

FIGURE 9-A-2 DEERS DATA DISCREPANCY CODES

DEERS CODE TO CONTRACTOR	DEFINITION
01	Sponsor DEERS ID not found
02	Sponsor DEERS ID found; Name match; No family members found; Active duty sponsor
03	Sponsor DEERS ID found; Name match; No family members found; Sponsor other than active duty
04	Sponsor DEERS ID found; Name match fail; No family members found
05	Sponsor DEERS ID found; Name match; Family members found; DOB match fail; Active duty sponsor
06	Sponsor DEERS ID found; Name match; Family members found; DOB match fail; Sponsor other than active duty
07	Sponsor DEERS ID found; Name match fail; Individual found; DOB match
08	Sponsor DEERS ID found; Name match fail; Family members found; DOB match fail; Active duty sponsor
09	Sponsor DEERS ID found; Name match fail; Family members found; DOB match fail; Sponsor other than active duty
11	Sponsor DEERS ID found; Name match fail; Family members found; More than one DOB match
12	Sponsor DEERS ID found; Name match; Family members found; More than one DOB match; Pseudo DDS used on query
30	Invalid data
50	Sponsor DEERS ID found; Name Match; Individual found; DOB match; Eligible
60	Sponsor DEERS ID found; Name match; Individual found; DOB match; Ineligible because of no TRICARE privilege
70	Sponsor DEERS ID found; Name match; Individual found; DOB match; Ineligible because treatment dates are outside of eligibility dates.

FIGURE 9-A-3 DEERS ELIGIBILITY CODES

To determine eligibility for other programs, also look at the alternate care flag as well as the eligibility code. The alternate care flag will indicate whether enrollment or eligibility falls under another program.

FOR EXAMPLE:

ELIG CODE	ALTERNATIVE CARE FLAG	DETERMINATION
60	A	Active duty sponsor enrolled in a specific MTF's managed care. Direct care eligible only.
60	B	Not eligible for TRICARE; due to CHAMPVA eligibility.
60	P	Not eligible for TRICARE because the beneficiary is enrolled in Prime.

Eligibility code 70 is similar in that it indicates that the treatment dates are partially or fully outside the entitlement period. When the alternate care flag carries a value such as one of the three above, it means that the treatment period falls either partially or fully outside the entitlement period for that program.

FIGURE 9-A-4 CONTRACTOR DATA DISCREPANCY CODES

CONTRACTOR CODE TO DSO	DEFINITION
01	SSN no hit, contractor has researched and believes it has valid SSN.

FIGURE 9-A-5 CONTRACTOR DATA DISCREPANCY CODES

CONTRACTOR CODE TO DSO	DSO CODE TO CONTRACTOR
53	Eligibility questioned due to Medicare eligibility
62	Ineligibility questioned due to Medicare ineligibility
NOTE: These codes must be supported with hardcopy documentation.	

FIGURE 9-A-6 DSO DATA RESOLUTION CODES

CONTRACTOR CODE TO DSO		DSO CODE TO CONTRACTOR
01	01	SSN found on enrollment file; requery
	02	SSN found on casualty file; letter and packet sent to survivor
	03	SSN found on VA file
	04	SSN found on reserve file
	05	SSN found on loss file
	06	SSN not found
	07	Sponsor found under different SSN
	08	SSN found; ineligible
	31	DSO has researched this discrepancy to the limits of its capacity; no resolution has been attained during the 120 day limit; contractor is directed to remove this discrepancy from its pending file.

FIGURE 9-A-7 DSO ELIGIBILITY RESOLUTION CODES

CONTRACTOR CODE TO DSO	DSO CODE TO CONTRACTOR	
53	50	Eligible
62	60	Ineligible; no TRICARE
	80	We agree with the findings
	81	We disagree with the findings
	82	Partially eligible
	83	Unable to determine eligibility

FIGURE 9-A-8 CONTRACTOR ACTION REQUIRED ON DSO DATA RESOLUTION CODES

The following contractor action is required if the claim was originally denied. If the claim was originally paid and it should have been denied, the appropriate recoupment action shall be taken. When checking history for prior paid claims, use the most current 12 months of history. Reopen any denied claims that should have been paid and take the appropriate recoupment action for any paid claims that should have been denied.

CONTRACTOR CODE TO DSO	DSO DATA RESOLUTION CODE TO CONTRACTOR	ACTION REQUIRED BY CONTRACTOR
01	01	Reprocess claim; requery DEERS
	02	Reprocess claim; no requerying necessary
	03	If claim is for sponsor and eligibility response code indicates eligible, reprocess claim as eligible, no requerying is necessary
		If claim is for sponsor and eligibility response code indicates ineligible, remove from pending file; check history for prior paid claims
		If claim is for family member and eligibility response code indicates eligible, reprocess claim as eligible, no requerying is necessary
		If claim is for family member and eligibility response code indicates ineligible, the claim is CHAMPVA
	04 or 05	If claim is for sponsor and eligibility response code indicates eligible, remove from pending file; check history for prior paid claims
		If claim is for family member and eligibility response code indicates eligible, reprocess as eligible; no requerying necessary
		Regardless of patient, if eligibility response indicates ineligible, remove from pending file; check history for prior paid claims
	06, 08, or 31	Remove from pending file; check history for prior paid claims
	07	Reprocess claim with correct SSN; requerying is required

**FIGURE 9-A-8 CONTRACTOR ACTION REQUIRED ON DSO DATA RESOLUTION CODES
 (CONTINUED)**

The following contractor action is required if the claim was originally denied. If the claim was originally paid and it should have been denied, the appropriate recoupment action shall be taken. When checking history for prior paid claims, use the most current 12 months of history. Reopen any denied claims that should have been paid and take the appropriate

CONTRACTOR CODE TO DSO	DSO DATA RESOLUTION CODE TO CONTRACTOR	ACTION REQUIRED BY CONTRACTOR
53 62	50, 60, 80, 81, 82, or 83	<p>If any of these codes are received with a DSO-response codes equal to 01 through 08, take the action noted under contractor Code to DSO = 01 in this chart</p> <p>If these codes are received with any other DSO response, the contractor shall handle the response as follows:</p> <ol style="list-style-type: none"> 1. If DSO indicates the patient was eligible and the claim was paid, no further action is required. Remove from the pending file. 2. If DSO indicates the patient is eligible or partly eligible and the claim was denied, the contractor shall reprocess the claim; requery DEERS. 3. If DSO indicated the patient was ineligible and the claim was denied, no further action is required. Remove from pending file. 4. If DSO indicated the patient was ineligible and the claim was paid, the contractor shall take the necessary recoupment action. In addition, check history for prior paid claims for the patient. 5. If DSO returns a code = 83, the contractor shall delete the record from their pending file; no other action is required.

FIGURE 9-A-9 HARD/SOFT REASON FOR CHANGE CODES

"SOFT" REASON FOR CHANGE		"HARD" REASON FOR CHANGE	
E	ID Card Expired Beyond Prescribed Limits	A	21st Birthday
K	Enlisted Career	B	Treatment Prior to Start of Eligibility
N	Sponsor not on Quality Control Master File	C	Retirement of Sponsor
P	Est. Card or Eligibility Expiration	D	Death
R	Estimated Termination of Service	F	Invalid Enrollment
U	Not Predictable	G	End of Full Time Student Status
V	DD 1172 Never on Master File	H	Family Member Married
X	Other	I	Incapacitation Ends
		J	Family Member on Active Duty
		L	Enrolled in Another Program
		M	Medicare Entitlement
		S	Active Duty Separation
		T	Divorce

FIGURE 9-A-10 CONTRACTOR ID INQUIRY TRANSACTION - (TYPE 1)

FIELD	LENGTH	COMMENTS
Tran ID	4	Transaction Identifier, assigned by DEERS
Record Type	1	'1'
Query Code	2	TMA assigned contractor number/query type
Claim Number	12	Unique claim number assigned by the contractor
DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-law of Sponsor 55-59 Father-in-law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by contractor 98 Service Secretary Designee
Sponsor SSN	9	Sponsor's Social Security Number
Sponsor's Name	27	Last Name, First Name, MI; First 5 characters of last name at minimum (No spaces, no special characters). If last name is less than 5 characters, end last name with a comma.
Patient's Name	27	Same format as sponsor's name, except include entire name
Patient's Sex	1	M Male F Female Z Unknown
Patient's Date of Birth	8	YYYYMMDD
Filler	43	
TOTAL	136	

FIGURE 9-A-11 CONTRACTOR ELIGIBILITY INQUIRY TRANSACTION - (TYPE 2)

FIELD	LENGTH	COMMENTS
Tran-ID	4	Transaction Identifier, assigned by DEERS
Record Type	1	'2'
Query Code	2	TMA assigned contractor number/query type
Claim Number	12	Unique claim number assigned by the contractor
DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-law of Sponsor 55-59 Father-in-law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by contractor 98 Service Secretary Designee
Sponsor's SSN	9	Sponsor's Social Security Number
Sponsor's Name	27	Last name, first name, MI; first 5 characters of last name at minimum (no spaces, no special characters). If last name is less than 5 characters, end last name with a comma.
Patient's Name	27	Same format as sponsor's name, except include entire name.
Patient's Sex	1	M Male F Female Z Unknown
Patient's Date of Birth	8	YYYYMMDD
From Date of Treatment	8	YYYYMMDD - Beginning date of the provider's service or the period for which the billing is submitted.
To Date of Treatment	8	YYYYMMDD - Ending date of the provider's service or the period for which the billing is submitted.
NAS Required Indicator	1	0 Indicates an NAS is not required for this claim. 1 Indicates an INAS is required for this claim.

FIGURE 9-A-11 CONTRACTOR ELIGIBILITY INQUIRY TRANSACTION - (TYPE 2) (CONTINUED)

FIELD	LENGTH	COMMENTS
NAS Required Indicator (Continued)	2	Indicates an ONAS is required for this claim.
	3	Request for DEERS to send all INASs and ONASs
	4	Request for DEERS to send Care Authorizations only
	5	Request for DEERS to send all INASs and ONASs and Care Authorizations
Date of Admission	8	YYYYMMDD - Code the date of admission, if known, from history or the claim, whenever the NAS Required Indicator = 1. Leave blank if the NAS Required Indicator = 0 or if the date of admission is unknown.
Filler	18	
TOTAL	136	

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3)

FIELD	LENGTH	COMMENTS
Record Type	1	'3'
Query Code	2	TMA assigned contractor number/query type
Claim Number	12	Unique claim number assigned by the contractor
DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-law of Sponsor 55-59 Father-in-law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by contractor 98 Service Secretary Designee
Sponsor's SSN	9	Sponsor's Social Security Number
Sponsor's Current SSN	9	Sponsor's current SSN on DEERS database if present. (Zero's displayed if not present.)
Sponsor's Name	27	Last Name, First Name, MI; (No spaces, no special characters). If last name is less than 5 characters, end last name with a comma.
Patient's Name	27	Same format as sponsor's name, except include entire name.
Patient's Sex	1	M Male F Female Z Unknown
Patient's Date of Birth	8	YYYYMMDD
From Date of Treatment	8	YYYYMMDD
To Date of Treatment	8	YYYYMMDD
NAS Required Indicator	1	0 Not required 1 INAS required 2 ONAS required 3 INASs and ONASs required 4 Care Authorizations only required

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3) (CONTINUED)

FIELD	LENGTH	COMMENTS
NAS Required Indicator (Continued)	5	INASs and ONASs and Care Authorizations required
Date of Admission	8	YYYYMMDD. This date, will be the hospital admission date or the date of the first prenatal care visit in maternity cases. The field may appear blank.
Last Update Date	8	YYYYMMDD
Desert Storm Indicator		Blank No Involvements Desert Storm D Desert Storm Involvement B Operation Joint Endeavor
Offset Code	1	0 No record of outstanding obligations 1 Outstanding obligations on record
Incapacitation	1	Family Member: N No Incapacitation T Temporary Incapacitation P Permanent Incapacitation Sponsor: N No Disability T Temporary Disability P Permanent Disability
Student	1	Family Member: 0 No Student Status 1 Student Status Sponsor: Blank
NAS Segment Count	2	Number of NAS segments to follow the displayed eligibility segments.
NOTE: The number of NAS segments returned will correlate to the number of eligibility segments returned in order to maintain the maximum record length of 1,920 characters. For example, if one eligibility segment is returned, a maximum of 45 NAS segments can be returned. However, as the number of eligibility segments increases, the number of available NAS segments decreases.		
Eligibility Segment Count	2	Number of DEERS eligibility segments to follow.

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3) (CONTINUED)

FIELD	LENGTH	COMMENTS
NOTES:		
1. The DEERS eligibility segment(s) is comprised of the following fields: Sponsor/Family Member Name, Sponsor/Family Member DDS, Patient's Sex, Patient's Date of Birth, Data Discrepancy Code (or DEERS Eligibility Code, or System Messages), Eligibility Start or From Date of Treatment, Eligibility End or To Date of Treatment, Sponsor Status, Branch of Service, Pay Grade, Reason for Change, Alternate Care Flag, and Relationship Code.		
2. The DEERS eligibility segment(s) immediately follow the Eligibility Segment Count and may occur up to a maximum of 10 times. The record length can be up to 1,920 characters		
3. DEERS eligibility segments will be displayed in chronological sequence from the earliest to the most recent eligibility period		
EXAMPLE: 19860101	19861231	
19870315	19870915	
19880101	19880315	
DEERS ELIGIBILITY DATA:		
Sponsor/Family Member Name	27	Last name, First Name, MI (No spaces, no special characters)
Sponsor/Family Member DDS	2	DDS
Patient's Sex	1	M Male F Female Z Unknown
Patient's Date of Birth	8	YYYYMMDD
DEERS Data Discrepancy Code	2	01 Sponsor DEERS ID not found 02 Sponsor DEERS ID found; Name match; No family members found; Active duty sponsor 03 Sponsor DEERS ID found; Name match; No Family Members found; Sponsor other than active duty OR 30 Invalid Data
DEERS Eligibility Code		50 Sponsor DEERS ID found; Name match; Individual found; DOB match; Eligible 60 Sponsor DEERS ID found; Name match; Individual found; DOB match; Ineligible because of no TRICARE privileges

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3) (CONTINUED)

FIELD	LENGTH	COMMENTS
DEERS Eligibility Code (Continued)	OR	70 Sponsor DEERS ID found; Name match; Individual found; DOB match; Ineligible because treatment dates are outside of eligibility dates
System Messages		80 Program Abend, response cannot be processed
		81 A file required by TRICARE processing is not open
		82 Error in writing privacy log record
		83 Error in the record length of input record
		84 File or program is not located on CICS tables
		85 End of file has been reached
		86 An invalid request has been issued
	87 Any other exception	
Eligibility Start Date	8	YYYYMMDD
Eligibility End Date	8	YYYYMMDD
Sponsor Status	1	Active Duty A Active Duty B Recalled to Active Duty J Academy Student/Navy OCS N National Guard Q Prisoner/Appellate T Foreign National (NATO) V Reserve Retired D 100% Disabled F Former Member I Permanently Disabled (PDRL) O Temporarily Disabled (TDRL) R Retired W Title III Future Reserve Retiree Deceased K Deceased

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3) (CONTINUED)

FIELD	LENGTH	COMMENTS
Sponsor Status (Continued)		Other
		C Civilian
		H Medal of Honor
		P TAMP Designee
		X Other
		Z Unknown
Branch of Service	1	A Army
		E Public Health Service
		F Air Force
		I NOAA
		M Marines
		N Navy
		P Coast Guard
		X Other
		Z Unknown
Pay Grade	2	01-09 Enlisted (E1 - E9)
		11-15 Warrant Officer (W1 - W4)
		19 Academy or Navy OCS Students
		20 Unknown Officer
		21-31 Officer (O1 - O10)
		41-58 GS1 - GS18
		90 Unknown
		95 Not applicable
		99 Other
Reason for Change	1	A 21st Birthday
		B Treatment prior to start of eligibility
		C CHAMPVA
		D Death
		E ID Card Expired Beyond Prescribed Limits
		F Invalid Enrollment
		G End of Full-Time Student Status
		H Family Member Married

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3) (CONTINUED)

FIELD	LENGTH	COMMENTS
Reason for Change (Continued)		I Incapacitation Ends
		J Family Member on Active Duty
		M Medicare Entitlement
		N Sponsor not on Quality Control Master File
		P Estimated Card or Eligibility Expiration
		R Estimated Termination of Service
		S Active Duty Separation
		T Divorce
		U Not Predictable
		V DD 1172 Never on Master File
		X Other
		Y 23rd Birthday
		* Inactive Guard/Reserve
Alternate Care Flag	1	A Active Duty member Enrolled in MCSP - Not Entitled to TRICARE
		B CHAMPVA-Contractor Jurisdiction
		D Enrolled in MCSP - Direct Care Eligible Only Beneficiaries
		E Enrolled in MCSP- Direct Care and TRICARE Eligible Family Members and Retirees
		G Fort Sill
		H Fort Carson
		J Bergstrom AFB
		K Luke/Williams AFB
		N Not Enrolled in MCSP; TRICARE Eligible
		P Prime
		S Continued Health Care Benefit Program (CHCBP)
		U Enrolled in the USFHP Designated Provider Managed Care Plan Option - Not eligible for care at MTFs or under TRICARE
		V CHAMPVA-CVAC Jurisdiction
DMIS-ID	4	Lead Agent DMIS-ID

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3) (CONTINUED)

FIELD	LENGTH	COMMENTS
PCM Location	2	00 MTF PCM; 01 NETWORK PCM
PCM Telephone	10	Area Code; Prefix; Root Number
Relationship Code	1	Blank Sponsor
		C Child (Includes Adopted)
		F Unremarried Widow(er)
		G Unmarried Widow(er)
		H Unmarried Former Spouse meeting 20/20/20 criteria
		L Parent-in-law
		M Step parent-in-law
		P Parent
		R Unmarried Former Spouse, divorced on or after April 1, 1985, meeting 20/20/15 criteria
		S Spouse
		T Unremarried Former Spouse meeting 20/20/20 criteria
		U Step parent
		V Step child
		W Ward (Includes Foster and Preadoptive Children)
		X Other
		Y Unremarried Former Spouse, divorced prior to April 1, 1985 meeting 20/20/15 criteria
		Z Unknown
Medicare	1	D Eligible for Medicare Part A and Purchased Part B under age 65 (Dual entitled due to disability). (Eligibility Code 50 occurs with D)
		E Eligible for Medicare Part A at age 65 (Eligible under Spouse)
		L Eligible for Medicare Part A and Purchased Part B as a result of end stage renal disease under age 65 (Eligibility Code 50 occurs with L)
		N Not eligible for Medicare
		O Eligible for Medicare Part A after age 65

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3) (CONTINUED)

FIELD	LENGTH	COMMENTS
Medicare (Continued)		P Purchased Medicare Part A at or after age 65
		Q Eligible for Medicare Part A only, under age 65
		S Not eligible for Medicare Part A at age 65 or over
BRAC Pharmacy	1	Y Yes
		N No
Filler	35	

NOTES:

1. The NAS segment(s) is comprised of the following fields: Other Insurance Indicator, NAS Number, Retroactive Date, Major Diagnostic Category, NAS Status, Reason for Issuance, and Access Counter.
2. The NAS segment(s) immediately follows the DEERS eligibility segment(s) and may occur up to a maximum of 45 times.
3. NAS segments will be displayed in a numerical sequence beginning with the most recent Julian date through the earliest Julian date. Within each Julian date, the numerical sequence is determined by the two remaining components of the NAS number, first by the four-character DMIS code, from lowest to highest, and then by the three-character facility sequence number from lowest to highest.

EXAMPLE: 00679013901 (issued at 1000)

01239013001
 01239013002
 01239013003 (issued at 1445)
 01239013004 (issued at 1615)
 01239013900 (issued at 0920)
 01239013902 (issued at 1710)
 01239012001
 01239012002 (issued at 1305)
 01239012900 (issued at 0830)
 00679010905 (issued at 1000)
 01239010001 (issued at 1015)
 01239010002
 01239010003
 01239010004
 01239010909 (issued at 0800)

4. If the NAS Required Indicator = 0, or if NAS data is not found on the data base, the NAS segment(s) may be blank.

Other Insurance Indicator	1	S	TRICARE Supplemental only
		C	Yes, other insurance
		N	No, other insurance

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3) (CONTINUED)

FIELD	LENGTH	COMMENTS
NAS Number	11	The first four (4) digits are the RAPS/DMIS facility identifier. The next four digits are the last digit of the year plus the Julian Day (for example, January 1, 1988 would be 8001). The final three digits are the facility sequence number: 000-699 may be assigned in accordance with the implementing instruction of the host service. 700-799 are assigned to chronic care retroactive INAS issuances. 800-899 are assigned to INASs issued for chronic care. 900-999 are assigned to INASs and ONASs issued retroactively.
Retroactive Date	8	YYYYMMDD. Date care commenced. This element is provided for retroactive NAS issuances and will otherwise be zeroes. The retroactive date will be either the hospital admission date or the first prenatal care visit in maternity cases. For ONASs the retroactive date will ONAS effective date.

FOR INASs ISSUED PRIOR TO OCTOBER 1, 1991:

Hospital Specialty Code	2	Internal Medicine
	01	Adverse Reactions
	02	Allergy
	03	Cardiology (Vascular Disease)
	04	Dermatology
	05	Endocrinology
	06	Gastroenterology
	07	Hematology
	08	Infectious Disease
	09	Nephrology
	10	Neurology
	11	Nutritional
	12	Pulmonary/Respiratory
	13	Rheumatology
	14	Internal Medicine (Other)
	15	Dental
	16	Obstetrics
	17	Gynecology
	18	Ophthalmology

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3) (CONTINUED)

FIELD	LENGTH	COMMENTS
Hospital Specialty Code (Continued)	19	Psychiatry (GP I)
	20	Psychiatry (GP II)
	21	Special Pediatrics (Congenital Anomalies, Neonatology)
	Surgery	
	22	Ear, Nose, Throat
	23	General Surgery
	24	Neurosurgery
	25	Orthopedics
	26	Thoracic Surgery
	27	Urology
FOR INASS ISSUED ON OR AFTER OCTOBER 1, 1991:		
Major Diagnostic Category	2	01 Diseases and Disorders of the Nervous System
		02 Diseases and Disorders of the Eye
		03 Diseases and Disorders of the Ear, Nose, and Throat
		04 Diseases and Disorders of the Respiratory System
		05 Diseases and Disorders of the Circulatory System
		06 Diseases and Disorders of the Digestive System
		07 Diseases and Disorders of the Hepatobiliary System and Pancreas
		08 Diseases of the Musculoskeletal System and Connective Tissue
		09 Diseases of the Skin, Subcutaneous Tissue and Breast
		10 Endocrine, Nutritional and Metabolic Diseases
		11 Diseases and Disorders of the Kidney and Urinary Tract
		12 Diseases and Disorders of the Male Reproductive System

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3) (CONTINUED)

FIELD	LENGTH	COMMENTS
Major Diagnostic Category (Continued)	13	Diseases and Disorders of the Female Reproductive System
	14	Pregnancy, Childbirth and the Puerperium
	15	Normal Newborns and Other Neonates with Certain Conditions Originating in the Perinatal Period
	16	Diseases and Disorders of the Blood and Blood-Forming Organs and Immunological Disorders
	17	Myeloproliferative Disorders and Poorly Differentiated Neoplasms
	18	Infectious and Parasitic Diseases (Systemic or Unspecified Sites)
	19	Mental Diseases and Disorders
	20	Alcohol/Drug Use and Alcohol/Drug Induced Organic Disorders
	21	Injuries, Poisonings, and Toxic Effect of Drugs
	22	Burns
	23	Factors Influencing Health Status and Other Contacts with Health Services
	24	Multiple Significant Trauma (DRGs 484-487)
	25	Human Immunodeficiency Virus Infection (DRGs 488-490)
	60	Pediatrics
FOR OUTPATIENT NON-AVAILABILITY STATEMENTS:		
Selected Outpatient Procedures	2	61 GYN Laparoscopy (56300 - 56399) (66.20 - 66.29, 68.12, 68.15, 68.16), Excludes procedure codes (56355, 56340, 56341, 56342, 58998)
		62 Cataract Removal (66830-66984, 66998), 13.1 - 13.5x, 13.69) Procedure codes prior to 01/01/93: (66985) (13.64, 13.65, 13.66) 66998

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3) (CONTINUED)

FIELD	LENGTH	COMMENTS
Selected Outpatient Procedures (Continued)	63	GI Endoscopy (43200-43272, 43299, 45300-45385) (42.22 - 42.24, 44.11 - 44.14, 45.21 - 45.25) Excludes removal of foreign bodies (43215, 45307) and decompression of volvulus (45321) Procedure codes prior to 01/01/93: (29.1, 42.21, 42.25, 42.29, 44.15, 44.19, 45.26-45.29)
	64	Myringotomy or tympanostomy 69420-69436, 69438) (20.01, 20.09, 20.23). Procedure codes prior to 01/01/93: (20.21, 20.22)
	65	Arthroscopy (shoulder, elbow, wrist, knee, ligament, ankle) (29815-29898, 29900) (80.2)
	66	Dilation and curettage (D&C) for diagnostic or therapeutic reasons (58120, 58125) (69.0 - 69.09)
	67	Tonsillectomy or adenoidectomy (42820-42836, 42839) (28.2, 28.3, 28.6)
	68	Cystoscopy (52000-52340) (56.0, 56.33, 57.0, 57.31, 57.33) Procedure codes prior to 01/01/93: (57.33 - 57.39)
	69	Hernia Repair (49495 - 49590, 49595) (53.00 - 53.9). Excludes procedure codes 49496, 49501, 49507, 49521, 49553, 49557, 49561, 49566, 49572, 49582, 49587.
	70	Nose Repair (rhinoplasty and septoplasty) (30400-30520, 30525) (21.5, 21.8x)
	71	Ligation or transection of fallopian tube(s) (58600-58615, 58620, 58625) (66.3x). Prior to 01/01/93 ICD-9 code 66.2 was included. It is now listed under procedure 61 GYN Laparoscopy.
	72	Strabismus Repair (eye muscle surgery) (67311-67340) (15.0x - 15.9 excluding 15.01, biopsy of extraocular muscle or tendon) Procedure codes prior to 01/01/93: (67343) (15.01)
	73	Breast Mass or Tumor Excision (19120 - 19126, 19135) (85.2x)
	74	Neuroplasty (decompression or freeing of nerve from scar tissue) (64702-64727, 64730) (04.4x) (04.7x)

FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 3) (CONTINUED)

FIELD	LENGTH	COMMENTS
NAS Status	1	U Unconditional
		X Cancelled
Reason for Issuance	1	1 Facilities unavailable
		2 Professional capability unavailable
		3 Medically inappropriate
		4 Proper facilities are temporarily not available in a safe or timely manner
		5 Professional capability is not available in a safe or timely manner
		6 Proper facilities or professional capability are permanently not available at this site.
		7 Enrollee Network Care Authorization
		8 Enrollee Non-Network Care Authorization
		9 Non-Enrolled, authorized Network care only

NOTE: The following reasons can be stipulated when code 1, 2, or 3 is displayed in the Reason for Issuance field:

Temporarily on a trip away from permanent duty station (TDY).
 Permanent Change of Station (PCS) status; between permanent duty assignments.
 Travel unreasonably difficult or costly.
 Other

Access Counter	3	This is the number of times a particular NAS was selected by the contractor to satisfy the claims processing
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FIGURE 9-A-13 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 4)

FIELD	LENGTH	COMMENTS
Record Type	1	'4'
Query Code	2	TMA assigned contractor number/query type
Claim Number	12	Unique claim number assigned by the contractor
DDS	2	Same as on Type 3 record
Sponsor's SSN	9	Sponsor's Social Security Number
Sponsor's Current SSN	9	Sponsor's current SSN on DEERS data base. (0's displayed if not present.)
Sponsor's Name	27	Last name, First name, MI; first (no spaces, no special characters). If last name is less than 5 characters, end last name with a comma
Patient's Names	27	Same format as sponsor's name, except include whole name
Patient's Sex	1	M Male F Female Z Unknown
Patient's Date of Birth	8	YYYYMMDD
Data Discrepancy Record Count	2	Count of Family Members
DEERS Data Discrepancy Code	2	04 Sponsor DEERS ID found; name match fail; No family members found. 05 Sponsor DEERS ID found; Name match; Family members found; No match on DOB; Active duty sponsor 06 Sponsor DEERS ID found; Name match; Family members found; No match on DOB; Sponsor other than active duty 07 Sponsor DEERS ID found; Name match fail; Family members found; DOB match 08 Sponsor DEERS ID found; Name match fail; Family members found; No match on DOB; Active duty sponsor 09 Sponsor DEERS ID found; Name match fail; Family members found; No match on DOB; Sponsor other than active duty
	11	Sponsor DEERS ID found; Name match fail; Family members found; More than one DOB match

FIGURE 9-A-13 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 4) (CONTINUED)

FIELD	LENGTH	COMMENTS
DEERS Data Discrepancy Code (Continued)	12	Sponsor DEERS ID found, Name match; Family members found; More than one DOB match

NOTES:

1. The Sponsor/Family response segment(s) is comprised of the following fields: Sponsor's/Family Member's Name, Sponsor's/Family Member's DDS, Sponsor's/Family Member's Date of Birth, Sponsor's/Family Member's Sex, Sponsor Status, and Sponsor's/Family Member's Relationship Code.
2. The Sponsor/Family response segment(s) immediately follows the DEERS Data Discrepancy Code and may occur up to a maximum of 45 times.
3. The Sponsor/Family response record will be displayed in numerical order by the DEERS Dependent Suffix beginning with the sponsor (DDS 20) and continuing with all family members from the lowest to the highest DDS.

EXAMPLE: 20

01
02
03
04
20
30
31
40
45

4. In the case of a duplicate sponsor(s), the Sponsor/Family response segment(s) of the first sponsor will be displayed as noted above followed by the duplicate sponsor(s).

EXAMPLE 5: 20 (Sponsor)

01
02
03
04
30
31
40
45
20 (Duplicate sponsor #1)
01
02
20 (Duplicate sponsor #2)
30

Sponsor's/Family Member's Name	27	Same format as sponsor's name, except include whole name.
Sponsor's/Family Member's DDS	2	DDS

FIGURE 9-A-13 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 4) (CONTINUED)

FIELD	LENGTH	COMMENTS
Sponsor's/Family Member's Date of Birth	8	YYYYMMDD
Sponsor's/Family Member's Sex	1	M Male F Female Z Unknown
Sponsor Status	1	Active Duty A Active Duty B Recalled to Active Duty J Academy Student/Navy OCS N National Guard Q Prisoner/Appellate T Foreign National (NATO) V Reserve Retired D 100% Disabled F Former Member I Permanently Disabled (PDRL) O Temporarily Disabled (TDRL) R Retired W Title III Future Reserve Retiree Deceased K Deceased Other C Civilian H Medal of Honor P Tamp Designee X Other Z Unknown
Sponsor's/Family Member's Relationship Code	1	Blank Sponsor C Child (Includes Adopted) F Unremarried Widow(er) G Unmarried Widow(er)

FIGURE 9-A-13 DEERS RESPONSE TO CONTRACTOR INQUIRY - (TYPE 4) (CONTINUED)

FIELD	LENGTH	COMMENTS
Sponsor's/Family Member's Relationship Code (Continued)	H	Unmarried Former Spouse meeting 20/20/20 criteria
	L	Parent-In-Law
	M	Step Parent-In-Law
	P	Parent
	R	Unremarried Former Spouse, divorced on or after 1 Apr 85, meeting 20/20/15 criteria
	S	Spouse
	T	Unremarried Former Spouse Meeting 20/20/20 Criteria
	U	Step Parent
	V	Step Child
	W	Ward (Includes Foster and Pre-adoptive Children)
	X	Other
	Y	Unremarried Former Spouse, divorced prior to 1 Apr 85, meeting 20/20/15 criteria
Z	Unknown	

The Sponsor's/Family Member's Name, Sponsor's/Family Member's DDS, Sponsor's/Family Member's Date of Birth, Sponsor's/Family Member's Sex, Sponsor Status and Sponsor's/Family Member's Relationship data fields may occur multiple times in the Sponsor/Family transaction per transmission.

**FIGURE 9-A-14 MANAGED CARE PROGRAM SYSTEM - ENROLLMENT/DISENROLLMENT TRANSACTION
 - (TYPE 5 TX.)**

FIELD	LENGTH	COMMENTS
TRAN ID	4	Assigned By DEERS
Record Type	1	5 Valid transaction type
Transaction Type	1	E Enrollment transaction D Disenrollment transaction
Sponsor's SSN	9	Sponsor's Social Security Number
Sponsor's Name	27	Last name, first name, MI; first 5 characters of last name at minimum (no spaces, no special characters). If last name is less than 5 characters, end last name with a comma.
Beneficiary's SSN	9	Beneficiary's Social Security Number. Leave blank, if unknown.
Beneficiary's Date of Birth	8	YYYYMMDD
Beneficiary's DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-Law of Sponsor 55-59 Father-in-Law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by FI 98 Service Secretary Designee
Beneficiary's Street	27	Street on which the beneficiary resides.
Beneficiary's City	18	City in which the beneficiary resides.
Beneficiary's State	2	State in which the beneficiary resides.
Beneficiary's Zip Code	9	Zip code of beneficiary (fill zip code extension with zeroes, if unknown)
Beneficiary's Phone Number	10	Area code and phone number of beneficiary. Leave blank, if unknown.
Enrollment or Disenrollment Effective Date	8	YYYYMMDD

**FIGURE 9-A-14 MANAGED CARE PROGRAM SYSTEM - ENROLLMENT/DISENROLLMENT TRANSACTION
- (TYPE 5 TX.) (CONTINUED)**

FIELD	LENGTH	COMMENTS
Managed Care Type	1	E Valid MCP Plan
Managed Care Plan DMIS	4	Valid MTF/Clinic DMIS for MTF/Clinic PCM or a 6900 Series DMIS for a contractor network PCM
PCM Location Code	2	Network Provider Indicator, 00 = MTF Provider; 01 = Network Provider
Filler	13	
TOTAL	155	

NOTE: The address fields, including Beneficiary's Street, City, State, Zip Code, and Phone Number, should be left blank in a disenrollment transaction. In an enrollment transaction, the address fields are not required. If unknown, the address fields should be filled with spaces. If entered, the address fields must be complete (if one field is entered, all must be entered, except for Phone Number, which is optional).

FIGURE 9-A-15 MANAGED CARE PROGRAM SYSTEM - RESPONSE TRANSACTION - (TYPE 6 TX.)

FIELD	LENGTH	COMMENTS
Record Type	1	6 Valid transaction type
Transaction Type	1	E Enrollment transaction D Disenrollment transaction
Sponsor's SSN	9	Sponsor's Social Security Number
Sponsor's Name	27	Last name, first name, MI; first 5 characters of last name at minimum (no spaces, no special characters). If last name is less than 5 characters, end last name with a comma.
Beneficiary's SSN	9	Beneficiary's Social Security Number. Leave blank, if unknown.
Beneficiary's Date of Birth	8	YYYYMMDD
Beneficiary's DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-Law of Sponsor 55-59 Father-in-Law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by FI
Beneficiary's Street	27	Street on which the beneficiary resides.
Beneficiary's City	18	City in which the beneficiary resides.
Beneficiary's State	2	State in which the beneficiary resides.
Beneficiary's Zip Code	9	Zip code of beneficiary (fill zip code extension with zeroes, if unknown)
Beneficiary's Phone Number	10	Area code and phone number of beneficiary. Leave blank, if unknown.
Enrollment or Disenrollment Effective Date	8	YYYYMMDD
Response Code	2	see Table 1.1 on next page
Managed Care Type	1	E Valid MCP Plan

FIGURE 9-A-15 MANAGED CARE PROGRAM SYSTEM - RESPONSE TRANSACTION - (TYPE 6 TX.)
(CONTINUED)

FIELD	LENGTH	COMMENTS
Managed Care Plan DMIS	4	6512 Valid DMIS
PCM Location Code	2	
Filler	13	
TOTAL	155	

NOTE:

1. The response transaction is a mirror image of the enrollment/disenrollment transaction up through and including the Enrollment/Disenrollment Effective Date field.
2. The Response Code field indicates the result of the transaction.

RESPONSE CODES	DEFINITION (TABLE 1.1)
01	Sponsor DEERS ID not found
02	Sponsor DEERS ID found, Name match; No family members found; Active duty sponsor
03	Sponsor DEERS ID found; Name match; No family members found; Sponsor other than active duty
04	Sponsor DEERS ID found; Name match fail; No family members found
05	Sponsor DEERS ID found; Name match; Family members found; DOB match fail; Active duty sponsor
06	Sponsor DEERS ID found; Name match; Family members found; DOB match fail; Sponsor other than active duty
07	Sponsor DEERS ID found; Name match fail; Individual found; DOB match
08	Sponsor DEERS ID found; Name match fail; Family members found; DOB match fail; Active duty sponsor
09	Sponsor DEERS ID found; Name match fail; Family members found; DOB match fail; Sponsor other than active duty
11	Sponsor DEERS ID found; Name match fail, Family members found; More than one DOB match
12	Sponsor DEERS ID found; Name match; Family members found; More than one DOB match; Pseudo DDS used on query or no DDS match
20	Successful enrollment or disenrollment
30	Edit error
40	Invalid disenrollment
45	Invalid enrollment

**FIGURE 9-A-15 MANAGED CARE PROGRAM SYSTEM - RESPONSE TRANSACTION - (TYPE 6 TX.)
 (CONTINUED)**

FIELD	LENGTH	COMMENTS
60		Ineligible TRICARE
RESPONSE CODES		DEFINITION
70		Ineligible
80		Response cannot be processed
81		A file required by TRICARE processing is not open
82		Error in writing privacy log record
83		Error in the record length of input record
84		File or program is not located on CICS tables
85		End of file has been reached
86		An invalid request has been issued
87		Any other exception

FIGURE 9-A-16 DISCREPANCY REPORTING SYSTEM - CONTRACTOR TRANSMITTAL HEADER RECORD

FIELD	LENGTH	COMMENTS
Record Type	1	'0' (numeric)
Query Code	2	TMA assigned contractor number/query type
Date Transmittal Sent	8	YYYYMMDD
Number Batches Sent	3	Number count of batches within transmittal
Number Discrepancies Sent	6	Number count of contractor data records within transmittal
Filler	255	
TOTAL	275	

FIGURE 9-A-17 DISCREPANCY REPORTING SYSTEM - CONTRACTOR BATCH HEADER RECORD

FIELD	LENGTH	COMMENTS
Record Type	1	'1'
Query Code	2	TMA assigned contractor number/query type
Contractors Batch Number	7	Contractor assigned number to identify the specific batch in YJJSSS format where: Y Last digit of calendar year JJJ Julian day SSS Ascending sequential number of batch
Contractor Batch Submission Date	8	YYYYMMDD
Filler	257	
TOTAL	275	

FIGURE 9-A-18 DISCREPANCY REPORTING SYSTEM - CONTRACTOR DATA DISCREPANCY RECORD

FIELD	LENGTH	COMMENTS
Record Type	1	'2'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as batch header record):
Contractor Query Date	8	YYYYMMDD; Date contractor queried DEERS
Contractor Claim Number	12	Numeric
Contractor Patient's DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-law of Sponsor 55-59 Father-in-law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by contractor 98 Service Secretary Designee
Contractor Sponsor's SSN	9	Numeric, non-zero
Contractor Sponsor's Name	27	Last Name, First Name, MI (no imbedded spaces; no special characters; no commas between name fields, only spaces)
Contractor Branch of Service	1	A Army E Public Health Service F Air Force I NOAA M Marine Corps N Navy P Coast Guard X Other Z Unknown
Pay Grade	2	00 Unknown enlisted

**FIGURE 9-A-18 DISCREPANCY REPORTING SYSTEM - CONTRACTOR DATA DISCREPANCY RECORD
(CONTINUED)**

FIELD	LENGTH	COMMENTS
Pay Grade (Continued)	01-09	Enlisted (E1 - E9)
	11-15	Warrant Officer (W1 - W4)
	19	Academy or Navy OCS Students
	20	Unknown Officer
	21-31	Officer (O1 - O11)
	41-58	GS1 - GS18
	90	Unknown
	95	Not applicable
	99	Other
	Sponsor Status	1
A		Active Duty
B		Recalled to Active Duty
J		Academy Student/Navy OCS
N		National Guard
Q		Prisoner/Appellet
T		Foreign National (NATO)
V		Reserve
		Retired
F		Former Member
I		Permanently Disabled Retired List (PDRL)
O		Temporarily Disabled Retired List (TDRL)
R		Retired
W		Title III Future Reserve Retiree
		Deceased
K		Deceased
		Other
C		Civilian
H		Medal of Honor
P		Tamp Designee
X		Other
Z		Unknown

**FIGURE 9-A-18 DISCREPANCY REPORTING SYSTEM - CONTRACTOR DATA DISCREPANCY RECORD
 (CONTINUED)**

FIELD	LENGTH	COMMENTS
Contractor Patient's Date of Birth	8	YYYYMMDD
Contractor Patient's Name	27	Same format as sponsor
Contractor Data Discrepancy Code	2	Derived by contractor from DEERS Discrepancy Code
Contractor Eligibility Discrepancy Code	2	Derived by contractor from conflict with DEERS eligibility determination
Contractor Start Treatment Date	8	YYYYMMDD (cannot be in future)
Contractor End Treatment Date	8	YYYYMMDD (cannot be in future)
DEERS Patient's DDS	2	Numeric, if present
DEERS Sponsor's Name	27	Same format as contractor sponsor's name
DEERS Patient's Date of Birth	8	YYYYMMDD
DEERS Patient's Name	27	Same format as contractor sponsor's name
DSO Data Resolution Code	2	Contractor Leave Blank
DSO Eligibility Resolution Code	2	Contractor Leave Blank
Research Location Code	1	Contractor Leave Blank
DEERS Start/End Eligibility	8	YYYYMMDD (if present) or From Date of Treatment
DEERS Start/End Eligibility Date	8	YYYYMMDD (if present) or To Date of Treatment
DEERS Reason for Change	1	Valid, if present
DEERS Sponsor's Status	1	Valid, if present
Contractor Sponsor's Address		Must be present
Street	20	
City	10	
State	2	
Zip Code	5	

**FIGURE 9-A-18 DISCREPANCY REPORTING SYSTEM - CONTRACTOR DATA DISCREPANCY RECORD
(CONTINUED)**

FIELD	LENGTH	COMMENTS
DEERS Response Code	2	Numeric
Filler	22	
TOTAL	275	

NOTE: Submit only authorized supporting documentation listed as being acceptable by DSO and indicated in [Addendum C](#).

FIGURE 9-A-19 DISCREPANCY REPORTING SYSTEM - CONTRACTOR BATCH TRAILER RECORD

FIELD	LENGTH	COMMENTS
Record Type	1	'3'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as Batch Header Record)
Contractor Data Record Count Per Batch	6	Only include number of data discrepancy records, not header or trailer
Filler	259	
TOTAL	275	

FIGURE 9-A-20 DISCREPANCY REPORTING SYSTEM - DSO TRANSMITTAL HEADER RECORD

FIELD	LENGTH	COMMENTS
Record Type	1	'0' (numeric)
Query Code	2	TMA assigned contractor number/query type
Date Transmittal Sent	8	YYYYMMDD
Number Batches Sent	3	Number count of batches within transmittal
Number Discrepancies Sent	6	Number count of contractor data records within transmittal
Transmittal Type	1	0 Following file contains response records 1 Following file contains rejected records or rejected batches
Filler	283	
TOTAL	304	

FIGURE 9-A-21 DISCREPANCY REPORTING SYSTEM - DSO BATCH HEADER RECORD

FIELD	LENGTH	COMMENTS
Record Type	1	'1'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch in YJSSS format where: Y Last digit of calendar year JJJ Julian day SSS Ascending sequential number of batch
Contractor Batch Submission Date	8	Blank, if Accept/Reject Indicator = 0 or 2 YYYYMMDD, if Accept/Reject Indicator = 1
DSO Tape Creation Date	8	YYYYMMDD
Accept/Reject Indicator	1	0 Response batch follows: 1 Errored batch follows 2 Specific data record(s) rejected follow
Batch Reject Reason	4	Zeros, if Accept/Reject Indicator = 0 or 2 Numeric, non-zero, if Accept/Reject Indicator = 1
Filler	273	
TOTAL	304	

FIGURE 9-A-22 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (NO ERRORS FOUND)

FIELD	LENGTH	COMMENTS
Record Type	1	'2'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as batch header record)
Contractor Query Date	8	YYYYMMDD; Date contractor queried DEERS
Contractor Claim Number	12	Numeric
Contractor Patient's DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-law of Sponsor 55-59 Father-in-law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by contractor 98 Service Secretary Designee
Contractor Sponsor's SSN	9	Numeric, non-zero
Contractor Sponsor's Name	27	Last Name, First Name, MI (no imbedded spaces; no special characters; no commas between name fields, only spaces)
Contractor Branch of Service	1	A Army E Public Health Service F Air Force I NOAA M Marine Corps N Navy P Coast Guard X Other Z Unknown
Pay Grade	2	00 Unknown enlisted

**FIGURE 9-A-22 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (NO ERRORS FOUND)
(CONTINUED)**

FIELD	LENGTH	COMMENTS
Pay Grade (Continued)	01-09	Enlisted (E1 - E9)
	11-15	Warrant Officer (W1 - W4)
	19	Academy or Navy OCS Students
	20	Unknown Officer
	21-31	Officer (O1 - O11)
	41-58	GS1 - GS18
	90	Unknown
	95	Not applicable
	99	Other
	Sponsor Status	1
A		Active Duty
B		Recalled to Active Duty
J		Academy Student/Navy OCS
N		National Guard
Q		Prisoner/Appellate
T		Foreign National (NATO)
V		Reserve
T		Foreign Military
		Retired
D		100% Disabled
F		Former Member
I		Permanently Disabled Retired List (PDRL)
O		Temporarily Disabled Retired List (TDRL)
R		Retired
W		Title III Future Reserve Retiree
		Deceased
K		Deceased
		Other
C		Civilian
H	Medal of Honor	
P	Tamp Designee	

**FIGURE 9-A-22 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (NO ERRORS FOUND)
 (CONTINUED)**

FIELD	LENGTH	COMMENTS
Sponsor Status (Continued)		X Other Z Unknown
Contractor Patient's Date of Birth	8	YYYYMMDD
Contractor Patient's Name	27	Same format as sponsor
Contractor Data Discrepancy Code	2	Derived by contractor from DEERS Discrepancy Code
Contractor Eligibility Discrepancy	2	Derived by contractor from conflict with DEERS eligibility determination
Contractor Start Treatment Date	8	YYYYMMDD
Contractor End Treatment Date	8	YYYYMMDD
Contractor Patient's DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-law of Sponsor 55-59 Father-in-law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by contractor 98 Service Secretary Designee
DEERS Sponsor's Name	27	Same format as contractor sponsor's name
DEERS Patient's Date of Birth	8	YYYYMMDD
DEERS Patient's Name	27	Same format as contractor sponsor's name
DEERS Response Code	2	This is a pass through field. It contains the value submitted by the contractor to DSO. This field is not altered by DSO
DEERS Start/End Eligibility Date or From Date of Treatment	8	YYYYMMDD

**FIGURE 9-A-22 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (NO ERRORS FOUND)
(CONTINUED)**

FIELD	LENGTH	COMMENTS
DEERS Start/End Eligibility Date or To Date of Treatment	8	YYYYMMDD
DEERS Reason for Change	1	Valid, if present
DEERS Sponsor's Status	1	Valid, if present
DSO SSN	9	Numeric, non-zero, if present
DSO Sponsor's Name	27	Same format as contractor sponsor's name
CNTR Patient's DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-law of Sponsor 55-59 Father-in-law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by contractor 98 Service Secretary Designee
DSO Patient's Name	27	Same format as contractor sponsor's name
DSO Patient's Date of Birth	8	YYYYMMDD, if present
DSO Data Resolution Code	2	Valid, if present
DSO Eligibility Resolution Code	2	Valid, if present
Filler	16	
TOTAL	304	

FIGURE 9-A-23 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (CONTRACTOR DATA RECORD IN ERROR)

FIELD	LENGTH	COMMENTS
Record Type	1	'3'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as batch header record)
Contractor Query Date	8	YYYYMMDD; Date contractor queried DEERS
Contractor Claim Number	12	Numeric
Contractor Patient's DDS	2	Numeric
Contractor Sponsor's SSN	9	Numeric, non-zero
Contractor Sponsor's Name	27	Last Name, First Name, MI (no embedded spaces; no special characters; no commas between name fields, only spaces)
Sponsor Branch of Service	1	A Army E Public Health Service F Air Force I NOAA M Marine Corps N Navy P Coast Guard X Other Z Unknown
Pay Grade	2	01-09 Enlisted (E1 - E9) 11-15 Warrant Officer (W1 - W4) 19 Academy or Navy OCS Students 21-31 Officer (O1 - O10) 41-58 GS1 - GS18 90 Unknown 95 Not applicable 99 Other
Sponsor Status	1	Active Duty A Active Duty B Recalled to Active Duty

FIGURE 9-A-23 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (CONTRACTOR DATA RECORD IN ERROR) (CONTINUED)

FIELD	LENGTH	COMMENTS
Sponsor Status (Continued)		J Academy Student/Navy OCS
		N National Guard
		Q Prisoner/Appellate
		T Foreign National (NATO)
		V Reserve
		Retired
		D 100% Disabled
		F Former Member
		I Permanently Disabled Retired List (PDRL)
		O Temporarily Disabled Retired List (TDRL)
		R Retired
		W Title III Future Reserve Retiree
		Deceased
		K Deceased
		Other
		C Civilian
		H Medal of Honor
	P Tamp Designee	
	X Other	
	Z Unknown	
Contractor Patient's Date of Birth	8	YYYYMMDD
Contractor Patient's Name	27	Same format as sponsor
Contractor Data Discrepancy Code	2	Derived by contractor from DEERS Discrepancy Code
Contractor Eligibility Discrepancy Code	2	Derived by contractor from conflict with DEERS eligibility determination
Contractor Start Treatment Date	8	YYYYMMDD
Contractor End Treatment Date	8	YYYYMMDD
DEERS Patient's DDS	2	Numeric, if present

FIGURE 9-A-23 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (CONTRACTOR DATA RECORD IN ERROR) (CONTINUED)

FIELD	LENGTH	COMMENTS
DEERS Sponsor's Name	27	Same format as contractor sponsor's name
DEERS Patient's Date of Birth	8	YYYYMMDD
DEERS Patient's Name	27	Same format as contractor sponsor's name
DSO Data Resolution Code	2	Contractor Leave Blank
DSO Eligibility Resolution Code	2	Contractor Leave Blank
Research Location Code	1	Contractor Leave Blank
DEERS Start/End Eligibility Date or From Date of Treatment	8	YYYYMMDD, if present
DEERS Start/End Eligibility Date or To Date of Treatment	8	YYYYMMDD, if present
DEERS Reason for Change	1	Valid, if present
DEERS Sponsor's Status	1	Valid, if present
Contractor Sponsor's Address		Must be present
Street	20	
City	10	
State	2	
Zip Code	5	
DEERS Response Code	2	Numeric
DSO Read Error Code 1	4	Required to be present; numeric
DSO Read Error Code 2	4	Optional
DSO Read Error Code 3	4	Optional
DSO Read Error Code 4	4	Optional
Filler	35	
TOTAL	304	

FIGURE 9-A-24 DISCREPANCY REPORTING SYSTEM- DSO DATA RECORD (DATA RECORD FOR REJECTION BATCH)

FIELD	LENGTH	COMMENTS
Record Type	1	'4'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as batch header record)
Contractor Query Date	8	YYYYMMDD; Date contractor queried DEERS
Contractor Claim Number	12	Numeric
Contractor Patient's DDS	2	Numeric
Contractor Sponsor's SSN	9	Numeric, non-zero
Contractor Sponsor's Name	27	Last Name, First Name, MI (no embedded spaces; no special characters; no commas between name fields, only spaces)
Contractor Branch of Service	1	A Army E Public Health Service F Air Force I NOAA M Marine Corps N Navy P Coast Guard X Other Z Unknown
Pay Grade	2	01-09 Enlisted (E1 - E9) 11-15 Warrant Officer (W1 - W4) 19 Academy or Navy OCS Students 20 Unknown Officer 21-31 Officer (O1 - O11) 41-58 GS1 - GS18 90 Unknown 95 Not applicable 99 Other
Sponsor Status	1	Active Duty A Active Duty

FIGURE 9-A-24 DISCREPANCY REPORTING SYSTEM- DSO DATA RECORD (DATA RECORD FOR REJECTION BATCH) (CONTINUED)

FIELD	LENGTH	COMMENTS
Sponsor Status (Continued)		B Recalled to Active Duty
		J Academy Student/Navy OCS
		N National Guard
		Q Prisoner/Appellate
		T Foreign National (NATO)
		V Reserve
		Retired
		D 100% Disabled
		F Former Member
		I Permanently Disabled Retired List (PDRL)
		O Temporarily Disabled Retired List (TDRL)
		R Retired
		W Title III Future Reserve Retiree
		Deceased
		K Deceased
		Other
		C Civilian
		H Medal of Honor
		P Tamp Designee
		X Other
	Z Unknown	
Contractor Patient's Date of Birth	8	YYYYMMDD
Contractor Patient's Name	27	Same format as sponsor
Contractor Data Discrepancy Code	2	Derived by contractor from DEERS Discrepancy Code
Contractor Eligibility Discrepancy	2	Derived by contractor from conflict with DEERS eligibility determination
Contractor Start Treatment Date	8	YYYYMMDD
Contractor End Treatment Date	8	YYYYMMDD

FIGURE 9-A-24 DISCREPANCY REPORTING SYSTEM- DSO DATA RECORD (DATA RECORD FOR REJECTION BATCH) (CONTINUED)

FIELD	LENGTH	COMMENTS
DEERS Patient's DDS	2	Numeric, if present
DEERS Sponsor's Name	27	Same format as contractor
DEERS Patient's Date of Birth	8	YYYYMMDD
DEERS Patient's Name	27	Same format as contractor sponsor's name
DSO Data Resolution Code	2	Contractor Leave Blank
DSO Eligibility Resolution Code	2	Contractor Leave Blank
Research Location Code	1	Contractor Leave Blank
DEERS Start/End Eligibility Date or From Date of Treatment	8	YYYYMMDD, if present or From Date of Treatment
DEERS Start/End Eligibility Date or To Date of Treatment	8	YYYYMMDD, if present or To Date of Treatment
DEERS Reason for Change	1	Valid, if present
DEERS Sponsor's Status	1	Valid, if present
Contractor Sponsor's Address		Must be present
Street	20	
City	10	
State	2	
Zip Code	5	
DEERS Response Code	2	Numeric
Filler	51	
TOTAL	304	

FIGURE 9-A-25 DISCREPANCY REPORTING SYSTEM - DSO BATCH TRAILER RECORD

FIELD	LENGTH	COMMENTS
Record Type	1	'5'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as Batch Header record)
DEERS Data Record Count	6	Actual count of responses or actual count rejected, if Accept/Reject Indicator in Batch Header Record = 0 or 2. Contractor Data Record Count, if Accept/Reject Indicator = 1.
Filler	288	
TOTAL	304	

FIGURE 9-A-26 MANAGED CARE PROGRAM SYSTEM - ENROLLMENT/DISENROLLMENT TRANSACTION
- (TYPE 5 TX.) FOR ADJUSTMENTS/UPDATES

FIELD	LENGTH	COMMENTS
Transaction ID	4	Same as currently used by contractor. Each contractor has their own Transaction ID.
Transaction Type	1	'5'
Record Type	1	'C'
Sponsor SSN	9	Sponsors Social Security Number
Sponsor Name	27	Same as all other DEERS Name fields
Beneficiary SSN	9	Leave blank if unknown.
Beneficiary Date of Birth	8	YYYYMMDD
Beneficiary DDS	2	Same format as all other DDSs.
Beneficiary Street	27	Beneficiary home address street
Beneficiary City	18	Beneficiary home address city
Beneficiary State	2	Beneficiary home address state
Beneficiary ZIP Code	9	Beneficiary home address zip code or zeros
Beneficiary Phone Number	10	Area code and phone number or blank if unknown.
Enrollment Effective Date	8	Same as on Current DEERS Record
Plan Type	1	'E'
New Enrolling Organization (DMIS-ID)	4	Four-digit numeric
PCM Location Code	2	'00' - MTF PCM '01' - Contractor Network
Old Enrolling Organization (DMIS-ID)	4	Same as on Current DEERS Record

DEERS will add the following four response codes to indicate the types of error on an adjustment transaction:

34	Invalid Enrolling Organization (DMIS-ID)
35	Invalid PCM Location Code
36	Incorrect Old Enrolling Organization on Adjustment Transaction
37	Incorrect Enrollment Date on Adjustment Transaction

