

## INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (1-300)	
VALIDITY EDITS	
1-300-01V	VALUE MUST BE A VALID DIAGNOSIS CODE.
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 FIGURE 2-E-10)
	AND PERSON SEX (PATIENT) = FEMALE
	THEN AT LEAST ONE OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURE CODE FOR MALE: SEX INDICATES FEMALE
1-300-04R	IF PRINCIPAL TREATMENT DIAGNOSIS 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
1-300-05R	IF OP/NSP CODE IS CESAREAN SECTION OR REMOVAL OF FETUS (74.2, 74.4-74.99)
	THEN DIAGNOSIS CODE MUST BE 640 THROUGH 676.
1-300-06R	IF OP/NSP CODE IS ECTOPIC (74.3)
	THEN DIAGNOSIS CODE MUST BE 633.0-633.9.
1-300-07R	IF TYPE OF INSTITUTION = 72 RTC
<sup>1</sup> PATIENT AGE IS CALCULATED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.	

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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**ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS (1-300) (CONTINUED)**

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THEN PRINCIPAL TREATMENT DIAGNOSIS CODE MUST = 299-310

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AND PATIENT AGE<sup>1</sup> MUST BE < 21

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**1-300-08R** IF PRINCIPAL TREATMENT DIAGNOSIS = MATERNITY (630-676 OR V22-V24 OR V270-V289)

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AND PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE<sup>1</sup> < 12

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THEN ONE OCCURRENCE  
OF OVERRIDE CODE  
MUST =

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

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<sup>1</sup> PATIENT AGE IS CALCULATED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.

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**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS - 1-8 (1-305 THROUGH 1-340)**

**VALIDITY EDITS**

**1-XXX-01V<sup>1</sup>** MUST BE A 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**

**1-XXX-01R<sup>1</sup>** 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<sup>1</sup>** 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 FIGURE 2-E-10)  
**AND** PERSON SEX (PATIENT) = FEMALE  
**THEN** AT LEAST ONE  
 OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURE CODE FOR MALE: SEX INDICATES FEMALE

**1-XXX-03R<sup>1</sup>** IF SECONDARY TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION  
**THEN** PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS (i.e., NEWBORN) (REFER TO FIGURE 2-E-8).  
**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

**1-XXX-04R<sup>1</sup>** IF SECONDARY TREATMENT DIAGNOSIS = MATERNITY (630-676 **OR** V22-V24 **OR** V270-V289)  
**AND** PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE<sup>2</sup> < 12  
**THEN** ONE OCCURRENCE  
 OF OVERRIDE CODE  
 MUST = E DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE

<sup>1</sup> XXX EQUALS ELN (305 THROUGH 340) FOR EACH OCCURRENCE OF SECONDARY TREATMENT DIAGNOSIS.

<sup>2</sup> PATIENT AGE IS CALCULATED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

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

**VALIDITY EDITS**

**1-345-01V** MUST BE A VALID OP/NSP CODE IF PRESENT, OR BLANK FILLED.

**RELATIONAL EDITS**

**1-345-01R** IF ANY OCCURRENCE OF REVENUE CODE = 36X OR 722  
 THEN PRINCIPAL OP/NSP PROCEDURE CODE IS REQUIRED.  
 UNLESS DRG NUMBER = BLANK

**1-345-02R** IF DIAGNOSIS CODE FOR MATERNITY/OBSTETRICS (630-676)  
 EXCLUDING PRENATAL AND POSTPARTUM (REFER TO [FIGURE 2-E-11](#))  
 THEN PRINCIPAL OP/NSP PROCEDURE CODE MUST = 54.21, 65.0-75.99, 87.81, 88.03,  
 88.46, 88.78, OR 92.17.

ELSE IF THE DIAGNOSIS CODE IS FOR DELIVERY (640-669)  
 THEN CIRCUMCISION (OP/NSP CODE 64.0) IS ALLOWED

**1-345-03R** 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

THEN PRINCIPAL OP/NSP PROCEDURE CODE

**CANNOT** =

37.5	HEART TRANSPLANT OR
50.51	LIVER TRANSPLANT OR
50.59	LIVER TRANSPLANT

AND DATE OF ADMISSIONS < 10/01/1998

**1-345-04R** IF PERSON SEX (PATIENT) IS MALE  
 THEN PRINCIPAL OP/NSP PROCEDURE CODE **CANNOT** BE FEMALE (RANGE 65.0-75.99 (OPERATIONS ON FEMALE GENITAL ORGANS/OBSTETRICS))

UNLESS ONE OCCURRENCE OF OVERRIDE CODE =

G	DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
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**1-345-05R** IF PERSON SEX (PATIENT) IS FEMALE  
 THEN PRINCIPAL OP/NSP PROCEDURE CODE **CANNOT** BE MALE (RANGE 60.0-64.99 (OPERATIONS ON MALE GENITAL ORGAN))

UNLESS ONE OCCURRENCE OF OVERRIDE CODE =

H	DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
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**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE 1-5 (1-350 THROUGH 1-370)**

**VALIDITY EDITS**

**1-XXX-01V<sup>1</sup>** MUST BE A VALID OP/NSP CODE IF PRESENT, **OR** BLANK FILLED. MUST BE A VALID ICD-9-CM OP/NSP CODE IF PRESENT, **OR** BLANK FILLED. ALL OCCURRENCES OF SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE FIELD MUST BE BLANK FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK FILLED SECONDARY OPERATIONAL/NON-SURGICAL PROCEDURE CODE.

**RELATIONAL EDITS**

**1-XXX-01R<sup>1</sup>** 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

**THEN** SECONDARY OP/NSP PROCEDURE CODE

**CANNOT** =

37.5 HEART TRANSPLANT **OR**

50.59 LIVER TRANSPLANT

**AND** DATE OF ADMISSIONS < 10/01/1998

**1-XXX-02R<sup>1</sup>** IF PERSON SEX (PATIENT) IS MALE

**THEN** SECONDARY OP/NSP PROCEDURE CODE **CANNOT** BE FEMALE (RANGE 65.0 - 75.99 (OPERATIONS ON FEMALE GENITAL ORGANS/OBSTETRICS))

**UNLESS** ONE OVERRIDE CODE = G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE

**1-XXX-03R<sup>1</sup>** IF PERSON SEX (PATIENT) IS FEMALE

**THEN** SECONDARY OP/NSP PROCEDURE CODE **CANNOT** BE MALE (RANGE 60.0 - 64.99 (OPERATIONS ON MALE GENITAL ORGAN))

**UNLESS** ONE OVERRIDE CODE = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE

<sup>1</sup> XXX EQUALS ELN (350 THROUGH 370) FOR EACH OCCURRENCE OF SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

**ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM COUNT (1-375)**

**VALIDITY EDITS**

**1-375-01V** VALUE MUST BE IN RANGE 001-999.

**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 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 (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

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

<b>ELEMENT NAME: REVENUE CODE (1-385)</b>	
<b>VALIDITY EDITS</b>	
<b>1-385-01V</b>	VALUE MUST BE A VALID REVENUE CODE.  <b>UNLESS</b> ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTING IN <a href="#">FIGURE 2-H-1</a> OR <a href="#">FIGURE 2-H-2</a>
	NOTE: THE FOLLOWING VALID OUTPATIENT REVENUE CODES ARE ALLOWED ON AN INSTITUTIONAL TED RECORD ONLY <b>WHEN</b> BEING DENIED 49X, 51X-54X, 630-635, 64X, 66X, 82X-85X <b>AND</b> 882.
<b>1-385-02V</b>	FIRST DETAILED LINE MUST CONTAIN REVENUE CODE 001.
<b>RELATIONAL EDITS</b>	
<b>1-385-01R</b>	ONLY ONE OCCURRENCE OF REVENUE CODE MUST = 001.
<b>1-385-02R</b>	AT LEAST ONE OCCURRENCE OF REVENUE CODE MUST = 02X, 10X-18X, 20X-21X <b>OR</b> 724 <b>UNLESS</b> ONE OCCURRENCE OF OVERRIDE CODE =
	Y NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES
	<b>OR</b> NO OCCURRENCE OF SPECIAL PROCESSING CODE = 11 HOSPICE
	<b>OR</b> DRG NUMBER ≠ <del>h</del> BLANK
<b>1-385-03R</b>	IF PRICING RATE CODE =
	H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
	I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
	J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	<b>THEN</b> PROFESSIONAL SERVICE REVENUE CODES = 901, 914-918, <b>OR</b> 96X-98X <b>AND</b> ORGAN CODES (81X) MUST BE DENIED.
<b>1-385-04R</b>	IF ANY REVENUE CODE = 723 <b>THEN</b> PERSON SEX (PATIENT) MUST = MALE.
<b>1-385-05R</b>	IF ANY REVENUE CODE = 72X BUT <b>NOT</b> 723 <b>THEN</b> PERSON SEX (PATIENT) MUST = FEMALE
<b>1-385-06R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	C COMPLETE CANCELLATION
	<b>THEN</b> REVENUE CODES MUST OCCUR IN THE SAME ORDER <b>AND</b> ON THE SAME OCCURRENCE/LINE ITEM NUMBER AS TMA DATABASE.
<b>1-385-07R</b>	IF REVENUE CODE = 022 SKILLED NURSING FACILITY CHARGE <b>THEN</b> ADMISSION DATE ≥ 09/01/2002 <b>AND</b> TYPE OF INSTITUTION MUST = 76 SKILLED NURSING FACILITY <b>AND</b> SNF HIPPS CODE ≠ BLANK <b>UNLESS</b> PATIENT AGE IS < 10 YEARS OF AGE ON DATE OF ADMISSION
<b>1-385-08R</b>	IF ANY REVENUE CODE =
	655 INPATIENT RESPITE CARE <b>OR</b>
	656 GENERAL INPATIENT CARE - NON-RESPITE
	<b>THEN</b> TYPE OF INSTITUTION MUST =
	79 HOSPITAL BASED HOSPICE
<b>1-385-09R</b>	IF ANY REVENUE CODE = 650 GENERAL CLASSIFICATION <b>OR</b>

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

<b>ELEMENT NAME:</b>		<b>REVENUE CODE (1-385) (CONTINUED)</b>	
		651	ROUTINE HOME CARE <b>OR</b>
		652	CONTINUOUS HOME CARE <b>OR</b>
		657	PHYSICIAN SERVICES <b>OR</b>
		659	OTHER HOSPICE
	<b>THEN TYPE OF INSTITUTION MUST =</b>	78	NON-HOSPITAL BASED HOSPICE
<b>1-385-10R</b>	IF ANY OCCURRENCE OF REVENUE CODE =	023	HOME HEALTH AGENCY (HHA-PPS)
	<b>THEN NO OTHER REVENUE CODES MAY BE PRESENT EXCEPT FOR REVENUE CODE 001</b>		
<b>1-385-11R</b>	IF REVENUE CODE =	023	HOME HEALTH AGENCY (HHA-PPS)
	<b>AND BEGIN DATE OF CARE ≥ MAY 15, 2003</b>		
	<b>THEN TYPE OF INSTITUTION MUST =</b>	70	HOME HEALTH AGENCY

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

<b>ELEMENT NAME: UNITS OF SERVICE BY REVENUE CODE (1-390)</b>	
<b>VALIDITY EDITS</b>	
<b>1-390-01V</b>	VALUE MUST BE SIGNED NUMERIC, 0 TO 9,999,999.
<b>RELATIONAL EDITS</b>	
<b>1-390-01R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	C COMPLETE CANCELLATION <b>OR</b>
	D COMPLETE DENIAL <b>OR</b>
	I INITIAL SUBMISSION <b>OR</b>
	O ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
	R RESUBMISSION
	<b>THEN UNITS OF SERVICE BY REVENUE CODE MUST BE &gt; ZERO FOR ALL OCCURRENCE/LINE ITEMS EXCLUDING REVENUE CODE 001.</b>
<b>1-390-02R</b>	IF UNITS OF SERVICE BY REVENUE CODE = 0
	<b>THEN TOTAL CHARGE BY REVENUE CODE MUST ALSO = 0 (FOR THAT OCCURRENCE)</b>
	<b>EXCEPT FOR REVENUE CODE 001</b>
<b>1-390-03R</b>	IF UNITS OF SERVICE BY REVENUE CODE > 0
	<b>THEN TOTAL CHARGE BY REVENUE CODE MUST ALSO &gt; 0 (FOR THAT OCCURRENCE)</b>
<b>1-390-04R</b>	IF REVENUE CODE 001
	<b>THEN UNITS OF SERVICE BY REVENUE CODE MUST BE ZERO.</b>
<b>1-390-05R</b>	FOR REVENUE CODE 023 UNITS OF SERVICE BY REVENUE CODE MUST BE '1'

<b>ELEMENT NAME: TOTAL CHARGE BY REVENUE CODE (1-395)</b>	
<b>VALIDITY EDITS</b>	
<b>1-395-01V</b>	MUST BE 0 TO 999,999.99 UNLESS REVENUE CODE = 001 <b>THEN</b> MUST BE 0 TO 9,999,999.99.
<b>RELATIONAL EDITS</b>	
<b>1-395-01R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	C COMPLETE CANCELLATION <b>OR</b>
	D COMPLETE DENIAL <b>OR</b>
	I INITIAL SUBMISSION <b>OR</b>
	O ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
	R RESUBMISSION
	<b>THEN TOTAL CHARGE BY REVENUE CODE MUST BE &gt; ZERO ON EACH OCCURRENCE/LINE ITEM (EXCLUDING REVENUE CODE 022)</b>
<b>1-395-02R</b>	THE SUM OF ALL TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODES OTHER THAN 001 MUST EQUAL THE TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODE 001.

