285-02V	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
	11	HOSPICE
	OR TYPE OF SUBMISSION =	
	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	OR TYPE OF INSTITUTION =	
	78	NON-HOSPITAL BASED HOSPICE OR
	79	HOSPITAL BASED HOSPICE
	THEN BYPASS THIS EDIT	
	ELSE IF AMOUNT ALLOWED (TOTAL) ≤ ZERO	
	OR TYPE OF INSTITUTION =	70 HHA
	OR THE SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES THAT INDICATE THAT A ROOM WAS USED (010X-021X, OR 0724) = ZERO	
	THEN COVERED DAYS MUST = ZERO	
	ELSE IF TYPE OF SUBMISSION =	A ADJUSTMENT TO TED RECORD DATA OR
		I INITIAL TED RECORD SUBMISSION OR
		O ZERO PAYMENT TED RECORD DUE TO 100% OHI OR
		R RESUBMISSION OF AN INITIAL TED RECORD
	AND FREQUENCY CODE =	2 INTERIM - INITIAL TED RECORD OR
		3 INTERIM - INTERIM TED RECORD
	OR BEGIN DATE OF CARE = END DATE OF CARE	
	THEN COVERED DAYS MUST BE ≤ END DATE OF CARE - BEGIN DATE OF CARE +1	
	ELSE COVERED DAYS MUST BE ≤ END DATE OF CARE - BEGIN DATE OF CARE	
RELATIONAL EDITS		
NONE		

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ELEMENT NAME: DRG NUMBER (1-290)

VALIDITY EDITS

1-290-01V MUST BE A VALID DRG NUMBER OR BLANK FILLED.

RELATIONAL EDITS

1-290-01R IF PRICING RATE CODE = ~~b~~ NO SPECIAL RATE CODE OR
 K HOSPITAL SPECIFIC PSYCHIATRIC PER
 DIEM RATE OR
 L REGIONAL-SPECIFIC PSYCHIATRIC PER
 DIEM RATE OR
 P PER DIEM RATE AGREEMENT OR
 CA CAH REIMBURSEMENT

THEN DRG NUMBER MUST = BLANK

1-290-02R IF ANY OCCURRENCE OF
 OVERRIDE CODE = Y NEWBORN IN MOTHER'S ROOM WITHOUT
 NURSERY CHARGES

THEN DRG NUMBER MUST = BLANK.

1-290-31R IF PRICING RATE CODE = H TRICARE/CHAMPUS DRG REIMBURSEMENT
 WITH SHORT STAY OUTLIER OR
 I TRICARE/CHAMPUS DRG REIMBURSEMENT
 WITH COST OUTLIER OR
 J TRICARE/CHAMPUS DRG REIMBURSEMENT
 WITH NO OUTLIER OR

DD DISCOUNTED DRG

THEN DRG NUMBER MUST NOT BE BLANK.

AND DATE OF ADMISSION MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE
 DRG TERMINATION DATE.

ELEMENT NAME: HIPPS CODE (1-292)

VALIDITY EDITS

1-292-01V MUST BE VALID HIPPS CODES REFER TO [SECTION 2.8](#).

RELATIONAL EDITS

1-292-01R IF HIPPS CODE = BLANK
 THEN NO OCCURRENCE OF
 REVENUE CODE CAN = 0022 SKILLED NURSING FACILITY OR
 0023 HOME HEALTH AGENCY

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ELEMENT NAME: ADMISSION DIAGNOSIS (1-295)

VALIDITY EDITS

1-295-01V FOR FILING DATE PRIOR TO 10/01/2004 VALUE MUST BE VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.

UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS =

0023 **HHA**

THEN VALUE MUST BE BLANK OR A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1

1-295-02V FOR FILING DATE ON OR AFTER 10/01/2004 VALUE MUST BE VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.

AND BEGIN DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD9 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 ICD9 DIAGNOSIS REFERENCE TABLE

UNLESS REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS =

0023 **HHA**

OR TYPE OF INSTITUTION =

70 **HHA**

OR AMOUNT ALLOWED (TOTAL) = ZERO

OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

11 **HOSPICE**

THEN VALUE MUST BE BLANK **OR** VALUE MUST BE A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1

AND BEGIN DATE OF CARE MUST BE ON OR AFTER THE DIAGNOSIS EFFECTIVE DATE AND NOT LATER THAN THE DIAGNOSIS TERMINATION DATE ON THE ICD9 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 ICD9 DIAGNOSIS REFERENCE TABLE

RELATIONAL EDITS

NONE

