

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
<sup>1</sup> ONLY THE FIRST 5 DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.	

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<b>ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200) (CONTINUED)</b>	
<b>1-200-02R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER
	<b>THEN THE NON-CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:</b> INSTITUTIONAL PROVIDER TAXPAYER NUMBER AND TYPE OF INSTITUTION AND PROVIDER ZIP CODE <sup>1</sup> 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
	<b>THEN CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:</b> INSTITUTIONAL PROVIDER TAXPAYER NUMBER AND TYPE OF INSTITUTION AND PROVIDER ZIP CODE <sup>1</sup> AND PROVIDER SUB-IDENTIFIER
	<b>AND PROVIDER MUST BE CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF CARE.</b>
<sup>1</sup> ONLY THE FIRST 5 DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.	

<b>ELEMENT NAME: PROVIDER SUB-IDENTIFIER (1-205)</b>	
<b>VALIDITY EDITS</b>	
<b>1-205-01V</b>	MUST BE ALPHA OR NUMERIC-- <b>CANNOT BE BLANKS</b>
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2) (1-215)</b>	
<b>VALIDITY EDITS</b>	
<b>1-215-01V</b>	MUST BE ALL BLANKS OR 10 DIGITS (MUST NOT BE ALL ZEROES).
<b>1-215-02V</b>	IF PROVIDER ORGANIZATIONAL NPI NUMBER IS ALL DIGITS <b>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</b>
<b>RELATIONAL EDITS</b>	
	NONE

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**ELEMENT NAME: PROVIDER ZIP CODE (1-220)**

**VALIDITY EDITS**

<b>1-220-01V</b>	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 <sup>1</sup> ) FOLLOWED BY 6 BLANKS

**RELATIONAL EDITS**

NONE

<sup>1</sup> WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST [CHAPTER 2, ADDENDUM A](#).

**ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (1-225)**

**VALIDITY EDITS**

<b>1-225-01V</b>	MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.
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**RELATIONAL EDITS**

<b>1-225-01R</b>	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
	THEN PROVIDER PARTICIPATION INDICATOR MUST =	Y	YES

<b>1-225-02R</b>	IF THERE IS A MEDICARE NUMBER PRESENT ON THE <b>CORRESPONDING RECORD<sup>1</sup></b> IN THE PROVIDER FILE		
	THEN THE PROVIDER PARTICIPATION INDICATOR ON TED MUST =	Y	YES

<sup>1</sup> **"CORRESPONDING RECORD" ON PROVIDER FILE IS BASED ON THE PROVIDER MATCH OBTAINED IN EDIT 1-200-02R.**

**ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (1-230)**

**VALIDITY EDITS**

<b>1-230-01V</b>	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)

**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 AND MUST = THE VALUES IN THE FOLLOWING TABLE **IF FREQUENCY CODE ≠ 0, 7, 8 OR 9:**

FREQUENCY CODE	PREVIOUS TED RECORD FREQUENCY CODE
1	= 1 OR NO PREVIOUS TED RECORD
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**

<b>1-250-01R</b>	IF PATIENT STATUS =	30	STILL A PATIENT
	<b>THEN FREQUENCY CODE MUST =</b>	2	INTERIM-INITIAL OR
		3	INTERIM-INTERIM
	<b>UNLESS TYPE OF INSTITUTION =</b>	70	HOME HEALTH AGENCY
	<b>THEN FREQUENCY CODE MUST =</b>	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
<b>1-250-02R</b>	IF PATIENT STATUS =	01	DISCHARGED OR
		02	TRANSFERRED OR
		20	EXPIRED
	<b>THEN FREQUENCY CODE MUST =</b>	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
<b>1-250-03R</b>	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER
	<b>THEN FREQUENCY CODE MUST =</b>	1	ADMIT THRU DISCHARGE
<b>1-250-05R</b>	IF FREQUENCY CODE =	0	NON-PAYMENT/ZERO CLAIM
	<b>THEN TYPE OF INSTITUTION MUST =</b>	70	HOME HEALTH AGENCY OR
		76	SKILLED NURSING FACILITY

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**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**

**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  
CHAPTER 2, ADDENDUM E, FIGURE 2-E-1).**

**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  
CHAPTER 2, ADDENDUM E, FIGURE 2-E-1).**

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<b>ELEMENT NAME: ADMISSION DATE (1-265)</b>	
<b>VALIDITY EDITS</b>	
<b>1-265-01V</b>	MUST BE A VALID GREGORIAN DATE <b>AND CANNOT BE &gt; TMA CURRENT SYSTEM DATE.</b>
<b>RELATIONAL EDITS</b>	
<b>1-265-01R</b>	ADMISSION DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION
<b>1-265-02R</b>	ADMISSION DATE MUST BE ≤ END DATE OF CARE
<b>1-265-03R</b>	IF FREQUENCY CODE =
	1 ADMIN THRU DISCHARGE <b>OR</b>
	2 INTERIM-INITIAL
	<b>THEN ADMISSION DATE MUST = BEGIN DATE OF CARE</b>
<b>1-265-04R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	B ADJUSTMENT OF 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 ADMISSION DATE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED</b>
	<b>UNLESS TED RECORD CORRECTION INDICATOR =</b>
	1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) <b>SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD</b>
	<b>AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.</b>

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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**

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

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<b>ELEMENT NAME: PATIENT STATUS (1-270) (CONTINUED)</b>		
	64	DISCHARGED/TRANSFERRED TO A NURSING FACILITY CERTIFIED UNDER MEDICAID BUT NOT CERTIFIED UNDER MEDICARE <b>OR</b>
	65	DISCHARGED/TRANSFERRED TO A PSYCHIATRIC HOSPITAL OR PSYCHIATRIC DISTINCT PART OF A HOSPITAL <b>OR</b>
	66	DISCHARGED/TRANSFERRED TO A CRITICAL ACCESS HOSPITAL <b>OR</b>
	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 <b>OR</b>
		J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	<b>THEN PATIENT STATUS MUST ≠</b>	30 STILL A PATIENT

<b>ELEMENT NAME: BEGIN DATE OF CARE (1-275)</b>		
<b>VALIDITY EDITS</b>		
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.	
<b>RELATIONAL EDITS</b>		
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 <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 BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED</b>	
	<b>UNLESS TED RECORD CORRECTION INDICATOR =</b>	1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) <b>SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD</b>
	<b>AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.</b>	

<sup>1</sup> "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"<sup>1</sup> 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**

<sup>1</sup> "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" <sup>1</sup> 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
<sup>1</sup> "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

<sup>1</sup> "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 DATABASE<sup>1</sup>

**RELATIONAL EDITS**

REFER TO CHAPTER 2, SECTION 8.1.

<sup>1</sup> THIS EDIT IS CHECKED DURING THE MATCH AND MARRY PROCESS.

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**ELEMENT NAME: COVERED DAYS (1-285)**

**VALIDITY EDITS**

<b>1-285-01V</b>	MUST BE NUMERIC.
<b>1-285-02V</b>	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
<b>RELATIONAL EDITS</b>	
	NONE

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INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: DRG NUMBER (1-290)**

**VALIDITY EDITS**

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

**RELATIONAL EDITS**

<b>1-290-01R</b>	IF PRICING RATE CODE =	<del>b</del>	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**

<b>1-290-02R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	Y	NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES
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**THEN DRG NUMBER MUST = BLANK.**

<b>1-290-31R</b>	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

**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**

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

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

<b>ELEMENT NAME: ADMISSION DIAGNOSIS (1-295)</b>	
<b>VALIDITY EDITS</b>	
<b>1-295-01V</b>	FOR FILING DATE PRIOR TO 10/01/2004 VALUE MUST BE VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.
	<b>UNLESS</b> REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS = 0023 HOME HEALTH AGENCY
	<b>THEN</b> VALUE MUST BE BLANK OR A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1
<b>1-295-02V</b>	FOR FILING DATE ON OR AFTER 10/01/2004 VALUE MUST BE VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.
	<b>AND</b> 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
	<b>OR</b> 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
	<b>UNLESS</b> REVENUE CODE ON ANY OF THE OCCURRENCES/LINE ITEMS = 0023 HOME HEALTH AGENCY
	<b>THEN</b> VALUE MUST BE BLANK <b>OR</b> VALUE MUST BE A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1
	<b>AND</b> 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
	<b>OR</b> 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
<b>RELATIONAL EDITS</b>	
	NONE

