

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

| ELEMENT NAME: RECORD TYPE INDICATOR (2-001) | |
|---|---|
| VALIDITY EDITS | |
| 2-001-01V | MUST = '2' (NON-INSTITUTIONAL) |
| RELATIONAL EDITS | |
| 2-001-01R | IF TYPE OF SUBMISSION = |
| | A ADJUSTMENT OR |
| | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | C COMPLETE CANCELLATION OR |
| | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| AND A MATCH IS FOUND ON THE TMA DATABASE | |
| THEN THE RECORD TYPE FOR THE TED ON THE DATABASE MUST = THE RECORD TYPE ON THE ADJUSTMENT/CANCELLATION TED BEING SUBMITTED. | |

| ELEMENT NAME: FILING DATE (2-015) | |
|---|--|
| VALIDITY EDITS | |
| 2-015-01V | MUST BE A VALID JULIAN DATE. |
| RELATIONAL EDITS | |
| 2-015-01R | FILING DATE MUST BE \leq DATE TED RECORD PROCESSED TO COMPLETION |
| 2-015-02R | END DATE OF CARE PLUS ONE YEAR MUST BE $>$ FILING DATE |
| | UNLESS ONE OCCURRENCE OF OVERRIDE CODE = |
| | F CLAIM FILED AFTER DEADLINE |
| 2-015-03R | IF ONE OCCURRENCE OF OVERRIDE CODE = |
| | F CLAIM FILED AFTER DEADLINE |
| THEN BEGIN DATE OF CARE PLUS SIX YEARS MUST BE $>$ FILING DATE | |

| ELEMENT NAME: FILING STATE/COUNTRY CODE (2-020) | |
|---|--|
| VALIDITY EDITS | |
| 2-020-01V | MUST BE A VALID STATE/COUNTRY CODE (REFER TO CHAPTER 2, ADDENDUM A AND ADDENDUM B .) |
| RELATIONAL EDITS | |
| NONE | |

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ELEMENT NAME: SEQUENCE NUMBER (2-025)

VALIDITY EDITS

2-025-01V THE FIRST 5 CHARACTERS MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS LAST 2 CHARACTERS MUST BE BLANK.

NOTE: THE FIRST 5 CHARACTERS CANNOT BE SPACES OR SPECIAL CHARACTERS.

RELATIONAL EDITS

NONE

ELEMENT NAME: TIME STAMP (2-030)

VALIDITY EDITS

2-030-01V MUST BE NUMERIC AND GREATER THAN 0.

RELATIONAL EDITS

NONE

ELEMENT NAME: ADJUSTMENT KEY (2-035)

VALIDITY EDITS

2-035-01V MUST BE ALPHA, '0' OR '5'

RELATIONAL EDITS

NONE

ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION (2-040)

VALIDITY EDITS

2-040-01V MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

2-040-01R DATE TED RECORD PROCESSED TO COMPLETION MUST BE ≤ BATCH/VOUCHER DATE

2-040-02R DATE TED RECORD PROCESSED TO COMPLETION MUST BE < CURRENT SYSTEM DATE

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| | |
|---|--|
| ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (2-045) | |
| VALIDITY EDITS | |
| 2-045-01V | MUST BE EITHER A VALID GREGORIAN DATE OR ALL ZEROES. |
| RELATIONAL EDITS | |
| 2-045-01R | IF TYPE OF SUBMISSION = |
| | D DENIAL OR |
| | I INITIAL SUBMISSION OR |
| | O ZERO PAYMENT WITH 100% OHI/TPL OR |
| | R RESUBMISSION |
| | THEN DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROS. |
| 2-045-02R | IF TYPE OF SUBMISSION = |
| | A ADJUSTMENT OR |
| | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | C COMPLETE CANCELLATION OR |
| | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN DATE ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE. |
| | UNLESS THE ADJUSTMENT IS TO CORRECT A PROVISIONALLY ACCEPTED RECORD |
| | THEN DATE ADJUSTMENT IDENTIFIED MUST BE THE SAME AS IN THE RECORD ON THE TMA DATABASE |
| 2-045-03R | IF TYPE OF SUBMISSION = |
| | A ADJUSTMENT OR |
| | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | C COMPLETE CANCELLATION OR |
| | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN DATE ADJUSTMENT IDENTIFIED MUST BE \leq DATE TED RECORD PROCESSED TO COMPLETION AND \geq FILING DATE ¹ . |
| ¹ NOT APPLICABLE IF THE TED RECORD IS A PROVISIONAL ERROR CORRECTION ADJUSTMENT, RETAIN THE INFORMATION AS REPORTED ON THE TED RECORD THAT IS BEING CORRECTED. | |

| | |
|--|---|
| ELEMENT NAME: PERSON IDENTIFIER (SPONSOR) (2-050) | |
| VALIDITY EDITS | |
| 2-050-01V | MUST BE 9 NUMERIC DIGITS (CANNOT BE ALL ZEROES OR ALL NINES) |
| RELATIONAL EDITS | |
| | NONE |

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ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (SPONSOR) (2-051)

VALIDITY EDITS

2-051-01V MUST BE A VALID VALUE LOCATED IN [CHAPTER 2, SECTION 2.7](#)

RELATIONAL EDITS

NONE

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055)

VALIDITY EDITS

2-055-01V MUST BE A VALID SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (REFER TO [CHAPTER 2, SECTION 2.8](#))

RELATIONAL EDITS

REFER TO [CHAPTER 2, SECTION 9.1](#)

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (2-056)

VALIDITY EDITS

2-056-01V MUST BE VALID **AGR SERVICE LEGAL AUTHORITY** CODE (REFER TO [CHAPTER 2, SECTION 2.4](#))

RELATIONAL EDITS

REFER TO [CHAPTER 2, SECTION 9.1](#)

ELEMENT NAME: PERSON LAST NAME (PATIENT) (2-061)

VALIDITY EDITS

2-061-01V MUST BE AT LEAST 1 CHARACTER (LEFT-JUSTIFIED).

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON FIRST NAME (PATIENT) (2-062)

VALIDITY EDITS

2-062-01V MUST BE AT LEAST 1 CHARACTER (LEFT-JUSTIFIED).

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON MIDDLE NAME (PATIENT) (2-063)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

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ELEMENT NAME: PERSON CADENCY NAME (PATIENT) (2-064)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON IDENTIFIER (PATIENT) (2-065)

VALIDITY EDITS

2-065-01V MUST BE 9 NUMERIC DIGITS (IF PRESENT) OR ALL BLANKS.
CANNOT BE ALL ZEROES OR ALL NINES.

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (PATIENT) (2-066)

VALIDITY EDITS

2-066-01V MUST BE A VALID VALUE LISTED IN [CHAPTER 2, SECTION 2.7](#)

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON BIRTH CALENDAR DATE (PATIENT) (2-070)

VALIDITY EDITS

2-070-01V MUST BE VALID GREGORIAN DATE.

RELATIONAL EDITS

2-070-01R PERSON BIRTH CALENDAR DATE (PATIENT) MUST BE 125 YEARS
OR LESS THEN SYSTEM RUN DATE

2-070-02R PERSON BIRTH CALENDAR DATE (PATIENT) ≤BEGIN DATE OF CARE.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

| ELEMENT NAME: DEERS DEPENDENT SUFFIX (2-075) | |
|---|---|
| VALIDITY EDITS | |
| 2-075-01V | MUST BE A VALID DEERS DEPENDENT SUFFIX (REFER TO CHAPTER 2, SECTION 2.4) |
| 2-075-02V | IF TYPE OF SERVICE (SECOND POSITION) = M MAIL ORDER PHARMACY DRUGS & SUPPLIES |
| | THEN DEERS DEPENDENT SUFFIX MUST ≠ BLANK |
| RELATIONAL EDITS | |
| NO ERROR | IF DEERS DEPENDENT SUFFIX = BLANK |
| | THEN BYPASS ALL DEERS DEPENDENT SUFFIX RELATIONAL EDITING |
| 2-075-01R | IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ < 17 |
| | THEN DEERS DEPENDENT SUFFIX MUST ≠ 20 SPONSOR |
| 2-075-02R | IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ ≥ 21 |
| | THEN DEERS DEPENDENT SUFFIX MUST ≠ 01-19 CHILDREN |
| | UNLESS ONE OCCURRENCE OF OVERRIDE CODE = D PATIENT IS FAMILY MEMBER 21 YEARS OF AGE OR OLDER |
| 2-075-03R | IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ < 12 |
| | THEN DEERS DEPENDENT SUFFIX MUST ≠ 30-39 SPOUSE |
| | UNLESS ONE OCCURRENCE OF OVERRIDE CODE = B PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE |
| 2-075-04R | IF DEERS DEPENDENT SUFFIX = 20 SPONSOR |
| | THEN HCC MEMBER RELATIONSHIP CODE MUST = A SELF |
| 2-075-05R | IF DEERS DEPENDENT SUFFIX = 01-19 CHILDREN OR |
| | 60-69 OTHER ELIGIBLE DEPENDENTS (INCLUDING FORMER SPOUSE) OR |
| | 70-75 UNKNOWN |
| | THEN HCC MEMBER RELATIONSHIP CODE MUST = C CHILD OR STEP CHILD OR |
| | D WARD (NOT COURT ORDERED) OR |
| | E WARD (COURT ORDERED) |
| 2-075-07R | IF DEERS DEPENDENT SUFFIX = 30-39 SPOUSE OR |
| | 60-69 OTHER ELIGIBLE DEPENDENTS |
| | THEN HCC MEMBER RELATIONSHIP CODE MUST = B SPOUSE OR |
| | G SURVIVING SPOUSE OR |
| | H FORMER SPOUSE (20/20/20) OR |
| | I FORMER SPOUSE (20/20/15) OR |

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

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ELEMENT NAME: DEERS DEPENDENT SUFFIX (2-075) (CONTINUED)

| | | | |
|------------------|--|-------|---|
| | | J | FORMER SPOUSE (10/20/10) OR |
| | | K | FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE)) |
| 2-075-08R | IF HCC MEMBER CATEGORY CODE = | T | FOREIGN MILITARY MEMBER |
| | THEN DEERS DEPENDENT SUFFIX MUST = | 01-19 | CHILDREN OR |
| | | 30-39 | SPOUSE |
| | 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 |
| 2-075-09R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | PF | PPPWD |
| | THEN DEERS DEPENDENT SUFFIX MUST = | 01-19 | CHILDREN OR |
| | | 30-39 | SPOUSE |
| 2-075-10R | IF DEERS DEPENDENT SUFFIX = | 70-74 | UNKNOWN |
| | AND PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE¹ > 2 YEARS | | |
| | THEN TYPE OF SUBMISSION = | D | COMPLETE DENIAL |

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

ELEMENT NAME: PATIENT IDENTIFIER (DoD) (2-080)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

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ELEMENT NAME: DEERS IDENTIFIER (PATIENT) (2-082)

VALIDITY EDITS

2-082-01V POSITIONS 10 AND 11 MUST BE NUMERIC

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON SEX (PATIENT) (2-085)

VALIDITY EDITS

2-085-01V MUST BE 'F' OR 'M'.

RELATIONAL EDITS

NONE

ELEMENT NAME: PATIENT ZIP CODE (2-090)

VALIDITY EDITS

2-090-01V MUST BE A VALID ZIP CODE¹; EITHER 9 DIGITS,
OR 5 DIGITS (NOT 5 ZEROES OR 5 NINES) FOLLOWED BY 4 BLANKS,
OR 3 CHARACTERS FOREIGN COUNTRY CODE FOLLOWED BY 6 BLANKS.
MUST NOT BE ALL ZEROES OR ALL NINES.

2-090-02V MUST BE VALID ZIP CODE IN THE ELECTRONIC ZIP CODE FILE,
BASED ON THE BEGIN DATE OF CARE
OR THE FIRST 3 CHARACTERS AGAINST COUNTRY CODES TABLE².

RELATIONAL EDITS

NO ERROR IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS
THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA

2-090-01R IF CA/NAS EXCEPTION REASON IS CODED
THEN PATIENT ZIP CODE MUST BE WITHIN AN MTF⁴ CATCHMENT AREA³.

2-090-02R IF CA/NAS NUMBER IS PRESENT
THEN PATIENT ZIP CODE MUST BE WITHIN AN MTF⁴ CATCHMENT AREA³.

UNLESS ONE OCCURRENCE OF
SPECIAL PROCESSING CODE = ST⁴ SPECIALIZED TREATMENT

THEN BYPASS THIS EDIT

¹ 5 DIGIT ZIP CODE WILL BE EDITED AGAINST A GOVERNMENT PROVIDED FILE.

² WHEN FOREIGN COUNTRY IS SUBMITTED THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST CHAPTER 2, ADDENDUM A.

³ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

⁴ MTF IS A 40 MILES CATCHMENT AREA.

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ELEMENT NAME: OVERRIDE CODE (2-095)

VALIDITY EDITS

| | |
|------------------|---|
| 2-095-01V | OCCURRENCE NUMBER 1--MUST BE A VALID OVERRIDE CODE ² |
| 2-095-02V | OCCURRENCE NUMBER 2--MUST BE A VALID OVERRIDE CODE ² |
| 2-095-03V | OCCURRENCE NUMBER 3--MUST BE A VALID OVERRIDE CODE ² |
| 2-095-04V | A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK). |
| 2-095-05V | OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED |

RELATIONAL EDITS

| | | | |
|------------------|---|----|---|
| 2-095-01R | IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ ≥ 65 | | |
| | THEN ONE OCCURRENCE OF OVERRIDE CODE MUST = | A | PATIENT IS OVER 65 |
| | UNLESS ENROLLMENT/HEALTH PLAN CODE = | BB | TSP OR |
| | | FE | TFL-EXTRA OR |
| | | FS | TFL-STANDARD OR |
| | | PS | TSRx OR |
| | | TS | TSS |
| 2-095-02R | IF ANY OCCURRENCE OF OVERRIDE CODE = | A | PATIENT IS OVER 65 |
| | THEN PATIENT AGE MUST BE ≥ 65 | | |
| 2-095-03R | IF ANY OCCURRENCE OF OVERRIDE CODE = | B | PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE |
| | THEN PATIENT AGE MUST BE < 12 | | |
| | AND HCC MEMBER RELATIONSHIP CODE = | B | SPOUSE OR |
| | | G | SURVIVING SPOUSE |
| 2-095-04R | IF ANY OCCURRENCE OF OVERRIDE CODE = | D | PATIENT IS DEPENDENT 21 YEARS OF AGE |
| | THEN PATIENT AGE MUST BE ≥ 21 | | |
| | AND HCC MEMBER RELATIONSHIP CODE = | C | CHILD OR STEPCHILD OR |
| | | D | WARD (NOT COURT ORDERED) OR |
| | | E | WARD (COURT ORDERED) |
| 2-095-05R | IF ANY OCCURRENCE OF OVERRIDE CODE = | I | PATIENT IS A FORMER SPOUSE UNDER 34 YEARS OF AGE |
| | THEN PATIENT AGE ¹ MUST BE < 34 | | |
| | AND HCC MEMBER RELATIONSHIP CODE = | H | FORMER SPOUSE (20/20/20) OR |

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

² AS STATED IN [CHAPTER 2, SECTION 2.6](#).

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| ELEMENT NAME: OVERRIDE CODE (2-095) (CONTINUED) | |
|--|---|
| | I FORMER SPOUSE (20/20/15) OR |
| | J FORMER SPOUSE (10/20/10) OR |
| | K FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE)) |
| 2-095-06R | IF ANY OCCURRENCE OF OVERRIDE CODE = |
| | M NATO |
| | THEN HCC MEMBER CATEGORY CODE MUST = |
| | T FOREIGN MILITARY MEMBER |
| 2-095-07R | IF ANY OCCURRENCE OF OVERRIDE CODE = |
| | E DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE |
| | THEN PATIENT AGE MUST BE < 12 |
| | AND AT LEAST ONE TREATMENT DIAGNOSIS MUST = MATERNITY |
| 2-095-08R | IF ANY OCCURRENCE OF OVERRIDE CODE = |
| | G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE |
| | THEN AT LEAST ONE PROCEDURE OR DIAGNOSIS CODE MUST BE FOR FEMALE |
| | AND PERSON SEX (PATIENT) MUST BE MALE. |
| 2-095-09R | IF ANY OCCURRENCE OF OVERRIDE CODE = |
| | H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE |
| | THEN AT LEAST ONE PROCEDURE OR DIAGNOSIS CODE MUST BE FOR MALE |
| | AND NOT FOR CIRCUMCISION (PROCEDURE CODE ³ 54150 OR 54160) |
| | AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (REFER TO FIGURE 2-E-10) |
| | AND PERSON SEX (PATIENT) MUST BE FEMALE. |
| 2-095-10R | IF ANY OCCURRENCE OF OVERRIDE CODE = |
| | R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/ DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY |
| | THEN PRINCIPAL TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION |
| | AND PATIENT'S AGE IS NOT CONSISTENT WITH RESTRICTIONS |
| 2-095-11R | IF ANY OCCURRENCE OF OVERRIDE CODE = |
| | NC NON-CERTIFIED PROVIDER (DOES NOT INCLUDE SANCTIONED/SUSPENDED PROVIDERS) |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = |
| | AN SHCP-NON-MTF REFERRED CARE OR |

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

² AS STATED IN [CHAPTER 2, SECTION 2.6](#).

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| ELEMENT NAME: OVERRIDE CODE (2-095) (CONTINUED) | |
|--|---|
| AR | SHCP-REFERRED CARE OR |
| CE | SHCP COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR |
| EU | EMERGENCY SERVICES RENDERED BY AN UNAUTHORIZED PROVIDER OR |
| GU | ADSM ENROLLED IN TPR OR |
| MN | TSP-NETWORK OR |
| MS | TSP-NON-NETWORK OR |
| SC | SHCP-NON-TRICARE ELIGIBLE OR |
| SE | SHCP-TRICARE ELIGIBLE OR |
| SM | SHCP-EMERGENCY |

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

² AS STATED IN [CHAPTER 2, SECTION 2.6](#).

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