

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 CARE² ON THE CONTRACTOR DATABASE.

IF PROGRAM INDICATOR ≠ 'T' (DENTAL)
THIS CONTRACTOR AND CONTRACT MUST BE AUTHORIZED FOR MEDICAL CARE³ 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 OR
		02	AIR FORCE OR
		03	MARINE CORPS/NAVY OR
		21	ACTIVE DUTY ARMY (TPR) OR
		22	ACTIVE DUTY AIR FORCE (TPR) OR
		23	ACTIVE DUTY MARINE CORPS/NAVY (TPR) OR
		41	ARMY (COMPREHENSIVE CLINIC EVALUATION PROGRAM) OR
		42	AIR FORCE (COMPREHENSIVE CLINIC EVALUATION PROGRAM) OR
		43	MARINE CORPS/NAVY (COMPREHENSIVE CLINIC EVALUATION PROGRAM) OR
		71	ARMY - DIRECT PAY, SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER OR
		72	AIR FORCE - DIRECT PAY, SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER OR
		73	MARINE CORPS/NAVY - DIRECT PAY, SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER OR
		A1	ARMY (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY) OR
		A2	AIR FORCE (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY) OR
		A3	MARINE CORPS/NAVY (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY) OR
		B1	ARMY (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED) OR

¹ BATCH/VOUCHER HEADER

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

		B2	AIR FORCE (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED) OR
		B3	MARINE CORPS/NAVY (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED)
		C1	ARMY - TRICARE SENIOR SUPPLEMENT OR
		C2	AIR FORCE - TRICARE SENIOR SUPPLEMENT OR
		C3	MARINE CORPS/NAVY - TRICARE SENIOR SUPPLEMENT OR
		D1	ARMY - PHARMACY REDESIGN PILOT PROGRAM OR
		D2	AIR FORCE - PHARMACY REDESIGN PILOT PROGRAM OR
		D3	MARINE CORPS/NAVY - PHARMACY REDESIGN PILOT PROGRAM OR
	THEN SPONSOR BRANCH OF SERVICE MUST BE =	A	ARMY OR
		F	AIR FORCE OR
		M	MARINES OR
		N	NAVY
2-055-04R	IF VOUCHER BRANCH OF SERVICE =	05	NON-DOD - SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER OR
		25	ACTIVE DUTY - 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 HEALTH CARE PROGRAM - MTF REFERRED) OR
		C5	NON-DOD - TRICARE SENIOR SUPPLEMENT OR
		D5	NON DOD-PHARMACY REDESIGN PILOT PROGRAM
	THEN SPONSOR BRANCH OF SERVICE MUST =	E	PUBLIC HEALTH SERVICE OR
		I	NOAA OR
		P	COAST GUARD
2-055-05R	IF VOUCHER BRANCH OF SERVICE =	10	CONTINUED HEALTH CARE BENEFIT PROGRAM OR
		FA	TRICARE SENIOR PRIME DOVER AFB, DOVER, DE OR

¹ BATCH/VOUCHER HEADER

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

	FB	TRICARE SENIOR PRIME KEESLER AFB, BILOXI, MS OR
	FC	TRICARE SENIOR PRIME BROOKE ARMY MEDICAL CENTER, SAN ANTONIO, TX OR
	FD	TRICARE SENIOR PRIME WILFORD HALL MEDICAL CENTER, SAN ANTONIO, TX OR
	FE	TRICARE SENIOR PRIME FT. SILL, OK OR
	FF	TRICARE SENIOR PRIME SHEPPARD AFB, WICHITA FALLS, TX OR
	FG	TRICARE SENIOR PRIME FORT CARSON, COLORADO SPRINGS, CO OR
	FH	TRICARE SENIOR PRIME AIR FORCE ACADEMY, COLORADO SPRINGS, CO OR
	FJ	TRICARE SENIOR PRIME NAVAL MEDICAL CENTER SAN DIEGO, SAN DIEGO, CA OR
	FK	TRICARE SENIOR PRIME MADIGAN ARMY MEDICAL CENTER, FORT LEWIS, WA
THEN		
SPONSOR BRANCH OF SERVICE =	A	ARMY OR
	F	AIR FORCE OR
	M	MARINES OR
	N	NAVY OR
	E	PUBLIC HEALTH SERVICE OR
	I	NOAA OR
	P	COAST GUARD
2-055-06R		
IF VOUCHER BRANCH OF SERVICE =	26	ARMY - NATIONAL GUARD (TPR) OR
	A6	ARMY - NATIONAL GUARD (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY) OR
	B6	ARMY - NATIONAL GUARD (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED)
THEN		
SPONSOR BRANCH OF SERVICE MUST BE =	A	ARMY
AND SPONSOR STATUS =	N	NATIONAL 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.	
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
	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	

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)

	Y	UNREARRIED 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 AGE ¹ < 17 PATIENT RELATIONSHIP MUST ≠ 'B' (SPONSOR)	
2-070-05R	IF PATIENT DATE OF BIRTH INDICATES AGE ¹ < 12	
	PATIENT RELATIONSHIP MUST ≠	S SPOUSE
		F UNREARRIED WIDOW(ER)
		G UNMARRIED WIDOW(ER)
UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'B'.		
	IF PATIENT DATE OF BIRTH INDICATES AGE ¹ < 34	
	PATIENT RELATIONSHIP MUST ≠	T UNREARRIED FORMER SPOUSE
		H UNMARRIED FORMER SPOUSE
		R UNREARRIED FORMER SPOUSE
		Y UNREARRIED FORMER SPOUSE
UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'T'.		
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)	
	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

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 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
	THEN	
	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
		W WARD OF COURT
		b SPONSOR
	UNLESS SPECIAL PROCESSING CODE =	SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE
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	
2-255-05R PRINCIPAL TREATMENT DIAGNOSIS	USE ICD-9-CM TAPE	
SECONDARY TREATMENT DIAGNOSIS ¹	USE ICD-9-CM TAPE	
2-290-07R PROCEDURE CODE		
NAS EXCEPTION REASON	SEE BELOW	

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)

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).

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](#).

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		
2-065-04R SPONSOR STATUS		
PROGRAM INDICATOR	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-090-03R IF PATIENT DATE OF BIRTH INDICATES AGE¹ < 17
DEERS DEPENDENT SUFFIX ≠ '20' (SPONSOR)

2-090-05R IF PATIENT DATE OF BIRTH INDICATES AGE¹ < 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)

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)

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 AGE¹ > 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)
2-255-04R	PRINCIPAL TREATMENT DIAGNOSIS		
¹	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.**

