

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.	

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Chapter 2, Section 5.4

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ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS OCCURRENCES 1-11 (1-305 THROUGH 1-342)

VALIDITY EDITS

1-XXX-01V¹ FOR FILING DATES PRIOR TO 10/01/2004 VALUE IF PRESENT MUST BE A VALID DIAGNOSIS CODE IF PRESENT **OR** BLANK FILLED.

1-XXX-02V¹ FOR FILING 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-03V¹ 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-01R¹ 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-02R¹ 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.

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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 PRINCIPAL 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-01V¹	FOR FILING DATE PRIOR TO 10/01/2004 VALUE MUST BE A VALID OP/NSP CODE IF PRESENT OR BLANK FILLED.
1-XXX-02V¹	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-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	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

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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 = ~~B~~ BLANK **OR** OC OVERSEAS CONTRACT

THEN AMOUNT NETWORK PROVIDER DISCOUNT MUST = ZERO

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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

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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ELEMENT NAME: UNITS OF SERVICE BY REVENUE CODE (1-390) (Continued)

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 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 -

