

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 THROUGH 2-175-06R | TYPE OF SUBMISSION | | 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 A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS.
NOTE: CANNOT BE SPACES OR SPECIAL CHARACTERS.

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 = D **COMPLETE CONTRACTOR DENIAL**

I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT **WITH 100% OHI/TPL**

DATE ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE **WHEN**

TYPE OF SUBMISSION = 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', 'T', '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, INDIVIDUAL CASE MANAGEMENT PROGRAM, CUSTODIAL CARE TRANSITIONAL POLICY, CLINICAL TRIALS OR |
| | | 72 | AIR FORCE - DIRECT PAY, SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, INDIVIDUAL CASE MANAGEMENT PROGRAM, CUSTODIAL CARE TRANSITIONAL POLICY, CLINICAL TRIALS OR |
| | | 73 | MARINE CORPS/NAVY - DIRECT PAY, SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, INDIVIDUAL CASE MANAGEMENT PROGRAM, CUSTODIAL CARE TRANSITIONAL POLICY, CLINICAL TRIALS OR |
| | | A1 | ARMY (SHCP - EMERGENCY) OR |
| | | A2 | AIR FORCE (SHCP - EMERGENCY) OR |
| A3 | MARINE CORPS/NAVY (SHCP - EMERGENCY) OR | | |

¹ BATCH/VOUCHER HEADER

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

| | | |
|---|--------------------------------|---|
| | B1 | ARMY (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED) OR |
| | 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 |
| | P1 | ARMY - TRICARE SENIOR PHARMACY OR |
| | P2 | AIR FORCE - TRICARE SENIOR PHARMACY OR |
| | P3 | MARINE CORPS/NAVY - TRICARE SENIOR PHARMACY OR |
| | Q1 | ARMY - TRICARE FOR LIFE OR |
| | Q2 | AIR FORCE - TRICARE FOR LIFE OR |
| | Q3 | MARINE CORPS/NAVY - TRICARE FOR LIFE |
| 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, INDIVIDUAL CASE MANAGEMENT PROGRAM, CUSTODIAL CARE TRANSITIONAL POLICY, CLINICAL TRIALS 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 |

¹ BATCH/VOUCHER HEADER

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

| | | |
|---|----|--|
| | D5 | NON-DOD - PHARMACY REDESIGN PILOT PROGRAM OR |
| | P5 | NON-DOD - TRICARE SENIOR PHARMACY OR |
| | Q5 | NON-DOD - TRICARE FOR LIFE |
| 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 |
| | 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 |

¹ BATCH/VOUCHER HEADER

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

| | | |
|---|----|--|
| | 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 'Ø' (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

2-070-03R IF PATIENT DATE OF BIRTH INDICATES AGE¹ < 17
PATIENT RELATIONSHIP MUST ≠ 'B' (SPONSOR)

2-070-05R IF PATIENT DATE OF BIRTH INDICATES AGE¹ < 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 AGE¹ < 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)

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 MUST BE = | | C CHILD OR |
| | | 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 |
| UNLESS ENROLLMENT STATUS = 'PS' (TRICARE SENIOR PHARMACY) THEN BYPASS THIS ENTIRE EDIT. | | |
| 2-070-07R | IF SPONSOR STATUS = | T FOREIGN MILITARY |
| 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) |

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)

| | | |
|--|---|---|
| | 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 |
| | ∅ | 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) | |
| 2-070-14R | H | MEDAL OF HONOR |
| THEN PATIENT RELATIONSHIP TO SPONSOR MUST = | ∅ | SPONSOR OR |
| | C | CHILD OR |
| | F | UNREARRIED WIDOW(ER) OR |
| | S | SPOUSE OR |
| | V | STEPCHILD |

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 | |

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 AGE ¹ < 17 DEERS DEPENDENT SUFFIX ≠ '20' (SPONSOR) | |
| 2-090-05R | IF PATIENT DATE OF BIRTH INDICATES AGE ¹ < 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) | |
| 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 AGE ¹ > 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. | | | |