

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		
1-200-02R	IF ANY OCCURRENCE OF OVERRIDE CODE =	NC	NON-CERTIFIED PROVIDER
¹ ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.			

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

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

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 FIVE 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: SCH DRG CALCULATION (1-208)

VALIDITY EDITS

1-208-01V MUST BE NUMERIC

RELATIONAL EDITS

1-208-01R IF SCH DRG NUMBER IS NOT BLANK

THEN SCH DRG CALCULATION MUST BE > ZERO

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

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PROVIDER ZIP CODE (1-220)

VALIDITY EDITS

1-220-01V MUST BE NINE DIGITS OR FIVE DIGITS WITH FOUR BLANKS

MUST BE A VALID ZIP CODE (BASED ON ADMISSION DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE **OR**

MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE¹) FOLLOWED BY SIX BLANKS

RELATIONAL EDITS

NONE

¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE 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 DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE 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

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

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 HHA

AND BEGIN DATE OF CARE ≥ 06/01/2004

THEN ONE OCCURRENCE OF REVENUE

CODE MUST = 0023 HHA PPS

UNLESS AMOUNT ALLOWED (TOTAL) = ZERO

1-235-04R IF TYPE OF INSTITUTION = 91 SCH

AND ADMISSION DATE ≥ 01/01/2014

AND AMOUNT ALLOWED (TOTAL) > 0

THEN PRICING RATE CODE MUST = CR CCR

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

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

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 OR
	3	INTERIM-INTERIM OR
	4	INTERIM-FINAL

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) ≠ ZERO

OR 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 HHA

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 HHA EPISODE

1-250-02R IF PATIENT STATUS = 01 DISCHARGED (TERMINATED 10/01/2013) **OR**

02 TRANSFERRED (TERMINATED 10/01/2013) **OR**

20 EXPIRED **OR**

81 DISCHARGED (EFFECTIVE 10/01/2013) **OR**

82 TRANSFERRED (EFFECTIVE 10/01/2013)

THEN FREQUENCY CODE MUST = 0 NON-PAYMENT/ZERO CLAIM **OR**

1 ADMIT THROUGH DISCHARGE **OR**

4 INTERIM-FINAL **OR**

7 REPLACEMENT OF PRIOR CLAIM **OR**

8 VOID/CANCELLATION OF PRIOR CLAIM **OR**

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

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

		9	FINAL CLAIM FOR HHA PPS EPISODE
1-250-03R	IF PRICING RATE CODE =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER
	THEN FREQUENCY CODE MUST =	1	ADMIT THROUGH DISCHARGE

ELEMENT NAME: TYPE OF ADMISSION (1-255)

VALIDITY EDITS

1-255-01V	VALUE MUST BE A VALID TYPE OF ADMISSION CODE.		
	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 A VALID TYPE OF ADMISSIONS CODE		

RELATIONAL EDITS

1-255-03R	IF TYPE OF ADMISSION =	4	NEWBORN
	AND ICD VERSION =	9	ICD-9
	AND SOURCE OF ADMISSION =	1	NORMAL DELIVERY OR
		2	PREMATURE DELIVERY OR
		4	EXTRAMURAL BIRTH OR
		5	BORN INSIDE THIS HOSPITAL OR
		6	BORN OUTSIDE THIS HOSPITAL
	THEN PRINCIPAL DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) MUST BE BETWEEN V30.0 AND V39.2.		
1-255-04R	IF TYPE OF ADMISSION =	4	NEWBORN
	AND ICD VERSION =	0	ICD-10
	THEN SOURCE OF ADMISSION =	5	BORN INSIDE THIS HOSPITAL OR
		6	BORN OUTSIDE THIS HOSPITAL
	AND PRINCIPAL DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) MUST BE BETWEEN Z38.00 AND Z38.8.		

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

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
		4	EXTRAMURAL BIRTH OR
		5	BORN INSIDE THIS HOSPITAL OR
		6	BORN OUTSIDE THIS HOSPITAL

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 THROUGH 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.		

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

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
1-270-03R	IF PRICING RATE CODE =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER
	THEN PATIENT STATUS MUST ≠	30	STILL A PATIENT

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

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
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AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

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).

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

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
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).

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

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 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)

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 ADJUSTMENT/CANCELLATION MATCH AND MARRY PROCESS.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

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 COVERDAYS 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

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

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	
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 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 SNF OR
	0023 HHA PPS

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: ICD VERSION (1-293)			
VALIDITY EDITS			
1-293-01V	VALUE MUST BE A VALID ICD VERSION.		
RELATIONAL EDITS			
NO ERROR	IF AMOUNT ALLOWED (TOTAL) = ZERO		
1-293-01R	IF ADMISSION DATE ≥ 10/01/2014		
	THEN ICD VERSION MUST BE	0	ICD-10
1-293-02R	IF END DATE OF CARE ≥ 10/01/2014		
	AND PATIENT STATUS ≠	30	STILL PATIENT
	THEN ICD VERSION MUST BE	0	ICD-10
1-293-03R	IF ADMISSION DATE < 10/01/2014		
	AND PATIENT STATUS =	30	STILL PATIENT
	THEN ICD VERSION MUST BE	9	ICD-9
1-293-04R	IF END DATE OF CARE < 10/01/2014		
	THEN ICD VERSION MUST BE	9	ICD-9

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: ADMISSION DIAGNOSIS (1-295)

VALIDITY EDITS

1-295-01V IF FILING DATE IS PRIOR TO 10/01/2004

THEN VALUE MUST BE VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1

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

0023 HHA

THEN VALUE MUST BE BLANK OR A VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1

1-295-02V IF FILING DATE ON OR AFTER 10/01/2004

THEN VALUE MUST BE VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1 (ICD-9-CM) AND V00-Y99.9 (ICD-10-CM).

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 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 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 ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1 (ICD-9-CM) AND V00-Y99.9 (ICD-10-CM)

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 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 DIAGNOSIS REFERENCE TABLE

RELATIONAL EDITS

NONE

- END -

