

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: RECORD TYPE INDICATOR (1-001)**

**VALIDITY EDITS**

1-001-01 MUST BE = '1'

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
0-25-02R	BATCH IDENTIFIER		
	TYPE OF SUBMISSION	SEE BELOW	RECORD TYPE INDICATOR

**EDITED ELEMENT RELATIONSHIP**

1-001-03R IF RECORD TYPE INDICATOR = '1'

- AND IF 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' HCSR<sub>s</sub> 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 (1-005)**

**VALIDITY EDITS**

GROUP ELEMENT

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-175-02R THROUGH 1-175-06R	TYPE OF SUBMISSION		FILING DATE, TYPE OF RECORD ON PREVIOUS HCSR ON DATABASE, AMOUNT PAID BY GOVERNMENT CONTRACTOR

**ELEMENT NAME: FILING DATE (1-015)**

**VALIDITY EDITS**

1-015-01 MUST BE A VALID JULIAN DATE.

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-015-02R	DATE HCSR PROCESSED TO COMPLETION	≤	
1-015-03R AND 1-015-04R	OVERRIDE CODE	SEE BELOW	BEGIN AND END DATE OF CARE
1-040-04R	DATE ADJUSTMENT IDENTIFIED		TYPE OF SUBMISSION
1-280-03R	BEGIN DATE OF CARE		
1	END DATE OF CARE	≥	
2	ADMISSION DATE	≥	

**EDITED ELEMENT RELATIONSHIP**

1-015-03R IF BEGIN DATE OF CARE ≥ 01/01/94  
**THEN END DATE OF CARE PLUS ONE YEAR MUST BE > FILING DATE**  
**UNLESS**  
 ONE OVERRIDE CODE = 'F' (CLAIM FILED AFTER DEADLINE)

1-015-04R IF ANY OCCURRENCE OF OVERRIDE CODE = 'F' (CLAIM FILED AFTER DEADLINE)  
**THEN BEGIN DATE OF CARE PLUS SIX YEARS MUST BE > FILING DATE**

<sup>1</sup> SEE 1-280-03R (BEGIN DATE OF CARE ≤ FILING DATE) AND 1-280-02R (BEGIN DATE OF CARE ≤ END DATE OF CARE).

<sup>2</sup> SEE 1-280-03R (BEGIN DATE OF CARE ≤ FILING DATE) AND/OR 1-280-02R (BEGIN DATE OF CARE ≤ END DATE OF CARE) AND/OR 1-235-03R (ADMISSION DATE ≤ END DATE OF CARE)

**ELEMENT NAME: FILING STATE/COUNTRY (1-016)**

**VALIDITY EDITS**

**1-016-01** MUST BE A VALID STATE/COUNTRY CODE (SEE CHAPTER 2, ADDENDUM C)

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPECIAL PROCESSING CODE	SEE BELOW	
CONTRACTOR NUMBER <sup>1</sup>	SEE BELOW	CONTRACT NUMBER <sup>1</sup>
SPECIAL RATE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**1-016-05R** IF SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q' (TRICARE/CHAMPUS DRG) THEN FILING STATE/COUNTRY MUST NOT BE A FOREIGN COUNTRY EXCEPT FOR PUERTO RICO.

NOTE: FOR A LIST OF CODES SEE CHAPTER 2, ADDENDUM A AND ADDENDUM B.

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

**ELEMENT NAME: SEQUENCE NUMBER (1-020)**

**VALIDITY EDITS**

**1-020-01** 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 (1-021)**

**VALIDITY EDITS**

**1-021-01** MUST BE NUMERIC.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
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**1-021-02R** TIME MUST BE GREATER THAN ZERO WHEN:  
 HCSR FILING DATE IS EQUAL TO OR GREATER THAN 2-1-95

**ELEMENT NAME: HCSR SUFFIX (1-025)**

**VALIDITY EDITS**

**1-025-01** 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**

**1-025-02R** 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 DATABASE.

**1-025-03R** ONE HCSR SUFFIX WITHIN INTERNAL CONTROL NUMBER MUST HAVE HCSR SUFFIX = 'A' UPON INITIAL SUBMISSION TO TMA **UNLESS**:

- TYPE OF SUBMISSION = F (ADJUSTMENT TO PRIOR HCSR DATA, ADDITIONAL SUFFIX) **OR**
- G (ADDITIONAL DRG INTERIM BILLING)

**ELEMENT NAME: PROGRAM INDICATOR (1-030)**

**VALIDITY EDITS**

**1-030-01** PROGRAM INDICATOR MUST BE 'H' (PROGRAM FOR PERSONS WITH DISABILITIES) **OR** 'I' (INSTITUTIONAL)

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

**ELEMENT NAME: DATE HCSR PROCESSED TO COMPLETION (1-035)**

**VALIDITY EDITS**

**1-035-01** MUST BE A VALID GREGORIAN DATE.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>1-035-02R</b> PERIOD END DATE	≤	
<b>1-035-03R</b> PERIOD BEGIN DATE	≥	
<b>1-015-02R</b> FILING DATE		
<b>1-040-03R</b> DATE ADJUSTMENT IDENTIFIED		

**ELEMENT NAME: DATE HCSR PROCESSED TO COMPLETION (1-035) (CONTINUED)**

1-235-02R	ADMISSION DATE
1-280-04R	BEGIN DATE OF CARE
1-285-04R	END DATE OF CARE

**ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (1-040)**

**VALIDITY EDITS**

1-040-01	MUST BE VALID GREGORIAN DATE, OR ALL ZEROES.
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**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-040-02R	TYPE OF SUBMISSION	SEE BELOW	
1-040-03R	DATE HCSR PROCESSED TO COMPLETION	SEE BELOW	TYPE OF SUBMISSION
1-040-04R	FILING DATE	SEE BELOW	TYPE OF SUBMISSION
1-235-05R	ADMISSION DATE		TYPE OF SUBMISSION
1-280-05R	BEGIN DATE OF CARE		TYPE OF SUBMISSION
1-285-05R	END DATE OF CARE		TYPE OF SUBMISSION

**EDITED ELEMENT RELATIONSHIP**

1-040-02R	DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROES <b>WHEN</b> TYPE OF SUBMISSION =	D	CONTRACTOR DENIAL
		I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT <b>WITH 100% OHI/TPL</b>
1-040-02R	DATE ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE <b>WHEN</b> 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
		G	ADDITIONAL DRG INTERIM BILLING
		1-040-03R	DATE ADJUSTMENT IDENTIFIED MUST BE $\leq$ DATE HCSR PROCESSED TO COMPLETION <b>AND</b> $\geq$ FILING DATE
1-040-03R	<b>WHEN</b> TYPE OF SUBMISSION =	A	ADJUSTMENT <b>OR</b>
		C	COMPLETE CANCELLATION <b>OR</b>

**ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (1-040) (CONTINUED)**

- B ADJUSTMENT TO NON-HCSR DATA **OR**
- E CANCELLATION OF NON-HCSR DATA **OR**
- F ADJUSTMENT HCSR NEW SUFFIX **OR**
- G ADDITIONAL DRG INTERIM BILLING

**ELEMENT NAME: SPONSOR SOCIAL SECURITY NUMBER (1-045)**

**VALIDITY EDITS**

**1-045-01** MUST BE 9 NUMERIC DIGITS (IF PRESENT) **OR** ALL BLANKS. CANNOT BE ALL ZEROS **OR** ALL NINES.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPONSOR STATUS	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**1-045-02R** 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 (1-050)**

**VALIDITY EDITS**

**1-050-01** 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**

**1-050-03R** IF SPONSOR STATUS = T FOREIGN MILITARY  
 SPONSOR PAY GRADE MUST BE = 90 UNKNOWN (INCLUDING NATO)  
 41-58 GS1-GS18

**1-050-04R** IF SPONSOR BRANCH OF SERVICE = E PHS

**ELEMENT NAME: SPONSOR PAY GRADE (1-050) (CONTINUED)**

		I	NOAA
	SPONSOR PAY GRADE MUST NOT BE =	01-09	ENLISTED
1-050-05R	IF PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
	SPONSOR PAY GRADE MUST BE =	01-09	ENLISTED
		11-15	WARRANT OFFICER
		20-31	OFFICER

**ELEMENT NAME: SPONSOR BRANCH OF SERVICE (1-055)**

**VALIDITY EDITS**

01-055-01 MUST BE A VALID VOUCHER BRANCH OF SERVICE LOCATED IN CHAPTER 2, SECTION 8

**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**

1-055-03R	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, KITSAP MENTAL HEALTH SERVICES ≤ TO 03/01/1995 OR

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

**ELEMENT NAME: SPONSOR BRANCH OF SERVICE (1-055) (CONTINUED)**

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, <b>KITSAP MENTAL HEALTH SERVICES ≤ TO 03/01/1995 OR</b>
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, <b>KITSAP MENTAL HEALTH SERVICES ≤ TO 03/01/1995 OR</b>
A1	ARMY (SHCP - EMERGENCY) <b>OR</b>
A2	AIR FORCE (SHCP - EMERGENCY) <b>OR</b>
A3	MARINE CORPS/NAVY (SHCP - EMERGENCY) <b>OR</b>
B1	ARMY (SHCP - MTF REFERRED) <b>OR</b>
B2	AIR FORCE (SHCP - MTF REFERRED) <b>OR</b>
B3	MARINE CORPS/NAVY (SHCP - 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>
E1	<b>ARMY (SHCP - NON-EMERGENCY/NON-MTF REFERRED) OR</b>
E2	<b>AIR FORCE (SHCP - NON-EMERGENCY/NON-MTF REFERRED) OR</b>
E3	<b>MARINE CORPS/NAVY (SHCP - NON-EMERGENCY/NON-MTF REFERRED) OR</b>
Q1	ARMY - TRICARE FOR LIFE <b>OR</b>
Q2	AIR FORCE - TRICARE FOR LIFE <b>OR</b>
Q3	MARINE CORPS/NAVY - TRICARE FOR LIFE
	<b>THEN SPONSOR BRANCH OF SERVICE =</b>
A	ARMY <b>OR</b>
F	AIR FORCE <b>OR</b>
M	MARINES <b>OR</b>

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



**ELEMENT NAME: SPONSOR BRANCH OF SERVICE (1-055) (CONTINUED)**

		N	NAVY
<b>1-055-04R</b>	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, <b>KITSAP MENTAL HEALTH SERVICE ≤ TO 03/01/1995 OR</b>
		25	ACTIVE DUTY - NON-DOD (TPR) <b>OR</b>
		45	NON-DOD (COMPREHENSIVE CLINICAL EVALUATION PROGRAM) <b>OR</b>
		A5	NON-DOD ( <b>SHCP</b> - EMERGENCY) <b>OR</b>
		B5	NON-DOD ( <b>SHCP</b> - MTF REFERRED) <b>OR</b>
		C5	NON-DOD - TRICARE SENIOR SUPPLEMENT <b>OR</b>
		D5	NON-DOD - PHARMACY REDESIGN PILOT PROGRAM <b>OR</b>
		<b>E5</b>	<b>NON-DOD (SHCP - NON-EMERGENCY/NON-MTF REFERRED) OR</b>
		Q5	NON-DOD - TRICARE FOR LIFE
	<b>THEN SPONSOR BRANCH OF SERVICE =</b>	E	PUBLIC HEALTH SERVICE <b>OR</b>
		I	NOAA <b>OR</b>
		P	COAST GUARD
<b>1-055-05R</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>
		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 FT CARSON, COLORADO SPRINGS, CO <b>OR</b>

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

**ELEMENT NAME: SPONSOR BRANCH OF SERVICE (1-055) (CONTINUED)**

	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 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>OR</b>
	E	PUBLIC HEALTH SERVICE <b>OR</b>
	I	NOAA <b>OR</b>
	P	COAST GUARD
<b>1-055-06R</b>	IF VOUCHER BRANCH OF SERVICE =	26 ARMY - NATIONAL GUARD (TPR) <b>OR</b>
		A6 ARMY - NATIONAL GUARD (SHCP - EMERGENCY) <b>OR</b>
		B6 ARMY - NATIONAL GUARD (SHCP - MTF REFERRED) <b>OR</b>
		E6 ARMY - NATIONAL GUARD (SHCP - NON-EMERGENCY/NON-MTF REFERRED)
<b>THEN SPONSOR BRANCH OF SERVICE MUST BE =</b>	A	ARMY
<b>AND SPONSOR STATUS =</b>	N	NATIONAL GUARD

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

**ELEMENT NAME: SPONSOR STATUS (1-065)**

**VALIDITY EDITS**

**1-065-01** 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	DISCHARGE STATUS
DEERS DEPENDENT SUFFIX	SEE BELOW	DISCHARGE STATUS
PROGRAM INDICATOR	SEE BELOW	

**ELEMENT NAME: SPONSOR STATUS (1-065) (CONTINUED)**

	SPONSOR BRANCH OF SERVICE	SEE BELOW
	OVERRIDE CODE	SEE BELOW
	BILL CLASSIFICATION CODE	SEE BELOW
	NAS EXCEPTION REASON	SEE BELOW
<b>1-197-19R</b>	SPECIAL PROCESSING CODE	PATIENT RELATIONSHIP TO SPONSOR

**EDITED ELEMENT RELATIONSHIP**

<b>1-065-03R</b>	IF PATIENT RELATIONSHIP TO SPONSOR =	<del>h</del> SPONSOR
	<b>THEN</b> SPONSOR STATUS MUST NOT BE ANY VALUE LISTED UNDER ACTIVE UNLESS ENROLLMENT STATUS = 'Y', 'W', 'X', 'AA', 'SN', 'SO', 'SR', OR 'ST'	
<b>1-065-04R</b>	IF DEERS DEPENDENT SUFFIX =	20 SPONSOR
	<b>THEN</b> SPONSOR STATUS MUST NOT BE ANY VALUE LISTED UNDER ACTIVE UNLESS ENROLLMENT STATUS = 'Y', 'W', 'X', 'AA', 'SN', 'SO', 'SR', OR 'ST'	
<b>1-065-05R</b>	IF PROGRAM INDICATOR =	H PROGRAM FOR PERSONS WITH DISABILITIES
	<b>THEN</b> SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE, OR TAMP DESIGNEE EXCEPT FOR 'T' (FOREIGN MILITARY)	
<b>1-065-07R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	J SUCCESSIVE ADMISSION
	<b>THEN</b> SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE	
<b>1-065-08R</b>	IF BILL CLASSIFICATION CODE =	1 INPATIENT
	<b>THEN</b> SPONSOR STATUS MUST NOT =	T FOREIGN MILITARY
	<b>UNLESS ENROLLMENT STATUS =</b>	
		SR SHCP - REFERRED
	<b>THEN BYPASS THIS EDIT</b>	
<b>1-065-09R</b>	IF PATIENT RELATIONSHIP TO SPONSOR =	<del>h</del> SPONSOR
	<b>THEN</b> SPONSOR STATUS MUST NOT BE ANY VALUE LISTED UNDER DECEASED UNLESS DISCHARGE STATUS = '20' (EXPIRED)	
<b>1-065-10R</b>	IF DEERS DEPENDENT SUFFIX =	20 SPONSOR
	<b>THEN</b> SPONSOR STATUS MUST NOT BE ANY VALUE LISTED UNDER DECEASED UNLESS DISCHARGE STATUS = '20' (EXPIRED)	

**ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (1-070)**

**VALIDITY EDITS**

**1-070-01** 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>1-065-03R AND 1-065-09R</b>	SPONSOR STATUS	DISCHARGE STATUS
	PROGRAM INDICATOR	SEE BELOW
	SPONSOR BRANCH OF SERVICE	SEE BELOW
	OVERRIDE CODE	SEE BELOW
	NAS EXCEPTION REASON	SEE BELOW
<b>1-197-19R</b>	SPECIAL PROCESSING CODE	PATIENT RELATIONSHIP TO SPONSOR

**EDITED ELEMENT RELATIONSHIP**

**1-070-03R** IF PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> < 17

PATIENT RELATIONSHIP TO SPONSOR MUST NOT BE = ~~B~~ SPONSOR

**1-070-04R** IF PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> ≥ 21

**THEN PATIENT RELATIONSHIP TO SPONSOR MUST ≠** C CHILD OR

V STEPCHILD OR

W WARD OF COURT

**UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'D' (PATIENT IS FAMILY MEMBER 21 YEARS OR OLDER)**

**1-070-05R** IF PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> < 12

**THEN PATIENT RELATIONSHIP TO SPONSOR MUST NOT BE =** S SPOUSE OR

F UNREARRIED WIDOW(ER) OR

G UNMARRIED WIDOW(ER)

<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 BEGIN DATE OF CARE TO END DATE OF CARE.

**ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (1-070) (CONTINUED)**

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'B'.

IF PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> < 34

PATIENT RELATIONSHIP TO SPONSOR MUST NOT BE =	T	FORMER SPOUSE
	H	
	R	
	Y	

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'I'.

**1-070-06R** IF DEERS DEPENDENT SUFFIX = 20 SPONSOR

**THEN** PATIENT RELATIONSHIP TO SPONSOR MUST BE = ~~20~~ SPONSOR

IF DEERS DEPENDENT SUFFIX = 1-19 CHILD

**THEN** PATIENT RELATIONSHIP TO SPONSOR MUST BE =

C	CHILD OR
V	STEPCHILD OR
W	WARD OF COURT)

IF DEERS DEPENDENT SUFFIX = 30-39 SPOUSE

**THEN** PATIENT RELATIONSHIP TO SPONSOR MUST BE = 'S', 'F', 'G', 'H', 'R', 'T' OR 'Y'.**1-070-07R** IF SPONSOR STATUS = T FOREIGN MILITARY

**AND** PATIENT RELATIONSHIP TO SPONSOR ≠ ~~20~~ SPONSOR

**THEN** PATIENT RELATIONSHIP TO SPONSOR MUST =

C	CHILD OR
---	----------

S SPOUSE OR

V STEPCHILD OR

W WARD OF COURT

IF SPONSOR STATUS = 'T' (FOREIGN MILITARY)

**AND** PATIENT RELATIONSHIP TO SPONSOR = ~~20~~ SPONSOR

**THEN** ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =

AN	SHCP - NON-REFERRED CARE OR
AR	SHCP - REFERRED OR

<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 BEGIN DATE OF CARE TO END DATE OF CARE.

**ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (1-070) (CONTINUED)**

		SC SHCP - NON-TRICARE ELIGIBLE OR
		SM SHCP - EMERGENCY
	OR ENROLLMENT STATUS CODE MUST =	SO SHCP - NON-TRICARE ELIGIBLE OR
		SN SHCP - NON-MTF REFERRED OR
		SR SHCP - REFERRED
1-070-08R	IF PROGRAM INDICATOR =	H PROGRAM FOR PERSONS WITH DISABILITIES
	THEN PATIENT RELATIONSHIP TO SPONSOR MUST BE =	C CHILD OR
		F UNREARRIED WIDOW(ER) OR
		G UNMARRIED WIDOW(ER) OR
		S SPOUSE OR
		V STEPCHILD OR
		W WARD OF COURT
1-070-10R	IF ANY OCCURRENCE OF OVERRIDE CODE =	J SUCCESSIVE ADMISSION
	THEN PATIENT RELATIONSHIP TO SPONSOR MUST BE =	C CHILD OR
		F UNREARRIED WIDOW(ER) OR
		G UNMARRIED WIDOW(ER) OR
		S SPOUSE OR
		T UNREARRIED FORMER SPOUSE OR
		V STEPCHILD OR
		X OTHER OR
		H UNMARRIED FORMER SPOUSE OR
		R UNREARRIED FORMER SPOUSE OR
		Y UNREARRIED FORMER SPOUSE OR
		<del>+</del> SPONSOR OR
		W WARD OF COURT
	UNLESS SPONSOR STATUS =	P TAMP DESIGNEE
	OR SPECIAL PROCESSING CODE =	SC SHCP - NON-TRICARE ELIGIBLE
1-070-13R	IF NAS EXCEPTION REASON =	A ROUTINE NEWBORN CARE

<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 BEGIN DATE OF CARE TO END DATE OF CARE.

**ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (1-070) (CONTINUED)**

	<b>THEN</b> PATIENT RELATIONSHIP TO SPONSOR =	C CHILD
<b>1-070-14R</b>	IF SPONSOR STATUS =	H MEDAL OF HONOR
	<b>THEN</b> PATIENT RELATIONSHIP TO SPONSOR MUST =	<del>H</del> SPONSOR OR
		C CHILD OR
		F UNREARRIED 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 BEGIN DATE OF CARE TO END DATE OF CARE.

**ELEMENT NAME: PATIENT NAME (1-075)**

**VALIDITY EDITS**

**1-075-01** 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 (1-080)**

**VALIDITY EDITS**

**1-080-01** 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 (1-085)**

**VALIDITY EDITS**

1-085-01 MUST BE A VALID GREGORIAN DATE

**RELATIONAL EDITS**

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-085-02R	SYSTEM RUN DATE	MUST BE 125 OR LESS YEARS PRIOR TO RUN DATE	
1-085-03R	BEGIN DATE OF CARE	≤	
1-085-06R	ADMISSION DATE	≤	
<sup>1</sup>	PRINCIPAL TREATMENT DIAGNOSIS	USE ICD-9-CM TAPE	
<sup>1</sup>	SECONDARY TREATMENT DIAGNOSIS	USE ICD-9-CM TAPE	
	NAS EXCEPTION REASON	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

1-085-07R IF NAS EXCEPTION REASON = 'A'

PATIENT DATE OF BIRTH MUST EQUAL ADMISSION DATE (NEWBORN)

<sup>1</sup> SEE 1-315-05R, 1-320-05R, 1-325-05R, 1-330-05R, AND 1-335-05R.

**ELEMENT NAME: DEERS DEPENDENT SUFFIX (1-090)**

**VALIDITY EDITS**

1-090-01 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	
1-065-04R AND 1-065-10R	SPONSOR STATUS		DISCHARGE STATUS
	PROGRAM INDICATOR	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 BEGIN DATE OF CARE TO END DATE OF CARE.



**ELEMENT NAME: DEERS DEPENDENT SUFFIX (1-090) (CONTINUED)**

SPONSOR BRANCH OF SERVICE      SEE BELOW

**EDITED ELEMENT RELATIONSHIP****1-090-03R** IF PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> < 17**THEN** DEERS DEPENDENT  
SUFFIX MUST NOT BE =      20 SPONSOR**1-090-04R** IF PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> ≥ 21  
**THEN** DEERS DEPENDENT SUFFIX MUST **NOT** = 01 - 19 (CHILDREN)  
**UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'D' (PATIENT IS FAMILY MEMBER 21  
YEARS OR OLDER)**1-090-05R** IF PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> < 12**THEN** DEERS DEPENDENT  
SUFFIX MUST NOT BE =      30-39 SPOUSE**UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'B'.**1-090-06R** IF PATIENT RELATIONSHIP TO  
SPONSOR =      ~~b~~ SPONSOR**THEN** DEERS DEPENDENT  
SUFFIX MUST =      20 SPONSORIF PATIENT RELATIONSHIP TO  
SPONSOR =      C CHILD **OR**V STEPCHILD **OR**

W WARD OF COURT)

**THEN** DEERS DEPENDENT  
SUFFIX MUST =      01-19 CHILDREN **OR**60-69 OTHER ELIGIBLE FAMILY MEMBERS **OR**

70-75 UNKNOWN

IF PATIENT RELATIONSHIP TO  
SPONSOR =      F UNREARRIED WIDOW(ER) **OR**G UNMARRIED WIDOW(ER) **OR**

S SPOUSE

**THEN** DEERS DEPENDENT  
SUFFIX MUST =      30-39 SPOUSE**UNLESS** TYPE OF SUBMISSION =      D COMPLETE CONTRACTOR DENIAL**THEN** DEERS DEPENDENT  
SUFFIX CAN =      70-75 UNKNOWN<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 BEGIN DATE  
OF CARE TO END DATE OF CARE.

**ELEMENT NAME: DEERS DEPENDENT SUFFIX (1-090) (CONTINUED)**

	IF PATIENT RELATIONSHIP TO SPONSOR =	T FORMER SPOUSE H R Y
	<b>THEN DEERS DEPENDENT SUFFIX MUST =</b>	30-39 SPOUSE <b>OR</b> 60-69 OTHER ELIGIBLE FAMILY MEMBER
1-090-07R	IF SPONSOR STATUS =	T FOREIGN MILITARY
	<b>AND DEERS DEPENDENT SUFFIX ≠</b>	20 SPONSOR
	<b>THEN DEERS DEPENDENT SUFFIX MUST BE =</b>	01-19 CHILDREN <b>OR</b> 30-39 SPOUSE
	<b>IF SPONSOR STATUS =</b>	T FOREIGN MILITARY
	<b>AND DEERS DEPENDENT SUFFIX =</b>	20 SPONSOR
	<b>THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	AN SHCP - NON-REFERRED CARE <b>OR</b> AR SHCP - REFERRED <b>OR</b> SC SHCP - NON-TRICARE ELIGIBLE <b>OR</b> SM SHCP - EMERGENCY
	<b>OR ENROLLMENT STATUS CODE MUST =</b>	SO SHCP - NON-TRICARE ELIGIBLE <b>OR</b> SN SHCP - NON-MTF REFERRED <b>OR</b> SR SHCP - REFERRED
1-090-08R	IF PROGRAM INDICATOR =	H PROGRAM FOR PERSONS WITH DISABILITIES
	<b>THEN DEERS DEPENDENT SUFFIX MUST =</b>	01-19 CHILDREN <b>OR</b> 30-39 SPOUSE
1-090-10R	IF PATIENT DATE OF BIRTH INDICATES AGE <sup>1</sup> > 2 YEARS	
	<b>THEN DEERS DEPENDENT SUFFIX MUST NOT =</b>	70-75 UNKNOWN
	<b>UNLESS TYPE OF SUBMISSION =</b>	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 BEGIN DATE OF CARE TO END DATE OF CARE.

**ELEMENT NAME: PATIENT SEX (1-095)****VALIDITY EDITS**

1-095-01 MUST BE 'M' OR 'F'

**RELATIONAL EDITS**

<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
	<sup>1</sup> ADMISSION DIAGNOSIS	
1-315-04R	PRINCIPAL TREATMENT DIAGNOSIS	
1-320-04R, 1-325-04R, 1-330-04R, AND 1-335-04R	SECONDARY TREATMENT DIAGNOSIS	
1-340-06R	PRINCIPAL OP/NSP CODE	OVERRIDE CODE
1-345-06R AND 1-350-06R	SECONDARY OP/NSP CODE	OVERRIDE CODE
1-365-06R	REVENUE CODE	

<sup>1</sup> EDIT NOT PERFORMED (ADMISSION DIAGNOSIS), USE ICD-9-CM TAPE FOR TREATMENT DIAGNOSIS AND OP/NSP ONLY.

