

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (2-001)

VALIDITY EDITS

2-001-01 MUST BE = '2'.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
0-025-02R BATCH IDENTIFIER		
TYPE OF SUBMISSION	SEE BELOW	RECORD TYPE INDICATOR

EDITED ELEMENT RELATIONSHIP

2-001-03R IF RECORD TYPE INDICATOR = '2' AND

- | | | |
|--------------------------|---|-------------------------------|
| AND 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' HCSRS 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 (2-005)

VALIDITY EDITS

GROUP ELEMENT

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-175-02R TYPE OF SUBMISSION THROUGH 2-175-06R		FILING DATE, TYPE OF NET RECORD ON PREVIOUS HCSR ON DATABASE, AMOUNT PAID BY GOVERNMENT CONTRACTOR

ELEMENT NAME: FILING DATE (2-015)

VALIDITY EDITS

2-015-01 MUST BE A VALID JULIAN DATE

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-015-02R	DATE HCSR PROCESSED TO COMPLETION	≤	
2-040-04R	DATE ADJUSTMENT IDENTIFIED		TYPE OF SUBMISSION
2-315-03R	END DATE OF CARE		
2-310-03R	BEGIN DATE OF CARE		
	OVERRIDE CODE	SEE BELOW	BEGIN AND END DATE OF CARE

EDITED ELEMENT RELATIONSHIP

2-015-03R 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 IF CLAIM FILED AFTER DEADLINE (F).

2-015-04R FILING DATE MUST BE LESS THAN THE EARLIEST BEGIN DATE OF CARE PLUS SIX YEARS
 WHEN ANY OCCURRENCE OF 'F' (CLAIM FILED AFTER DEADLINE).

ELEMENT NAME: FILING STATE/COUNTRY (2-016)

VALIDITY EDITS

2-016-01 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	SEE BELOW	CONTRACT NUMBER ¹

NOTE: FOR A LIST OF CODES SEE [CHAPTER 2, ADDENDUM A](#) AND [ADDENDUM B](#).

EDITED ELEMENT RELATIONSHIP

2-016-04R 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

¹ BATCH/VOUCHER HEADER INPUT RECORD AND CONTRACTOR DATABASE.

ELEMENT NAME: FILING STATE/COUNTRY (2-016) (CONTINUED)

OR		
LUKE/WILLIAMS AIR FORCE BASE CATCHMENT AREAS		
OR		
SPECIAL PROCESSING		
CODE =	I	BERGSTROM AFB CATCHMENT AREA OR
	J	LUKE/WILLIAMS AFB CATCHMENT AREA
OR		
CONTRACTOR 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) OR
	57	NEW ORLEANS COORDINATED CARE PROGRAM OR
	59	AETNA GOVERNMENT HEALTH PLANS, INC. OR
	60	MANAGED CARE SUPPORT REGION 9, 10, 12 OR
	72	MANAGED CARE SUPPORT - FHC OPTIONS
OR		
ENROLLMENT STATUS =	T	MANAGED CARE SUPPORT STANDARD PROGRAM
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	V	MANAGED CARE SUPPORT EXTRA
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM

IN WHICH CASE, THE CHECK OF THE FILING STATE AGAINST THE CONTRACTOR'S DATABASE WILL BE BYPASSED.

¹ BATCH/VOUCHER HEADER INPUT RECORD AND CONTRACTOR DATABASE.

ELEMENT NAME: SEQUENCE NUMBER (2-020)

VALIDITY EDITS

2-020-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

ELEMENT NAME: TIME (2-021)		
VALIDITY EDITS		
2-021-01	MUST BE NUMERIC.	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-021-02R	TIME MUST BE GREATER THAN '0' WHEN: HCSR FILING DATE IS EQUAL TO OR GREATER THAN 2-1-95	

ELEMENT NAME: HCSR SUFFIX (2-025)		
VALIDITY EDITS		
2-025-01	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		
2-025-02R	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 DATA BASE.	
2-025-03R	ONE HCSR SUFFIX WITHIN INTERNAL CONTROL NUMBER MUST HAVE HCSR SUFFIX = 'A' UPON INITIAL SUBMISSION TO TMA UNLESS	
TYPE OF SUBMISSION =	A	ADJUSTMENT TO PRIOR HCSR DATA
	B	ADJUSTMENT TO NON-HCSR DATA
	C	COMPLETE CANCELLATION PRIOR HCSR DATA
	E	COMPLETE CANCELLATION NON-HCSR DATA
	F	ADJUSTMENT TO PRIOR HCSR DATA, ADDITIONAL SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

ELEMENT NAME: PROGRAM INDICATOR (2-030)		
VALIDITY EDITS		
2-030-01	PROGRAM INDICATOR MUST BE 'D' (DRUG), OR 'H' (PROGRAM FOR PERSONS WITH DISABILITIES), OR 'I' (INSTITUTIONAL), OR 'N' (NON-INSTITUTIONAL), OR 'T' (DENTAL).	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		
CONTRACTOR NUMBER ¹	SEE BELOW	CONTRACT NUMBER ¹
EDITED ELEMENT RELATIONSHIP		
2-030-02R	IF PROGRAM INDICATOR = 'T' (DENTAL) THIS CONTRACTOR AND CONTRACT MUST BE AUTHORIZED FOR DENTAL CARE ² ON THE CONTRACTOR DATABASE.	
	IF PROGRAM INDICATOR ≠ 'T' (DENTAL) THIS CONTRACTOR AND CONTRACT MUST BE AUTHORIZED FOR MEDICAL CARE ³ ON THE CONTRACTOR DATABASE.	
¹ BATCH/VOUCHER HEADER INPUT RECORD AND CONTRACTOR DATABASE.		
² DENTAL PROCEDURE CODE TERMINOLOGY TEXT.		
³ MEDICAL (CPT-4) PROCEDURE CODE TERMINOLOGY TEXT.		

ELEMENT NAME: DATE HCSR PROCESSED TO COMPLETION (2-035)		
VALIDITY EDITS		
2-035-01	MUST BE A VALID GREGORIAN DATE.	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-035-02R	PERIOD END DATE	≤
2-035-03R	PERIOD BEGIN DATE	≥
2-015-02R	FILING DATE	
2-040-03R	DATE ADJUSTMENT IDENTIFIED	
2-310-04R	BEGIN DATE OF CARE	
2-315-04R	END DATE OF CARE	

ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (2-040)

VALIDITY EDITS

2-040-01 MUST BE EITHER A VALID GREGORIAN DATE, **OR** ALL ZEROS.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-040-02R	TYPE OF SUBMISSION	SEE BELOW	
2-040-03R	DATE HCSR PROCESSED TO COMPLETION	SEE BELOW	TYPE OF SUBMISSION
2-040-04R	FILING DATE	SEE BELOW	TYPE OF SUBMISSION
2-310-05R	BEGIN DATE OF CARE		TYPE OF SUBMISSION
2-315-05R	END DATE OF CARE		TYPE OF SUBMISSION

EDITED ELEMENT RELATIONSHIP

2-040-02R DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROES **WHEN**

TYPE OF SUBMISSION IS
 CONTRACTOR =

- D 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 IS =

- A ADJUSTMENT
- C COMPLETE CANCELLATION
- B ADJUSTMENT TO NON-HCSR DATA
- E CANCELLATION OF NON-HCSR DATA
- F ADJUSTMENT HCSR NEW SUFFIX

2-040-03R DATE ADJUSTMENT IDENTIFIED MUST BE:
 \leq DATE HCSR PROCESSED TO COMPLETION AND \geq 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

ELEMENT NAME: SPONSOR SOCIAL SECURITY NUMBER (2-045)**VALIDITY EDITS**

2-045-01 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)
SPONSOR STATUS	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-045-02R 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 (2-050)**VALIDITY EDITS**

2-050-01 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

2-050-03R IF SPONSOR STATUS 'T' (FOREIGN MILITARY)
SPONSOR PAY GRADE MUST = '90' UNKNOWN (INCLUDING NATO), 41-58 GS1-GS18.

2-050-04R IF SPONSOR BRANCH OF SERVICE 'E' (PHS) OR 'I' (NOAA)
SPONSOR PAY GRADE MUST NOT BE = '01' - '09' (ENLISTED)

2-050-05R IF PROGRAM INDICATOR 'H' (PROGRAM FOR PERSONS WITH DISABILITIES)
SPONSOR PAY GRADE MUST BE '01 - 09' (ENLISTED), '11 - 15' (WARRANT OFFICER), OR '20
- 31' (OFFICER)

ELEMENT NAME: SPONSOR BRANCH OF SERVICE (2-055)

VALIDITY EDITS

2-055-01 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

2-055-03R	IF VOUCHER BRANCH OF SERVICE =	01	ARMY
		02	AIR FORCE
		03	MARINE CORPS/NAVY
		10	CONTINUED HEALTH CARE BENEFIT PROGRAM
		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)
		FA	TRICARE SENIOR PRIME DOVER AFB, DOVER, DELAWARE

¹ BATCH/VOUCHER HEADER

ELEMENT NAME: SPONSOR BRANCH OF SERVICE (2-055) (CONTINUED)

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

¹ BATCH/VOUCHER HEADER

ELEMENT NAME: SPONSOR BRANCH OF SERVICE (2-055) (CONTINUED)

THEN

SPONSOR BRANCH OF SERVICE =

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 (2-065)

VALIDITY EDITS

2-065-01 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	
DEERS DEPENDENT SUFFIX	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	
PLACE OF SERVICE	SEE BELOW	
TYPE OF SERVICE	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
2-202-22R	SPECIAL PROCESSING CODE	PATIENT RELATIONSHIP TO SPONSOR

EDITED ELEMENT RELATIONSHIP

- 2-065-03R** 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'.
- 2-065-04R** 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'.
- 2-065-05R** IF PROGRAM INDICATOR 'H' (PROGRAM FOR PERSONS WITH DISABILITIES) SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE, TAMP DESIGNEE EXCEPT FOR 'T' (FOREIGN MILITARY).
- 2-065-07R** IF ANY OCCURRENCE OF OVERRIDE CODE 'J' (SUCCESSIVE ADMISSION PATIENT IS FAMILY MEMBER OF ACTIVE DUTY SPONSOR AND COST SHARE IS BASED ON BOTH CURRENT AND PRIOR ADMISSION) SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE.

ELEMENT NAME: SPONSOR STATUS (2-065) (CONTINUED)

2-065-08R IF PLACE OF SERVICE = 21 INPATIENT HOSPITAL
56 RESIDENTIAL TREATMENT CENTER

SPONSOR STATUS MUST **NOT** = 'T' (FOREIGN MILITARY).

2-065-11R IF FIRST BYTE OF TYPE OF SERVICE 'A' (AMBULATORY SURGERY COST-SHARED AS INPATIENT)
THEN SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE OR TAMP DESIGNEE.

2-065-13R IF SECOND BYTE OF TYPE OF SERVICE 'C' (AMBULATORY SURGERY)
SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER RETIRED **OR** DECEASED.

ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (2-070)**VALIDITY EDITS**

2-070-01 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	
2-065-03R SPONSOR STATUS	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	
TYPE OF SERVICE	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
2-202-22R SPECIAL PROCESSING CODE		SPONSOR STATUS

EDITED ELEMENT RELATIONSHIP

2-070-02 IF TYPE OF SUBMISSION = A ADJUSTMENT
I INITIAL
R RESUBMISSION
O ZERO PAYMENT
B ADJUSTMENT TO NON-HCSR DATA
F ADJUSTMENT HCSR NEW SUFFIX

PATIENT RELATIONSHIP TO SPONSOR MUST BE = b SPONSOR

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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (2-070) (CONTINUED)

	C	CHILD
	S	SPOUSE
	F	UNREMARIED WIDOW(ER)
	G	UNMARRIED WIDOW(ER)
	T	UNREMARIED FORMER SPOUSE
	V	STEPCHILD
	W	WARD OF COURT
	X	OTHER, GOOD FAITH
	H	UNMARRIED FORMER SPOUSE
	R	UNREMARIED FORMER SPOUSE
	Y	UNREMARIED FORMER SPOUSE
IF TYPE OF SUBMISSION =	D	DENIAL
	C	COMPLETE CANCELLATION
	E	CANCELLATION TO NON-HCSR DATA

PATIENT RELATIONSHIP TO SPONSOR MUST BE ONE OF THE VALUES LISTED IN CHAPTER 2.

2-070-03R IF PATIENT DATE OF BIRTH INDICATES AGE¹ < 17
 PATIENT RELATIONSHIP MUST ≠ 'b' (SPONSOR)

2-070-05R IF PATIENT DATE OF BIRTH INDICATES AGE¹ < 12

PATIENT RELATIONSHIP
 MUST ≠

- S SPOUSE
- F UNREMARIED WIDOW(ER)
- G UNMARRIED WIDOW(ER)

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'B'.

IF PATIENT DATE OF BIRTH INDICATES AGE¹ < 34 '

PATIENT RELATIONSHIP
 MUST ≠

- T UNREMARIED FORMER SPOUSE
- H UNMARRIED FORMER SPOUSE
- R UNREMARIED FORMER SPOUSE
- Y UNREMARIED FORMER SPOUSE

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'I'.

2-070-06R 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)

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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (2-070) (CONTINUED)

	PATIENT RELATIONSHIP MUST BE =	S SPOUSE
		F UNREARRIED WIDOW(ER)
		G UNMARRIED WIDOW(ER)
		H UNMARRIED FORMER SPOUSE
		R UNREARRIED FORMER SPOUSE
		T UNREARRIED FORMER SPOUSE
		Y UNREARRIED FORMER SPOUSE
2-070-07R	IF SPONSOR STATUS =	T FOREIGN MILITARY
	PATIENT RELATIONSHIP TO SPONSOR MUST BE =	C CHILD
		F UNREARRIED WIDOW(ER)
		G UNMARRIED WIDOW(ER)
		S SPOUSE
		V STEPCHILD
2-070-08R	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 STEPCHILD
2-070-12R	IF FIRST BYTE OF TYPE OF SERVICE =	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	PATIENT RELATIONSHIP TO SPONSOR MUST BE =	C CHILD
		F UNREARRIED WIDOW(ER))
		G UNMARRIED WIDOW(ER)
		S SPOUSE
		T UNREARRIED FORMER SPOUSE
		V STEPCHILD
		X OTHER
		H UNMARRIED FORMER SPOUSE
		R UNREARRIED FORMER SPOUSE
		Y 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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (2-070) (CONTINUED)

W WARD OF COURT

b SPONSOR

2-070-13R IF NAS EXCEPTION REASON = 'A' (ROUTINE NEWBORN CARE)
PATIENT RELATIONSHIP MUST BE = '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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: PATIENT NAME (2-075)

VALIDITY EDITS

2-075-01 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 (2-080)

VALIDITY EDITS

2-080-01 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 (2-085)

VALIDITY EDITS

2-085-01 MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-085-02R SYSTEM RUN DATE	MUST BE 125 OR LESS YEARS PRIOR TO RUN DATE	
2-085-03R BEGIN DATE OF CARE	≤ EARLIEST DETAIL	

¹ SEE 2-255-05R, 2-260-05R, 2-265-05R, 2-270-05R, AND 2-275-05R.

ELEMENT NAME: PATIENT DATE OF BIRTH (2-085) (CONTINUED)

2-255-05R	PRINCIPAL TREATMENT DIAGNOSIS	USE ICD-9-CM TAPE
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	SECONDARY TREATMENT DIAGNOSIS ¹	USE ICD-9-CM TAPE
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2-290-07R	PROCEDURE CODE	
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	NAS EXCEPTION REASON	SEE BELOW
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EDITED ELEMENT RELATIONSHIP

2-085-07R	IF NAS EXCEPTION REASON = 'A' PATIENT DATE OF BIRTH MUST INDICATE NEWBORN (PATIENT DOB CANNOT BE MORE THAN FIVE DAYS BEFORE THE EARLIEST BEGIN DATE OF CARE).
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¹ SEE 2-255-05R, 2-260-05R, 2-265-05R, 2-270-05R, AND 2-275-05R.

ELEMENT NAME: DEERS DEPENDENT SUFFIX (2-090)**VALIDITY EDITS**

2-090-01	MUST BE ONE OF THE VALUES LISTED FOR THIS ELEMENT IN CHAPTER 2 .
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RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
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TYPE OF SUBMISSION	SEE BELOW	
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PATIENT DATE OF BIRTH	SEE BELOW	OVERRIDE CODE, SPONSOR BRANCH OF SERVICE
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PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	
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2-065-04R	SPONSOR STATUS	
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PROGRAM INDICATOR	SEE BELOW	
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SPONSOR BRANCH OF SERVICE	SEE BELOW	
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EDITED ELEMENT RELATIONSHIP

2-090-02R	IF TYPE OF SUBMISSION =	A ADJUSTMENT
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	I INITIAL
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	R RESUBMISSION
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	O ZERO PAYMENT
--	----------------

	B ADJUSTMENT TO NON-HCSR DATA
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	F ADJUSTMENT HCSR NEW SUFFIX
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DEERS DEPENDENT SUFFIX MUST BE =	01-19 CHILDREN
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	20 SPONSOR
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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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: DEERS DEPENDENT SUFFIX (2-090) (CONTINUED)

	30-39 SPOUSE
	60-69 OTHER ELIGIBLE FAMILY MEMBERS
	70-75 UNKNOWN
IF TYPE OF SUBMISSION =	D DENIAL
	C COMPLETE CANCELLATION
	E CANCELLATION TO NON-HCSR DATA
DEERS DEPENDENT SUFFIX MUST BE ONE OF THE VALUES LISTED IN CHAPTER 2 .	
2-090-03R	IF PATIENT DATE OF BIRTH INDICATES AGE ¹ < 17 DEERS DEPENDENT SUFFIX ≠ '20' (SPONSOR)
2-090-05R	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'.
2-090-06R	DEERS DEPENDENT SUFFIX MUST = '20' (SPONSOR) IF PATIENT RELATIONSHIP = 'B' DEERS DEPENDENT SUFFIX MUST BE '01 - 19' (CHILDREN) OR '70 - 75' (UNKNOWN) IF PATIENT RELATIONSHIP = 'C, V' 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' - '74' (UNKNOWN).
	DEERS DEPENDENT SUFFIX MUST BE '30 - 39' (SPOUSE) OR '60 - 69' (OTHER ELIGIBLE FAMILY MEMBERS) IF PATIENT RELATIONSHIP = 'T', 'H', 'R', 'W', 'V' OR 'Y' (FORMER SPOUSE).
2-090-07R	IF SPONSOR STATUS 'T' (FOREIGN MILITARY) DEERS DEPENDENT SUFFIX MUST BE '01 - 19' (CHILDREN) OR '30 - 39' (SPOUSE)
2-090-08R	IF PROGRAM INDICATOR 'H' (PROGRAM FOR PERSONS WITH DISABILITIES) DEERS DEPENDENT SUFFIX MUST BE '01 - 19' (CHILDREN) OR '30 - 39' (SPOUSE)
2-090-10R	IF PATIENT DATE OF BIRTH INDICATES AGE ¹ > 2 YRS 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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: PATIENT SEX (2-095)**VALIDITY EDITS****2-095-01** MUST BE 'M' OR 'F'.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
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2-255-04R PRINCIPAL TREATMENT DIAGNOSIS¹ SECONDARY TREATMENT DIAGNOSIS**2-290-06R** PROCEDURE CODE

OVERRIDE CODE

¹ SEE EDIT CODES 2-260-04R, 2-265-04R, 2-270-04R AND 2-275-04R.

