

FIGURES

FIGURE 9-A-1 DEERS ELIGIBILITY INQUIRY, FORM 200 AND 201

The figure displays two computer terminal screens. The top screen, labeled 'FORM 200 DEERS ELIGIBILITY INQUIRY', shows a header with fields for ACT, SC, UC, SITE, EPON, SSN, PAT. DOB, TREATMENT DATES, SVCE, PAYG, STATUS, and PCN. Below this is a section for personal information including LAST NAME, FIRST, I, PATNT, SSN, SE, AGE, RELATION, REC DATE, DT, UPDATE, and HAS. The bottom section is a table with columns for PERIOD, DIRECT CARE, CHAMPUS, T, C, B, ALT CARE, and COND, with multiple rows of dotted lines for data entry.

The bottom screen, labeled 'FORM 201 ... FAMILY DISPLAY SCREEN ...', features a prompt 'ENTER SELECTIONS -->' on the left. The main area contains a table with columns for NAME, DOB, SEX, and DOB, with rows of dotted lines for data entry.

**FIGURE 9-A-2 DEERS DATA DISCREPANCY CODES**

DEERS CODE TO CONTRACTOR	DEFINITION
01	Sponsor DEERS ID not found
05	Sponsor DEERS ID found; Active duty sponsor
06	Sponsor DEERS ID found; Sponsor other than active duty
30	Invalid data
50	Sponsor DEERS ID found; Name Match; Individual found; DOB match; Eligible
60	Sponsor DEERS ID found; Name match; Individual found; DOB match; Ineligible because of no TRICARE privilege
70	Sponsor DEERS ID found; Name match; Individual found; DOB match; Ineligible because treatment dates are outside of eligibility dates.

**FIGURE 9-A-3 DEERS ELIGIBILITY CODES**

To determine eligibility for other programs, also look at the alternate care flag as well as the eligibility code. The alternate care flag will indicate whether enrollment or eligibility falls under another program.

**FOR EXAMPLE:**

ELIG CODE	ALTERNATIVE CARE FLAG	DETERMINATION
60	A	Active duty sponsor enrolled in a specific MTF's managed care. Direct care eligible only.
60	B	Not eligible for TRICARE; due to CHAMPVA eligibility.
60	P	Not eligible for TRICARE because the beneficiary is enrolled in Prime.

Eligibility code 70 is similar in that it indicates that the treatment dates are partially or fully outside the entitlement period. When the alternate care flag carries a value such as one of the three above, it means that the treatment period falls either partially or fully outside the entitlement period for that program.

**FIGURE 9-A-4 CONTRACTOR DATA DISCREPANCY CODES**

CONTRACTOR CODE TO DSO	DEFINITION
01	SSN no hit, contractor has researched and believes it has valid SSN.

**FIGURE 9-A-5 CONTRACTOR DATA DISCREPANCY CODES**

CONTRACTOR CODE TO DSO	DSO CODE TO CONTRACTOR
53	Eligibility questioned due to Medicare eligibility
62	Ineligibility questioned due to Medicare ineligibility
NOTE: These codes must be supported with hardcopy documentation.	

**FIGURE 9-A-6 DSO DATA RESOLUTION CODES**

CONTRACTOR CODE TO DSO		DSO CODE TO CONTRACTOR
01	01	SSN found on enrollment file; requery
	02	SSN found on casualty file; letter and packet sent to survivor
	03	SSN found on VA file
	04	SSN found on reserve file
	05	SSN found on loss file
	06	SSN not found
	07	Sponsor found under different SSN
	08	SSN found; ineligible
	31	DSO has researched this discrepancy to the limits of its capacity; no resolution has been attained during the 120 day limit; contractor is directed to remove this discrepancy from its pending file.

**FIGURE 9-A-7 DSO ELIGIBILITY RESOLUTION CODES**

CONTRACTOR CODE TO DSO	DSO CODE TO CONTRACTOR	
53	50	Eligible
62	60	Ineligible; no TRICARE
	80	We agree with the findings
	81	We disagree with the findings
	82	Partially eligible
	83	Unable to determine eligibility

**FIGURE 9-A-8 CONTRACTOR ACTION REQUIRED ON DSO DATA RESOLUTION CODES**

The following contractor action is required if the claim was originally denied. If the claim was originally paid and it should have been denied, the appropriate recoupment action shall be taken. When checking history for prior paid claims, use the most current 12 months of history. Reopen any denied claims that should have been paid and take the appropriate recoupment action for any paid claims that should have been denied.

<b>CONTRACTOR CODE TO DSO</b>	<b>DSO DATA RESOLUTION CODE TO CONTRACTOR</b>	<b>ACTION REQUIRED BY CONTRACTOR</b>
01	01	Reprocess claim; requery DEERS
	02	Reprocess claim; no requerying necessary
	03	If claim is for sponsor and eligibility response code indicates eligible, reprocess claim as eligible, no requerying is necessary
		If claim is for sponsor and eligibility response code indicates ineligible, remove from pending file; check history for prior paid claims
		If claim is for family member and eligibility response code indicates eligible, reprocess claim as eligible, no requerying is necessary
		If claim is for family member and eligibility response code indicates ineligible, the claim is CHAMPVA
	04 or 05	If claim is for sponsor and eligibility response code indicates eligible, remove from pending file; check history for prior paid claims
		If claim is for family member and eligibility response code indicates eligible, reprocess as eligible; no requerying necessary
		Regardless of patient, if eligibility response indicates ineligible, remove from pending file; check history for prior paid claims
	06, 08, or 31	Remove from pending file; check history for prior paid claims
	07	Reprocess claim with correct SSN; requerying is required

**FIGURE 9-A-8 CONTRACTOR ACTION REQUIRED ON DSO DATA RESOLUTION CODES  
 (CONTINUED)**

The following contractor action is required if the claim was originally denied. If the claim was originally paid and it should have been denied, the appropriate recoupment action shall be taken. When checking history for prior paid claims, use the most current 12 months of history. Reopen any denied claims that should have been paid and take the appropriate recoupment action for any paid claims that should have been denied.

CONTRACTOR CODE TO DSO	DSO DATA RESOLUTION CODE TO CONTRACTOR	ACTION REQUIRED BY CONTRACTOR
53 62	50, 60, 80, 81, 82, or 83	<p>If any of these codes are received with a DSO-response codes equal to 01 through 08, take the action noted under contractor Code to DSO = 01 in this chart</p> <p>If these codes are received with any other DSO response, the contractor shall handle the response as follows:</p> <ol style="list-style-type: none"> <li>1. If DSO indicates the patient was eligible and the claim was paid, no further action is required. Remove from the pending file.</li> <li>2. If DSO indicates the patient is eligible or partly eligible and the claim was denied, the contractor shall reprocess the claim; requery DEERS.</li> <li>3. If DSO indicated the patient was ineligible and the claim was denied, no further action is required. Remove from pending file.</li> <li>4. If DSO indicated the patient was ineligible and the claim was paid, the contractor shall take the necessary recoupment action. In addition, check history for prior paid claims for the patient.</li> <li>5. If DSO returns a code = 83, the contractor shall delete the record from their pending file; no other action is required.</li> </ol>

FIGURE 9-A-9 HARD/SOFT REASON FOR CHANGE CODES

"SOFT" REASON FOR CHANGE		"HARD" REASON FOR CHANGE	
		A	21st Birthday
		B	Treatment Prior to Start of Eligibility
P	Est. Card or Eligibility Expiration for Family Members	D	Death
		E	End of Entitlement
		F	Invalid Enrollment
U	Unpredictable	G	End of Full Time Student Status
		H	Family Member Married
X	Other	J	Family Member on Active Duty or Unremarried Former Spouse
		S	Active Duty Separation
Z	Unverified Newborn	T	Divorce
		Y	23rd Birthday

**FIGURE 9-A-10 CONTRACTOR ID INQUIRY TRANSACTION (TYPE 1)**

FIELD	LENGTH	COMMENTS
Tran ID	4	Transaction Identifier, assigned by DEERS
Record Type	1	'1'
Query Code	2	TMA assigned contractor number/query type
Claim Number	12	Unique claim number assigned by the contractor
DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-law of Sponsor 55-59 Father-in-law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by contractor 98 Service Secretary Designee
Sponsor SSN	9	Sponsor's Social Security Number
Sponsor's Name	27	Last Name, First Name, MI; First 5 characters of last name at minimum (No spaces, no special characters). If last name is less than 5 characters, end last name with a comma.
Patient's Name	27	Same format as sponsor's name, except include entire name
Patient's Sex	1	F Female M Male Z Unknown
Patient's Date of Birth	8	YYYYMMDD
Filler	43	
<b>TOTAL</b>	<b>136</b>	



**FIGURE 9-A-11 CONTRACTOR ELIGIBILITY INQUIRY TRANSACTION (TYPE 2)**

FIELD	LENGTH	COMMENTS
Tran-ID	4	Transaction Identifier, assigned by DEERS
Record Type	1	'2'
Query Code	2	TMA assigned contractor number/query type
Claim Number	12	Unique claim number assigned by the contractor
DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-law of Sponsor 55-59 Father-in-law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by contractor 98 Service Secretary Designee
Sponsor's SSN	9	Sponsor's Social Security Number
Sponsor's Name	27	Last name, first name, MI; first 5 characters of last name at minimum (no spaces, no special characters). If last name is less than 5 characters, end last name with a comma.
Patient's Name	27	Same format as sponsor's name, except include entire name.
Patient's Sex	1	F Female M Male Z Unknown
Patient's Date of Birth	8	YYYYMMDD
From Date of Treatment	8	YYYYMMDD - Beginning date of the provider's service or the period for which the billing is submitted.
To Date of Treatment	8	YYYYMMDD - Ending date of the provider's service or the period for which the billing is submitted.
NAS Required Indicator	1	0 Default value. Effective 12/28/2003, NAS Required Indicator must equal '0'.
Date of Admission	8	YYYYMMDD - Code the date of admission, if known, from history or the claim. Leave blank if the date of admission is unknown.
Filler	18	
<b>TOTAL</b>	<b>136</b>	

**FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY (TYPE 3)**

FIELD	LENGTH	COMMENTS
Record Type	1	'3'
Query Code	2	TMA assigned contractor number/query type
Claim Number	12	Unique claim number assigned by the contractor
DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-law of Sponsor 55-59 Father-in-law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by contractor 98 Service Secretary Designee
Sponsor's SSN	9	Sponsor's Social Security Number
Sponsor's Current SSN	9	Sponsor's current SSN on DEERS database if present. (Zero's displayed if not present.)
Sponsor's Name	27	Last Name, First Name, MI; (No spaces, no special characters). If last name is less than 5 characters, end last name with a comma.
Patient's Name	27	Same format as sponsor's name, except include entire name.
Patient's Sex	1	F Female M Male Z Unknown
Patient's Date of Birth	8	YYYYMMDD
From Date of Treatment	8	YYYYMMDD
To Date of Treatment	8	YYYYMMDD
NAS Required Indicator	1	0 Default value of '0' returned.
Date of Admission	8	YYYYMMDD. This date, will be identical to the contractor's Type 2 Date of Admission entry. Leave blank if the date of admission is unknown.
Last Update Date	8	Blank Filled
Desert Storm Indicator		Blank No Involvements Desert Storm B Bosnia

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**FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY (TYPE 3) (CONTINUED)**

FIELD	LENGTH	COMMENTS
Desert Storm Indicator (Continued)		D Desert Storm Involvement/Operation Joint Endeavor
		E Operation Noble Eagle/Operation Enduring Freedom
		K Kosova
		S Somalia
Offset Code	1	0 No record of outstanding obligations
		1 Outstanding obligations on record
Incapacitation	1	Family Member:
		N No Incapacitation
		P Permanent Incapacitation
		T Temporary Incapacitation
		Sponsor:
		N No Disability
		T Temporary Disability
Student	1	Family Member:
		0 No Student Status
		1 Student Status
		Sponsor: Blank
NAS Segment Count	2	Effective 12/28/2003, NAS segment count will be returned as '00'.
Eligibility Segment Count	2	Number of DEERS eligibility segments to follow.
NOTES:		
1. The DEERS eligibility segment(s) is comprised of the following fields: Sponsor/Family Member Name, Sponsor/Family Member DDS, Patient's Sex, Patient's Date of Birth, Data Discrepancy Code (or DEERS Eligibility Code, or System Messages), Eligibility Start or From Date of Treatment, Eligibility End or To Date of Treatment, Sponsor Status, Branch of Service, Pay Grade, Reason for Change, Alternate Care Flag, and Relationship Code.		
2. The DEERS eligibility segment(s) immediately follow the Eligibility Segment Count and may occur up to a maximum of 10 times. The record length can be up to 1,920 characters		
3. DEERS eligibility segments will be displayed in chronological sequence from the earliest to the most recent eligibility period		

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**FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY (TYPE 3) (CONTINUED)**

FIELD	LENGTH	COMMENTS
EXAMPLE: 19860101	19861231	
19870315	19870915	
19880101	19880315	
<b>DEERS ELIGIBILITY DATA:</b>		
Sponsor/Family Member Name	27	Last name, First Name, MI (No spaces, no special characters)
Sponsor/Family Member DDS	2	DDS
Patient's Sex	1	F Female M Male Z Unknown
Patient's Date of Birth	8	YYYYMMDD
DEERS Data Discrepancy Code	2	01 Sponsor DEERS ID not found 05 Sponsor DEERS ID Found; Active Duty Sponsor 06 Sponsor DEERS ID Found; Sponsor other than active duty <b>OR</b> 30 Invalid Data
DEERS Eligibility Code		50 Sponsor DEERS ID found; Name match; Individual found; DOB match; Eligible 60 Sponsor DEERS ID found; Name match; Individual found; DOB match; Ineligible because of no TRICARE privileges <b>OR</b> 70 Sponsor DEERS ID found; Name match; Individual found; DOB match; Ineligible because treatment dates are outside of eligibility dates
System Messages		80 Program Abend/communications error, response cannot be processed 81 A file required by TRICARE processing is not open 82 Error in writing privacy log record 83 Error in the record length of input record 84 File or program is not located on CICS tables 85 End of file has been reached 86 An invalid request has been issued 87 Any other exception

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**FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY (TYPE 3) (CONTINUED)**

FIELD	LENGTH	COMMENTS
Eligibility Start Date	8	YYYYMMDD
Eligibility End Date	8	YYYYMMDD
Sponsor Status	1	Active Duty A Active Duty B Recalled to Active Duty J Academy Student/Navy OCS N National Guard Q Prisoner/Appellate T Foreign National (NATO) V Reserve Retired D 100% Disabled F Former Member R Retired W Title III Future Reserve Retiree Deceased K Deceased Other C Civilian H Medal of Honor P TAMP Designee X Other Z Unknown
Branch of Service	1	A Army E Public Health Service F Air Force I NOAA M Marines N Navy P Coast Guard X Other Z Unknown
Pay Grade	2	01-09 Enlisted (E1 - E9) 11-15 Warrant Officer (W1 - W4)

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**FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY (TYPE 3) (CONTINUED)**

FIELD	LENGTH	COMMENTS		
Pay Grade (Continued)	21-31	Officer (O1 - O10)		
		90 Unknown		
		Reason for Change	1	A 21st Birthday
				B Treatment prior to start of eligibility
				D Death
				E End of Entitlement
				F Invalid Enrollment
				G End of Full-Time Student Status
				H Family Member Married
				J Family Member on Active Duty or Unremarried Former Spouse
				P Estimated Card or Eligibility Expiration
				S Active Duty Separation
				T Divorce
				X Other
				Y 23rd Birthday
				U Unpredictable
				Z Unverified Newborn
Alternate Care Flag	1			A Active Duty member Enrolled in MCSP - Not Entitled to TRICARE
		B CHAMPVA-Contractor Jurisdiction		
		D Enrolled in MCSP - Direct Care Eligible Only Beneficiaries		
		E Enrolled in MCSP- Direct Care and TRICARE Eligible Family Members and Retirees		
		G Fort Sill		
		H Fort Carson		
		J Bergstrom AFB		
		K Luke/Williams AFB		
		N Not Enrolled in MCSP; TRICARE Eligible		
		P Prime		
		S Continued Health Care Benefit Program (CHCBP)		

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**FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY (TYPE 3) (CONTINUED)**

FIELD	LENGTH	COMMENTS
Alternate Care Flag (Continued)		U Enrolled in the USFHP Designated Provider Managed Care Plan Option - Not eligible for care at MTFs or under TRICARE
		V CHAMPVA-CVAC Jurisdiction
DMIS-ID	4	Lead Agent DMIS-ID
PCM Location	2	00 MTF PCM; 01 NETWORK PCM
PCM Telephone	10	Area Code; Prefix; Root Number
Relationship Code	1	Blank Sponsor
		C Child or Step Child
		F Unremarried Widow(er)
		G Unmarried Widow(er) (remarried, but subsequently divorced)
		H Unmarried Former Spouse meeting 20/20/20 criteria
		P Dependent Parent, Dependent Step Parent, Dependent Parent-in-law, Dependent Step Parent-in-law
		R Unmarried Former Spouse, divorced on or after 04/01/1985, meeting 20/20/15 criteria
		S Spouse
		T Unremarried Former Spouse meeting 20/20/20 criteria
		W Ward (Includes Foster and Preadoptive Children)
		X Other
		Y Unremarried Former Spouse, divorced prior to 04/01/1985 meeting 20/20/15 criteria
		Z Unknown
Medicare	1	D Eligible for Medicare Part A and Purchased Part B under age 65 (Dual entitled due to disability). (Eligibility Code 50 occurs with D)
		E Medicare Part A & B - at age 65 and over
		L Eligible for Medicare Part A and Purchased Part B as a result of end stage renal disease under age 65 (Eligibility Code 50 occurs with L)
		N Not eligible for Medicare

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**FIGURE 9-A-12 DEERS RESPONSE TO CONTRACTOR INQUIRY (TYPE 3) (CONTINUED)**

FIELD	LENGTH	COMMENTS
<b>Medicare (Continued)</b>		O Medicare Part A <b>only</b> - after age 65 and over
		P Purchased Medicare Part A at or after age 65
		Q Eligible for Medicare Part A only, under age 65
		S Not eligible for Medicare Part A at age 65 or over, retains TRICARE entitlement
TRICARE Senior Pharmacy	1	N No
		R Yes - All other eligibles
Filler	35	
Other Insurance Indicator	1	C Yes, other insurance
		N No, other insurance
		S TRICARE Supplemental only

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**FIGURE 9-A-13 DEERS RESPONSE TO CONTRACTOR INQUIRY (TYPE 4)**

FIELD	LENGTH	COMMENTS
Record Type	1	'4'
Query Code	2	TMA assigned contractor number/query type
Claim Number	12	Unique claim number assigned by the contractor
DDS	2	Same as on Type 3 record
Sponsor's SSN	9	Sponsor's Social Security Number
Sponsor's Current SSN	9	Sponsor's current SSN on DEERS data base. (0's displayed if not present.)
Sponsor's Name	27	Last name, First name, MI; first (no spaces, no special characters). If last name is less than 5 characters, end last name with a comma
Patient's Names	27	Same format as sponsor's name, except include whole name
Patient's Sex	1	F Female M Male Z Unknown
Patient's Date of Birth	8	YYYYMMDD
Data Discrepancy Record Count	2	Count of Family Members
DEERS Data Discrepancy Code	2	
	05	Sponsor DEERS ID found; Active duty sponsor
	06	Sponsor DEERS ID found; Sponsor other than active duty

## NOTES:

1. The Sponsor/Family response segment(s) is comprised of the following fields: Sponsor's/Family Member's Name, Sponsor's/Family Member's DDS, Sponsor's/Family Member's Date of Birth, Sponsor's/Family Member's Sex, Sponsor Status, and Sponsor's/Family Member's Relationship Code.
2. The Sponsor/Family response segment(s) immediately follows the DEERS Data Discrepancy Code and may occur up to a maximum of 45 times.
3. The Sponsor/Family response record will be displayed in numerical order by the DEERS Dependent Suffix beginning with the sponsor (DDS 20) and continuing with all family members from the lowest to the highest DDS.

**FIGURE 9-A-13 DEERS RESPONSE TO CONTRACTOR INQUIRY (TYPE 4) (CONTINUED)**

FIELD	LENGTH	COMMENTS
EXAMPLE: 20		
01		
02		
03		
04		
20		
30		
31		
40		
45		
4. In the case of a duplicate sponsor(s), the Sponsor/Family response segment(s) of the first sponsor will be displayed as noted above followed by the duplicate sponsor(s).		
EXAMPLE 5: 20 (Sponsor)		
01		
02		
03		
04		
30		
31		
40		
45		
20 (Duplicate sponsor #1)		
01		
02		
20 (Duplicate sponsor #2)		
30		
Sponsor's/Family Member's Name	27	Same format as sponsor's name, except include whole name.
Sponsor's/Family Member's DDS	2	DDS
Sponsor's/Family Member's Date of Birth	8	YYYYMMDD
Sponsor's/Family Member's Sex	1	F Female M Male Z Unknown
Sponsor Status	1	Active Duty A Active Duty B Recalled to Active Duty J Academy Student/Navy OCS N National Guard Q Prisoner/Appellate T Foreign National (NATO)

**FIGURE 9-A-13 DEERS RESPONSE TO CONTRACTOR INQUIRY (TYPE 4) (CONTINUED)**

FIELD	LENGTH	COMMENTS
Sponsor Status (Continued)		V Reserve
		Retired
		D 100% Disabled
		F Former Member
		R Retired
		W Title III Future Reserve Retiree
		Deceased
		K Deceased
		Other
		C Civilian
		H Medal of Honor
		P Tamp Designee
		X Other
		Z Unknown
Sponsor's/Family Member's Relationship Code	1	Blank Sponsor
		C Child or Step Child
		F Unremarried Widow(er)
		G Unmarried Widow(er) (remarried, but subsequently divorced)
		H Unmarried Former Spouse meeting 20/20/20 criteria
		P Dependent Parent, Dependent Step Parent, Dependent Parent-in-law, Dependent Step Parent-in-law
		R Unremarried Former Spouse, divorced on or after 04/01/1985, meeting 20/20/15 criteria
		S Spouse
		T Unremarried Former Spouse Meeting 20/20/20 Criteria
		W Ward (Includes Foster and Pre-adoptive Children)
		X Other
		Y Unremarried Former Spouse, divorced prior to 04/01/1985, meeting 20/20/15 criteria
		Z Unknown

**FIGURE 9-A-13 DEERS RESPONSE TO CONTRACTOR INQUIRY (TYPE 4) (CONTINUED)**

FIELD	LENGTH	COMMENTS
The Sponsor's/Family Member's Name, Sponsor's/Family Member's DDS, Sponsor's/Family Member's Date of Birth, Sponsor's/Family Member's Sex, Sponsor Status and Sponsor's/Family Member's Relationship data fields may occur multiple times in the Sponsor/Family transaction per transmission.		

**FIGURE 9-A-14 DISCREPANCY REPORTING SYSTEM - CONTRACTOR TRANSMITTAL HEADER RECORD**

FIELD	LENGTH	COMMENTS
Record Type	1	'0' (numeric)
Query Code	2	TMA assigned contractor number/query type
Date Transmittal Sent	8	YYYYMMDD
Number Batches Sent	3	Number count of batches within transmittal
Number Discrepancies Sent	6	Number count of contractor data records within transmittal
Filler	255	
<b>TOTAL</b>	<b>275</b>	

**FIGURE 9-A-15 DISCREPANCY REPORTING SYSTEM - CONTRACTOR BATCH HEADER RECORD**

FIELD	LENGTH	COMMENTS
Record Type	1	'1'
Query Code	2	TMA assigned contractor number/query type
Contractors Batch Number	7	Contractor assigned number to identify the specific batch in YJJSSS format where: Y    Last digit of calendar year JJJ  Julian day SSS  Ascending sequential number of batch
Contractor Batch Submission Date	8	YYYYMMDD
Filler	257	
<b>TOTAL</b>	<b>275</b>	

**FIGURE 9-A-16 DISCREPANCY REPORTING SYSTEM - CONTRACTOR DATA DISCREPANCY RECORD**

FIELD	LENGTH	COMMENTS
Record Type	1	'2'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as batch header record):
Contractor Query Date	8	YYYYMMDD; Date contractor queried DEERS
Contractor Claim Number	12	Numeric
Contractor Patient's DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-law of Sponsor 55-59 Father-in-law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by contractor 98 Service Secretary Designee
Contractor Sponsor's SSN	9	Numeric, non-zero
Contractor Sponsor's Name	27	Last Name, First Name, MI (no imbedded spaces; no special characters; no commas between name fields, only spaces)
Contractor Branch of Service	1	A Army E Public Health Service F Air Force I NOAA M Marine Corps N Navy P Coast Guard X Other Z Unknown 1 Royal Army 2 Royal Navy 3 Royal Marines 4 Royal Air Force
Pay Grade	2	00 Unknown enlisted

**FIGURE 9-A-16 DISCREPANCY REPORTING SYSTEM - CONTRACTOR DATA DISCREPANCY RECORD (CONTINUED)**

FIELD	LENGTH	COMMENTS
Pay Grade (Continued)	01-09	Enlisted (E1 - E9)
	11-15	Warrant Officer (W1 - W4)
	21-31	Officer (O1 - O11)
	90	Unknown
Sponsor Status	1	Active Duty
		A Active Duty
		B Recalled to Active Duty
		J Academy Student/Navy OCS
		N National Guard
		Q Prisoner/Appellet
		T Foreign National (NATO)
		V Reserve
		Retired
		F Former Member
		R Retired
		W Title III Future Reserve Retiree
		Deceased
		K Deceased
Other		
C Civilian		
H Medal of Honor		
P Tamp Designee		
X Other		
Z Unknown		
Contractor Patient's Date of Birth	8	YYYYMMDD
Contractor Patient's Name	27	Same format as sponsor
Contractor Data Discrepancy Code	2	Derived by contractor from DEERS Discrepancy Code
Contractor Eligibility Discrepancy Code	2	Derived by contractor from conflict with DEERS eligibility determination
Contractor Start Treatment Date	8	YYYYMMDD (cannot be in future)
Contractor End Treatment Date	8	YYYYMMDD (cannot be in future)

**FIGURE 9-A-16 DISCREPANCY REPORTING SYSTEM - CONTRACTOR DATA DISCREPANCY RECORD (CONTINUED)**

FIELD	LENGTH	COMMENTS
DEERS Patient's DDS	2	Numeric, if present
DEERS Sponsor's Name	27	Same format as contractor sponsor's name
DEERS Patient's Date of Birth	8	YYYYMMDD
DEERS Patient's Name	27	Same format as contractor sponsor's name
DSO Data Resolution Code	2	Contractor Leave Blank
DSO Eligibility Resolution Code	2	Contractor Leave Blank
Research Location Code	1	Contractor Leave Blank
DEERS Start/End Eligibility	8	YYYYMMDD (if present) or From Date of Treatment
DEERS Start/End Eligibility Date	8	YYYYMMDD (if present) or To Date of Treatment
DEERS Reason for Change	1	Valid, if present
DEERS Sponsor's Status	1	Valid, if present
Contractor Sponsor's Address		Must be present
Street	20	
City	10	
State	2	
Zip Code	5	
DEERS Response Code	2	Numeric
Filler	22	
<b>TOTAL</b>	<b>275</b>	



**FIGURE 9-A-17 DISCREPANCY REPORTING SYSTEM - CONTRACTOR BATCH TRAILER RECORD**

FIELD	LENGTH	COMMENTS
Record Type	1	'3'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as Batch Header Record)
Contractor Data Record Count Per Batch	6	Only include number of data discrepancy records, not header or trailer
Filler	259	
TOTAL	275	

**FIGURE 9-A-18 DISCREPANCY REPORTING SYSTEM - DSO TRANSMITTAL HEADER RECORD**

FIELD	LENGTH	COMMENTS
Record Type	1	'0' (numeric)
Query Code	2	TMA assigned contractor number/query type
Date Transmittal Sent	8	YYYYMMDD
Number Batches Sent	3	Number count of batches within transmittal
Number Discrepancies Sent	6	Number count of contractor data records within transmittal
Transmittal Type	1	0 Following file contains response records 1 Following file contains rejected records or rejected batches
Filler	283	
TOTAL	304	

**FIGURE 9-A-19 DISCREPANCY REPORTING SYSTEM - DSO BATCH HEADER RECORD**

FIELD	LENGTH	COMMENTS
Record Type	1	'1'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch in YJJSSS format where: Y Last digit of calendar year JJJ Julian day SSS Ascending sequential number of batch
Contractor Batch Submission Date	8	Blank, if Accept/Reject Indicator = '0' or '2' YYYYMMDD, if Accept/Reject Indicator = '1'
DSO Tape Creation Date	8	YYYYMMDD
Accept/Reject Indicator	1	0 Response batch follows: 1 Errored batch follows 2 Specific data record(s) rejected follow
Batch Reject Reason	4	Zeros, if Accept/Reject Indicator = '0' or '2' Numeric, non-zero, if Accept/Reject Indicator = '1'
Filler	273	
<b>TOTAL</b>	<b>304</b>	

**FIGURE 9-A-20 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (NO ERRORS FOUND)**

FIELD	LENGTH	COMMENTS
Record Type	1	'2'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as batch header record)
Contractor Query Date	8	YYYYMMDD; Date contractor queried DEERS
Contractor Claim Number	12	Numeric
Contractor Patient's DDS	2	01-19 Eligible Family Member Children 20 Sponsor 30-39 Spouse of Sponsor 40-44 Mother of Sponsor 45-49 Father of Sponsor 50-54 Mother-in-law of Sponsor 55-59 Father-in-law of Sponsor 60-69 Other Eligible Family Members 70-74 Unknown by DEERS 75 Pseudo DDS - Unknown by contractor 98 Service Secretary Designee
Contractor Sponsor's SSN	9	Numeric, non-zero
Contractor Sponsor's Name	27	Last Name, First Name, MI (no imbedded spaces; no special characters; no commas between name fields, only spaces)
Contractor Branch of Service	1	A Army E Public Health Service F Air Force I NOAA M Marine Corps N Navy P Coast Guard X Other Z Unknown
Pay Grade	2	00 Unknown enlisted 01-09 Enlisted (E1 - E9) 11-15 Warrant Officer (W1 - W4) 21-31 Officer (O1 - O11)

**FIGURE 9-A-20 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (NO ERRORS FOUND) (CONTINUED)**

FIELD	LENGTH	COMMENTS
Pay Grade (Continued)	90	Unknown
Sponsor Status	1	Active Duty
		A Active Duty
		B Recalled to Active Duty
		J Academy Student/Navy OCS
		N National Guard
		Q Prisoner/Appellate
		T Foreign National (NATO)
		V Reserve
		T Foreign Military
		Retired
		D 100% Disabled
		F Former Member
		R Retired
		W Title III Future Reserve Retiree
		Deceased
		K Deceased
		Other
		C Civilian
		H Medal of Honor
		P Tamp Designee
		X Other
		Z Unknown
Contractor Patient's Date of Birth	8	YYYYMMDD
Contractor Patient's Name	27	Same format as sponsor
Contractor Data Discrepancy Code	2	Derived by contractor from DEERS Discrepancy Code
Contractor Eligibility Discrepancy	2	Derived by contractor from conflict with DEERS eligibility determination
Contractor Start Treatment Date	8	YYYYMMDD
Contractor End Treatment Date	8	YYYYMMDD
Contractor Patient's DDS	2	01-19 Eligible Family Member Children

**FIGURE 9-A-20 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (NO ERRORS FOUND) (CONTINUED)**

FIELD	LENGTH	COMMENTS
Contractor Patient's DDS (Continued)	20	Sponsor
	30-39	Spouse of Sponsor
	40-44	Mother of Sponsor
	45-49	Father of Sponsor
	50-54	Mother-in-law of Sponsor
	55-59	Father-in-law of Sponsor
	60-69	Other Eligible Family Members
	70-74	Unknown by DEERS
	75	Pseudo DDS - Unknown by contractor
	98	Service Secretary Designee
DEERS Sponsor's Name	27	Same format as contractor sponsor's name
DEERS Patient's Date of Birth	8	YYYYMMDD
DEERS Patient's Name	27	Same format as contractor sponsor's name
DEERS Response Code	2	This is a pass through field. It contains the value submitted by the contractor to DSO. This field is not altered by DSO
DEERS Start/End Eligibility Date or From Date of Treatment	8	YYYYMMDD
DEERS Start/End Eligibility Date or To Date of Treatment	8	YYYYMMDD
DEERS Reason for Change	1	Valid, if present
DEERS Sponsor's Status	1	Valid, if present
DSO SSN	9	Numeric, non-zero, if present
DSO Sponsor's Name	27	Same format as contractor sponsor's name
CNTR Patient's DDS	2	01-19 Eligible Family Member Children
	20	Sponsor
CNTR Patient's DDS (Continued)	30-39	Spouse of Sponsor
	40-44	Mother of Sponsor
	45-49	Father of Sponsor
	50-54	Mother-in-law of Sponsor
	55-59	Father-in-law of Sponsor
	60-69	Other Eligible Family Members

**FIGURE 9-A-20 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (NO ERRORS FOUND) (CONTINUED)**

FIELD	LENGTH	COMMENTS
CNTR Patient's DDS (Continued)	70-74	Unknown by DEERS
	75	Pseudo DDS - Unknown by contractor
	98	Service Secretary Designee
DSO Patient's Name	27	Same format as contractor sponsor's name
DSO Patient's Date of Birth	8	YYYYMMDD, if present
DSO Data Resolution Code	2	Valid, if present
DSO Eligibility Resolution Code	2	Valid, if present
Filler	16	
<b>TOTAL</b>	<b>304</b>	

**FIGURE 9-A-21 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (CONTRACTOR DATA RECORD IN ERROR)**

FIELD	LENGTH	COMMENTS
Record Type	1	'3'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as batch header record)
Contractor Query Date	8	YYYYMMDD; Date contractor queried DEERS
Contractor Claim Number	12	Numeric
Contractor Patient's DDS	2	Numeric
Contractor Sponsor's SSN	9	Numeric, non-zero
Contractor Sponsor's Name	27	Last Name, First Name, MI (no embedded spaces; no special characters; no commas between name fields, only spaces)
Sponsor Branch of Service	1	A Army E Public Health Service F Air Force I NOAA M Marine Corps N Navy P Coast Guard X Other Z Unknown <b>1 Royal Army</b> <b>2 Royal Navy</b> <b>3 Royal Marines</b> <b>4 Royal Air Force</b>
Pay Grade	2	01-09 Enlisted (E1 - E9) 11-15 Warrant Officer (W1 - W4) 21-31 Officer (O1 - O10) 90 Unknown
Sponsor Status	1	Active Duty A Active Duty B Recalled to Active Duty J Academy Student/Navy OCS N National Guard

**FIGURE 9-A-21 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (CONTRACTOR DATA RECORD IN ERROR) (CONTINUED)**

FIELD	LENGTH	COMMENTS
Sponsor Status (Continued)		Q Prisoner/Appellate
		T Foreign National (NATO)
		V Reserve
		Retired
		D 100% Disabled
		F Former Member
		R Retired
		W Title III Future Reserve Retiree
		Deceased
		K Deceased
		Other
		C Civilian
		H Medal of Honor
		P Tamp Designee
	X Other	
	Z Unknown	
Contractor Patient's Date of Birth	8	YYYYMMDD
Contractor Patient's Name	27	Same format as sponsor
Contractor Data Discrepancy Code	2	Derived by contractor from DEERS Discrepancy Code
Contractor Eligibility Discrepancy Code	2	Derived by contractor from conflict with DEERS eligibility determination
Contractor Start Treatment Date	8	YYYYMMDD
Contractor End Treatment Date	8	YYYYMMDD
DEERS Patient's DDS	2	Numeric, if present
DEERS Sponsor's Name	27	Same format as contractor sponsor's name
DEERS Patient's Date of Birth	8	YYYYMMDD
DEERS Patient's Name	27	Same format as contractor sponsor's name
DSO Data Resolution Code	2	Contractor Leave Blank



**FIGURE 9-A-21 DISCREPANCY REPORTING SYSTEM - DSO DATA RECORD (CONTRACTOR DATA RECORD IN ERROR) (CONTINUED)**

FIELD	LENGTH	COMMENTS
DSO Eligibility Resolution Code	2	Contractor Leave Blank
Research Location Code	1	Contractor Leave Blank
DEERS Start/End Eligibility Date or From Date of Treatment	8	YYYYMMDD, if present
DEERS Start/End Eligibility Date or To Date of Treatment	8	YYYYMMDD, if present
DEERS Reason for Change	1	Valid, if present
DEERS Sponsor's Status	1	Valid, if present
Contractor Sponsor's Address		Must be present
Street	20	
City	10	
State	2	
Zip Code	5	
DEERS Response Code	2	Numeric
DSO Read Error Code 1	4	Required to be present; numeric
DSO Read Error Code 2	4	Optional
DSO Read Error Code 3	4	Optional
DSO Read Error Code 4	4	Optional
Filler	35	
<b>TOTAL</b>	<b>304</b>	

**FIGURE 9-A-22 DISCREPANCY REPORTING SYSTEM- DSO DATA RECORD (DATA RECORD FOR REJECTION BATCH)**

FIELD	LENGTH	COMMENTS
Record Type	1	'4'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as batch header record)
Contractor Query Date	8	YYYYMMDD; Date contractor queried DEERS
Contractor Claim Number	12	Numeric
Contractor Patient's DDS	2	Numeric
Contractor Sponsor's SSN	9	Numeric, non-zero
Contractor Sponsor's Name	27	Last Name, First Name, MI (no embedded spaces; no special characters; no commas between name fields, only spaces)
Contractor Branch of Service	1	A Army E Public Health Service F Air Force I NOAA M Marine Corps N Navy P Coast Guard X Other Z Unknown 1 Royal Army 2 Royal Navy 3 Royal Marines 4 Royal Air Force
Pay Grade	2	01-09 Enlisted (E1 - E9) 11-15 Warrant Officer (W1 - W4) 20 Unknown Officer 21-31 Officer (O1 - O11) 90 Unknown
Sponsor Status	1	Active Duty A Active Duty B Recalled to Active Duty J Academy Student/Navy OCS

**FIGURE 9-A-22 DISCREPANCY REPORTING SYSTEM- DSO DATA RECORD (DATA RECORD FOR REJECTION BATCH) (CONTINUED)**

FIELD	LENGTH	COMMENTS
Sponsor Status (Continued)		N National Guard
		Q Prisoner/Appellate
		T Foreign National (NATO)
		V Reserve
		Retired
		D 100% Disabled
		F Former Member
		R Retired
		W Title III Future Reserve Retiree
		Deceased
		K Deceased
		Other
		C Civilian
		H Medal of Honor
		P Tamp Designee
	X Other	
	Z Unknown	
Contractor Patient's Date of Birth	8	YYYYMMDD
Contractor Patient's Name	27	Same format as sponsor
Contractor Data Discrepancy Code	2	Derived by contractor from DEERS Discrepancy Code
Contractor Eligibility Discrepancy	2	Derived by contractor from conflict with DEERS eligibility determination
Contractor Start Treatment Date	8	YYYYMMDD
Contractor End Treatment Date	8	YYYYMMDD
DEERS Patient's DDS	2	Numeric, if present
DEERS Sponsor's Name	27	Same format as contractor
DEERS Patient's Date of Birth	8	YYYYMMDD
DEERS Patient's Name	27	Same format as contractor sponsor's name
DSO Data Resolution Code	2	Contractor Leave Blank

**FIGURE 9-A-22 DISCREPANCY REPORTING SYSTEM- DSO DATA RECORD (DATA RECORD FOR REJECTION BATCH) (CONTINUED)**

FIELD	LENGTH	COMMENTS
DSO Eligibility Resolution Code	2	Contractor Leave Blank
Research Location Code	1	Contractor Leave Blank
DEERS Start/End Eligibility Date or From Date of Treatment	8	YYYYMMDD, if present or From Date of Treatment
DEERS Start/End Eligibility Date or To Date of Treatment	8	YYYYMMDD, if present or To Date of Treatment
DEERS Reason for Change	1	Valid, if present
DEERS Sponsor's Status	1	Valid, if present
Contractor Sponsor's Address		Must be present
Street	20	
City	10	
State	2	
Zip Code	5	
DEERS Response Code	2	Numeric
Filler	51	
<b>TOTAL</b>	<b>304</b>	

**FIGURE 9-A-23 DISCREPANCY REPORTING SYSTEM - DSO BATCH TRAILER RECORD**

FIELD	LENGTH	COMMENTS
Record Type	1	'5'
Query Code	2	TMA assigned contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as Batch Header record)
DEERS Data Record Count	6	Actual count of responses or actual count rejected, if Accept/Reject Indicator in Batch Header Record = '0' or '2'. Contractor Data Record Count, if Accept/Reject Indicator = '1'.
Filler	288	
<b>TOTAL</b>	<b>304</b>	

