Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (1-300)			
	VALIDITY EDITS		
1-300-01V	FOR FILING DATE PRIOR TO OCTOBER 1, 2004 VALUE MUST BE A VALID DIAGNOSIS CODE, EXCLUDING E800.0-E999.1.		
1-300-02V	FOR FILING DATE ON OR AFTER OCTOBER 1, 2004 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 ICD-9-CM 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-9-CM DIAGNOSIS REFERENCE TABLE		
	RELATIONAL EDITS		
1-300-01R	IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9		
	THEN TYPE OF SUBMISSION MUST =	D	COMPLETE DENIAL
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	1	MEDICAID
1-300-02R	IF ANY PRINCIPAL TREATMENT DIAGNOSIS CODE 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 ANY PRINCIPAL TREATMENT DIAGNOSIS CODE IS FOR MALE		
	AND NOT FOR CIRCUMCISION (V50.2)		
	AND SECONDARY TREATMENT DIAGNOSIS IS **NOT** FOR DELIVERY (REFER TO ADDENDUM E, FIGURE 2.E-3)		
	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 (74.2, 74.0-74.99)		
	THEN DIAGNOSIS CODE MUST BE 640 THROUGH 676.		
1-300-06R	IF OP/NSP CODE IS ECTOPIC PREGNANCY (74.3)		
	THEN DIAGNOSIS CODE MUST BE 633.0-633.9.		
1-300-07R	IF TYPE OF INSTITUTION =	72	RTC
	THEN PRINCIPAL TREATMENT DIAGNOSIS CODE MUST = 290-316		
	AND PATIENT AGE[1] MUST BE < 21		
	UNLESS AMOUNT ALLOWED (TOTAL) = 0		

[1] PATIENT AGE IS CALCULATED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS OCCURRENCES 1-11 (1-305 THROUGH 1-342)			
VALIDITY EDITS			
1-XXX-01V[1]	FOR FILING DATES PRIOR TO 10/01/2004 VALUE IF PRESENT MUST BE A VALID DIAGNOSIS CODE IF PRESENT **OR** BLANK FILLED.		
1-XXX-02V[1]	FOR FILLING DATE ON OR AFTER 10/01/2004 VALUE IF PRESENT MUST BE A VALID 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-9-CM 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-9-CM DIAGNOSIS REFERENCE TABLE		
1-XXX-03V[1]	ALL OCCURRENCES OF SECONDARY TREATMENT DIAGNOSIS MUST BE BLANK FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK FILLED SECONDARY TREATMENT DIAGNOSIS.		
RELATIONAL EDITS			
1-XXX-01R[1]	IF ANY SECONDARY TREATMENT DIAGNOSIS CODE 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[1]	IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR MALE		
	AND NOT FOR CIRCUMCISION (V50.2)		
	AND SECONDARY TREATMENT DIAGNOSIS IS **NOT** FOR DELIVERY (REFER TO ADDENDUM E, FIGURE 2.E-3)		
	AND PERSON SEX (PATIENT) = FEMALE		
	THEN AT LEAST ONE OVERRIDE CODE MUST =	H	DIAGNOSIS/PROCEDURE CODE FOR MALE: SEX INDICATES FEMALE

[1] XXX EQUALS ELN (305 THROUGH 342) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.

ELEMENT NAME: PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE (OP/NSP) (1-345)	
	VALIDITY EDITS
1-345-01V	FOR FILING DATE PRIOR TO 10/01/2004 VALUE MUST BE A VALID OP/NSP CODE IF PRESENT **OR** BLANK FILLED.
1-345-02V	FOR FILING DATE ON OR AFTER 10/01/2004 VALUE MUST BE A VALID OP/NSP CODE IF PRESENT **OR** BLANK FILLED
	AND 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 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 OP/NSP REFERENCE TABLE
	RELATIONAL EDITS
1-345-01R	IF ANY OCCURRENCE OF REVENUE CODE = 036X **OR** 0722
	THEN PRINCIPAL OP/NSP PROCEDURE CODE IS REQUIRED.
	UNLESS DRG NUMBER = BLANK
1-345-02R	IF ANY OCCURRENCE OF REVENUE CODE = 036X OR 0722
	AND DIAGNOSIS CODE FOR DELIVERY (640-669, V27)
	THEN PRINCIPAL OP/NSP PROCEDURE CODE MUST = 54.21, 64.0 (CIRCUMCISION), 65.0-75.99, 87.81, 88.03, 88.46, 88.78, **OR** 92.17.
	ELSE IF ANY OCCURRENCE OF REVENUE CODE = 036X OR 0722
	AND THE DIAGNOSIS CODE IS FOR MATERNITY/OBSTETRICS (630-676, V27) **EXCLUDING** PRENATAL **AND** POSTPARTUM (REFER TO ADDENDUM E, FIGURE 2.E-4)
	THEN PRICIPAL OP/NSP PROCEDURE CODE MUST = 54.21, 65.0-75.99, 87.81, 88.03, 88.46, 88.78, **OR** 92.17

ELEMENT NAME: SECONDARY OPERATION/NON/SURGICAL PROCEDURE CODE OCCURRENCES 1-11 (1-350 THROUGH 1-373)	
	VALIDITY EDITS
1-XXX-01V[1]	FOR FILING DATE PRIOR TO 10/01/2004 VALUE MUST BE A VALID OP/NSP CODE IF PRESENT **OR** BLANK FILLED.
1-XXX-02V[1]	FOR FILING DATE ON OR AFTER 10/01/2004 VALUE MUST BE VALID OP/NSP CODE IF PRESENT **OR** BLANK FILLED
	AND 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 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 OP/NSP REFERENCE TABLE
1-XXX-03V[1]	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

[1] XXX EQUALS ELN (350 THROUGH 373) FOR EACH OCCURRENCE OF SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE.

ELEMENT NAME: TED RECORD CORRECTION INDICATOR (1-374)			
	VALIDITY EDITS		
1-374-01V	VALUE MUST BE A VALID TED RECORD CORRECTION INDICATOR		
1-374-02V	IF TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) **SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD OR**
		2	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT CLAIM PROCESSING ERRORS OR TO UPDATE PRIOR DATA WITH MORE CURRENT/ACCURATE INFORMATION. (**NOT TO BE USED TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD**) **OR**
		3	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT **BOTH** CLAIM PROCESSING ERRORS AND EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD
	THEN TYPE OF SUBMISSION MUST =	A	ADJUSTMENT **OR**
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		C	COMPLETE CANCELLATION OF TED RECORD DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND CONTRACT NUMBER MUST =	MDA906-02-C-0013 **OR**	
		MDA906-03-C-0009 **OR**	
		MDA906-03-C-0010 **OR**	
		MDA906-03-C-0011 **OR**	
		MDA906-03-C-0015 **OR**	
		MDA906-03-C-0019	
1-374-03V	IF TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OR SUBMISSION A, B, C, OR E) **SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD OR**
		3	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT **BOTH** CLAIM PROCESSING ERRORS AND EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD
	THEN A MATCH TO A PROVISIONALLY ACCEPTED TED RECORD **MUST** BE PRESENT ON THE TMA DATABASE.		
1-374-04V	IF TED RECORD CORRECTION INDICATOR =	2	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT CLAIM PROCESSING ERRORS OR TO UPDATE PRIOR DATA WITH MORE CURRENT/ACCURATE INFORMATION
	THEN A CORRESPONDING PROVISIONALLY ACCEPTED TED RECORD **MUST NOT** BE PRESENT ON THE TMA DATABASE.		
	RELATIONAL EDITS		
	NONE		

ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM COUNT (1-375)			
	VALIDITY EDITS		
1-375-01V	VALUE MUST BE IN RANGE 001-450.		
	AND MUST EQUAL THE PHYSICAL COUNT OF THE DETAIL LINE ITEMS ON THE TED RECORD		
1-375-02V	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 TOTAL OCCURRENCE/LINE ITEM COUNT MUST BE ≥ TOTAL OCCURRENCE/LINE ITEM COUNT FROM TMA DATABASE		
	RELATIONAL EDITS		
	NONE		

ELEMENT NAME: AMOUNT NETWORK PROVIDER DISCOUNT (1-377)			
	VALIDITY EDITS		
1-377-01V	MUST BE NUMERIC AND ≥ ZERO		
	RELATIONAL EDITS		
1-377-01R	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
	THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO		
1-377-02R	IF PROVIDER NETWORK STATUS INDICATOR =	2	NON-NETWORK PROVIDER
	THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO		
1-377-03R	IF REGION INDICATOR =	~~b~~	BLANK **OR**
		OC	OVERSEAS CONTRACT
	THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO		

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

ELEMENT NAME: REVENUE CODE (1-385)			
	VALIDITY EDITS		
1-385-01V	VALUE MUST BE A VALID REVENUE CODE.		
	UNLESS ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTING IN ADDENDUM G, FIGURE 2.G-1 **OR** FIGURE 2.G-2		
	NOTE: THE FOLLOWING VALID OUTPATIENT REVENUE CODES ARE ALLOWED ON AN INSTITUTIONAL TED RECORD ONLY WHEN BEING DENIED 049X, 051X-054X, 0630-0635, 064X, 0661, 0662, 082X-085X, 0882, AND 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 **OR** 0724		
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	Y	NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	OR ANY OCCURRENCE OF REVENUE CODE =	0023	HHA PPS
	OR AMOUNT ALLOWED (TOTAL) = ZERO		
1-385-03R	IF PRICING RATE CODE =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		I	TRICARE DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER
	THEN PROFESSIONAL SERVICE REVENUE CODES = 0901, 0914-0918, **OR** 096X-098X		
	AND AQUISITION OF BODY PARTS (081X) MUST BE DENIED.		
1-385-04R	IF ANY REVENUE CODE = 0723		
	THEN PERSON SEX (PATIENT) MUST = MALE.		
1-385-05R	IF ANY REVENUE CODE = 072X BUT **NOT** 0723		
	THEN PERSON SEX (PATIENT) MUST = FEMALE		
1-385-06R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	COMPLETE CANCELLATION
	THEN REVENUE CODES MUST OCCUR IN THE SAME ORDER		
	AND ON THE SAME OCCURRENCE/LINE ITEM NUMBER AS TMA DATABASE.		
1-385-07R	IF REVENUE CODE =	0022	SNF CHARGE
	THEN ADMISSION DATE ≥ 08/01/2003		
	AND TYPE OF INSTITUTION MUST =	76	SNF
	AND HIPPS CODE ≠ BLANK		
	UNLESS PATIENT AGE IS < 10 YEARS OF AGE ON DATE OF ADMISSION		
1-385-09R	IF ANY REVENUE CODE =	0650	GENERAL CLASSIFICATION **OR**
		0651	ROUTINE HOME CARE **OR**
		0652	CONTINUOUS HOME CARE **OR**
		0655	INPATIENT RESPITE CARE **OR**

ELEMENT NAME: REVENUE CODE (1-385) (Continued)			
		0656	GENERAL INPATIENT CARE - NON-RESPITE **OR**
		0657	PHYSICIAN SERVICES **OR**
		0659	OTHER HOSPICE
	THEN TYPE OF INSTITUTION MUST =	78	NON-HOSPITAL BASED HOSPICE **OR**
		79	HOSPITAL BASED HOSPICE
	UNLESS AMOUNT ALLOWED (TOTAL) = ZERO		
1-385-11R	IF REVENUE CODE =	0023	HHA PPS
	AND BEGIN DATE OF CARE ≥ 06/01/2004		
	THEN TYPE OF INSTIUTION MUST =	70	HHA

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 REVENUE CODE =	0023	HHA PPS
	AND 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		

ELEMENT NAME: UNITS OF SERVICE BY REVENUE CODE (1-390) (Continued)			
	THEN UNITS OF SERVICE BY REVENUE CODE MUST = ZERO.		
1-390-05R	IF REVENUE CODE =	0023	HHA PPS
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN UNITS OF SERVICE BY REVENUE CODE MUST = 1		
	UNLESS THE OCCURRENCE/LINE ITEM CONTAINS AN ADJUSTMENT/DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2.		
	THEN UNITS OF SERVICE BY REVENUE CODE MUST = 0 **OR** 1		