

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)
<b>0-025-02R</b> 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)
<b>2-175-02R</b> TYPE OF SUBMISSION <b>THROUGH</b> <b>2-175-06R</b>		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)
<b>2-015-02R</b>	DATE HCSR PROCESSED TO COMPLETION	≤	
<b>2-040-04R</b>	DATE ADJUSTMENT IDENTIFIED		TYPE OF SUBMISSION
<b>2-315-03R</b>	END DATE OF CARE		
<b>2-310-03R</b>	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 <sup>1</sup>

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

<sup>1</sup> BATCH/VOUCHER HEADER INPUT RECORD AND CONTRACTOR DATABASE.

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

<b>OR</b>		
LUKE/WILLIAMS AIR FORCE BASE CATCHMENT AREAS		
<b>OR</b>		
SPECIAL PROCESSING		
CODE =	I	BERGSTROM AFB CATCHMENT AREA <b>OR</b>
	J	LUKE/WILLIAMS AFB CATCHMENT AREA
<b>OR</b>		
CONTRACTOR NUMBER =	03	MANAGED CARE SUPPORT - REGION 3/4 <b>OR</b>
	06	MANAGED CARE SUPPORT - REGION 6 <b>OR</b>
	07	MANAGED CARE SUPPORT - CENTRAL REGION <b>OR</b>
	11	MANAGED CARE SUPPORT - REGION 11 <b>OR</b>
	25	MANAGED CARE SUPPORT - REGION 2/5 <b>OR</b>
	26	MANAGED CARE SUPPORT - REGION 1 <b>OR</b>
	53	FOUNDATION HEALTH FEDERAL SERVICES (CRI) <b>OR</b>
	57	NEW ORLEANS COORDINATED CARE PROGRAM <b>OR</b>
	59	AETNA GOVERNMENT HEALTH PLANS, INC. <b>OR</b>
	60	MANAGED CARE SUPPORT REGION 9, 10, 12 <b>OR</b>
	72	MANAGED CARE SUPPORT - FHC OPTIONS
<b>OR</b>		
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.

**<sup>1</sup> 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		
<b>2-021-01</b>	MUST BE NUMERIC.	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>2-021-02R</b>	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		
<b>2-025-01</b>	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		
<b>2-025-02R</b>	THE HCSR SUFFIX MUST NOT CHANGE UPON RESUBMISSION OF AN INITIAL HCSR THAT WAS PART OF A CLAIM BREAKDOWN (MULTIPLE SUFFIXES) <b>UNLESS</b> THE HCSR IN THE INITIAL SUBMISSION WAS INVALID (OTHER THAN 'A' - 'Z'), <b>OR</b> THE HCSR INDICATOR DUPLICATED A HCSR ALREADY ON THE DATA BASE.	
<b>2-025-03R</b>	ONE HCSR SUFFIX WITHIN INTERNAL CONTROL NUMBER MUST HAVE HCSR SUFFIX = 'A' UPON INITIAL SUBMISSION TO TMA <b>UNLESS</b>	
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 <sup>1</sup>	SEE BELOW	CONTRACT NUMBER <sup>1</sup>

**EDITED ELEMENT RELATIONSHIP**

**2-030-02R** IF PROGRAM INDICATOR = 'T' (DENTAL)  
THIS CONTRACTOR AND CONTRACT MUST BE AUTHORIZED FOR DENTAL CARE<sup>2</sup> ON  
THE CONTRACTOR DATABASE.

IF PROGRAM INDICATOR ≠ 'T' (DENTAL)  
THIS CONTRACTOR AND CONTRACT MUST BE AUTHORIZED FOR MEDICAL CARE<sup>3</sup> ON  
THE CONTRACTOR DATABASE.

<sup>1</sup> BATCH/VOUCHER HEADER INPUT RECORD AND CONTRACTOR DATABASE.

<sup>2</sup> DENTAL PROCEDURE CODE TERMINOLOGY TEXT.

<sup>3</sup> 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)
<b>2-035-02R</b> PERIOD END DATE	≤	
<b>2-035-03R</b> PERIOD BEGIN DATE	≥	
<b>2-015-02R</b> FILING DATE		
<b>2-040-03R</b> DATE ADJUSTMENT IDENTIFIED		
<b>2-310-04R</b> BEGIN DATE OF CARE		
<b>2-315-04R</b> 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)
<b>2-040-02R</b>	TYPE OF SUBMISSION	SEE BELOW	
<b>2-040-03R</b>	DATE HCSR PROCESSED TO COMPLETION	SEE BELOW	TYPE OF SUBMISSION
<b>2-040-04R</b>	FILING DATE	SEE BELOW	TYPE OF SUBMISSION
<b>2-310-05R</b>	BEGIN DATE OF CARE		TYPE OF SUBMISSION
<b>2-315-05R</b>	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 <sup>1</sup>		SEE BELOW

**EDITED ELEMENT RELATIONSHIP**

<b>2-055-03R</b>	IF VOUCHER BRANCH OF SERVICE =	01	ARMY <b>OR</b>
		02	AIR FORCE <b>OR</b>
		03	MARINE CORPS/NAVY <b>OR</b>
		21	ACTIVE DUTY ARMY (TPR) <b>OR</b>
		22	ACTIVE DUTY AIR FORCE (TPR) <b>OR</b>
		23	ACTIVE DUTY MARINE CORPS/NAVY (TPR) <b>OR</b>
		41	ARMY (COMPREHENSIVE CLINIC EVALUATION PROGRAM) <b>OR</b>
		42	AIR FORCE (COMPREHENSIVE CLINIC EVALUATION PROGRAM) <b>OR</b>
		43	MARINE CORPS/NAVY (COMPREHENSIVE CLINIC EVALUATION PROGRAM) <b>OR</b>
		71	ARMY - DIRECT PAY, SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER <b>OR</b>
		72	AIR FORCE - DIRECT PAY, SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER <b>OR</b>
		73	MARINE CORPS/NAVY - DIRECT PAY, SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER <b>OR</b>
		A1	ARMY (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY) <b>OR</b>
		A2	AIR FORCE (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY) <b>OR</b>
		A3	MARINE CORPS/NAVY (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY) <b>OR</b>
		B1	ARMY (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED) <b>OR</b>

<sup>1</sup> BATCH/VOUCHER HEADER



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

		B2	AIR FORCE (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED) <b>OR</b>
		B3	MARINE CORPS/NAVY (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED)
		C1	ARMY - TRICARE SENIOR SUPPLEMENT <b>OR</b>
		C2	AIR FORCE - TRICARE SENIOR SUPPLEMENT <b>OR</b>
		C3	MARINE CORPS/NAVY - TRICARE SENIOR SUPPLEMENT <b>OR</b>
		D1	ARMY - PHARMACY REDESIGN PILOT PROGRAM <b>OR</b>
		D2	AIR FORCE - PHARMACY REDESIGN PILOT PROGRAM <b>OR</b>
		D3	MARINE CORPS/NAVY - PHARMACY REDESIGN PILOT PROGRAM <b>OR</b>
	<b>THEN SPONSOR BRANCH OF SERVICE MUST BE =</b>	A	ARMY <b>OR</b>
		F	AIR FORCE <b>OR</b>
		M	MARINES <b>OR</b>
		N	NAVY
<b>2-055-04R</b>	IF VOUCHER BRANCH OF SERVICE =	05	NON-DOD - SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER <b>OR</b>
		25	ACTIVE DUTY - NON-DOD (TPR) <b>OR</b>
		45	NON-DOD (COMPREHENSIVE CLINICAL EVALUATION PROGRAM) <b>OR</b>
		A5	NON-DOD (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY) <b>OR</b>
		B5	NON-DOD (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED) <b>OR</b>
		C5	NON-DOD - TRICARE SENIOR SUPPLEMENT <b>OR</b>
		D5	NON DOD-PHARMACY REDESIGN PILOT PROGRAM
	<b>THEN SPONSOR BRANCH OF SERVICE MUST =</b>	E	PUBLIC HEALTH SERVICE <b>OR</b>
		I	NOAA <b>OR</b>
		P	COAST GUARD
<b>2-055-05R</b>	IF VOUCHER BRANCH OF SERVICE =	10	CONTINUED HEALTH CARE BENEFIT PROGRAM <b>OR</b>
		FA	TRICARE SENIOR PRIME DOVER AFB, DOVER, DE <b>OR</b>

**<sup>1</sup> BATCH/VOUCHER HEADER**

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

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

<sup>1</sup> 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	
<b>2-202-22R</b>	SPECIAL PROCESSING CODE	PATIENT RELATIONSHIP TO SPONSOR

**EDITED ELEMENT RELATIONSHIP**

<b>2-065-03R</b>	IF PATIENT RELATIONSHIP TO SPONSOR 'B' (SPONSOR) SPONSOR STATUS MUST <b>NOT</b> BE ANY VALUE LISTED UNDER ACTIVE UNLESS ENROLLMENT STATUS = 'Y', 'W', 'X', 'AA', 'SN', 'SO', 'SR', <b>OR</b> 'ST'.	
<b>2-065-04R</b>	IF DEERS DEPENDENT SUFFIX '20' (SPONSOR) SPONSOR STATUS MUST <b>NOT</b> BE ANY VALUE LISTED UNDER ACTIVE UNLESS ENROLLMENT STATUS = 'Y', 'W', 'X', 'AA', 'SN', 'SO', 'SR', <b>OR</b> 'ST'.	
<b>2-065-05R</b>	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).	
<b>2-065-07R</b>	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.	
<b>2-065-08R</b>	IF PLACE OF SERVICE =	21 INPATIENT HOSPITAL 56 RESIDENTIAL TREATMENT CENTER SPONSOR STATUS MUST <b>NOT</b> = 'T' (FOREIGN MILITARY).
<b>2-065-11R</b>	IF FIRST BYTE OF TYPE OF SERVICE 'A' (AMBULATORY SURGERY COST-SHARED AS INPATIENT) <b>THEN</b> SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE OR TAMP DESIGNEE.	
<b>2-065-13R</b>	IF SECOND BYTE OF TYPE OF SERVICE 'C' (AMBULATORY SURGERY) SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER RETIRED <b>OR</b> 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	
<b>2-065-03R</b> SPONSOR STATUS	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	
TYPE OF SERVICE	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
<b>2-202-22R</b> SPECIAL PROCESSING CODE		SPONSOR STATUS

**EDITED ELEMENT RELATIONSHIP**

<b>2-070-02</b> 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	

<sup>1</sup> 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.		
<b>2-070-03R</b>	IF PATIENT DATE OF BIRTH INDICATES AGE <sup>1</sup> < 17 PATIENT RELATIONSHIP MUST ≠ 'B' (SPONSOR)	
<b>2-070-05R</b>	IF PATIENT DATE OF BIRTH INDICATES AGE <sup>1</sup> < 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 <sup>1</sup> < 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'.		
<b>2-070-06R</b>	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
<b>2-070-07R</b>	IF SPONSOR STATUS =	T FOREIGN MILITARY

<sup>1</sup> 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
<b>2-070-08R</b>	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
<b>2-070-12R</b>	IF FIRST BYTE OF TYPE OF SERVICE =	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	<b>THEN</b>	
	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
	<b>UNLESS SPECIAL PROCESSING CODE =</b>	SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE
<b>2-070-13R</b>	IF NAS EXCEPTION REASON = 'A' (ROUTINE NEWBORN CARE) PATIENT RELATIONSHIP MUST BE = 'C' (CHILD)	

<sup>1</sup> 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)**

**2-070-14R** IF SPONSOR STATUS = H MEDAL OF HONOR

**THEN PATIENT  
RELATIONSHIP TO SPONSOR  
MUST =**

**H SPONSOR OR**

**C CHILD OR**

**F UNREMARRIED WIDOW(ER) OR**

**S SPOUSE OR**

**V STEPCHILD**

<sup>1</sup> 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.

<sup>1</sup> 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)**

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>2-085-02R</b>	SYSTEM RUN DATE	MUST BE 125 OR LESS YEARS PRIOR TO RUN DATE	
<b>2-085-03R</b>	BEGIN DATE OF CARE	≤ EARLIEST DETAIL	
<b>2-255-05R</b>	PRINCIPAL TREATMENT DIAGNOSIS	USE ICD-9-CM TAPE	
	SECONDARY TREATMENT DIAGNOSIS <sup>1</sup>	USE ICD-9-CM TAPE	
<b>2-290-07R</b>	PROCEDURE CODE		
	NAS EXCEPTION REASON	SEE BELOW	

**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).

<sup>1</sup> 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	
<b>2-065-04R</b>	SPONSOR STATUS		
	PROGRAM INDICATOR	SEE BELOW	
	SPONSOR BRANCH OF SERVICE	SEE BELOW	

<sup>1</sup> 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)****EDITED ELEMENT RELATIONSHIP**

<b>2-090-03R</b>	IF PATIENT DATE OF BIRTH INDICATES AGE <sup>1</sup> < 17 DEERS DEPENDENT SUFFIX ≠ '20' (SPONSOR)
<b>2-090-05R</b>	IF PATIENT DATE OF BIRTH INDICATES AGE <sup>1</sup> < 12 DEERS DEPENDENT SUFFIX MUST NOT BE = '30' - '39' (SPOUSE) UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'B'.
<b>2-090-06R</b>	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).
<b>2-090-07R</b>	IF SPONSOR STATUS 'T' (FOREIGN MILITARY) DEERS DEPENDENT SUFFIX MUST BE '01 - 19' (CHILDREN) OR '30 - 39' (SPOUSE)
<b>2-090-08R</b>	IF PROGRAM INDICATOR 'H' (PROGRAM FOR PERSONS WITH DISABILITIES) DEERS DEPENDENT SUFFIX MUST BE '01 - 19' (CHILDREN) OR '30 - 39' (SPOUSE)
<b>2-090-10R</b>	IF PATIENT DATE OF BIRTH INDICATES AGE <sup>1</sup> > 2 YRS DEERS DEPENDENT SUFFIX MUST NOT = '70' - '74' (UNKNOWN) UNLESS TYPE OF SUBMISSION = 'D' (COMPLETE CONTRACTOR DENIAL).

<sup>1</sup> 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)
<b>2-255-04R</b>	PRINCIPAL TREATMENT DIAGNOSIS		
<sup>1</sup>	SECONDARY TREATMENT DIAGNOSIS		
<b>2-290-06R</b>	PROCEDURE CODE		OVERRIDE CODE

<sup>1</sup> SEE EDIT CODES 2-260-04R, 2-265-04R, 2-270-04R AND 2-275-04R.

