

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: AMOUNT PATIENT COST-SHARE (2-200)	
VALIDITY EDITS	
2-200-01V	MUST BE NUMERIC.
RELATIONAL EDITS	
2-200-01R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
	THEN AMOUNT PATIENT COST-SHARE MUST BE ≥ ZERO
2-200-02R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL
	THEN AMOUNT PATIENT COST-SHARE MUST BE = ZERO
ELEMENT NAME: HEALTH CARE COVERAGE (HCC) COPAYMENT FACTOR CODE (2-201)	
VALIDITY EDITS	
2-201-01V	MUST BE A VALID HCC COPAYMENT FACTOR CODE LISTED IN SECTION 2.5 .
RELATIONAL EDITS	
	NONE
ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE (2-205)	
VALIDITY EDITS	
2-205-01V	MUST BE NUMERIC.
RELATIONAL EDITS	
2-205-01R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE ≥ ZERO
2-205-02R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE = ZERO

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ELEMENT NAME: AMOUNT INTEREST PAYMENT (2-210)

VALIDITY EDITS

2-210-01V MUST BE NUMERIC

RELATIONAL EDITS

2-210-01R IF TYPE OF SUBMISSION =

A	ADJUSTMENT OR
I	INITIAL SUBMISSION OR
O	ZERO PAYMENT WITH 100% OHI/TPL OR
R	RESUBMISSION

THEN AMOUNT INTEREST PAYMENT MUST BE ≥ ZERO

2-210-02R IF TYPE OF SUBMISSION =

C	COMPLETE CANCELLATION OR
D	COMPLETE DENIAL

THEN AMOUNT INTEREST PAYMENT MUST = ZERO

2-210-03R IF AMOUNT INTEREST PAYMENT ≠ ZERO

**THEN REASON FOR INTEREST
PAYMENT MUST =**

- | | |
|---|---|
| A | CLAIMS PENDED AT GOVERNMENT
DIRECTION OR |
| B | CLAIMS REQUIRING GOVERNMENT
INTERVENTION OR |
| C | CLAIMS REQUIRING DEVELOPMENT FOR
POTENTIAL TPL OR |
| D | CLAIMS REQUIRING AN ACTION/
INTERFACE WITH ANOTHER PRIME
CONTRACTOR OR |
| E | CLAIMS RETAINED BY THE CONTRACTOR
THAT DO NOT FALL INTO ONE OF THE
ABOVE CATEGORIES |

2-210-04R IF FILING STATE/COUNTRY CODE = A FOREIGN COUNTRY
EXCEPT FOR PUERTO RICO (PRI)

THEN AMOUNT INTEREST PAYMENT MUST BE = ZERO

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ELEMENT NAME: REASON FOR INTEREST PAYMENT (2-215)

VALIDITY EDITS

2-215-01V MUST BE A VALID REASON FOR INTEREST PAYMENT CODE (REFER TO [CHAPTER 2, SECTION 2.8](#))

RELATIONAL EDITS

2-215-01R	IF REASON FOR INTEREST PAYMENT =	A	CLAIMS PENDED AT GOVERNMENT DIRECTION OR
		B	CLAIMS REQUIRING GOVERNMENT INTERVENTION OR
		C	CLAIMS REQUIRING DEVELOPMENT FOR POTENTIAL TPL OR
		D	CLAIMS REQUIRING AN ACTION/ INTERFACE WITH ANOTHER PRIME CONTRACTOR OR
		E	CLAIMS RETAINED BY THE CONTRACTOR THAT DO NOT FALL INTO ONE OF THE ABOVE CATEGORIES

THEN AMOUNT INTEREST PAYMENT MUST ≠ BLANK

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ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE (2-220)

VALIDITY EDITS

2-220-01V VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO [CHAPTER 2, ADDENDUM H](#)).

RELATIONAL EDITS

2-220-01R IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION **OR**
D COMPLETE DENIAL

THEN ALL OCCURRENCE/LINE ITEMS MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN [FIGURE 2-H-1](#) OR [FIGURE 2-H-2](#)

2-220-02R IF ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN [FIGURE 2-H-1](#), FOR THAT OCCURRENCE/LINE ITEM

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO

AND TYPE OF SUBMISSION = A ADJUSTMENT **OR**
C COMPLETE CANCELLATION **OR**
D COMPLETE DENIAL **OR**
I INITIAL SUBMISSION **OR**
O ZERO PAYMENT WITH 100% OHI/TPL **OR**
R RESUBMISSION

2-220-03R IF ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN [FIGURE 2-H-1](#), FOR THAT OCCURRENCE/LINE ITEM

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

AND TYPE OF SUBMISSION = B ADJUSTMENT TO NON-TED (HCSR) DATA **OR**
E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (RESERVED) (2-225)

VALIDITY EDITS

2-225-01V MUST BE BLANK FILLED.

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER GROUP NPI NUMBER (RESERVED) (2-230)

VALIDITY EDITS

2-230-01V MUST BE BLANK FILLED.

RELATIONAL EDITS

NONE

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ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (2-235)

VALIDITY EDITS

2-235-01V	VALUE MUST BE A VALID STATE (REFER TO CHAPTER 2, ADDENDUM B) OR COUNTRY CODE (REFER TO ADDENDUM A).
2-235-02V	ALL OCCURRENCES OF PROVIDER STATE OR COUNTRY CODE FOR THIS RECORD MUST BE ALL CONUS OR ALL OCONUS.

RELATIONAL EDITS

2-235-01R	PROVIDER STATE/COUNTRY CODE MUST MATCH THE CORRESPONDING RECORD ¹ IN THE PROVIDER FILE.
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¹ THE "CORRESPONDING RECORD" IS BASED ON CARE DATES, NON-INSTITUTIONAL PROVIDER KEY, PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE, AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION.

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240)

VALIDITY EDITS

2-240-01V	MUST BE NUMERIC OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE AND LAST 6 POSITIONS MUST BE NUMERIC) OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE AND FOURTH POSITION MUST BE = 'A' AND LAST 5 POSITIONS MUST BE NUMERIC)
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RELATIONAL EDITS

NO ERROR	IF ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM =	38	SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS OR
		52	THE REFERRING/PRESCRIBING/ RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED OR
		B7	THIS PROVIDER WAS NOT CERTIFIED/ ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE

THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER

NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE FOR THAT OCCURRENCE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		FG	TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) OR
		FS	TFL (SECOND PAYOR) OR

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ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240) (CONTINUED)	
	RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION I.E. MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001
	THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER
NO ERROR	IF AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO
	THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER
NO ERROR	IF PROVIDER SPECIALTY = 172A00000X (OTHER SERVICE PROVIDERS DRIVER) OR 344600000X (TAXI)
	THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER
NO ERROR	IF TYPE OF SERVICE (SECOND POSITION) = B RETAIL DRUGS & SUPPLIES
	AND PROVIDER PARTICIPATING INDICATOR = 'N' (NO)
	THEN PROVIDER SPECIALTY = 333600000X (PHARMACY)
	AND DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER
2-240-01R	IF AN AUTHORIZED PROVIDER IS FOUND ON THE DATABASE
	THEN INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR MUST AGREE WITH THE TED RECORD TYPE.
2-240-02R	IF PROVIDER TAXPAYER NUMBER IS ALL NINES
	THEN PROVIDER SPECIALTY MUST = 172A00000X (OTHER SERVICE PROVIDERS DRIVER) OR 344600000X (TAXI)
	AND PROVIDER PARTICIPATION INDICATOR MUST = 'N' (NO)
2-240-03R	PROVIDER TAXPAYER NUMBER CANNOT BE ALL NINES.
	UNLESS PROVIDER SPECIALTY = 172A00000X (OTHER SERVICE PROVIDERS DRIVER) OR 344600000X (TAXI)
	AND PROVIDER PARTICIPATION INDICATOR = 'N' (NO)
2-240-04R	PROVIDER MUST MATCH AN INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER MAJOR SPECIALITY/TYPE OF INSTITUTION, PROVIDER ZIP CODE, PROVIDER SUB-IDENTIFIER AND PROVIDER MUST BE CERTIFIED (USE PROVIDER ACCEPTANCE DATE(S) AND PROVIDER TERMINATION DATE(S)) TO PROVIDE SERVICES ON THE DATE(S) OF CARE ON THE CLAIM
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER
	THEN PROVIDER MUST MATCH INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER MAJOR SPECIALITY/TYPE OF INSTITUTION, PROVIDER ZIP CODE, PROVIDER SUB-IDENTIFIER AND ACCEPTANCE AND TERMINATION DATES MUST = ZERO

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ELEMENT NAME: PROVIDER SUB-IDENTIFIER (2-245)	
VALIDITY EDITS	
2-245-01V	MUST BE FOUR CHARACTERS FIRST CHARACTER ALPHANUMERIC, LAST THREE CHARACTERS NUMERIC OR FIRST TWO CHARACTERS ALPHANUMERIC, LAST TWO CHARACTERS NUMERIC OR ALL FOUR NUMERIC
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER ZIP CODE (2-250)	
VALIDITY EDITS	
2-250-01V	MUST BE A VALID ZIP CODE; EITHER 9 DIGITS, OR 5 DIGITS (NOT 5 ZEROES, OR NINES) FOLLOWED BY 4 BLANKS, OR 3 CHARACTERS ¹ FOLLOWED BY 6 BLANKS, OR ALL BLANKS. MUST NOT BE ALL ZEROES, OR ALL NINES.
RELATIONAL EDITS	
2-250-01R	IF PROVIDER ZIP CODE = BLANKS THEN PROVIDER SPECIALTY MUST = 172A00000X (OTHER SERVICE PROVIDERS DRIVER) OR 344600000X (TAXI)
2-250-02R	IF PROVIDER SPECIALTY ≠ 172A00000X (OTHER SERVICE PROVIDERS DRIVER) OR 344600000X (TAXI) THEN PROVIDER ZIP CODE ≠ BLANKS.

PROVIDER FILE.
¹ WHEN FOREIGN COUNTRY IS SUBMITTED THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST [CHAPTER 2, ADDENDUM A.](#)

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ELEMENT NAME: PROVIDER SPECIALTY (2-255)	
VALIDITY EDITS	
2-255-01V	THIS FIELD MUST BE A VALID PROVIDER SPECIALTY (REFER TO CHAPTER 2, ADDENDUM C).
RELATIONAL EDITS	
2-255-01R	IF PROVIDER SPECIALTY = 172A00000X (OTHER SERVICE PROVIDERS DRIVER) OR 344600000X (TAXI) THEN PROVIDER TAXPAYER NUMBER MUST BE ALL NINES. AND ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = PF PFPWD
2-255-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 6 HHC THEN PROVIDER SPECIALTY MUST ≠ 203BS0123X (PHYSICIANS/ALLOPATHIC OSTEOPATHIC/SURGERY, FACIAL PLASTIC) OR 111N (CHIROPRACTOR-FIRST 4 POSITIONS) OR 213E (PODIATRIC MEDICINE AND SURGERY SERVICE PROVIDERS PODIATRIST-FIRST 4 POSITIONS) OR 203BS0101X (PHYSICIAN/ALLOPATHIC OSTEOPATH SURGERY, COLON & RECTAL SURGERY) OR 367500000X (PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSING PROVIDERS/NURSE ANESTHETIST, CERTIFIED REGISTERED) OR 363A (PHYSICIAN'S ASSISTANT AND ADVANCED PRACTICE NURSING PROVIDERS -FIRST 4 POSITIONS) OR 374T00000X (NURSING SERVICE RELATED PROVIDERS CHRISTIAN SCIENCE PRACTITIONER/NURSE) OR 366B00000X (PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSING PROVIDERS MIDWIFE, CERTIFIED)
2-255-03R	IF PROVIDER SPECIALTY = 333600000X (PHARMACY) THEN TYPE OF SERVICE (SECOND POSITION) = B RETAIL DRUGS & SUPPLIES OR M MAIL ORDER PHARMACY DRUGS & SUPPLIES

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ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (2-260)

VALIDITY EDITS

2-260-01V MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.

RELATIONAL EDITS

2-260-01R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = S RESOURCE SHARING
 THEN PROVIDER PARTICIPATION INDICATOR MUST = 'Y' (YES).

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (2-265)

VALIDITY EDITS

2-265-01V MUST BE ONE OF THE FOLLOWING VALUES '1' (NETWORK PROVIDER)
 OR '2' (NON-NETWORK PROVIDER).

RELATIONAL EDITS

NONE

ELEMENT NAME: PHYSICIAN REFERRAL NUMBER (2-270)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

ELEMENT NAME: PLACE OF SERVICE (2-275)

VALIDITY EDITS

2-275-01V VALUE MUST BE A VALID PLACE OF SERVICE.

RELATIONAL EDITS

2-275-01R IF ADJUSTMENT/DENIAL REASON CODE IS NOT A CODE LISTED IN [FIGURE 2-H-1](#) OR [FIGURE 2-H-2](#)
 THEN PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE, REFER TO [CHAPTER 2, ADDENDUM G](#).

2-275-03R IF CA/NAS EXCEPTION REASON = 5 RTC

THEN PLACE OF SERVICE
 MUST = 56 RTC

2-275-04R IF CA/NAS EXCEPTION REASON = 7 STF

THEN PLACE OF SERVICE
 MUST = 55 STF

2-275-05R IF CA/NAS EXCEPTION REASON = 3 COLLEGE INFIRMARY

THEN PLACE OF SERVICE
 MUST = 99 OTHER LOCATIONS

2-275-06R IF PLACE OF SERVICE = 21 INPATIENT HOSPITAL

THEN TYPE OF SERVICE (FIRST
 POSITION) MUST = I INPATIENT

2-275-07R IF PLACE OF SERVICE = 19 PHARMACY

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ELEMENT NAME: PLACE OF SERVICE (2-275) (CONTINUED)

	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS & SUPPLIES OR
		M	MAIL ORDER PHARMACY DRUGS & SUPPLIES

ELEMENT NAME: TYPE OF SERVICE (2-280)

VALIDITY EDITS

2-280-01V	FIRST POSITION MUST BE = 'A', 'C', 'I', 'K', 'M', 'N', 'O', OR 'P'. SECOND POSITION MUST BE = 1-9; A-M. IF FIRST POSITION = 'A'; SECOND POSITION MUST ≠ 'C'. IF FIRST POSITION = 'P'; SECOND POSITION MUST = 'H'. IF FIRST POSITION = 'N'; SECOND POSITION MUST = 'I'.
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RELATIONAL EDITS

2-280-01R	IF AMOUNT ALLOWED BY PROCEDURE CODE > 0. THEN TYPE OF SERVICE (SECOND POSITION) MUST BE CONSISTENT WITH PROCEDURE CODE (REFER TO CHAPTER 2, ADDENDUM F).
2-280-02R	IF PROCEDURE CODE ¹ = 92891, 92892, 92893, 92895, 92898, OR 92899. AND ADJUSTMENT/ DENIAL REASON CODE CANNOT EQUAL ANY CODE LISTED IN FIGURE 2-H-1 OR FIGURE 2-H-2 THEN TYPE OF SERVICE (FIRST POSITION) MUST =
2-280-04R	IF PROVIDER SPECIALTY = 261QB0400X (CLINIC/CENTER BIRTHING) THEN TYPE OF SERVICE (FIRST POSITION) MUST =
	M PARTIAL PSYCHIATRIC OUTPATIENT O OUTPATIENT
2-280-05R	IF TYPE OF SERVICE (FIRST POSITION) = M OUTPATIENT MATERNITY CARE COST-SHARED AS INPATIENT THEN PRINCIPAL OR SECONDARY TREATMENT DIAGNOSIS MUST BE MATERNITY (630-676 OR V22-V24 OR V270-289)
2-280-06R	IF TYPE OF SERVICE (SECOND POSITION) = C AMBULATORY SURGERY THEN HCC MEMBER CATEGORY CODE MUST ≠
	A ACTIVE DUTY OR G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR P TAMP MEMBER OR S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR T FOREIGN MILITARY MEMBER
2-280-07R	IF TYPE OF SERVICE (FIRST POSITION) = A AMBULATORY SURGERY COST SHARED AS INPATIENT (ACTIVE DUTY DEPENDENTS ONLY) OR

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ELEMENT NAME: TYPE OF SERVICE (2-280) (CONTINUED)	
	M OUTPATIENT MATERNITY COST SHARED AS INPATIENT OR
	N OUTPATIENT COST SHARED AS INPATIENT OR
	O OUTPATIENT, EXCLUDING M, P OR N OR
	P OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST SHARED AS INPATIENT
	THEN PLACE OF SERVICE CANNOT =
	21 INPATIENT HOSPITAL
2-280-08R	IF TYPE OF SERVICE (SECOND POSITION) =
	B RETAIL DRUGS & SUPPLIES OR
	M MAIL ORDER PHARMACY DRUGS & SUPPLIES
	THEN NATIONAL DRUG CODE MUST ≠ BLANK
2-280-09R	IF TYPE OF SERVICE (SECOND POSITION) =
	M MAIL ORDER PHARMACY DRUGS & SUPPLIES
	THEN TYPE OF SUBMISSION MUST ≠
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO
	AND AMOUNT BILLED BY PROCEDURE CODE MUST BE > \$0 AND ≤ \$10
	AND AMOUNT PATIENT COST-SHARE MUST = \$3 OR \$9
	AND CA/NAS EXCEPTION REASON MUST = BLANK
	AND CA/NAS NUMBER MUST = BLANK
	AND CA/NAS REASON FOR ISSUANCE MUST = BLANK
	AND CLAIM FORM TYPE/ EMC INDICATOR MUST =
	I ELECTRONIC DRUG CLAIM SUBMISSION
	AND CONTRACTOR NUMBER MUST = (TO BE SUPPLIED UPON AWARD OF CONTRACT)
	AND NATIONAL DRUG CODE MUST ≠ BLANK
	AND NUMBER OF SERVICES = 1
	AND PLACE OF SERVICE MUST =
	19 PHARMACY
	AND PRICING RATE CODE MUST = ZERO
	AND PROVIDER NETWORK STATUS INDICATOR MUST =
	1 NETWORK PROVIDER
	AND PROVIDER PARTICIPATING INDICATORS MUST = 'Y' (YES)
	AND PROVIDER SPECIALITY MUST =
	33360000X (PHARMACY)

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ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)

VALIDITY EDITS

2-285-01V MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO [SECTION 2.5](#))

RELATIONAL EDITS

2-285-01R	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN HCC MEMBER CATEGORY MUST ≠	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	AA	CHCBP-EXTRA OR
		SN	SHCP-NON-MTF-REFERRED CARE OR
		SO	SHCP-NON-TRICARE ELIGIBLE OR
		SR	SHCP-REFERRED CARE OR
		ST	SHCP-TRICARE ELIGIBLE OR
		W	TPR ACTIVE DUTY CLAIMS-USA OR
		X	FOREIGN ADSM OR
		Y	CHCBP-STANDARD
2-285-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	PPPWD
	THEN HHC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		P	TAMP MEMBER OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
2-285-03R	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR

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ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)

		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER
2-285-04R	IF TYPE OF SERVICE (SECOND POSITION) =	C	AMBULATORY SURGERY
	THEN HCC MEMBER CATEGORY CODE MUST =	D	DISABLED AMERICAN VETERAN OR
		F	FORMER MEMBER OR
		R	RETIRED
2-285-05R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	THEN ONE OCCURRENCE OF OVERRIDE CODE =	M	NATO
2-285-06R	IF HCC MEMBER CATEGORY CODE =	Z	UNKNOWN
	THEN TYPE OF SUBMISSION MUST =	C	COMPLETE CANCELLATION OR
		D	COMPLETE DENIAL

ELEMENT NAME: PAY GRADE CODE (SPONSOR) (2-291)

VALIDITY EDITS

2-291-01V MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO [SECTION 2.7](#))

RELATIONAL EDITS

NONE

ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292)

VALIDITY EDITS

2-292-01V MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO [SECTION 2.7](#))

RELATIONAL EDITS

2-292-01R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	THEN PAY PLAN CODE (SPONSOR) MUST =	FA	FOREIGN SERVICE CHIEFS OF MISSION OR
		FC	FOREIGN COMPENSATION AGENCY FOR INTERNATIONAL DEVELOPMENT OR
		FD	FOREIGN DEFENSE OR
		FE	SENIOR FOREIGN SERVICE OR
		FO	FOREIGN SERVICE OFFICERS OR
		FP	FOREIGN SERVICE PERSONNEL OR

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ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292) (CONTINUED)

		FZ	CONSULAR AGENT DEPARTMENT OF STATE
2-292-02R	IF SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) =	H	PHS OR
		O	NOAA
	THEN PAY PLAN CODE (SPONSOR) MUST ≠	ME	ENLISTED
2-290-03R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	PPPWD
	THEN PAY PLAN CODE (SPONSOR) MUST =	ME	ENLISTED OR
		MO	OFFICER OR
		MW	WARRANT OFFICER

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)

VALIDITY EDITS

2-295-01V MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO [SECTION 2.5](#))

RELATIONAL EDITS

2-295-01R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ < 17.		
	THEN HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF
2-295-02R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ < 12		
	THEN HCC MEMBER RELATIONSHIP CODE MUST ≠	B	SPOUSE OR
		G	SURVIVING SPOUSE
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	B	PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE
2-295-03R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ ≥ 21		
	THEN HCC MEMBER RELATIONSHIP CODE MUST ≠	C	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		E	WARD (COURT ORDERED)
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE MUST =	D	PATIENT IS DEPENDENT 21 YEARS OF AGE
2-295-04R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ < 34		
	THEN HCC MEMBER CATEGORY CODE ≠	H	FORMER SPOUSE (20/20/20) OR
		I	FORMER SPOUSE (20/20/15) OR
		J	FORMER SPOUSE (10/20/10) OR
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)		
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	I PATIENT IS A FORMER SPOUSE UNDER 34 YEARS OF AGE
2-295-05R	IF HCC MEMBER CATEGORY CODE =	T FOREIGN MILITARY MEMBER
	THEN HCC MEMBER RELATIONSHIP CODE MUST CODE MUST =	B SPOUSE OR
		C CHILD OR STEPCHILD OR
		D WARD (NOT COURT ORDERED) OR
		E WARD (COURT ORDERED)
	ELSE HCC MEMBER CATEGORY CODE =	T FOREIGN MILITARY MEMBER
	AND HCC MEMBER RELATIONSHIP CODE =	A SELF
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN SHCP - NON-REFERRED CARE OR
		AR SHCP-REFERRED CARE OR
		SC SHCP - NON-TRICARE ELIGIBLE OR
		SM SHCP-EMERGENCY
	OR ENROLLMENT/ HEALTH PLAN CODE CODE MUST =	SO SHCP - NON-TRICARE ELIGIBLE OR
		SN SHCP - NON-MTF REFERRED OR
		SR SHCP - REFERRED
2-295-06R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF PFPWD
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	B SPOUSE OR
		G SURVIVING SPOUSE OR
		C CHILD OR STEPCHILD OR
		D WARD (NOT COURT ORDERED) OR
		E WARD (COURT ORDERED)
2-295-07R	IF TYPE OF SERVICE (FIRST POSITION) =	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A SELF OR
		B SPOUSE OR
		C CHILD OR STEPCHILD OR
		D WARD (NOT COURT ORDERED) OR
		E WARD (COURT ORDERED) OR
		G SURVIVING SPOUSE

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)

	UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC	SHCP-NON-TRICARE ELIGIBLE
2-295-08R	IF HCC MEMBER CATEGORY CODE =	H	MEDAL OF HONOR RECIPIENT
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
		B	SPOUSE OR
		C	CHILD OR STEPCHILD OR
		G	SURVIVING SPOUSE

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.