

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 ONLY THE FIRST 5 DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

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

1-200-02R IF ANY OCCURRENCE OF
OVERRIDE CODE = NC NON-CERTIFIED PROVIDER

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

AND PROVIDER MUST BE CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF
CARE.

¹ ONLY THE FIRST 5 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--NO BLANKS

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (RESERVED) (1-210)

VALIDITY EDITS

1-210-01V MUST BE BLANK FILLED.

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER GROUP NPI NUMBER (RESERVED) (1-215)

VALIDITY EDITS

1-215-01V MUST BE BLANK FILLED.

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

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 9 DIGITS OR 5 DIGITS WITH 4 BLANKS
	MUST BE A VALID ZIP CODE (BASED ON ADMISSION DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE OR
	MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE ¹) FOLLOWED BY 6 BLANKS

RELATIONAL EDITS

NONE

¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST [CHAPTER 2, 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/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 PROVIDER PARTICIPATION INDICATOR MUST =	Y	YES

1-225-02R	IF THERE IS A MEDICARE NUMBER PRESENT ON THE CORRESPONDING RECORD¹ IN THE PROVIDER FILE		
	THEN THE PROVIDER PARTICIPATION INDICATOR ON TED MUST =	Y	YES

¹ **"CORRESPONDING RECORD" ON PROVIDER FILE IS BASED ON THE PROVIDER MATCH OBTAINED IN EDIT 1-200-02R.**

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 7950.1-M, AUGUST 1, 2002

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 HOME HEALTH AGENCY

AND BEGIN DATE OF CARE ≥ 06/01/2004

THEN ONE OCCURRENCE
OF REVENUE CODE
MUST = 0023 HOME HEALTH AGENCY (HHA-PPS)

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 7950.1-M, AUGUST 1, 2002

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 AND MUST = THE VALUES IN THE FOLLOWING TABLE **IF FREQUENCY CODE ≠ 0, 7, 8 OR 9:**

FREQUENCY CODE	PREVIOUS TED RECORD FREQUENCY CODE
1	= 1 OR NO PREVIOUS TED RECORD
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
	THEN FREQUENCY CODE MUST =	2	INTERIM-INITIAL OR
		3	INTERIM-INTERIM
	UNLESS TYPE OF INSTITUTION =	70	HOME HEALTH AGENCY
	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 HOME HEALTH AGENCY EPISODE
1-250-02R	IF PATIENT STATUS =	01	DISCHARGED OR
		02	TRANSFERRED OR
		20	EXPIRED
	THEN FREQUENCY CODE MUST =	0	NON-PAYMENT/ZERO CLAIM OR
		1	ADMIT THRU DISCHARGE OR
		4	INTERIM-FINAL OR
		7	REPLACEMENT OF PRIOR CLAIM OR
		8	VOID/CANCELLATION OF PRIOR CLAIM OR
		9	FINAL CLAIM FOR HOME HEALTH AGENCY (HHA-PPS) EPISODE
1-250-03R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER
	THEN FREQUENCY CODE MUST =	1	ADMIT THRU DISCHARGE
1-250-05R	IF FREQUENCY CODE =	0	NON-PAYMENT/ZERO CLAIM
	THEN TYPE OF INSTITUTION MUST =	70	HOME HEALTH AGENCY OR
		76	SKILLED NURSING FACILITY

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: TYPE OF ADMISSION (1-255)

VALIDITY EDITS

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

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

0023 HOME HEALTH AGENCY

THEN VALUE MUST BE BLANK OR A VALID TYPE OF ADMISSIONS CODE

RELATIONAL EDITS

1-255-02R IF CA/NAS EXCEPTION REASON = 2 EMERGENCY

**THEN TYPE OF ADMISSION
MUST =**

1 EMERGENCY OR

4 NEWBORN

1-255-03R IF TYPE OF ADMISSION = 4 NEWBORN

**THEN PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO
CHAPTER 2, ADDENDUM E, FIGURE 2-E-1).**

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

**AND PRINCIPAL DIAGNOSIS MUST BE A NEWBORN DIAGNOSIS (REFER TO
CHAPTER 2, ADDENDUM E, FIGURE 2-E-1).**

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

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 THRU 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 7950.1-M, AUGUST 1, 2002

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
1-270-02R	IF FREQUENCY CODE =	1	ADMIT THRU DISCHARGE
	THEN PATIENT STATUS MUST =	01	DISCHARGED OR
		02	TRANSFERRED OR
		03	DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF) OR
		04	DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF) OR
		05	DISCHARGED/TRANSFERRED TO A DESIGNATED CANCER CENTER OR CHILDREN'S HOSPITAL OR
		06	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION OR
		07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE OR
		08	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER OR
		20	EXPIRED OR
		40	DIED AT HOME OR
		41	DIED IN MEDICAL FACILITY, SUCH AS HOSPITAL, SNF, OR FREESTANDING HOSPICE OR
		42	PLACE OF DEATH UNKNOWN OR
		43	DISCHARGED/TRANSFERRED TO A FEDERAL HOSPITAL OR
		50	HOSPICE-HOME OR
		51	HOSPICE-MEDICAL FACILITY OR
		61	DISCHARGED/TRANSFERRED WITHIN THIS INSTITUTION TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED OR
		62	DISCHARGED/TRANSFERRED TO ANOTHER REHABILITATION FACILITY INCLUDING REHABILITATION DISTINCT PART UNITS OF A HOSPITAL OR
		63	DISCHARGED/TRANSFERRED TO A LONG TERM CARE HOSPITAL OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PATIENT STATUS (1-270) (CONTINUED)	
	64 DISCHARGED/TRANSFERRED TO A NURSING FACILITY CERTIFIED UNDER MEDICAID BUT NOT CERTIFIED UNDER MEDICARE OR
	65 DISCHARGED/TRANSFERRED TO A PSYCHIATRIC HOSPITAL OR PSYCHIATRIC DISTINCT PART OF A HOSPITAL OR
	66 DISCHARGED/TRANSFERRED TO A CRITICAL ACCESS HOSPITAL OR
	70 DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF HEALTH CARE NOT DEFINED ELSEWHERE IN THE CODE LIST
1-270-03R	IF PRICING RATE CODE = H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
	J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	THEN PATIENT STATUS MUST ≠
	30 STILL A PATIENT

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
	AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

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 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: BEGIN DATE OF CARE (1-275) (CONTINUED)

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 7950.1-M, AUGUST 1, 2002

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
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 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: END DATE OF CARE (1-280) (CONTINUED)

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).

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 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.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

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.

RELATIONAL EDITS

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 11 HOSPICE

THEN BYPASS ALL COVERED DAYS

1-285-01R IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**
 I INITIAL SUBMISSION **OR**
 O ZERO PAYMENT WITH 100% OHI/TPL **OR**
 R RESUBMISSION

AND TYPE OF INSTITUTION ≠ 70 HOME HEALTH AGENCY

THEN COVERED DAYS MUST BE > ZERO

UNLESS ALL OCCURRENCE/LINE ITEMS (EXCLUDING REVENUE CODE 0001) CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2.

AND THE TED RECORD 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 EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD AND TO CORRECT CLAIM PROCESSING ERRORS OR UPDATE PRIOR DATA WITH MORE CURRENT/ ACCURATE INFORMATION

1-285-02R IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION **OR**
 D COMPLETE DENIAL

OR ALL OCCURRENCE/LINE ITEMS (EXCLUDING REVENUE CODE 0001) CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2.

AND THE TED RECORD 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 EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD AND TO CORRECT CLAIM PROCESSING ERRORS OR UPDATE PRIOR DATA WITH MORE CURRENT/ ACCURATE INFORMATION

THEN COVERED DAYS MUST = ZERO

1-285-03R IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**
 I INITIAL SUBMISSION **OR**

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: COVERED DAYS (1-285) (CONTINUED)	
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
THEN COVERED DAYS MUST BE ≤SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES THAT INDICATE THAT A ROOM WAS USED (010X-018X, 020X-021X, 0724, OR 0762)	
1-285-04R	IF TYPE OF INSTITUTION = 70 HOME HEALTH AGENCY
	AND TYPE OF SUBMISSION = A ADJUSTMENT OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT TED RECORD DUE 100% OHI OR
	R RESUBMISSION OF ERROR REJECT
THEN COVERED DAYS MUST = ZERO	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

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
		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.		
1-290-08R	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
	AND DATE OF ADMISSION ≥ 10/01/1996 AND < 10/01/1997		
	THEN DRG NUMBER MUST = 001-102, 104-108, 110-384, 391-434, 436-437, 439-473, 475-479, 481-495, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-09R	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
	AND DATE OF ADMISSION ≥ 10/01/1997 AND < 10/01/1998		
	THEN DRG NUMBER MUST = 001-102, 104-108, 110-213, 216-220, 223-384, 391-434, 436-437, 439-473, 475-479, 481-503, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-10R	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
	AND DATE OF ADMISSION ≥ 10/01/1998 AND < 10/01/1999		
	THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-471, 473, 475-511, 600-619, 621-624, 626-628, 630-636, OR 900-901.		
1-290-21R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: DRG NUMBER (1-290) (CONTINUED)			
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/1999 AND < 10/01/2000			
THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-473, 475-511, 600-619, 621-624, 626-628, 630-636, OR 900-901.			
1-290-23R	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
AND DATE OF ADMISSION ≥ 10/01/2000 AND < 10/01/2001			
THEN DRG NUMBER MUST = 001-213, 216-220, 223-384, 391-437, 439-455, 461-471, 473, 475-511, 600-619, 621-624, 626-628, 630-636, 900-901			
1-290-24R	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
AND DATE OF ADMISSION ≥ 10/01/2001 AND ≤ 09/30/2002			
THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-523, 600-619, 621-624, 626-628, 630-636, 900-901			
1-290-25R	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
AND DATE OF ADMISSION ≥ 10/01/2002 AND ≤ 09/30/2003			
THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-527, 600-619, 621-624, 626-628, 630-636, 900-901			
1-290-26R	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
AND DATE OF ADMISSION ≥ 10/01/2003 AND < 10/01/2004			
THEN DRG NUMBER MUST = 001-003, 006-111, 113-213, 216-220, 223-230, 232-384, 391-399, 401-433, 439-455, 461-471, 473, 475-513, 515-540, 600-619, 621-624, 626-628, 630-636, 900-901.			
1-290-27R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: DRG NUMBER (1-290) (CONTINUED)	
	I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
	J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
AND DATE OF ADMISSION ≥ 10/01/2004 AND < 10/01/2005	
THEN DRG NUMBER MUST = 001-111, 113-213, 216-220, 223-384, 391-433, 439-455, 461-471, 473, 475-482, 484-513, 515-543, 600-619, 621-624, 626-628, 630-636, 900-901.	
1-290-28R	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
AND DATE OF ADMISSION ≥ 10/01/2005 AND < 10/01/2006	
THEN DRG NUMBER MUST = 001-003, 006-106, 108, 110-111, 113-114, 117-208, 210-213, 216-220, 223-230, 232-384, 391-399, 401-433, 439-455, 461-471, 473, 475-477, 479-482, 484-513, 515, 518-525, 528-559, 600-619, 621-624, 626-628, 630-636, 900-901.	
1-290-29R	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
AND DATE OF ADMISSION ≥ 10/01/2006 AND < 10/01/2007	
THEN DRG NUMBER MUST = 001-003, 006-019, 021-023, 026-106, 108, 110-111, 113-114, 117-147, 149-153, 155-208, 210-213, 216-220, 223-230, 232-384, 391-399, 401-414, 417-433, 439-455, 461-471, 473, 476-477, 479-482, 484-513, 515, 518-522, 524-525, 528-579, 600-619, 621-624, 626-628, 630-636, 900-901.	
1-290-30R	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
AND DATE OF ADMISSION ≥ 10/01/2007	
THEN DRG NUMBER MUST = 001-003, 006-019, 021-023, 026-106, 108, 110-111, 113-114, 117-147, 149-153, 155-208, 210-213, 216-220, 223-230, 232-341, 344-384, 391-399, 401-414, 417-433, 439-455, 461-471, 473, 476-477, 479-482, 484-513, 515, 518-522, 524-525, 528-580, 600-619, 621-624, 626-628, 630-636, 900-901.	

