

## Chapter 2

## Section 6.3

### Non-Institutional Edit Requirements (ELN 200 - 299)

Revision: C-21, January 31, 2019

ELEMENT NAME: AMOUNT PATIENT COST-SHARE (2-200)			
VALIDITY EDITS			
2-200-01V	MUST BE NUMERIC.		
RELATIONAL EDITS			
2-200-00R	TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PATIENT COST-SHARE FOR THIS TED RECORD EXCEEDS DHA LIMIT OF \$1,000,000.00.		
2-200-01R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT <b>OR</b>
		I	INITIAL SUBMISSION <b>OR</b>
		O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
		R	RESUBMISSION
THEN AMOUNT PATIENT COST-SHARE MUST BE ≥ ZERO			
2-200-02R	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION <b>OR</b>
		D	COMPLETE DENIAL
THEN AMOUNT PATIENT COST-SHARE MUST BE = ZERO			
2-200-03R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	DE	TDRL PHYSICAL EXAMS
THEN AMOUNT PATIENT COST-SHARE MUST BE = ZERO			

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) COPAYMENT FACTOR CODE (2-201)	
VALIDITY EDITS	
2-201-01V	MUST BE A VALID HCC COPAYMENT FACTOR CODE LISTED IN <a href="#">SECTION 2.5</a> .
RELATIONAL EDITS	
NONE	

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ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE (2-205)			
VALIDITY EDITS			
2-205-01V	MUST BE NUMERIC.		
RELATIONAL EDITS			
2-205-00R	TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS DHA LIMIT OF \$1,000,000.00.		
2-205-01R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT <b>OR</b>
		I	INITIAL SUBMISSION <b>OR</b>
		O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
		R	RESUBMISSION
THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE ≥ ZERO			
2-205-02R	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION <b>OR</b>
		D	COMPLETE DENIAL
THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE = ZERO			

ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE (2-220)		
VALIDITY EDITS		
2-220-01V	VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO <a href="#">ADDENDUM G</a> ).	
RELATIONAL EDITS		
2-220-01R	IF TYPE OF SUBMISSION =	C COMPLETE CANCELLATION <b>OR</b>
		D COMPLETE DENIAL
<b>THEN</b> ALL OCCURRENCES/LINE ITEMS MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN <a href="#">ADDENDUM G, FIGURE 2.G-1</a> OR <a href="#">FIGURE 2.G-2</a>		
2-220-02R	IF ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN <a href="#">ADDENDUM G, FIGURE 2.G-1</a> , FOR THAT OCCURRENCE/LINE ITEM	
	<b>AND</b> 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</b> AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO		
2-220-03R	IF TYPE OF SUBMISSION =	B ADJUSTMENT TO NON-TED (HCSR) DATA <b>OR</b>
		E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>AND</b> ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN <a href="#">ADDENDUM G, FIGURE 2.G-1</a> , FOR THAT OCCURRENCE/LINE ITEM		
<b>THEN</b> AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO		

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<b>ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (TYPE 1) (2-225)</b>	
<b>VALIDITY EDITS</b>	
<b>2-225-01V</b>	MUST BE ALL BLANKS <b>OR</b> 10 DIGITS (MUST NOT BE ALL ZEROES)
<b>2-225-02V</b>	IF PROVIDER INDIVIDUAL NPI NUMBER IS ALL DIGITS
	<b>THEN</b> THE CHECK DIGIT (POSITION 10 OF THE PROVIDER ORGANIZATIONAL NPI NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2) (2-230)</b>	
<b>VALIDITY EDITS</b>	
<b>2-230-01V</b>	MUST BE ALL BLANKS <b>OR</b> 10 DIGITS (MUST NOT BE ALL ZEROES)
<b>2-230-02V</b>	IF PROVIDER ORGANIZATIONAL NPI NUMBER IS ALL DIGITS
	<b>THEN</b> THE CHECK DIGIT (POSITION 10 OF THE PROVIDER ORGANIZATIONAL NPI NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM
<b>RELATIONAL EDITS</b>	
	NONE

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ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (2-235)		
VALIDITY EDITS		
2-235-01V	VALUE MUST BE A VALID STATE (REFER TO <a href="#">ADDENDUM B</a> ) <b>OR</b> COUNTRY CODE (REFER TO <a href="#">ADDENDUM A</a> ).	
RELATIONAL EDITS		
2-235-01R	PROVIDER STATE/COUNTRY CODE MUST MATCH THE CORRESPONDING RECORD <sup>1</sup> IN THE PROVIDER FILE.	
<b>UNLESS</b> AMOUNT ALLOWED BY PROCEDURE CODE IS ≤ ZERO		
<b>OR</b> ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM =	38	SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS <b>OR</b>
	52	THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/ PERFORM THE SERVICE BILLED <b>OR</b>
	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE
<b>OR</b> PROVIDER SPECIALTY =	172A00000X (OTHER SERVICE PROVIDER/DRIVERS) <b>OR</b>	
	344600000X (TRANSPORTATION SERVICES/TAXI)	
<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) <b>AND</b> BEGIN DATE OF CARE ≥ 10/01/2001 <b>OR</b>
	FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) <b>OR</b>
	FS	TFL (SECOND PAYOR) <b>OR</b>
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) <b>AND</b> BEGIN DATE OF CARE ≥ 10/01/2001
<b>THEN</b> DO NOT CHECK PROVIDER FILE		
<sup>1</sup> “CORRESPONDING RECORD” ON PROVIDER FILE IS BASED ON NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER MAJOR SPECIALTY, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (2-240-04R).		

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ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240)			
VALIDITY EDITS			
<b>2-240-01V</b>	MUST BE NUMERIC		
	<b>OR</b> (FIRST THREE POSITIONS MUST BE A VALID STATE/COUNTRY CODE		
	<b>AND</b> LAST SIX POSITIONS MUST BE NUMERIC)		
	<b>OR</b> (FIRST THREE POSITIONS MUST BE A VALID STATE/COUNTRY CODE		
	<b>AND</b> FOURTH POSITION MUST BE = A		
	<b>AND</b> LAST 5 POSITIONS MUST BE NUMERIC)		
RELATIONAL EDITS			
<b>NO ERROR</b>	IF ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM =	38	SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS <b>OR</b>
		52	THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED <b>OR</b>
		B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE
	<b>THEN</b> DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER		
<b>NO ERROR</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE FOR THAT OCCURRENCE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) <b>AND</b> BEGIN DATE OF CARE ≥ 10/01/2001 <b>OR</b>
		FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) <b>OR</b>
		FS	TFL (SECOND PAYOR) <b>OR</b>
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) <b>AND</b> BEGIN DATE OF CARE ≥ 10/01/2001
	<b>THEN</b> DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER		
<b>NO ERROR</b>	IF AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO		
	<b>THEN</b> DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER		
<b>NO ERROR</b>	IF PROVIDER SPECIALTY =	172A00000X (OTHER SERVICE PROVIDERS/DRIVER) <b>OR</b>	
		344600000X (TRANSPORTATION SERVICES/TAXI)	
	<b>THEN</b> DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER		
<b>2-240-02R</b>	IF PROVIDER TAXPAYER NUMBER IS ALL NINES		
	<b>THEN</b> PROVIDER SPECIALTY MUST =	172A00000X (OTHER SERVICE PROVIDERS/DRIVER) <b>OR</b>	
		344600000X (TRANSPORTATION SERVICES/TAXI)	
	<b>AND</b> PROVIDER PARTICIPATION INDICATOR MUST =	N NO	
<sup>1</sup> ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.			

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<b>ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240) (Continued)</b>	
<b>2-240-04R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER
<b>THEN</b> THE NON-CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING: NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER <b>AND</b> PROVIDER MAJOR SPECIALTY <b>AND</b> PROVIDER ZIP CODE <sup>1</sup> <b>AND</b> PROVIDER SUB-IDENTIFIER <b>AND</b> ACCEPTANCE AND TERMINATION DATES MUST = ZEROES <b>AND</b> PROVIDER CONTRACT AFFILIATION CODE MUST = 5 (NON-CERTIFIED PROVIDER)	
	IF NO OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER
<b>THEN</b> THE CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING: NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER <b>AND</b> PROVIDER MAJOR SPECIALTY <b>AND</b> PROVIDER ZIP CODE <sup>1</sup> <b>AND</b> PROVIDER SUB-IDENTIFIER	
<sup>1</sup> ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.	

<b>ELEMENT NAME: PROVIDER SUB-IDENTIFIER (2-245)</b>	
<b>VALIDITY EDITS</b>	
<b>2-245-01V</b>	MUST BE FOUR CHARACTERS FIRST CHARACTER ALPHANUMERIC, LAST THREE CHARACTERS NUMERIC
	<b>OR</b> FIRST TWO CHARACTERS ALPHANUMERIC, LAST TWO CHARACTERS NUMERIC
	<b>OR ALL</b> FOUR NUMERIC
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: PROVIDER ZIP CODE (2-250)</b>	
<b>VALIDITY EDITS</b>	
<b>2-250-01V</b>	MUST BE NINE DIGITS <b>OR</b> FIVE DIGITS WITH FOUR BLANKS
	MUST BE A VALID ZIP CODE (BASED ON BEGIN DATE OF CARE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE <b>OR</b>
	MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE <sup>1</sup> ) FOLLOWED BY SIX BLANKS
<b>RELATIONAL EDITS</b>	
	NONE
<sup>1</sup> WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST <a href="#">ADDENDUM A</a> .	

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ELEMENT NAME: PROVIDER TAXONOMY (SPECIALTY) (2-255)		
VALIDITY EDITS		
2-255-01V	THIS FIELD MUST BE A VALID PROVIDER SPECIALTY (REFER TO <a href="http://www.wpc-edi.com/reference/">HTTP://WWW.WPC-EDI.COM/REFERENCE/</a> ).	
RELATIONAL EDITS		
2-255-03R	IF PROVIDER SPECIALTY =	333600000X (SUPPLIERS/PHARMACY)
	THEN TYPE OF SERVICE (SECOND POSITION) =	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
2-255-04R	IF PROVIDER SPECIALTY =	183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)
	THEN TYPE OF SERVICE (SECOND POSITION) =	M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (2-260)	
VALIDITY EDITS	
2-260-01V	MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (2-265)		
VALIDITY EDITS		
<b>2-265-01V</b>	PROVIDER NETWORK STATUS INDICATOR MUST =	1 NETWORK PROVIDER <b>OR</b>
		2 NON-NETWORK PROVIDER
RELATIONAL EDITS		
	NONE	

ELEMENT NAME: PHYSICIAN REFERRAL NUMBER (2-270)	
VALIDITY EDITS	
2-270-01V	MUST BE ALL BLANKS
	OR 9 CHARACTERS (INCLUDING IMBEDDED BLANKS)
	OR 13 CHARACTERS (INCLUDING IMBEDDED BLANKS)
	OR 10 CHARACTERS
2-270-02V	IF PHYSICIAN REFERRAL NUMBERS IS 10 CHARACTERS
	THEN THE 10 CHARACTERS MUST BE ALL NUMERIC
	AND THE CHECK DIGIT (POSITION 10 OF THE PHYSICIAN REFERRAL NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM
RELATIONAL EDITS	
	NONE

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ELEMENT NAME: PLACE OF SERVICE (2-275)		
VALIDITY EDITS		
2-275-01V	VALUE MUST BE A VALID PLACE OF SERVICE.	
RELATIONAL EDITS		
2-275-01R	IF ADJUSTMENT/DENIAL REASON CODE IS NOT A CODE LISTED IN <a href="#">ADDENDUM G, FIGURE 2.G-2</a> .	
	THEN PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE, REFER TO <a href="#">ADDENDUM F</a> .	
2-275-06R	IF PLACE OF SERVICE =	21 INPATIENT HOSPITAL
	THEN TYPE OF SERVICE (FIRST POSITION) MUST =	I INPATIENT



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ELEMENT NAME: TYPE OF SERVICE (2-280)			
VALIDITY EDITS			
2-280-01V	FIRST POSITION MUST BE = A, I, K, M, N, O, <b>OR</b> P.		
	SECOND POSITION MUST BE = 1-9; A-M.		
	IF FIRST POSITION = A; SECOND POSITION MUST ≠ C.		
	IF FIRST POSITION = P; SECOND POSITION MUST = H.		
	IF FIRST POSITION = N; SECOND POSITION MUST = I.		
RELATIONAL EDITS			
2-280-07R	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT (ACTIVE DUTY DEPENDENTS ONLY) <b>OR</b>
		M	OUTPATIENT MATERNITY COST-SHARED AS INPATIENT <b>OR</b>
		N	OUTPATIENT COST-SHARED AS INPATIENT <b>OR</b>
		O	OUTPATIENT, EXCLUDING M, N, <b>OR</b> P <b>OR</b>
		P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST-SHARED AS INPATIENT
	<b>THEN</b> PLACE OF SERVICE CANNOT =	21	INPATIENT HOSPITAL
2-280-08R	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>THEN</b> NATIONAL DRUG CODE MUST ≠ BLANK		
	<b>UNLESS</b> PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A)		
2-280-09R	IF TYPE OF SERVICE (SECOND POSITION) =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>THEN</b> TYPE OF SUBMISSION MUST ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>AND</b> CA/NAS EXCEPTION REASON MUST = BLANK		
	<b>AND</b> CA/NAS NUMBER MUST = BLANK		
	<b>AND</b> CA/NAS REASON FOR ISSUANCE MUST = BLANK		
	<b>AND</b> NATIONAL DRUG CODE MUST ≠ BLANK		
	<b>AND IF</b> BEGIN DATE OF CARE < 01/01/2016		
	<b>THEN</b> PLACE OF SERVICE MUST =	19	PHARMACY
	<b>ELSE</b> PLACE OF SERVICE MUST =	01	PHARMACY
	<b>AND</b> PRICING RATE CODE MUST = 0		
	<b>AND</b> PROVIDER NETWORK STATUS INDICATOR MUST =	1	NETWORK PROVIDER
	<b>AND</b> PROVIDER PARTICIPATING INDICATOR MUST =	Y	YES
	<b>AND</b> PROVIDER SPECIALTY MUST =	183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)	
	<b>AND IF</b> PROCEDURE CODE =	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS <b>OR</b>
		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS
	<b>THEN</b> AMOUNT PATIENT COST-SHARE MUST = ZERO		
	<b>AND</b> CLAIM FORM TYPE/EMC INDICATOR MUST =	J	OTHER

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ELEMENT NAME: TYPE OF SERVICE (2-280) (Continued)			
ELSE IF OCCURRENCE/LINE ITEM NUMBER = 002			
THEN AMOUNT BILLED BY PROCEDURE CODE ON THIS LINE ITEM MUST = ZERO			
AND AMOUNT PATIENT COST-SHARE ON THIS LINE ITEM MUST = ZERO			
AND NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO			
ELSE CLAIM FORM TYPE/EMC INDICATOR MUST =			
	I	ELECTRONIC DRUG CLAIM SUBMISSION	
AND NUMBER OF SERVICES = 1			
2-280-10R	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
		M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
THEN REGION INDICATOR MUST = BLANK			
UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A)			
2-280-11R	IF TYPE OF SERVICE (SECOND POSITION) =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND OCCURRENCE/LINE ITEM COUNT = 002			
THEN PROCEDURE CODE MUST =		99070	SUPPLIES
2-280-12R	IF TYPE OF SERVICE (SECOND POSITION) =	G	DENTAL
THEN PROCEDURE CODE ≠ 00100 - 09999			
2-280-13R	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
		M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND CLAIM FORM TYPE/EMC INDICATOR =		J	OTHER
THEN PROCEDURE CODE MUST =		000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS

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ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)			
VALIDITY EDITS			
2-285-01V	MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO <a href="#">SECTION 2.5</a> )		
RELATIONAL EDITS			
2-285-01R	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN HCC MEMBER CATEGORY MUST ≠	A	ACTIVE DUTY <b>OR</b>
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		J	ACADEMY STUDENT <b>OR</b>
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		T	FOREIGN MILITARY MEMBER <b>OR</b>
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	W	TPR SERVICE MEMBER - USA <b>OR</b>
		X	FOREIGN SERVICE MEMBER <b>OR</b>
		Y	CHCBP - NON-NETWORK <b>OR</b>
		AA	CHCBP - NETWORK <b>OR</b>
		SN	SHCP - NON-MTF/eMSM-REFERRED CARE <b>OR</b>
		SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SR	SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
		ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN <b>OR</b>
		WA	TPR FOREIGN SERVICE MEMBER
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
		SM	SHCP - EMERGENCY
	OR HCDP PLAN COVERAGE CODE =	306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS <b>OR</b>
		307	TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS <b>OR</b>
		401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
		406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
		407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>

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<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)</b>		
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE <b>OR</b>
	418	TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE <b>OR</b>
	419	TRR MEMBER AND FAMILY COVERAGE <b>OR</b>
	420	TRR SURVIVOR INDIVIDUAL COVERAGE <b>OR</b>
	421	TRR SURVIVOR FAMILY COVERAGE
<b>2-285-02R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF ECHO
	<b>THEN</b> HHC MEMBER CATEGORY CODE MUST =	A ACTIVE DUTY <b>OR</b>
		G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		J ACADEMY STUDENT <b>OR</b>
		P TAMP MEMBER <b>OR</b>
		S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
<b>2-285-03R</b>	IF TYPE OF SERVICE (FIRST POSITION) =	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	<b>THEN</b> HCC MEMBER CATEGORY CODE MUST =	A ACTIVE DUTY <b>OR</b>
		G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		J ACADEMY STUDENT <b>OR</b>
		N NATIONAL GUARD MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
		P TAMP MEMBER <b>OR</b>
		S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		T FOREIGN MILITARY MEMBER <b>OR</b>
		V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
		Z UNKNOWN
	<b>UNLESS</b> AMOUNT ALLOWED BY PROCEDURE CODE = 0	
<b>2-285-04R</b>	IF HCDP PLAN COVERAGE CODE =	004 DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>

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Non-Institutional Edit Requirements (ELN 200 - 299)

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)</b>		
005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
016	DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	<b>OR</b>
017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	<b>OR</b>
021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	<b>OR</b>
110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	<b>OR</b>
137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	<b>OR</b>
138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	<b>OR</b>
139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	<b>OR</b>
143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	<b>OR</b>
149	TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	<b>OR</b>
205	TDP INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	<b>OR</b>
206	TDP FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPNSORS	<b>OR</b>
212	TDP INDIVIDUAL COVERAGE FOR SURVIVORS OF SELECTED RESERVE (SelRes) DECEASED SPONSORS	<b>OR</b>
213	TDP FAMILY COVERAGE FOR SURVIVORS OF SELECTED RESERVE (SelRes) DECEASED SPONSORS	<b>OR</b>

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Non-Institutional Edit Requirements (ELN 200 - 299)

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)</b>		
	306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS <b>OR</b>
	345	TRICARE PLUS - DIRECT CARE ONLY (PRESENTATION LAYER) <b>OR</b>
	346	TRICARE PLUS <b>OR</b>
	409	RESERVE SELECT SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	RESERVE SELECT SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	RESERVE SELECT SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	RESERVE SELECT SURVIVOR NEW FAMILY COVERAGE
<b>OR</b> ENROLLMENT/HEALTH PLAN CODE =	AS	TRICARE SELECT - ACTIVE DUTY SURVIVORS <b>OR</b>
	GS	TRICARE SELECT - GUARD/RESERVE SURVIVORS
<b>OR</b> AMOUNT ALLOWED BY PROCEDURE CODE = 0		
<b>THEN</b> BYPASS THIS EDIT		
<b>ELSE</b> IF TYPE OF SERVICE (SECOND POSITION) =	C	AMBULATORY SURGERY
<b>THEN</b> HCC MEMBER CATEGORY CODE MUST =	D	DISABLED AMERICAN VETERAN <b>OR</b>
	F	FORMER MEMBER <b>OR</b>
	H	MOH RECIPIENT <b>OR</b>
	R	RETIRED <b>OR</b>
	W	FORMER SPOUSE <b>OR</b>
	Z	UNKNOWN
<b>2-285-05R</b> IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
<b>THEN</b> ONE OCCURRENCE OF OVERRIDE CODE =	M	NATO

<b>ELEMENT NAME: PAY GRADE CODE (SPONSOR) (2-291)</b>	
<b>VALIDITY EDITS</b>	
<b>2-291-01V</b>	MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO <a href="#">SECTION 2.7</a> )
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292)</b>	
<b>VALIDITY EDITS</b>	
<b>2-292-01V</b>	MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO <a href="#">ADDENDUM K</a> )
<b>RELATIONAL EDITS</b>	
NONE	

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Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)			
VALIDITY EDITS			
2-295-01V	MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO <a href="#">SECTION 2.5</a> )		
RELATIONAL EDITS			
2-295-06R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	ECHO
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF <b>OR</b>
		B	SPOUSE OR
		C	CHILD OR STEPCHILD <b>OR</b>
		D	PRE-ADOPTIVE CHILD <b>OR</b>
		E	WARD (COURT ORDERED) <b>OR</b>
		G	SURVIVING SPOUSE
2-295-07R	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF <b>OR</b>
		B	SPOUSE <b>OR</b>
		C	CHILD OR STEPCHILD <b>OR</b>
		D	PRE-ADOPTIVE CHILD <b>OR</b>
		E	WARD (COURT ORDERED) <b>OR</b>
		G	SURVIVING SPOUSE <b>OR</b>
		Z	UNKNOWN
	AND HCC MEMBER CATEGORY CODE ≠	W	FORMER SPOUSE
	UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE
2-295-10R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-REFERRED CARE <b>OR</b>
		AR	SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
		SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SM	SHCP - EMERGENCY
	OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF/eMSM REFERRED <b>OR</b>
		SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SR	SHCP - REFERRED <b>OR</b>
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN
	UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = ZERO		
	THEN BYPASS THIS EDIT		
1 PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.			

- END -

