

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

| ELEMENT NAME: TYPE OF SUBMISSION (2-100) | | VALIDITY EDITS | |
|--|---|----------------|---|
| 2-100-01V | VALUE MUST BE A VALID TYPE OF SUBMISSION. | | |
| 2-100-02V | IF TYPE OF SUBMISSION = | B | ADJUSTMENT OF NON-TED RECORD (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN ADJUSTMENT KEY CANNOT = | 0 | BATCH OR |
| | | 5 | VOUCHER |
| | AND REGION INDICATOR MUST = BLANK | | |
| 2-100-03V | 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 MATCH MUST BE FOUND ON THE TMA DATABASE | | |
| | AND TYPE OF SUBMISSION ON THE EXISTING TMA DATABASE RECORD ≠ | C | COMPLETE CANCELLATION OR |
| | | D | COMPLETE DENIAL OR |
| | | E | COMPLETE CANCELLATION NON-TED RECORD (HCSR) DATA |
| | UNLESS THE RECORD HAS PROVISIONAL ERRORS | | |
| 2-100-04V | IF TYPE OF SUBMISSION = | D | COMPLETE DENIAL OR |
| | | I | INITIAL SUBMISSION OR |
| | | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R | RESUBMISSION |
| | THEN A TED RECORD MUST NOT BE PRESENT ON THE DATABASE WITH THE SAME TED RECORD INDICATOR | | |
| 2-100-05V | IF TYPE OF SUBMISSION = | A | ADJUSTMENT TO TED OR |
| | | C | COMPLETE CANCELLATION OR |
| | | D | COMPLETE DENIAL OR |
| | | I | INITIAL SUBMISSION OR |
| | | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R | RESUBMISSION |

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: TYPE OF SUBMISSION (2-100) (CONTINUED)

| | | |
|---------------------------------|----|-------------------|
| THEN REGION INDICATOR MUST = | ↳ | BLANK OR |
| | NC | NORTH CONTRACT OR |
| | SC | SOUTH CONTRACT OR |
| | WC | WEST CONTRACT |

| | | | |
|------------------|-------------------------|---|---|
| 2-100-06V | IF TYPE OF SUBMISSION = | A | ADJUSTMENT OR |
| | | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | C | COMPLETE CANCELLATION TO TED RECORD DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |

| | | |
|---|---|--|
| THEN TED RECORD CORRECTION INDICATOR MUST = | 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 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 |

RELATIONAL EDITS

| | | | |
|------------------|-------------------------|---|--------------------------------|
| 2-100-01R | IF TYPE OF SUBMISSION = | O | ZERO PAYMENT WITH 100% OHI/TPL |
|------------------|-------------------------|---|--------------------------------|

THEN THE AMOUNT OF OHI MUST BE > ZERO

AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE MUST > ZERO

AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO

| | |
|------------------|---|
| 2-100-02R | IF ALL OCCURRENCE/LINE ITEMS ARE DENIED (REFER TO CHAPTER 2, ADDENDUM H, FIGURE 2-H-1) |
|------------------|---|

| | | |
|-----------------------------------|---|---|
| THEN TYPE OF SUBMISSION MUST = | C | COMPLETE CANCELLATION OR |
| | D | COMPLETE DENIAL OR |
| | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |

| | |
|------------------|---|
| 2-100-04R | IF RESUBMISSION NUMBER = ZERO FOR THIS BATCH OR VOUCHER |
|------------------|---|

| | | |
|-----------------------------------|---|--------------|
| THEN TYPE OF SUBMISSION MUST ≠ | R | RESUBMISSION |
|-----------------------------------|---|--------------|

| | |
|------------------|---|
| 2-100-05R | IF RESUBMISSION NUMBER > ZERO FOR THIS BATCH OR VOUCHER |
|------------------|---|

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

| ELEMENT NAME: | | TYPE OF SUBMISSION (2-100) (CONTINUED) | |
|----------------------|---|---|---|
| | THEN TYPE OF SUBMISSION MUST ≠ | I | INITIAL TED RECORD SUBMISSION |
| 2-100-06R | IF TYPE OF SUBMISSION = | I | INITIAL SUBMISSION OR |
| | | R | RESUBMISSION |
| | THEN THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT BILLED BY PROCEDURE CODE, AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE MUST BE > 0. | | |
| 2-100-07R | IF TYPE OF SUBMISSION = | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN BEGIN DATE OF CARE MUST BE < 10/01/2010 | | |
| 2-100-09R | IF TYPE OF SUBMISSION = | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN TYPE OF SERVICE (SECOND POSITION) MUST ≠ | M | MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS |

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (2-105)

VALIDITY EDITS

2-105-01V MUST BE A VALID CLAIM FORM TYPE/EMC INDICATOR.

RELATIONAL EDITS

2-105-01R IF CLAIM FORM TYPE/EMC INDICATOR = I ELECTRONIC DRUG CLAIM SUBMISSION

THEN TYPE OF SERVICE (SECOND POSITION) MUST = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS **OR**

M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

2-105-02R IF CLAIM FORM TYPE/EMC INDICATOR =

J OTHER

AND TYPE OF SERVICE SECOND POSITION = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS **OR**

M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

THEN PROCEDURE CODE MUST =

000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS **OR**

000PA PRESCRIPTION PRIOR AUTHORIZATIONS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108)

VALIDITY EDITS

2-108-01V MUST BE ALPHANUMERIC **OR** BLANKS

2-108-02V IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**

C COMPLETE 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

RELATIONAL EDITS

REFER TO [CHAPTER 2, SECTION 8.1](#).

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

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110)

VALIDITY EDITS

| | |
|---|---|
| 2-110-01V | MUST BE A VALID 4 DIGIT DMIS-ID CODE. |
| 2-110-02V | <ul style="list-style-type: none"> REVISED FINANCING |
| IF HEADER TYPE INDICATOR = | 5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR |
| | 6 VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE |
| AND ENROLLMENT/HEALTH PLAN CODE = | Z TRICARE PRIME, MTF/CLINIC |
| AND TYPE OF SUBMISSION ≠ | B ADJUSTMENT NON-TED RECORD (HCSR) DATA OR |
| | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| THEN PCM LOCATION DMIS-ID MUST EQUAL A VALID MTF/CLINIC DMIS-ID¹ | |
| AND CANNOT = 6501, 6901-6915, 6917-6919, 7901-7912, 7916²-7919, 8000-8099, OR BLANK | |

RELATIONAL EDITS

| | | | |
|---|---|--------------|---|
| NO ERROR | IF ANY OCCURRENCE OF OVERRIDE CODE = | S | ZIP CODE OVERRIDE TO BE USED WHEN A BENEFICIARY HAS MOVED OUT OF A REGION AND THE CONTRACTOR IS STILL RESPONSIBLE FOR THE CARE CLAIMED; OR IF A BENEFICIARY RESIDES IN A REGION DIFFERENT FROM THE REGION THEY ARE ENROLLED IN--WITHIN THE SAME CONTRACT JURISDICTION |
| THEN BYPASS ALL PCM LOCATION DMIS-ID RELATIONAL EDITING. | | | |
| 2-110-01R | IF BEGIN DATE OF CARE ≥ 10/01/1997 | | |
| | AND ENROLLMENT/HEALTH PLAN CODE = | BB | TSP |
| THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID¹ | | | |
| AND CANNOT = 6501, 6901-6915, 6917-6919, 7901-7912, 7916²-7919, 8000-8099, OR BLANK | | | |
| 2-110-02R | IF BEGIN DATE OF CARE ≥ 10/01/1999 | | |
| | AND ENROLLMENT/HEALTH PLAN CODE = | SR | SHCP - REFERRED CARE |
| THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID¹ | | | |
| AND CANNOT = 6501, 6901-6915, 6917-6919, 7901-7912, 7916²-7919, OR 8000-8099 | | | |
| 2-110-04R | IF BEGIN DATE OF CARE ≥ 10/01/1997 AND < 09/01/2002 | | |
| | AND ENROLLMENT/HEALTH PLAN CODE = | U | TRICARE PRIME, CIVILIAN PCM |
| | AND REGION INDICATOR = | h | BLANK OR |
| | | NC | NORTH CONTRACT |
| THEN DMIS-ID MUST = 6901, 6902, 6905, OR 8000-8099 | | | |

¹ A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

² 7916 IS THE DMIS-ID FOR ALASKA.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

| ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110) (CONTINUED) | |
|---|--|
| | WO TPR FOREIGN ADFM OR |
| | XF FOREIGN ADFM |
| THEN PCM LOCATION DMIS-ID MUST = BLANK | |
| UNLESS HCDP PLAN COVERAGE CODE = | |
| | 140 TRICARE PLUS WITH CHC COVERAGE FOR ADFMs OR |
| | 141 TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR |
| | 142 TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR |
| | 143 TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR |
| | 144 TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR |
| | 145 TRICARE PLUS COVERAGE FOR RETIRED SPONSORS, FAMILY MEMBERS AND MEDAL OF HONOR OR |
| | 146 TRICARE PLUS WITH CHC COVERAGE FOR RETIRED SPONSORS, FAMILY MEMBERS AND MEDAL OF HONOR OR |
| | 147 TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR |
| | 148 TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR |
| | 149 TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED OR |
| | 150 TRICARE PLUS COVERAGE FOR ADFMs OR |
| | 151 TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS |
| 2-110-08R | IF BEGIN DATE OF CARE ≥ 09/01/2002 |
| | AND ENROLLMENT/HEALTH PLAN CODE CODE = U TRICARE PRIME, CIVILIAN PCM |
| | AND REGION INDICATOR = b BLANK OR |
| | NC NORTH CONTRACT |
| | THEN DMIS-ID MUST = 6901, 6902, 6917, 8007, 8009, OR 6905 |
| | OR REGION INDICATOR = b BLANK OR |
| | SC SOUTH CONTRACT |
| | THEN DMIS-ID MUST = 6903, 6904, 6906, 6913, 6914, 6915, OR 6918 |

¹ A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

² 7916 IS THE DMIS-ID FOR ALASKA.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (2-110) (CONTINUED)

OR REGION INDICATOR = ~~⊖~~ BLANK OR

WC WEST CONTRACT

THEN DMIS-ID MUST = 6907, 6908, 6909, 6910, 6911, 6912, OR 6919

2-110-09R IF BEGIN DATE OF CARE ≥ 09/01/2002

AND ENROLLMENT/HEALTH
PLAN CODE CODE =

W TPR AD SM - USA OR

WF TPR FOR ENROLLED ADFM RESIDING WITH
A TPR ELIGIBLE AD SM

AND REGION INDICATOR = ~~⊖~~ BLANK OR

NC NORTH CONTRACT

THEN DMIS-ID MUST = 7901, 7902, 7905, OR 7917

OR REGION INDICATOR = ~~⊖~~ BLANK OR

SC SOUTH CONTRACT

THEN DMIS-ID MUST = 7903, 7904, 7906, OR 7918

OR REGION INDICATOR = ~~⊖~~ BLANK OR

WC WEST CONTRACT

THEN DMIS-ID MUST = 7907, 7908, 7909, 7910, 7911, 7912, 7916², OR 7919

2-110-10R IF BEGIN DATE OF CARE ≥ 09/01/2003

AND ENROLLMENT/HEALTH
PLAN CODE =

WA TPR FOREIGN AD SM OR

WO TPR FOREIGN ADFM OR

XF FOREIGN ADFM

THEN DMIS-ID MUST ≠ BLANK

¹ A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

² 7916 IS THE DMIS-ID FOR ALASKA.

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| ELEMENT NAME: AMOUNT INTEREST PAYMENT (2-112) | |
|--|---|
| VALIDITY EDITS | |
| 2-112-01V | MUST BE NUMERIC |
| RELATIONAL EDITS | |
| 2-112-01R | IF TYPE OF SUBMISSION = |
| | A ADJUSTMENT OR |
| | I INITIAL SUBMISSION OR |
| | O ZERO PAYMENT WITH 100% OHI/TPL OR |
| | R RESUBMISSION |
| | THEN AMOUNT INTEREST PAYMENT MUST BE ≥ ZERO |
| 2-112-02R | IF TYPE OF SUBMISSION = |
| | C COMPLETE CANCELLATION OR |
| | D COMPLETE DENIAL |
| | THEN AMOUNT INTEREST PAYMENT MUST = ZERO |
| 2-112-03R | IF AMOUNT INTEREST PAYMENT ≠ ZERO |
| | THEN REASON FOR INTEREST PAYMENT MUST = |
| | A CLAIMS PENDED AT GOVERNMENT DIRECTION OR |
| | B CLAIMS REQUIRING GOVERNMENT INTERVENTION OR |
| | C CLAIMS REQUIRING DEVELOPMENT FOR POTENTIAL TPL OR |
| | D CLAIMS REQUIRING AN ACTION/ INTERFACE WITH ANOTHER PRIME CONTRACTOR OR |
| | E CLAIMS RETAINED BY THE CONTRACTOR THAT DO NOT FALL INTO ONE OF THE ABOVE CATEGORIES |
| 2-112-04R | IF FILING STATE/COUNTRY CODE = FOREIGN COUNTRY INCLUDING PUERTO RICO (PRI) |
| | THEN AMOUNT INTEREST PAYMENT MUST BE = ZERO |

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: REASON FOR INTEREST PAYMENT (2-113)

VALIDITY EDITS

2-113-01V MUST BE A VALID REASON FOR INTEREST PAYMENT CODE (REFER TO CHAPTER 2, SECTION 2.8).

RELATIONAL EDITS

2-113-01R IF REASON FOR INTEREST PAYMENT =

| | |
|---|---|
| A | CLAIMS PENDED AT GOVERNMENT DIRECTION OR |
| B | CLAIMS REQUIRING GOVERNMENT INTERVENTION OR |
| C | CLAIMS REQUIRING DEVELOPMENT FOR POTENTIAL TPL OR |
| D | CLAIMS REQUIRING AN ACTION/ INTERFACE WITH ANOTHER PRIME CONTRACTOR OR |
| E | CLAIMS RETAINED BY THE CONTRACTOR THAT DO NOT FALL INTO ONE OF THE ABOVE CATEGORIES |

THEN AMOUNT INTEREST PAYMENT MUST ≠ ZERO

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

| ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (2-115) (CONTINUED) | |
|--|--|
| AND TYPE OF SERVICE (FIRST POSITION) MUST = | A AMBULATORY SURGERY COST-SHARED AS INPATIENT (ADFMs ONLY) OR |
| | I INPATIENT OR |
| | N OUTPATIENT COST-SHARED AS INPATIENT OR |
| | O OUTPATIENT, EXCLUDING M, P, OR N |
| AND TYPE OF SERVICE (SECOND POSITION) MUST = | 4 DIAGNOSTIC/THERAPEUTIC X-RAY OR |
| | 5 DIAGNOSTIC LABORATORY OR |
| | 7 ANESTHESIA |
| UNLESS TYPE OF SUBMISSION = | D COMPLETE DENIAL |
| OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | 1 MEDICAID |
| 2-115-06R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | PF ECHO |
| THEN PRINCIPAL DIAGNOSIS CANNOT = | 799.9 |
| UNLESS TYPE OF SUBMISSION = | D COMPLETE DENIAL |
| OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | 1 MEDICAID |

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

² CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 - 7 (2-120 THROUGH 2-137)

VALIDITY EDITS

2-XXX-01V¹ VALUE MUST BE VALID DIAGNOSIS CODE IF PRESENT, OR BLANK-FILLED. ALL OCCURRENCES OF SECONDARY TREATMENT DIAGNOSIS MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY TREATMENT DIAGNOSIS.

RELATIONAL EDITS

2-XXX-01R¹ IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR FEMALE
AND PERSON SEX (PATIENT) IS MALE

THEN AT LEAST ONE
OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE

2-XXX-02R¹ IF ANY SECONDARY TREATMENT DIAGNOSIS CODE IS FOR MALE
AND NOT FOR CIRCUMCISION (PROCEDURE CODE³ 54150 OR 54160)

AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY ([CHAPTER 2, ADDENDUM E, FIGURE 2-E-9](#))

AND PERSON SEX (PATIENT) IS FEMALE

THEN AT LEAST ONE
OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE

2-XXX-03R¹ IF SECONDARY TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION

THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS (i.e., NEWBORN (REFER TO [CHAPTER 2, ADDENDUM E, FIGURE 2-E-7](#)))

UNLESS AT LEAST ONE
OVERRIDE CODE = R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY

OR TYPE OF SERVICE
(SECOND POSITION) = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR

M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

2-XXX-04R¹ IF SECONDARY TREATMENT DIAGNOSIS = MATERNITY (630-676 OR V22-V24 OR V270-V289)

AND PATIENT AGE² < 12

¹ XXX EQUALS ELN (120 THROUGH 137) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.

² PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

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ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 - 7 (2-120 THROUGH 2-137)

THEN ONE OCCURRENCE
OF OVERRIDE CODE

MUST =

E DIAGNOSIS IS MATERNITY; PATIENT IS
UNDER 12 YEARS OF AGE

- ¹ XXX EQUALS ELN (120 THROUGH 137) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.
- ² PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.
- ³ CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

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ELEMENT NAME: TED RECORD CORRECTION INDICATOR (2-139)

VALIDITY EDITS

2-139-01V VALUE MUST BE A VALID TED RECORD CORRECTION INDICATOR

2-139-02V 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

2-139-03V 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**

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.

2-139-04V 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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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM COUNT (2-140)

VALIDITY EDITS

2-140-01V VALUE MUST BE IN RANGE: 001-099

AND MUST EQUAL THE PHYSICAL COUNT OF THE DETAIL LINE ITEMS ON THE TED RECORD.

2-140-02V 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 TOTAL OCCURRENCE/LINE ITEM COUNT MUST BE \geq TOTAL OCCURRENCE/LINE ITEM COUNT FROM TMA DATABASE

RELATIONAL EDITS

NONE

ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER (2-145)

VALIDITY EDITS

2-145-01V EACH VALUE MUST BE NUMERIC AND NOT EQUAL TO ZERO.

2-145-02V OCCURRENCE/LINE ITEM NUMBER MUST BE CODED FOR EACH NUMBER OF OCCURRENCES SPECIFIED BY THE TOTAL OCCURRENCE/LINE ITEM COUNT.

2-145-03V OCCURRENCE/LINE ITEM NUMBER MUST BE REPORTED IN ASCENDING CONSECUTIVE ORDER.

RELATIONAL EDITS

NONE

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 CHAPTER 2, SECTION 6.2
 NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: BEGIN DATE OF CARE (2-150)

VALIDITY EDITS

2-150-01V MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

2-150-01R BEGIN DATE OF CARE MUST BE ≤ END DATE OF CARE.

2-150-02R BEGIN DATE OF CARE MUST BE ≤ FILING DATE.

2-150-03R BEGIN DATE OF CARE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION.

2-150-04R BEGIN DATE OF CARE MUST BE ≥ PERSON BIRTH CALENDAR DATE (PATIENT).

2-150-05R 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 = ZEROES.

2-150-06R PROVIDER MUST BE "AUTHORIZED"¹ ON PROVIDER FILE FOR EACH BEGIN DATE OF CARE

UNLESS 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 PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: END DATE OF CARE (2-155)

VALIDITY EDITS

2-155-01V MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

2-155-01R END DATE OF CARE MUST BE \geq BEGIN DATE OF CARE

2-155-02R END DATE OF CARE MUST BE \leq FILING DATE.

2-155-03R END DATE OF CARE MUST BE \leq DATE TED RECORD PROCESSED TO COMPLETION.

2-155-04R 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 \leq 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 = ZEROES.

2-155-05R PROVIDER MUST BE "AUTHORIZED"¹ ON PROVIDER FILE FOR EACH END DATE OF CARE

UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

| | |
|----|--|
| T | MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE \geq 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 \geq 10/01/2001 |

THEN DO NOT CHECK PROVIDER FILE

2-155-06R END DATE OF CARE **MUST** BE IN THE SAME FISCAL YEAR AS THE BEGIN DATE OF CARE

¹ "AUTHORIZED" RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160)

VALIDITY EDITS

2-160-01V MUST BE A VALID PROCEDURE CODE

RELATIONAL EDITS

2-160-01R IF PROCEDURE CODE DATABASE GOVERNMENT PAY CODE = 'Y' FOR THIS PROCEDURE CODE

THEN ON ONE OF THE RECORDS IN THE PROCEDURE CODE DATABASE THE DATED RECORD PROCESSED TO COMPLETION MUST BE ON **OR** AFTER THE PROCESSING EFFECTIVE DATE **AND** BEFORE THE PROCESSING TERMINATION DATE FOR THAT PROCEDURE CODE.

AND ON ONE OF THE RECORDS IN THE PROCEDURE CODE DATABASE THE BEGIN DATE OF CARE MUST BE ON OR AFTER THE CARE EFFECTIVE DATE AND BEFORE THE CARE TERMINATION DATE FOR THAT PROCEDURE CODE.

ELSE IF PROCEDURE CODE DATABASE GOVERNMENT PAY CODE = 'N' FOR THIS PROCEDURE CODE

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 **OR**

AN SHCP - NON-MTF-REFERRED CARE **OR**

AR SHCP - REFERRED CARE **OR**

CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**

CL CLINICAL TRIALS **OR**

FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) **OR**

FS TFL (SECOND PAYOR) **OR**

GU ADSM ENROLLED IN TPR **OR**

MN TSP - NETWORK **OR**

MS TSP - NON-NETWORK **OR**

SC SHCP - NON-TRICARE ELIGIBLE **OR**

SE SHCP - TRICARE ELIGIBLE **OR**

SM SHCP - EMERGENCY

OR ENROLLMENT/HEALTH PLAN CODE MUST =

SN SHCP - NON-MTF-REFERRED CARE **OR**

SR SHCP - REFERRED CARE

OR FILING STATE AND COUNTRY CODE MUST = A FOREIGN COUNTRY CODE (REFER TO CHAPTER 2, ADDENDUM A)

2-160-02R IF ANY PROCEDURE CODE IS FOR FEMALE

AND PERSON SEX (PATIENT) IS MALE

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

| ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED) | |
|--|---|
| | THEN AT LEAST ONE OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE |
| 2-160-03R | IF ANY PROCEDURE CODE IS FOR MALE AND NOT FOR CIRCUMCISION (PROCEDURE CODE ¹ 54150 OR 54160) AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (CHAPTER 2, ADDENDUM E, FIGURE 2-E-9) AND PERSON SEX (PATIENT) IS FEMALE THEN AT LEAST ONE OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE |
| 2-160-04R | IF PROCEDURE CODE HAS AN AGE PARAMETER RESTRICTION THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS UNLESS AT LEAST ONE OVERRIDE CODE = R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/ DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY |
| 2-160-05R | IF PROCEDURE CODE ¹ = A0100, A0110, A0120, A0130, A0140, A0170, L3000 - L3649, 99082 THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = PF ECHO UNLESS ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2 OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AN SHCP - NON-MTF-REFERRED CARE OR AR SHCP - REFERRED CARE OR CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR GU ADSM ENROLLED IN TPR OR MN TSP - NETWORK OR MS TSP - NON-NETWORK OR SC SHCP - NON-TRICARE ELIGIBLE OR SE SHCP - TRICARE ELIGIBLE OR SM SHCP - EMERGENCY OR ENROLLMENT/HEALTH PLAN CODE = X FOREIGN ADSM OR SN SHCP - NON-MTF-REFERRED CARE OR SR SHCP - REFERRED CARE OR WA TPR - FOREIGN ADSM |
| 2-160-06R | IF TYPE OF SERVICE (FIRST POSITION) = I INPATIENT |

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)

THEN PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE (REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-8).

2-160-07R IF PROCEDURE CODE¹ = 90892-90898

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =

WR MENTAL HEALTH WRAPAROUND DEMONSTRATION

2-160-08R IF PROCEDURE CODE¹ =

98800 FOR DRUGS OR

000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR

000PA PRESCRIPTION PRIOR AUTHORIZATIONS

THEN TYPE OF SERVICE (SECOND POSITION) MUST =

B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS OR

M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS

AND NATIONAL DRUG CODE MUST ≠ BLANK

UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (CHAPTER 2, ADDENDUM A)

2-160-09R IF PROCEDURE CODE = H0035 OR H0037

THEN AMBULATORY PAYMENT CLASSIFICATION CODE MUST ≠ BLANK OR ZEROS.

UNLESS AMOUNT ALLOWED BY PROCEDURE = ZERO

2-160-10R IF PROCEDURE CODE = A4281 - A4286 OR E0604

AND AMOUNT ALLOWED BY PROCEDURE CODE > ZERO.

THEN EITHER PRIMARY OR SECONDARY DIAGNOSIS CODE MUST = 765.0, 765.1, OR 765.21 - 765.28.

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ELEMENT NAME: PROCEDURE CODE MODIFIER (2-165)

VALIDITY EDITS

2-165-01V MUST BE A VALID PROCEDURE CODE MODIFIER AS DEFINED IN CHAPTER 2, SECTION 2.7

RELATIONAL EDITS

NONE

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: NATIONAL DRUG CODE (2-170)

VALIDITY EDITS

2-170-01V MUST BE A VALID NATIONAL DRUG CODE OR BLANK

RELATIONAL EDITS

2-170-01R IF NATIONAL DRUG CODE = BLANK

THEN TYPE OF SERVICE (SECOND POSITION) MUST ≠ B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS **OR**

M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS

AND PROCEDURE CODE¹ MUST ≠ 98800 FOR DRUGS

UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (CHAPTER 2, ADDENDUM A)

2-170-02R IF NATIONAL DRUG CODE ≠ BLANK

THEN TYPE OF SERVICE (SECOND POSITION) MUST = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS **OR**

M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS

AND PROCEDURE CODE¹ MUST = 98800 FOR DRUGS **OR**

99070 FOR SUPPLIES **OR**
000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS **OR**
000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: NUMBER OF SERVICES (2-175)

VALIDITY EDITS

2-175-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-175-01R 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 NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE > ZERO

UNLESS TYPE OF SERVICE
(SECOND POSITION) =

M MAIL ORDER PHARMACY DRUGS,
SUPPLIES, PRESCRIPTION,
AUTHORIZATIONS, AND REVIEWS

AND OCCURRENCE/LINE ITEM NUMBER = 002

THEN NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO

2-175-02R • SURGERY PROCEDURE CODES

IF PROCEDURE CODE¹ = 10000-36399 OR 36800-69999 (SURGERY)

THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT
EXCEED 10

2-175-03R • E/M PROCEDURE CODES

IF PROCEDURE CODE¹ =

99201-99205 (OFFICE VISITS - NEW PATIENTS)
OR

99211-99215 (OFFICE VISITS - ESTABLISHED
PATIENTS) OR

99217 (DISCHARGE SERVICES) OR

99221-99233 (HOSPITAL CARE PER DAY) OR

99234-99236 (OBSERVATION OR IMPATIENT
CARE SERVICES) OR

99238-99239 (HOSPITAL DISCHARGE
SERVICES) OR

99241-99245 (OFFICE CONSULTATIONS) OR

99251-99255 (INITIAL INPATIENT
CONSULTATIONS) OR

99261-99263 (FOLLOW-UP INPATIENT
CONSULTATIONS) OR

99271-99275 (CONFIRMATORY
CONSULTATIONS) OR

99281-99285 (EMERGENCY DEPARTMENT
VISIT) OR

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

| ELEMENT NAME: NUMBER OF SERVICES (2-175) (CONTINUED) | |
|---|--|
| | 99291 (CRITICAL CARE) (NOTE: CODE 99292 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 15 MINUTES OF CARE) OR |
| | 99295-99298 (NEONATAL INTENSIVE CARE) OR |
| | 99301-99315 (NURSING FACILITY CHARGES) OR |
| | 99321-99333 (DOMICILIARY, REST HOME, OR CUSTODIAL CARE SERVICES) OR |
| | 99341-99350 (HOME SERVICES) OR |
| | 99354 (PROLONGED SERVICES) (NOTE: CODE 99355 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 30 MINUTES OF CARE) OR |
| | 99356 (PROLONGED SERVICES) (NOTE: CODE 99357 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 30 MINUTES OF CARE) OR |
| | 99361-99373 (CASE MANAGEMENT SERVICES) OR |
| | 99374-99380 (CARE PLAN OVERSIGHT) OR |
| | 99381-99429 (PREVENTIVE MEDICINE SERVICES) OR |
| | 99431-99440 (NEWBORN CARE) OR |
| | 99450-99456 (SPECIAL EVALUATION AND MANAGEMENT SERVICES) |
| | THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 3 PER DAY |
| 2-175-04R | • MEDICAL PROCEDURE CODES |
| | IF PROCEDURE CODE ¹ = 99500-99512 (HOME HEALTH VISIT) OR |
| | 99551-99568 (HOME INFUSION PER DIEM CODES) |
| | THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 3 PER DAY |
| 2-175-05R | • ANESTHESIOLOGY PROCEDURE CODES |
| | IF PROCEDURE CODE ¹ = 00100-01999 (ANESTHESIA) |
| | THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 10 |
| 2-175-06R | • VACCINES (VACCINE PRODUCT ONLY) PROCEDURE CODES |
| | IF PROCEDURE CODE ¹ = 90476-90479 (VACCINES, TOXOIDS) OR |
| | THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 3 PER DAY |

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: AMOUNT BILLED BY PROCEDURE CODE (2-180)

VALIDITY EDITS

2-180-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-180-00R IF TYPE OF SUBMISSION ≠ D COMPLETE DENIAL

THEN TOTAL OF ALL OCCURRENCES OF AMOUNT BILLED BY PROCEDURE CODE
FOR THIS TED RECORD MUST NOT EXCEED TMA LIMIT OF \$1,000,000.00

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

| ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185) | |
|---|---|
| VALIDITY EDITS | |
| 2-185-01V | MUST BE NUMERIC. |
| RELATIONAL EDITS | |
| 2-185-00R | TOTAL OF ALL OCCURRENCES OF AMOUNT ALLOWED BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00. |
| 2-185-01R | IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION OR D COMPLETE DENIAL THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO FOR ALL OCCURRENCE/LINE ITEM |
| 2-185-02R | IF PRICING RATE CODE = H NO SPECIAL RATE OR D DISCOUNT RATE OR V MEDICARE REIMBURSEMENT RATE AND NO OCCURRENCE OF SPECIAL PROCESSING CODE = T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR FS TFL (SECOND PAYOR) AND TYPE OF SUBMISSION = A ADJUSTMENT OR I INITIAL SUBMISSION OR O ZERO PAYMENT WITH 100% OHI/TPL OR R RESUBMISSION THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ AMOUNT BILLED BY PROCEDURE CODE FOR EACH OCCURRENCE/LINE ITEM |
| 2-185-03R | IF PRICING RATE CODE = 4 PAID AS BILLED OR I CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, PAID AS BILLED AND TYPE OF SUBMISSION = A ADJUSTMENT OR I INITIAL SUBMISSION OR O ZERO PAYMENT WITH 100% OHI/TPL OR R RESUBMISSION THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = AMOUNT BILLED BY PROCEDURE CODE |
| 2-185-04R | IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM MUST BE A CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2 UNLESS TYPE OF SUBMISSION = B ADJUSTMENT NON-TED DATA (HCSR) DATA OR E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| 2-185-05R | IF TYPE OF SUBMISSION = E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA THEN AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO |

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185) (CONTINUED)

| | | | |
|------------------|--|---|---|
| 2-185-06R | IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO | | |
| | THEN TYPE OF SUBMISSION MUST = | A | ADJUSTMENT OR |
| | | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | I | INITIAL SUBMISSION OR |
| | | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R | RESUBMISSION |
| 2-185-07R | IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO | | |
| | THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO | | |
| | UNLESS TYPE OF SUBMISSION = | B | ADJUSTMENT NON-TED DATA (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |

ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (2-190)

VALIDITY EDITS

2-190-01V MUST BE NUMERIC.

RELATIONAL EDITS

| | | | |
|------------------|--|---|--|
| 2-190-00R | TOTAL OF ALL OCCURRENCES OF AMOUNT PAID BY OTHER HEALTH INSURANCE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00. | | |
| 2-190-01R | 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 AMOUNT PAID BY OTHER HEALTH INSURANCE MUST BE \geq ZERO. | | |
| 2-190-02R | IF ANY OCCURRENCE OF OVERRIDE CODE = | U | BENEFICIARY INDEMNIFICATION PAYMENT |
| | THEN AMOUNT PAID BY OTHER HEALTH INSURANCE MUST EQUAL ZERO. | | |
| 2-190-03R | IF THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY OTHER HEALTH INSURANCE > 0 | | |
| | AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT ALLOWED (TOTAL) > 0 | | |
| | AND THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = 0 | | |
| | THEN TYPE OF SUBMISSION MUST = | O | ZERO PAYMENT TED RECORD DUE TO 100% OHI |

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CHAPTER 2, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) TYPE CODE (2-191)

VALIDITY EDITS

2-191-01V MUST BE A VALID OGP TYPE CODE LISTING IN [CHAPTER 2, SECTION 2.6](#).

RELATIONAL EDITS

| | | | |
|-----------|-----------------------------------|---|--|
| 2-191-01R | IF OGP TYPE CODE = | V | CHAMPVA |
| | THEN TYPE OF SUBMISSION MUST = | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | C | COMPLETE CANCELLATION OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |

ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) BEGIN REASON CODE (2-192)

VALIDITY EDITS

2-192-01V MUST BE A VALID OGP BEGIN REASON CODE LISTING IN [CHAPTER 2, SECTION 2.6](#).

RELATIONAL EDITS

NONE

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-195)

VALIDITY EDITS

2-195-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-195-00R TOTAL OF ALL OCCURRENCES OF AMOUNT APPLIED TOWARD DEDUCTIBLE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.

| | | | |
|-----------|-------------------------|---|--|
| 2-195-01R | IF TYPE OF SUBMISSION = | A | ADJUSTMENT OR |
| | | I | INITIAL SUBMISSION OR |
| | | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R | RESUBMISSION |

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≥ ZERO

| | | | |
|-----------|-------------------------|---|---------------------------------|
| 2-195-02R | IF TYPE OF SUBMISSION = | C | COMPLETE CANCELLATION OR |
| | | D | COMPLETE DENIAL |

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE = ZERO

| | | | |
|-----------|---|----|---|
| 2-195-03R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | NE | OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM |
|-----------|---|----|---|

AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2007

AND ENROLLMENT/HEALTH

| | | | |
|--|-------------|---|------------------------------------|
| | PLAN CODE = | T | TRICARE STANDARD PROGRAM OR |
| | | V | TRICARE EXTRA |

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO

| | | | |
|-----------|---|----|------|
| 2-195-04R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | PF | ECHO |
|-----------|---|----|------|

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO