

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 ¹
NOTE: FOR A LIST OF CODES SEE CHAPTER 2, ADDENDUM A AND ADDENDUM B.			

EDITED ELEMENT RELATIONSHIP

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

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 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)
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 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, 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

¹ BATCH/VOUCHER HEADER

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

	A3	MARINE CORPS/NAVY (SHCP - EMERGENCY) OR
	B1	ARMY (SHCP - MTF REFERRED) OR
	B2	AIR FORCE (SHCP - MTF REFERRED) OR
	B3	MARINE CORPS/NAVY (SHCP - 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
	E1	ARMY (SHCP - NON-EMERGENCY/NON-MTF REFERRED) OR
	E2	AIR FORCE (SHCP - NON-EMERGENCY/NON-MTF REFERRED) OR
	E3	MARINE CORPS/NAVY (SHCP - NON-EMERGENCY/NON-MTF REFERRED)
	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, KITSAP MENTAL HEALTH SERVICES ≤03/01/1995 OR
	25	ACTIVE DUTY - NON-DOD (TPR) OR

¹ BATCH/VOUCHER HEADER

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

	45	NON-DOD - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR	
	A5	NON-DOD - SHCP - EMERGENCY OR	
	B5	NON-DOD - SHCP - MTF REFERRED OR	
	C5	NON-DOD - TRICARE SENIOR SUPPLEMENT OR	
	D5	NON-DOD - PHARMACY REDESIGN PILOT PROGRAM OR	
	E5	NON-DOD - SHCP - NON-EMERGENCY/NON-MTF REFERRED 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

¹ 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 OR
	F	AIR FORCE OR
	M	MARINES OR
	N	NAVY OR
	E	PUBLIC HEALTH SERVICE OR
	I	NOAA OR
	P	COAST GUARD
2-055-06R IF VOUCHER BRANCH OF SERVICE =	26	ARMY - NATIONAL GUARD (TPR) OR
	A6	ARMY - NATIONAL GUARD (SHCP - EMERGENCY) OR
	B6	ARMY - NATIONAL GUARD (SHCP - MTF REFERRED) OR
	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

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 =	↳ SPONSOR
	THEN SPONSOR STATUS MUST NOT BE ANY VALUE LISTED UNDER ACTIVE UNLESS ENROLLMENT STATUS = 'Y', 'W', 'X', 'AA', 'SN', 'SO', 'SR', 'ST', OR 'WA'.	
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', 'ST', OR 'WA'.
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 TYPE OF SUBMISSION ≠	D COMPLETE DENIAL OF INITIAL HCSR
	AND PLACE OF SERVICE =	21 INPATIENT HOSPITAL OR
		56 RESIDENTIAL TREATMENT CENTER
	THEN SPONSOR STATUS MUST NOT = 'T' (FOREIGN MILITARY).	
	UNLESS ENROLLMENT STATUS CODE =	SR SHCP - REFERRED
	THEN BYPASS THIS EDIT.	
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.

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	
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

THEN PATIENT
RELATIONSHIP MUST ≠ ~~S~~ SPONSOR

2-070-04R IF PATIENT DATE OF BIRTH INDICATES AGE¹ ≥ 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 AGE¹ < 12

THEN PATIENT
RELATIONSHIP MUST ≠ S SPOUSE **OR**
F UNREMARIED WIDOW(ER) **OR**
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)

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'B'.

IF PATIENT DATE OF BIRTH INDICATES AGE¹ < 34

THEN PATIENT
RELATIONSHIP MUST ≠

T	UNREARRIED FORMER SPOUSE OR
H	UNMARRIED FORMER SPOUSE OR
R	UNREARRIED FORMER SPOUSE OR
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 OR
V	STEPCHILD OR
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 =

T FOREIGN MILITARY

AND PATIENT
RELATIONSHIP ≠ ~~⊖~~ SPONSOR

THEN PATIENT
RELATIONSHIP TO
SPONSOR MUST =

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

S SPOUSE **OR**V STEPCHILD **OR**

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)

		W WARD OF COURT
IF SPONSOR STATUS =		T FOREIGN MILITARY
AND PATIENT RELATIONSHIP TO SPONSOR =		h 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	PPPWD
THEN PATIENT RELATIONSHIP TO SPONSOR MUST BE =	C	CHILD OR
	F	UNREMARIED 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	UNREMARIED WIDOW(ER) OR
	G	UNMARRIED WIDOW(ER) OR
	S	SPOUSE OR
	T	UNREMARIED FORMER SPOUSE OR
	V	STEPCHILD OR
	X	OTHER OR
	H	UNMARRIED FORMER SPOUSE OR
	R	UNREMARIED FORMER SPOUSE OR

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)

	Y	UNREARRIED FORMER SPOUSE OR
	W	WARD OF COURT OR
	B	SPONSOR
UNLESS SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE
2-070-13R	IF NAS EXCEPTION REASON = 'A' (ROUTINE NEWBORN CARE) PATIENT RELATIONSHIP MUST BE = 'C' (CHILD)	
2-070-14R	IF SPONSOR STATUS =	H MEDAL OF HONOR
	THEN PATIENT RELATIONSHIP TO SPONSOR MUST =	B 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)	
2-090-04R	IF PATIENT DATE OF BIRTH INDICATES AGE ¹ ≥ 21 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)	
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	IF PATIENT RELATIONSHIP TO SPONSOR =	B SPONSOR
	THEN DEERS DEPENDENT SUFFIX MUST =	20 SPONSOR
	IF PATIENT RELATIONSHIP TO SPONSOR =	C CHILD OR
		V STEPCHILD OR
		W WARD OF COURT
	THEN DEERS DEPENDENT SUFFIX MUST =	01-19 CHILDREN OR
		70-75 UNKNOWN
	IF PATIENT RELATIONSHIP TO SPONSOR =	S SPOUSE OR
		F UNREMARIED WIDOW(ER) OR
		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: 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	UNREARRIED FORMER SPOUSE	OR
H	UNMARRIED FORMER SPOUSE	OR
R	UNREARRIED FORMER SPOUSE	OR
Y	UNREARRIED FORMER SPOUSE	

THEN DEERS DEPENDENT SUFFIX MUST =

30 - 39	SPOUSE	OR
60 - 69	OTHER ELIGIBLE FAMILY MEMBERS	

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

AND DEERS DEPENDENT SUFFIX ≠ 20 SPONSOR

THEN DEERS DEPENDENT SUFFIX MUST =

01 - 19	CHILDREN	OR
30 - 39	SPOUSE	

IF SPONSOR STATUS = 'T' (FOREIGN MILITARY)

AND DEERS DEPENDENT SUFFIX = 20 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 MUST =

SO	SHCP - NON-TRICARE ELIGIBLE	OR
SN	SHCP - NON-MTF REFERRED	OR
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 AGE¹ > 2 YRS

THEN 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.			

