

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (1-001)

VALIDITY EDITS

1-001-01 MUST BE = '1'

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
0-25-02R BATCH IDENTIFIER		
TYPE OF SUBMISSION	SEE BELOW	RECORD TYPE INDICATOR

EDITED ELEMENT RELATIONSHIP

1-001-03R IF RECORD TYPE INDICATOR = '1'

AND IF TYPE OF SUBMISSION =	A ADJUSTMENT
	C CANCELLATION
	B ADJUSTMENT TO NON-HCSR DATA
	E CANCELLATION OF NON-HCSR DATA

AND A MATCH IS FOUND ON THE HCSR DATABASE (BASED ON HCSR INDICATOR), THEN THE RECORD TYPE INDICATOR FOR THE HCSR ON THE DATABASE MUST BE EQUAL TO THE RECORD TYPE INDICATOR ON THE ADJUSTMENT/CANCELLATION HCSR BEING SUBMITTED. THIS IS TRUE FOR 'MATCHES' TO ALL 'NET' HCSR_s ON THE DATABASE, INCLUDING FRAGMENTED RECORDS SUCH AS A TYPE OF SUBMISSION 'B' MATCHING TO A PRIOR 'B'.

ELEMENT NAME: HEALTH CARE SERVICES RECORD INDICATOR (1-005)

VALIDITY EDITS

GROUP ELEMENT

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-175-02R TYPE OF SUBMISSION THROUGH 1-175-06R		FILING DATE, TYPE OF RECORD ON PREVIOUS HCSR ON DATABASE, AMOUNT PAID BY GOVERNMENT CONTRACTOR

ELEMENT NAME: FILING DATE (1-015)

VALIDITY EDITS

1-015-01 MUST BE A VALID JULIAN DATE.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-015-02R	DATE HCSR PROCESSED TO COMPLETION	≤	
1-015-03R AND 1-015-04R	OVERRIDE CODE	SEE BELOW	BEGIN AND END DATE OF CARE
1-040-04R	DATE ADJUSTMENT IDENTIFIED		TYPE OF SUBMISSION
1-280-03R	BEGIN DATE OF CARE		
¹	END DATE OF CARE	≥	
²	ADMISSION DATE	≥	

EDITED ELEMENT RELATIONSHIP

1-015-03R IF BEGIN DATE OF CARE ≥ 01/01/94
 IF FILING DATE > END DATE OF CARE PLUS ONE YEAR
 ONE OVERRIDE CODE MUST = 'F'

ELSE

FILING DATE MUST BE LESS THAN OR EQUAL TO THE LAST DAY OF THE YEAR FOLLOWING THE YEAR IN WHICH CARE WAS RECEIVED (BASED ON BEGIN DATE OF CARE)

WHEN: NO OCCURRENCE OF OVERRIDE CODE IS CLAIM FILED AFTER DEADLINE (F).

1-015-04R FILING DATE MUST BE LESS THAN BEGIN DATE OF CARE PLUS SIX YEARS WHEN ANY OCCURRENCE OF OVERRIDE CODE.
 'F' (CLAIM FILED AFTER DEADLINE).

¹ SEE 1-280-03R (BEGIN DATE OF CARE ≤ FILING DATE) AND 1-280-02R (BEGIN DATE OF CARE ≤ END DATE OF CARE).

² SEE 1-280-03R (BEGIN DATE OF CARE ≤ FILING DATE) AND/OR 1-280-02R (BEGIN DATE OF CARE ≤ END DATE OF CARE) AND/OR 1-235-03R (ADMISSION DATE ≤ END DATE OF CARE)

ELEMENT NAME: FILING STATE/COUNTRY (1-016)**VALIDITY EDITS****1-016-01** MUST BE A VALID STATE/COUNTRY CODE.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPECIAL PROCESSING CODE	SEE BELOW	
CONTRACTOR NUMBER ¹	SEE BELOW	CONTRACT NUMBER ¹
SPECIAL RATE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP**1-016-04R** FILING STATE MUST BE AUTHORIZED FOR THIS CONTRACTOR**AND**

CONTRACT ON THE CONTRACTOR DATABASE

UNLESS

THE PATIENT ZIP CODE IS IN THE BERGSTROM AIR FORCE BASE

OR

LUKE/WILLIAMS AIR FORCE BASE CATCHMENT AREAS.

ORCONTRACTOR NUMBER = 03 MANAGED CARE SUPPORT - REGION 3/4 **OR**06 MANAGED CARE SUPPORT - REGION 6 **OR**07 MANAGED CARE SUPPORT - CENTRAL REGION **OR**11 MANAGED CARE SUPPORT - REGION 11 **OR**25 MANAGED CARE SUPPORT - REGION 2/5 **OR**26 MANAGED CARE SUPPORT - REGION 1 **OR**53 FOUNDATION HEALTH FEDERAL SERVICES (CRI)
OR57 NEW ORLEANS COORDINATED CARE PROGRAM
OR59 AETNA GOVERNMENT HEALTH PLANS, INC. **OR**60 MANAGED CARE SUPPORT REGION 9, 10, 12, **OR**

72 MANAGED CARE SUPPORT - FHC OPTIONS

THEN CHECKING OF THE FILING STATE AGAINST THE COMS DATABASE WILL BE
BYPASSED.**1-016-05R** IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' (TRICARE/CHAMPUS DRG)
THEN FILING STATE/COUNTRY MUST NOT BE A FOREIGN COUNTRY EXCEPT FOR
PUERTO RICO.NOTE: FOR A LIST OF CODES SEE [CHAPTER 2, ADDENDUM A](#) AND [ADDENDUM B](#).¹ **BATCH/VOUCHER HEADER INPUT RECORD AND CONTRACTOR DATABASE.**

ELEMENT NAME: SEQUENCE NUMBER (1-020)

VALIDITY EDITS

1-020-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME: TIME (1-021)

VALIDITY EDITS

1-021-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)

1-021-02R TIME MUST BE GREATER THAN ZERO WHEN:
 HCSR FILING DATE IS EQUAL TO OR GREATER THAN 2-1-95

ELEMENT NAME: HCSR SUFFIX (1-025)

VALIDITY EDITS

1-025-01 MUST BE A NON-BLANK ALPHABETIC CHARACTER.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
HCSR SUFFIX	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-025-02R THE HCSR SUFFIX MUST NOT CHANGE UPON RESUBMISSION OF AN INITIAL HCSR THAT WAS PART OF A CLAIM BREAKDOWN (MULTIPLE SUFFIXES) **UNLESS** THE HCSR IN THE INITIAL SUBMISSION WAS INVALID (OTHER THAN A - Z), **OR** THE HCSR INDICATOR DUPLICATED A HCSR ALREADY ON THE DATABASE.

1-025-03R ONE HCSR SUFFIX WITHIN INTERNAL CONTROL NUMBER MUST HAVE HCSR SUFFIX = 'A' UPON INITIAL SUBMISSION TO TMA **UNLESS**:

TYPE OF SUBMISSION =	F (ADJUSTMENT TO PRIOR HCSR DATA, ADDITIONAL SUFFIX) OR
	G (ADDITIONAL DRG INTERIM BILLING)

ELEMENT NAME: PROGRAM INDICATOR (1-030)

VALIDITY EDITS

1-030-01 PROGRAM INDICATOR MUST BE 'H' (PROGRAM FOR PERSONS WITH DISABILITIES) OR 'I' (INSTITUTIONAL)

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
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NONE

ELEMENT NAME: DATE HCSR PROCESSED TO COMPLETION (1-035)

VALIDITY EDITS

1-035-01 MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
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1-035-02R	PERIOD END DATE	≤	
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1-035-03R	PERIOD BEGIN DATE	≥	
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1-015-02R	FILING DATE		
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1-040-03R	DATE ADJUSTMENT IDENTIFIED		
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1-235-02R	ADMISSION DATE		
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1-280-04R	BEGIN DATE OF CARE		
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1-285-04R	END DATE OF CARE		
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ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (1-040)

VALIDITY EDITS

1-040-01 MUST BE VALID GREGORIAN DATE, OR ALL ZEROES.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-040-02R	TYPE OF SUBMISSION	SEE BELOW	
1-040-03R	DATE HCSR PROCESSED TO COMPLETION	SEE BELOW	TYPE OF SUBMISSION
1-040-04R	FILING DATE	SEE BELOW	TYPE OF SUBMISSION
1-235-05R	ADMISSION DATE		TYPE OF SUBMISSION
1-280-05R	BEGIN DATE OF CARE		TYPE OF SUBMISSION
1-285-05R	END DATE OF CARE		TYPE OF SUBMISSION

EDITED ELEMENT RELATIONSHIP

1-040-02R	DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROES WHEN TYPE OF SUBMISSION =	D	CONTRACTOR DENIAL
		I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		DATE ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE WHEN TYPE OF SUBMISSION =	
		C	COMPLETE CANCELLATION
		B	ADJUSTMENT TO NON-HCSR DATA
		E	CANCELLATION OF NON-HCSR DATA
		F	ADJUSTMENT HCSR NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
1-040-03R	DATE ADJUSTMENT IDENTIFIED MUST BE: ≤ DATE HCSR PROCESSED TO COMPLETION AND ≥ FILING DATE WHEN TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		C	COMPLETE CANCELLATION OR
		B	ADJUSTMENT TO NON-HCSR DATA OR
		E	CANCELLATION OF NON-HCSR DATA OR
		F	ADJUSTMENT HCSR NEW SUFFIX OR
		G	ADDITIONAL DRG INTERIM BILLING

ELEMENT NAME: SPONSOR SOCIAL SECURITY NUMBER (1-045)**VALIDITY EDITS**

1-045-01 MUST BE 9 NUMERIC DIGITS (IF PRESENT) OR ALL BLANKS. CANNOT BE ALL ZEROS OR ALL NINES.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPONSOR STATUS	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-045-02R IF SPONSOR STATUS = 'T' (FOREIGN MILITARY), SPONSOR SOCIAL SECURITY NUMBER MUST BE ALL BLANKS OR 9 NUMERIC DIGITS.
OTHERWISE, (FOR ANY OTHER SPONSOR STATUS) SPONSOR SOCIAL SECURITY NUMBER MUST BE 9 NUMERIC DIGITS.

ELEMENT NAME: SPONSOR PAY GRADE (1-050)**VALIDITY EDITS**

1-050-01 MUST BE ONE OF THE VALUES LISTED FOR THIS ELEMENT IN [CHAPTER 2](#).

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	
SPONSOR STATUS	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-050-03R	IF SPONSOR STATUS =	T	FOREIGN MILITARY
	SPONSOR PAY GRADE MUST BE =	90	UNKNOWN (INCLUDING NATO)
		41-58	GS1 - GS18
1-050-04R	IF SPONSOR BRANCH OF SERVICE =	E	PHS
		I	NOAA
	SPONSOR PAY GRADE MUST NOT BE =	01-09	ENLISTED
1-050-05R	IF PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
	SPONSOR PAY GRADE MUST BE =	01-09	ENLISTED
		11-15	WARRANT OFFICER

ELEMENT NAME: SPONSOR PAY GRADE (1-050) (CONTINUED)

20-31 OFFICER

ELEMENT NAME: SPONSOR BRANCH OF SERVICE (1-055)

VALIDITY EDITS

01-055-01 MUST BE 'A', 'E', 'F', 'I', 'M', 'N', 'P', OR 'C' (SEE [CHAPTER 2](#))

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROGRAM INDICATOR	SEE BELOW	
VOUCHER BRANCH OF SERVICE ¹	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-055-03R IF VOUCHER BRANCH OF SERVICE =	01	ARMY
	02	AIR FORCE
	03	MARINE CORPS/NAVY
	21	ACTIVE DUTY ARMY (TPR)
	22	ACTIVE DUTY AIR FORCE (TPR)
	23	ACTIVE DUTY MARINE CORPS/NAVY (TPR)
	41	ARMY (COMPREHENSIVE CLINIC EVALUATION PROGRAM)
	42	AIR FORCE (COMPREHENSIVE CLINIC EVALUATION PROGRAM)
	43	MARINE CORPS/NAVY (COMPREHENSIVE CLINIC EVALUATION PROGRAM)
	71	ARMY - DIRECT PAY
	72	AIR FORCE - DIRECT PAY
	73	MARINE CORPS/NAVY - DIRECT PAY
	A1	ARMY (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY)
	A2	AIR FORCE (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY)
A3	MARINE CORPS/NAVY (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY)	
B1	ARMY (SUPPLEMENTAL CARE - MTF REFERRED)	
B2	AIR FORCE (SUPPLEMENTAL CARE - MTF REFERRED)	
B3	MARINE CORPS/NAVY (SUPPLEMENTAL CARE - MTF REFERRED)	

¹ BATCH/VOUCHER HEADER

ELEMENT NAME: SPONSOR BRANCH OF SERVICE (1-055) (CONTINUED)

FA	TRICARE SENIOR PRIME DOVER AFB, DOVER, DELAWARE
FB	TRICARE SENIOR PRIME KEESLER AFB, BILOXI, MISSISSIPPI
FC	TRICARE SENIOR PRIME BROOKE ARMY MEDICAL CENTER, SAN ANTONIO, TEXAS
FD	TRICARE SENIOR PRIME WILFORD HALL MEDICAL CENTER, SAN ANTONIO, TEXAS
FE	TRICARE SENIOR PRIME FT. SILL, OKLAHOMA
FF	TRICARE SENIOR PRIME SHEPPARD AFB, WICHITA FALLS, TEXAS
FG	TRICARE SENIOR PRIME FT CARSON, COLORADO SPRINGS, COLORADO
FH	TRICARE SENIOR PRIME AIR FORCE ACADEMY, COLORADO SPRINGS, COLORADO
FJ	TRICARE SENIOR PRIME NAVAL MEDICAL CENTER SAN DIEGO, SAN DIEGO, CALIFORNIA
FK	TRICARE SENIOR PRIME MADIGAN ARMY MEDICAL CENTER, FORT LEWIS, WASHINGTON
THEN SPONSOR BRANCH OF SERVICE =	A ARMY OR
	F AIR FORCE OR
	M MARINES OR
	N NAVY
IF VOUCHER BRANCH OF SERVICE =	05 NON-DOD OR
	25 NON-DOD (TPR) OR
	45 NON-DOD (COMPREHENSIVE CLINICAL EVALUATION PROGRAM) OR
	A5 NON-DOD (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY) OR
	B5 NON-DOD (SUPPLEMENTAL CARE - MTF REFERRED) OR
THEN SPONSOR BRANCH OF SERVICE =	E PUBLIC HEALTH SERVICE
	I NOAA

¹ BATCH/VOUCHER HEADER

ELEMENT NAME: SPONSOR BRANCH OF SERVICE (1-055) (CONTINUED)

	P	COAST GUARD
IF VOUCHER BRANCH OF SERVICE =	10	CONTINUED HEALTH CARE BENEFIT PROGRAM
THEN		
SPONSOR BRANCH OF SERVICE MUST BE =	A	ARMY
	F	AIR FORCE
	M	MARINES
	N	NAVY
	E	PUBLIC HEALTH SERVICE
	I	NOAA
	P	COAST GUARD

¹ BATCH/VOUCHER HEADER

ELEMENT NAME: SPONSOR STATUS (1-065)

VALIDITY EDITS

1-065-01 MUST BE ANY VALUE LISTED FOR THIS ELEMENT IN [CHAPTER 2](#).

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	
PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	DISCHARGE STATUS
DEERS DEPENDENT SUFFIX	SEE BELOW	DISCHARGE STATUS
PROGRAM INDICATOR	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	
OVERRIDE CODE	SEE BELOW	
BILL CLASSIFICATION CODE	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
1-197-19R SPECIAL PROCESSING CODE		PATIENT RELATIONSHIP TO SPONSOR

EDITED ELEMENT RELATIONSHIP

- 1-065-03R** IF PATIENT RELATIONSHIP TO SPONSOR = 'B' (SPONSOR)
 SPONSOR STATUS MUST NOT BE ANY VALUE LISTED UNDER ACTIVE **UNLESS**
 ENROLLMENT STATUS = 'Y', 'W', 'X', 'AA', 'SN', 'SO', 'SR', **OR** 'ST'
- 1-065-04R** IF DEERS DEPENDENT SUFFIX = '20' (SPONSOR)
 SPONSOR STATUS MUST NOT BE ANY VALUE LISTED UNDER ACTIVE **UNLESS**
 ENROLLMENT STATUS = 'Y', 'W', 'X', 'AA', 'SN', 'SO', 'SR', **OR** 'ST'
- 1-065-05R** IF PROGRAM INDICATOR = 'H' (PROGRAM FOR PERSONS WITH DISABILITIES)
 SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE, **OR** TAMP DESIGNEE
 EXCEPT FOR 'T' (FOREIGN MILITARY)

ELEMENT NAME: SPONSOR STATUS (1-065) (CONTINUED)

- 1-065-07R** IF ANY OCCURRENCE OF OVERRIDE CODE = 'J' (SUCCESSIVE ADMISSION)
SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE
- 1-065-08R** IF BILL CLASSIFICATION CODE = '1' (INPATIENT)
SPONSOR STATUS MUST NOT = 'T' (FOREIGN MILITARY)
- 1-065-09R** IF PATIENT RELATIONSHIP TO SPONSOR = 'b'
SPONSOR STATUS MUST NOT BE ANY VALUE LISTED UNDER DECEASED UNLESS
DISCHARGE STATUS = '20' (EXPIRED)
- 1-065-10R** IF DEERS DEPENDENT SUFFIX = '20'
SPONSOR STATUS MUST NOT BE ANY VALUE LISTED UNDER DECEASED UNLESS
DISCHARGE STATUS = '20' (EXPIRED)

ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (1-070)**VALIDITY EDITS**

- 1-070-01** MUST BE ONE OF THE VALUES LISTED FOR THIS ELEMENT IN [CHAPTER 2](#).

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	OVERRIDE CODE, SPONSOR BRANCH OF SERVICE
DEERS DEPENDENT SUFFIX	SEE BELOW	
1-065-03R AND 1-065-09R	SPONSOR STATUS	DISCHARGE STATUS
PROGRAM INDICATOR	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	
OVERRIDE CODE	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
1-197-19R	SPECIAL PROCESSING CODE	PATIENT RELATIONSHIP TO SPONSOR

EDITED ELEMENT RELATIONSHIP

- 1-070-03R** IF PATIENT DATE OF BIRTH INDICATES AGE¹ < 17
PATIENT RELATIONSHIP MUST NOT BE = 'b' (SPONSOR)
- 1-070-05R** IF PATIENT DATE OF BIRTH INDICATES AGE¹ < 12
- | | |
|---------------------------------------|------------------------|
| PATIENT RELATIONSHIP
MUST NOT BE = | S SPOUSE |
| | F UNREMARIED WIDOW(ER) |
| | G UNMARRIED WIDOW(ER) |

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (1-070) (CONTINUED)

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'B'.

IF PATIENT DATE OF BIRTH INDICATES AGE¹ < 34
 PATIENT RELATIONSHIP MUST NOT BE = 'T', 'H', 'R' OR 'Y' (FORMER SPOUSE) **UNLESS**
 ONE OCCURRENCE OF OVERRIDE CODE = 'I'.

1-070-06R IF DEERS DEPENDENT SUFFIX = '20' (SPONSOR)
 PATIENT RELATIONSHIP MUST BE = 'b'

IF DEERS DEPENDENT SUFFIX = '01' - '19' (CHILD)
 PATIENT RELATIONSHIP MUST BE = 'C' (CHILD), 'V' (STEPCHILD) **OR** 'W' (WARD OF
 COURT)

IF DEERS DEPENDENT SUFFIX = '30' - '39' (SPOUSE)
 PATIENT RELATIONSHIP MUST BE = 'S', 'F', 'G', 'H', 'R', 'T' **OR** 'Y'.

1-070-07R IF SPONSOR STATUS = 'T' (FOREIGN MILITARY)

PATIENT RELATIONSHIP TO
 SPONSOR MUST BE =

- C CHILD
- F UNREARRIED WIDOW(ER)
- G UNMARRIED WIDOW(ER)
- H UNREARRIED FORMER SPOUSE (20/20/20)
- R UNREARRIED FORMER SPOUSE (DIVORCED
 AFTER 4/1/85 MTG 20/20/15)
- S SPOUSE
- V STEPCCHILD
- Y UNREARRIED FORMER SPOUSE (DIVORCED
 PRIOR 4/1/85 MTG 20/20/15)

1-070-08R IF PROGRAM INDICATOR = H PROGRAM FOR PERSONS WITH DISABILITIES

PATIENT RELATIONSHIP TO
 SPONSOR MUST BE =

- C CHILD
- F UNREARRIED WIDOW(ER)
- G UNMARRIED WIDOW(ER)
- S SPOUSE
- V STEPCCHILD

1-070-10R IF ANY OCCURRENCE OF
 OVERRIDE CODE = J SUCCESSIVE ADMISSION

PATIENT RELATIONSHIP TO
 SPONSOR MUST BE =

- C CHILD
- F UNREARRIED WIDOW(ER)
- G UNMARRIED WIDOW(ER)
- S SPOUSE
- T UNREARRIED FORMER SPOUSE

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE
 MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE
 OF CARE TO END DATE OF CARE.

ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (1-070) (CONTINUED)

	V	STEPCHILD
	X	OTHER
	H	UNMARRIED FORMER SPOUSE
	R	UNREMARIED FORMER SPOUSE
	Y	UNREMARIED FORMER SPOUSE
	b	SPONSOR
	P	TAMP DESIGNEE
1-070-13R	IF NAS EXCEPTION REASON =	A ROUTINE NEWBORN CARE
	PATIENT RELATIONSHIP =	C CHILD

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: PATIENT NAME (1-075)**VALIDITY EDITS**

1-075-01 MUST BE AT LEAST 1 CHARACTER (LEFT-JUSTIFIED) FOLLOWED BY A COMMA

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME: PATIENT SSN (1-080)**VALIDITY EDITS**

1-080-01 MUST BE 9 NUMERIC DIGITS (IF PRESENT) OR ALL BLANKS. CANNOT BE ALL ZEROES OR ALL NINES

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME: PATIENT DATE OF BIRTH (1-085)

VALIDITY EDITS

1-085-01 MUST BE A VALID GREGORIAN DATE

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-085-02R	SYSTEM RUN DATE	MUST BE 125 OR LESS YEARS PRIOR TO RUN DATE	
1-085-03R	BEGIN DATE OF CARE	≤	
1-085-06R	ADMISSION DATE	≤	
¹	PRINCIPAL TREATMENT DIAGNOSIS	USE ICD-9-CM TAPE	
¹	SECONDARY TREATMENT DIAGNOSIS	USE ICD-9-CM TAPE	
	NAS EXCEPTION REASON	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-085-07R IF NAS EXCEPTION REASON = 'A'
 PATIENT DATE OF BIRTH MUST EQUAL ADMISSION DATE (NEWBORN)

¹ SEE 1-315-05R, 1-320-5R, 1-325-05R, 1-330-05R, AND 1-335-05R.

ELEMENT NAME: DEERS DEPENDENT SUFFIX (1-090)

VALIDITY EDITS

1-090-01 MUST BE ONE OF THE VALUES LISTED FOR THIS ELEMENT IN [CHAPTER 2](#).

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	TYPE OF SUBMISSION	SEE BELOW	
	PATIENT DATE OF BIRTH	SEE BELOW	OVERRIDE CODE, SPONSOR BRANCH OF SERVICE
	PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	
1-065-04R AND 1-065-10R	SPONSOR STATUS		DISCHARGE STATUS
	PROGRAM INDICATOR	SEE BELOW	
	SPONSOR BRANCH OF SERVICE	SEE BELOW	

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: DEERS DEPENDENT SUFFIX (1-090) (CONTINUED)**EDITED ELEMENT RELATIONSHIP**

1-090-02R	IF TYPE OF SUBMISSION =	A ADJUSTMENT
		I INITIAL
		R RESUBMISSION
		O ZERO PAYMENT
		B ADJUSTMENT TO NON-HCSR DATA
		F ADJUSTMENT HCSR NEW SUFFIX
		G ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0
	DEERS DEPENDENT SUFFIX MUST BE =	01-19 CHILDREN
		20 SPONSOR
		30-39 SPOUSE
		60-69 OTHER ELIGIBLE FAMILY MEMBER
		70-74 UNKNOWN
	IF TYPE OF SUBMISSION =	G ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED = 0
		D DENIAL
		C COMPLETE CANCELLATION
		E CANCELLATION TO NON-HCSR DATA
	DEERS DEPENDENT SUFFIX MUST BE ONE OF THE VALUES LISTED IN CHAPTER 2 .	
1-090-03R	IF PATIENT DATE OF BIRTH INDICATES AGE ¹ < 17 DEERS DEPENDENT SUFFIX MUST NOT BE = '20' (SPONSOR)	
1-090-05R	IF PATIENT DATE OF BIRTH INDICATES AGE ¹ < 12 DEERS DEPENDENT SUFFIX MUST NOT BE = '30' - '39' (SPOUSE) UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'B'.	
1-090-06R	DEERS DEPENDENT SUFFIX MUST = '20' (SPONSOR) IF PATIENT RELATIONSHIP = 'b'	
	DEERS DEPENDENT SUFFIX MUST BE =	01-19 CHILDREN
		60-69 OTHER ELIGIBLE FAMILY MEMBERS
		70-75 UNKNOWN
	IF PATIENT RELATIONSHIP = 'C' (CHILD) 'V' (STEPCHILD), OR 'W' (WARD OF COURT)	
	DEERS DEPENDENT SUFFIX MUST = '30' - '39' (SPOUSE) IF PATIENT RELATIONSHIP = 'S', 'F', OR 'G' UNLESS TYPE OF SUBMISSION = 'D' (COMPLETE CONTRACTOR DENIAL) THEN DEERS DEPENDENT SUFFIX CAN = '70' - '75' (UNKNOWN).	

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: DEERS DEPENDENT SUFFIX (1-090) (CONTINUED)

	DEERS DEPENDENT SUFFIX MUST BE =	30-39 SPOUSE 60-69 OTHER ELIGIBLE FAMILY MEMBER
	IF PATIENT RELATIONSHIP = 'T', 'H', 'R' OR 'Y' (FORMER SPOUSE).	
1-090-07R	IF SPONSOR STATUS =	T FOREIGN MILITARY
	DEERS DEPENDENT SUFFIX MUST BE =	01-19 CHILDREN 30-39 SPOUSE
1-090-08R	IF PROGRAM INDICATOR =	H PROGRAM FOR PERSONS WITH DISABILITIES
	DEERS DEPENDENT SUFFIX MUST BE =	01-19 CHILDREN 30-39 SPOUSE
1-090-10R	IF PATIENT DATE OF BIRTH INDICATES AGE ¹ > 2 YEARS DEERS DEPENDENT SUFFIX MUST NOT = '70' - '74' (UNKNOWN) UNLESS TYPE OF SUBMISSION = 'D' (COMPLETE CONTRACTOR DENIAL).	

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: PATIENT SEX (1-095)

VALIDITY EDITS

1-095-01 MUST BE 'M' OR 'F'

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	¹ ADMISSION DIAGNOSIS	
1-315-04R	PRINCIPAL TREATMENT DIAGNOSIS	
1-320-04R, 1-325-04R, 1-330-04R, AND 1-335-04R	SECONDARY TREATMENT DIAGNOSIS	
1-340-06R	PRINCIPAL OP/NSP CODE	OVERRIDE CODE
1-345-06R AND 1-350-06R	SECONDARY OP/NSP CODE	OVERRIDE CODE
1-365-06R	REVENUE CODE	

¹ EDIT NOT PERFORMED (ADMISSION DIAGNOSIS), USE ICD-9-CM TAPE FOR TREATMENT DIAGNOSIS AND OP/NSP ONLY.