

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 TYPE OF SUBMISSION =
- A ADJUSTMENT **OR**
  - C CANCELLATION **OR**
  - B ADJUSTMENT TO NON-HCSR DATA **OR**
  - 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 **EARLIEST** 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)
- 2-015-04R IF ANY OCCURRENCE OF OVERRIDE CODE = 'F' (CLAIM FILED AFTER DEADLINE)  
**THEN EARLIEST BEGIN DATE OF CARE PLUS SIX YEARS MUST BE > FILING DATE**

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

**VALIDITY EDITS**

2-016-01 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	SEE BELOW	CONTRACT NUMBER <sup>1</sup>
NOTE: FOR A LIST OF CODES SEE CHAPTER 2, ADDENDUM A AND ADDENDUM B.			

**EDITED ELEMENT RELATIONSHIP**

<sup>1</sup> 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

**ELEMENT NAME: HCSR SUFFIX (2-025) (CONTINUED)**

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)
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**

	<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
<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**

<b>2-040-02R</b>	DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROES <b>WHEN</b>		
	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 <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
<b>2-040-03R</b>	DATE ADJUSTMENT IDENTIFIED MUST BE: $\leq$ DATE HCSR PROCESSED TO COMPLETION AND $\geq$ FILING DATE <b>WHEN</b>		
	TYPE OF SUBMISSION =	A	ADJUSTMENT <b>OR</b>
		C	COMPLETE CANCELLATION <b>OR</b>
		B	ADJUSTMENT TO NON-HCSR DATA <b>OR</b>
		E	CANCELLATION OF NON-HCSR DATA <b>OR</b>
		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)  
**THEN** SPONSOR SOCIAL SECURITY NUMBER MUST BE ALL BLANKS  
 OR 9 NUMERIC DIGITS.  
 OTHERWISE, (FOR ANY OTHER SPONSOR STATUS)  
**THEN** 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)  
**THEN** SPONSOR PAY GRADE MUST = '90' UNKNOWN (INCLUDING NATO),  
 OR 41-58 GS1-GS18.

**2-050-04R** IF SPONSOR BRANCH OF SERVICE = 'E' (PHS) OR 'T' (NOAA)  
**THEN** SPONSOR PAY GRADE MUST **NOT BE** = '01' - '09' (ENLISTED)

**2-050-05R** IF PROGRAM INDICATOR = 'H' (PROGRAM FOR PERSONS WITH DISABILITIES)  
**THEN** SPONSOR PAY GRADE MUST BE '01 - 09' (ENLISTED),  
 OR '11 - 15' (WARRANT OFFICER),  
 OR '20 - 31' (OFFICER)

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

2-055-01 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**

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, KITSAP MENTAL HEALTH SERVICES ≤03/01/1995 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, KITSAP MENTAL HEALTH SERVICES ≤03/01/1995 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, KITSAP MENTAL HEALTH SERVICES ≤03/01/1995 OR
		A1	ARMY (SHCP - EMERGENCY) OR
		A2	AIR FORCE (SHCP - EMERGENCY) OR

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

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

	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	ARMY (SHCP - NON-EMERGENCY/NON-MTF REFERRED) <b>OR</b>
	E2	AIR FORCE (SHCP - NON-EMERGENCY/NON-MTF REFERRED) <b>OR</b>
	E3	MARINE CORPS/NAVY (SHCP - NON-EMERGENCY/NON-MTF REFERRED)
	P1	ARMY - TRICARE SENIOR PHARMACY <b>OR</b>
	P2	AIR FORCE - TRICARE SENIOR PHARMACY <b>OR</b>
	P3	MARINE CORPS/NAVY - TRICARE SENIOR PHARMACY <b>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 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, INDIVIDUAL CASE MANAGEMENT PROGRAM, CUSTODIAL CARE TRANSITIONAL POLICY, CLINICAL TRIALS, KITSAP MENTAL HEALTH SERVICES ≤03/01/1995 <b>OR</b>
		25 ACTIVE DUTY - NON-DOD (TPR) <b>OR</b>

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



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

	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 <b>OR</b></b>	
	P5	NON-DOD - TRICARE SENIOR PHARMACY <b>OR</b>	
	Q5	NON-DOD - TRICARE FOR LIFE	
<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>
		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>

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

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

	FK	TRICARE SENIOR PRIME MADIGAN ARMY MEDICAL CENTER, FORT LEWIS, WA
THEN 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
2-055-06R 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)
THEN SPONSOR BRANCH OF SERVICE MUST BE =	A	ARMY
AND SPONSOR STATUS =	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>b</b> SPONSOR
	<b>THEN</b> SPONSOR STATUS MUST <b>NOT</b> BE ANY VALUE LISTED UNDER ACTIVE <b>UNLESS</b> 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 TYPE OF SUBMISSION $\neq$	<b>D</b> COMPLETE DENIAL OF INITIAL HCSR
	<b>AND</b> PLACE OF SERVICE =	21 INPATIENT HOSPITAL <b>OR</b>
		56 RESIDENTIAL TREATMENT CENTER
	<b>THEN</b> SPONSOR STATUS MUST <b>NOT</b> = 'T' (FOREIGN MILITARY).	
	<b>UNLESS</b> ENROLLMENT STATUS	
	CODE =	<b>SR</b> SHCP - REFERRED
	<b>THEN BYPASS THIS EDIT.</b>	
<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.

**ELEMENT NAME: SPONSOR STATUS (2-065) (CONTINUED)**

**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	
<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**

**2-070-03R** IF PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> < 17

**THEN** PATIENT  
RELATIONSHIP MUST ≠ ~~S~~ SPONSOR

**2-070-04R** 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

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

**2-070-05R** IF PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> < 12

**THEN** PATIENT  
RELATIONSHIP MUST ≠ S SPOUSE **OR**  
F UNREMARIED 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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

**ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (2-070) (CONTINUED)**

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'B'.

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

**THEN** PATIENT  
RELATIONSHIP MUST ≠

T	UNREARRIED FORMER SPOUSE <b>OR</b>
H	UNMARRIED FORMER SPOUSE <b>OR</b>
R	UNREARRIED FORMER SPOUSE <b>OR</b>
Y	UNREARRIED FORMER SPOUSE

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'I'.

**2-070-06R** IF DEERS DEPENDENT SUFFIX = '20' (SPONSOR)

**THEN** PATIENT  
RELATIONSHIP MUST BE = ~~⊖~~ SPONSOR

IF DEERS DEPENDENT SUFFIX = '01 - 19' (CHILD)

**THEN** PATIENT  
RELATIONSHIP MUST BE =

C	CHILD <b>OR</b>
V	STEPCHILD <b>OR</b>
W	WARD OF COURT

IF DEERS DEPENDENT SUFFIX = '30 - 39' (SPOUSE)

**THEN** 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 =

**AND** PATIENT  
RELATIONSHIP ≠ ~~⊖~~ SPONSOR

**THEN** PATIENT  
RELATIONSHIP TO  
SPONSOR MUST =

C	CHILD <b>OR</b>
---	-----------------

S	SPOUSE <b>OR</b>
V	STEPCHILD <b>OR</b>

<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)**

		W WARD OF COURT
IF SPONSOR STATUS =		T FOREIGN MILITARY
AND PATIENT RELATIONSHIP TO SPONSOR =		<del>h</del> SPONSOR
THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		AN SHCP - NON-REFERRED CARE OR
		AR SHCP - REFERRED OR
		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
2-070-08R IF PROGRAM INDICATOR =		H PFPWD
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 OR COURT
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 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

<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 <b>OR</b>
	W	WARD OF COURT <b>OR</b>
	<del>h</del>	SPONSOR
UNLESS SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE
<b>2-070-13R</b>	IF NAS EXCEPTION REASON = 'A' (ROUTINE NEWBORN CARE) PATIENT RELATIONSHIP MUST BE = 'C' (CHILD)	
<b>2-070-14R</b>	IF SPONSOR STATUS =	H MEDAL OF HONOR
	THEN PATIENT RELATIONSHIP TO SPONSOR MUST =	<del>h</del> SPONSOR <b>OR</b>
	C	CHILD <b>OR</b>
	F	UNREARRIED WIDOW(ER) <b>OR</b>
	S	SPOUSE <b>OR</b>
	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.

**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	

**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>2-090-04R</b>	IF PATIENT DATE OF BIRTH INDICATES AGE <sup>1</sup> ≥ 21 <b>THEN DEERS DEPENDENT SUFFIX MUST NOT BE = '01 - 19' (CHILDREN) UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'D' (PATIENT IS FAMILY MEMBER 21 YEARS OR OLDER)</b>	
<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) <b>UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'B'.</b>	
<b>2-090-06R</b>	IF PATIENT RELATIONSHIP TO <b>SPONSOR =</b>	<del>B</del> SPONSOR
	<b>THEN DEERS DEPENDENT SUFFIX MUST =</b>	20 SPONSOR
	IF PATIENT RELATIONSHIP TO <b>SPONSOR =</b>	C CHILD <b>OR</b>
		V STEPCHILD <b>OR</b>
		W WARD OF COURT
	<b>THEN DEERS DEPENDENT SUFFIX MUST =</b>	01-19 CHILDREN <b>OR</b>
		70-75 UNKNOWN
	IF PATIENT RELATIONSHIP TO <b>SPONSOR =</b>	S SPOUSE <b>OR</b>
		F UNREMARIED WIDOW(ER) <b>OR</b>
		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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

**ELEMENT NAME: DEERS DEPENDENT SUFFIX (2-090) (CONTINUED)**

**THEN** DEERS DEPENDENT SUFFIX MUST = '30' - '39' (SPOUSE)  
UNLESS TYPE OF SUBMISSION = 'D' (COMPLETE CONTRACTOR DENIAL)  
**THEN** DEERS DEPENDENT SUFFIX CAN = '70' - '74' (UNKNOWN).

IF PATIENT RELATIONSHIP TO SPONSOR =	T UNREMARIED FORMER SPOUSE <b>OR</b>
	H UNMARRIED FORMER SPOUSE <b>OR</b>
	R UNREMARIED FORMER SPOUSE <b>OR</b>
	Y UNREMARIED FORMER SPOUSE
<b>THEN</b> DEERS DEPENDENT SUFFIX MUST =	30 - 39 SPOUSE <b>OR</b>
	60 - 69 OTHER ELIGIBLE FAMILY MEMBERS

**2-090-07R** IF SPONSOR STATUS 'T' (FOREIGN MILITARY)

<b>AND</b> DEERS DEPENDENT SUFFIX ≠	20 SPONSOR
<b>THEN</b> DEERS DEPENDENT SUFFIX MUST =	01 - 19 CHILDREN <b>OR</b>
	30 - 39 SPOUSE

<b>IF SPONSOR STATUS = 'T' (FOREIGN MILITARY)</b>	
<b>AND</b> DEERS DEPENDENT SUFFIX =	20 SPONSOR
<b>THEN</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	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</b> ENROLLMENT STATUS MUST =	SO SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SN SHCP - NON-MTF REFERRED <b>OR</b>
	SR SHCP - REFERRED

**2-090-08R** IF PROGRAM INDICATOR 'H' (PROGRAM FOR PERSONS WITH DISABILITIES)  
**THEN** DEERS DEPENDENT SUFFIX MUST BE '01 - 19' (CHILDREN) **OR** '30 - 39' (SPOUSE)

**2-090-10R** IF PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> > 2 YRS  
**THEN** 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**

	<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
2-255-04R	PRINCIPAL TREATMENT DIAGNOSIS		
<sup>1</sup>	SECONDARY TREATMENT DIAGNOSIS		
2-290-06R	PROCEDURE CODE		OVERRIDE CODE
<sup>1</sup> SEE EDIT CODES 2-260-04R, 2-265-04R, 2-270-04R AND 2-275-04R.			

