

Institutional Edit Requirements (ELN 300 - 399)

| ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (1-300) | |
|---|--|
| VALIDITY EDITS | |
| 1-300-01V | IF FILING DATE PRIOR TO 10/01/2004 THEN VALUE IN POSITIONS 1-7 MUST BE A VALID ICD DIAGNOSIS CODE, EXCLUDING E000.0-E999.1 (ICD-9-CM). |
| 1-300-02V | IF FILING DATE ON OR AFTER 10/01/2004 THEN VALUE IN POSITIONS 1-7 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 |
| 1-300-03V | POA INDICATOR (POSITION 8 OF THE PRINCIPAL DIAGNOSIS/POA INDICATOR) MUST BE A VALID VALUE. |
| RELATIONAL EDITS | |
| 1-300-01R | IF PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) = 799.9 ICD-9-CM OR R69 ICD-10-CM OR R99 ICD-10-CM THEN AMOUNT ALLOWED (TOTAL) MUST = ZERO OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 1 MEDICAID |
| 1-300-02R | IF PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) 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 PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR MALE 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, 10D00Z0, 10D00Z1, 10D00Z2, 10A00ZZ, 10A03ZZ, 10A04ZZ, 10T20ZZ, 10T23ZZ, OR 10T24ZZ) THEN PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) MUST BE 640-676 OR O10.011-077.9, O82, OR O85-09A.99. |
| 1-300-06R | IF OP/NSP CODE IS ECTOPIC PREGNANCY (74.3, 10D27ZZ, 10D28ZZ, 10T20ZZ, OR 10T24ZZ) THEN PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) MUST BE 633.0-633.9 OR O00.0-O00.9 |
| † PATIENT AGE IS CALCULATED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND DATE OF ADMISSION. | |

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ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (1-300) (Continued)

1-300-07R IF TYPE OF INSTITUTION = 72 RTC
AND AMOUNT ALLOWED (TOTAL) > 0
THEN PRINCIPAL TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) MUST = 290-316 (MENTAL HEALTH, ICD-9-CM) **OR** F01.50-F69 OR F99 (MENTAL HEALTH, ICD-10-CM)

1-300-09R IF TYPE OF INSTITUTION = 72 RTC
AND AMOUNT ALLOWED (TOTAL) > 0
THEN PATIENT AGE¹ MUST BE < 21
UNLESS ENROLLMENT/HEALTH PLAN CODE = SR SHCP - MTF REFERRED CARE

¹ PATIENT AGE IS CALCULATED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND DATE OF ADMISSION.

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR OCCURRENCES 1-24 (1-305 THROUGH 1-328)

VALIDITY EDITS

1-XXX-01V¹ IF FILING DATE PRIOR TO 10/01/2004
THEN VALUE IN POSITIONS 1-7 MUST BE A VALID ICD DIAGNOSIS CODE IF PRESENT **OR** BLANK FILLED

1-XXX-02V¹ IF FILING DATE ON OR AFTER 10/01/2004
THEN VALUE IN POSITIONS 1-7 MUST BE A VALID ICD 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 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

1-XXX-03V¹ ALL OCCURRENCES OF SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR MUST BE BLANK FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK FILLED SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR.

1-XXX-04V¹ POA INDICATOR (POSITION 8 OF THE SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR) MUST BE A VALID VALUE.

RELATIONAL EDITS

1-XXX-01R¹ IF ANY SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) 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-02R¹ IF ANY SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR (POSITIONS 1-7) IS FOR MALE
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 328) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS/POA INDICATOR.

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ELEMENT NAME: PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE (OP/NSP) (1-345)

VALIDITY EDITS

1-345-01V IF FILING DATE IS PRIOR TO 10/01/2004

THEN VALUE MUST BE A VALID ICD OP/NSP CODE IF PRESENT **OR** BLANK FILLED

1-345-02V IF FILING DATE IS ON OR AFTER 10/01/2004

THEN VALUE MUST BE A VALID ICD 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 ICD 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 ICD OP/NSP REFERENCE TABLE

RELATIONAL EDITS

NONE

ELEMENT NAME: SECONDARY OPERATION/NON/SURGICAL PROCEDURE CODE OCCURRENCES 1-24 (1-350 THROUGH 1-373)

VALIDITY EDITS

1-XXX-01V¹ IF FILING DATE IS PRIOR TO 10/01/2004

THEN VALUE MUST BE A VALID ICD OP/NSP CODE IF PRESENT **OR** BLANK FILLED

1-XXX-02V¹ IF FILING DATE IS ON OR AFTER 10/01/2004

THEN VALUE MUST BE VALID ICD 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 ICD 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 ICD OP/NSP REFERENCE TABLE

1-XXX-03V¹ 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.

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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 (T~~MOP~~) **OR**

MDA906-03-C-0009 (W~~EST~~) **OR**

MDA906-03-C-0010 (S~~OUTH~~) **OR**

MDA906-03-C-0011 (N~~ORTH~~) **OR**

MDA906-03-C-0015 (T~~DEFIC~~) **OR**

MDA906-03-C-0019 (T~~RRx~~)

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

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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 \geq 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 \geq 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 = | ⊖ | BLANK |
|------------------|-----------------------|---|-------|

THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO

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ELEMENT NAME: ADJUSTMENT SEQUENCE NUMBER (1-378)¹

VALIDITY EDITS

1-378-01V MUST BE NUMERIC

RELATIONAL EDITS

1-378-01R IF TYPE OF SUBMISSION = D COMPLETE DENIAL **OR**

I INITIAL SUBMISSION **OR**

O ZERO PAYMENT WITH 100% OHI/TPL **OR**

R RESUBMISSION

THEN ADJUSTMENT SEQUENCE NUMBER MUST = 000 (ZEROES)

1-378-02R IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**

C COMPLETE CANCELLATION

THEN ADJUSTMENT SEQUENCE NUMBER MUST BE ONE GREATER THAN THE CURRENT VALUE IN THE TED DATABASE

1-378-03R IF TYPE OF SUBMISSION = B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**

E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

THEN ADJUSTMENT SEQUENCE NUMBER MUST = 000 (ZEROES)

¹ BYPASS ALL 1-378 EDITS FOR CONTRACT NUMBERS MDA906-02-C-0013 (TMOP), MDA906-03-C-0019 (TRRx), MDA906-03-C-0009 (WEST), MDA906-03-C-0010 (SOUTH), MDA906-03-C-0011 (NORTH), AND MDA906-03-C-0015 (TDEFIC).

ELEMENT NAME: SCH DRG NUMBER (1-379)

VALIDITY EDITS

1-379-01V MUST BE A VALID DRG NUMBER **OR** BLANK-FILLED.

RELATIONAL EDITS

1-379-01R IF SCH DRG CALCULATION > 0

THEN SCH DRG NUMBER MUST NOT BE BLANK

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

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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 **OR** 100X

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 **OR**
DD DISCOUNTED DRG

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**

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ELEMENT NAME: REVENUE CODE (1-385) (Continued)

| | | | |
|---|------|--------------------------------------|-----------|
| | 0652 | CONTINUOUS HOME CARE | OR |
| | 0655 | INPATIENT RESPITE CARE | OR |
| | 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 | |

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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

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

ELEMENT NAME: TOTAL CHARGE BY REVENUE CODE (1-395)

VALIDITY EDITS

1-395-01V IF TYPE OF SUBMISSION = B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**

E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

THEN MUST BE - 999,999.99 TO 999,999.99

UNLESS REVENUE CODE = 0001

THEN MUST BE - 9,999,999.99 TO 9,999,999.99

ELSE MUST BE 0 TO 999,999.99

UNLESS REVENUE CODE = 0001

THEN MUST BE 0 TO 9,999,999.99

RELATIONAL EDITS

1-395-01R 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 TOTAL CHARGE BY REVENUE CODE MUST BE > ZERO ON EACH OCCURRENCE/LINE ITEM (EXCLUDING REVENUE CODE 0001, 0022 AND 0023)

1-395-02R' THE SUM OF ALL TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODES OTHER THAN 0001 MUST EQUAL THE TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODE 0001.

- END -

