

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 OR
		I	INITIAL SUBMISSION OR
		O	ZERO PAYMENT WITH 100% OHI/TPL OR
		R	RESUBMISSION
THEN AMOUNT PATIENT COST-SHARE MUST BE ≥ ZERO			
2-200-02R	IF TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION OR
		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 SECTION 2.5 .
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 OR
		I INITIAL SUBMISSION OR
		O ZERO PAYMENT WITH 100% OHI/TPL OR
		R RESUBMISSION
THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE ≥ ZERO		
2-205-02R	IF TYPE OF SUBMISSION =	C COMPLETE CANCELLATION OR
		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 ADDENDUM G).	
RELATIONAL EDITS		
2-220-01R	IF TYPE OF SUBMISSION =	C COMPLETE CANCELLATION OR
		D COMPLETE DENIAL
	THEN ALL OCCURRENCES/LINE ITEMS MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2	
2-220-02R	IF ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 , FOR THAT OCCURRENCE/LINE ITEM	
	AND 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 ALLOWED BY PROCEDURE CODE MUST = ZERO	
2-220-03R	IF TYPE OF SUBMISSION =	B ADJUSTMENT TO NON-TED (HCSR) DATA OR
		E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 , FOR THAT OCCURRENCE/LINE ITEM	
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO	

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ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (TYPE 1) (2-225)	
VALIDITY EDITS	
2-225-01V	MUST BE ALL BLANKS OR 10 DIGITS (MUST NOT BE ALL ZEROES)
2-225-02V	IF PROVIDER INDIVIDUAL NPI NUMBER IS ALL DIGITS
	THEN 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
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2) (2-230)	
VALIDITY EDITS	
2-230-01V	MUST BE ALL BLANKS OR 10 DIGITS (MUST NOT BE ALL ZEROES)
2-230-02V	IF PROVIDER ORGANIZATIONAL NPI NUMBER IS ALL DIGITS
	THEN 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
RELATIONAL EDITS	
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 ADDENDUM B) OR COUNTRY CODE (REFER TO ADDENDUM A).	
RELATIONAL EDITS		
2-235-01R	PROVIDER STATE/COUNTRY CODE MUST MATCH THE CORRESPONDING RECORD ¹ IN THE PROVIDER FILE.	
UNLESS AMOUNT ALLOWED BY PROCEDURE CODE IS ≤ ZERO		
OR ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM =	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 PROVIDER SPECIALTY =	172A00000X (OTHER SERVICE PROVIDER/DRIVERS) OR	
	344600000X (TRANSPORTATION SERVICES/TAXI)	
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., MEDICARE 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 “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			
2-240-01V	MUST BE NUMERIC		
	OR (FIRST THREE POSITIONS MUST BE A VALID STATE/COUNTRY CODE		
	AND LAST SIX POSITIONS MUST BE NUMERIC)		
	OR (FIRST THREE 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 FOR THAT OCCURRENCE/LINE ITEM =	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 FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER		
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE FOR THAT OCCURRENCE =	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., MEDICARE 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 FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER		
NO ERROR	IF AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO		
	THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER		
NO ERROR	IF PROVIDER SPECIALTY =	172A00000X (OTHER SERVICE PROVIDERS/DRIVER) OR	
		344600000X (TRANSPORTATION SERVICES/TAXI)	
	THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER		
2-240-02R	IF PROVIDER TAXPAYER NUMBER IS ALL NINES		
	THEN PROVIDER SPECIALTY MUST =	172A00000X (OTHER SERVICE PROVIDERS/DRIVER) OR	
		344600000X (TRANSPORTATION SERVICES/TAXI)	
	AND PROVIDER PARTICIPATION INDICATOR MUST =	N NO	
¹ ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.			

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ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240) (Continued)	
2-240-04R	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: NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER AND PROVIDER MAJOR SPECIALTY AND PROVIDER ZIP CODE ¹ 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 THE CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING: NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER AND PROVIDER MAJOR SPECIALTY AND PROVIDER ZIP CODE ¹ AND PROVIDER SUB-IDENTIFIER	
¹ ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.	

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

ELEMENT NAME: PROVIDER ZIP CODE (2-250)	
VALIDITY EDITS	
2-250-01V	MUST BE NINE DIGITS OR 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 OR
	MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE ¹) FOLLOWED BY SIX BLANKS
RELATIONAL EDITS	
	NONE
¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST ADDENDUM 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 HTTP://WWW.WPC-EDI.COM/REFERENCE/).
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	
2-265-01V	PROVIDER NETWORK STATUS INDICATOR MUST =
	1 NETWORK PROVIDER OR
	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 ADDENDUM G, FIGURE 2.G-2 .	
	THEN PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE, REFER TO ADDENDUM F .	
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, OR 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) OR
		M	OUTPATIENT MATERNITY COST-SHARED AS INPATIENT OR
		N	OUTPATIENT COST-SHARED AS INPATIENT OR
		O	OUTPATIENT, EXCLUDING M, N, OR P OR
		P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST-SHARED AS INPATIENT
	THEN PLACE OF SERVICE CANNOT =	21	INPATIENT HOSPITAL
2-280-08R	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN NATIONAL DRUG CODE MUST ≠ BLANK		
	UNLESS 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
	THEN TYPE OF SUBMISSION MUST ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND CA/NAS EXCEPTION REASON MUST = BLANK		
	AND CA/NAS NUMBER MUST = BLANK		
	AND CA/NAS REASON FOR ISSUANCE MUST = BLANK		
	AND NATIONAL DRUG CODE MUST ≠ BLANK		
	AND IF BEGIN DATE OF CARE < 01/01/2016		
	THEN PLACE OF SERVICE MUST =	19	PHARMACY
	ELSE PLACE OF SERVICE MUST =	01	PHARMACY
	AND PRICING RATE CODE MUST = 0		
	AND PROVIDER NETWORK STATUS INDICATOR MUST =	1	NETWORK PROVIDER
	AND PROVIDER PARTICIPATING INDICATOR MUST =	Y	YES
	AND PROVIDER SPECIALTY MUST =	183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)	
	AND IF PROCEDURE CODE =	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS
	THEN AMOUNT PATIENT COST-SHARE MUST = ZERO		
	AND 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 SECTION 2.5)	
RELATIONAL EDITS		
2-285-01R	IF HCC MEMBER RELATIONSHIP CODE =	A SELF
	THEN HCC MEMBER CATEGORY MUST ≠	A ACTIVE DUTY OR
		G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J ACADEMY STUDENT OR
		N NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T FOREIGN MILITARY MEMBER OR
		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 OR
		X FOREIGN SERVICE MEMBER OR
		Y CHCBP - NON-NETWORK OR
		AA CHCBP - NETWORK OR
		SN SHCP - NON-MTF/eMSM-REFERRED CARE OR
		SO SHCP - NON-TRICARE ELIGIBLE OR
		SR SHCP - MTF/eMSM REFERRED CARE OR
		ST SHCP - TRICARE ELIGIBLE OR
		SU SHCP - REFERRAL DESIGNATION UNKNOWN OR
		WA TPR FOREIGN SERVICE MEMBER
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC SHCP - NON-TRICARE ELIGIBLE OR
		SE SHCP - TRICARE ELIGIBLE OR
		SM SHCP - EMERGENCY
	OR HCDP PLAN COVERAGE CODE =	306 TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS OR
		307 TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS OR
		401 TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
		402 TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
		405 TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
		406 TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
		407 TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR

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

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

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

ELEMENT NAME: PAY GRADE CODE (SPONSOR) (2-291)	
VALIDITY EDITS	
2-291-01V	MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO SECTION 2.7)
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292)	
VALIDITY EDITS	
2-292-01V	MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO ADDENDUM K)
RELATIONAL EDITS	
NONE	

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 6.3

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 SECTION 2.5)		
RELATIONAL EDITS			
2-295-06R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	ECHO
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
		B	SPOUSE OR
		C	CHILD OR STEPCHILD OR
		D	PRE-ADOPTIVE CHILD OR
		E	WARD (COURT ORDERED) OR
		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 OR
		B	SPOUSE OR
		C	CHILD OR STEPCHILD OR
		D	PRE-ADOPTIVE CHILD OR
		E	WARD (COURT ORDERED) OR
		G	SURVIVING SPOUSE OR
		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 OR
		AR	SHCP - MTF/eMSM REFERRED CARE OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
	OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF/eMSM REFERRED OR
		SO	SHCP - NON-TRICARE ELIGIBLE OR
		SR	SHCP - REFERRED OR
		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 -

