

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: AMOUNT PATIENT COST-SHARE (2-200)	
VALIDITY EDITS	
2-200-01V	MUST BE NUMERIC.
RELATIONAL EDITS	
2-200-00R	TOTAL OF ALL OCCURRENCES OF AMOUNT PATIENT COST-SHARE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.
2-200-01R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
	THEN AMOUNT PATIENT COST-SHARE MUST BE ≥ ZERO
2-200-02R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL
	THEN AMOUNT PATIENT COST-SHARE MUST BE = ZERO

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) COPAYMENT FACTOR CODE (2-201)	
VALIDITY EDITS	
2-201-01V	MUST BE A VALID HCC COPAYMENT FACTOR CODE LISTED IN CHAPTER 2, SECTION 2.5 .
RELATIONAL EDITS	
	NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE (2-205)

VALIDITY EDITS

2-205-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-205-00R TOTAL OF ALL OCCURRENCES OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.

2-205-01R IF TYPE OF SUBMISSION =

A	ADJUSTMENT	OR
I	INITIAL SUBMISSION	OR
O	ZERO PAYMENT WITH 100% OHI/TPL	OR
R	RESUBMISSION	

THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE ≥ ZERO

2-205-02R IF TYPE OF SUBMISSION =

C	COMPLETE CANCELLATION	OR
D	COMPLETE DENIAL	

THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE = ZERO

ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE (2-220)

VALIDITY EDITS

2-220-01V VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO [CHAPTER 2, ADDENDUM H](#)).

RELATIONAL EDITS

2-220-01R IF TYPE OF SUBMISSION =

C	COMPLETE CANCELLATION	OR
D	COMPLETE DENIAL	

THEN ALL OCCURRENCE/LINE ITEMS MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN [FIGURE 2-H-1](#) OR [FIGURE 2-H-2](#)

2-220-02R IF ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN [FIGURE 2-H-1](#), FOR THAT OCCURRENCE/LINE ITEM

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO

AND TYPE OF SUBMISSION =

A	ADJUSTMENT	OR
C	COMPLETE CANCELLATION	OR
D	COMPLETE DENIAL	OR
I	INITIAL SUBMISSION	OR
O	ZERO PAYMENT WITH 100% OHI/TPL	OR
R	RESUBMISSION	

2-220-03R IF TYPE OF SUBMISSION =

B	ADJUSTMENT TO NON-TED (HCSR) DATA	OR
E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA	

AND ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN [FIGURE 2-H-1](#), FOR THAT OCCURRENCE/LINE ITEM

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002
 CHAPTER 2, SECTION 6.3
 NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (RESERVED) (2-225)	
VALIDITY EDITS	
2-225-01V	MUST BE BLANK FILLED.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER GROUP NPI NUMBER (RESERVED) (2-230)	
VALIDITY EDITS	
2-230-01V	MUST BE BLANK FILLED.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (2-235)	
VALIDITY EDITS	
2-235-01V	VALUE MUST BE A VALID STATE (REFER TO CHAPTER 2, ADDENDUM B) OR COUNTRY CODE (REFER TO CHAPTER 2, ADDENDUM A).
2-235-02V	ALL OCCURRENCES OF PROVIDER STATE OR COUNTRY CODE FOR THIS RECORD MUST BE ALL CONUS OR ALL OCONUS.
RELATIONAL EDITS	
2-235-01R	PROVIDER STATE/COUNTRY CODE MUST MATCH THE CORRESPONDING RECORD ¹ IN THE PROVIDER FILE.
	UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
	FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) OR
	FS TFL (SECOND PAYOR) OR
	RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001

THEN DO NOT CHECK PROVIDER FILE

¹ THE "CORRESPONDING RECORD" IS BASED ON CARE DATES, NON-INSTITUTIONAL PROVIDER KEY, PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240)

VALIDITY EDITS

2-240-01V MUST BE NUMERIC

OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE

AND LAST 6 POSITIONS MUST BE NUMERIC)

OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE

AND FOURTH POSITION MUST BE = 'A'

AND LAST 5 POSITIONS MUST BE NUMERIC)

RELATIONAL EDITS

NO ERROR IF ADJUSTMENT/DENIAL
REASON CODE FOR THAT
OCCURRENCE/LINE ITEM =

38 SERVICES NOT PROVIDED OR AUTHORIZED
BY DESIGNATED (NETWORK) PROVIDERS
OR

52 THE REFERRING/PRESCRIBING/
RENDERING PROVIDER IS NOT ELIGIBLE TO
REFER/PRESCRIBE/ORDER/PERFORM THE
SERVICE BILLED **OR**

B7 THIS PROVIDER WAS NOT CERTIFIED/
ELIGIBLE TO BE PAID FOR THIS
PROCEDURE/SERVICE ON THIS DATE OF
SERVICE

THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER

NO ERROR IF ANY OCCURRENCE OF
SPECIAL PROCESSING CODE FOR
THAT OCCURRENCE =

T MEDICARE/TRICARE DUAL ENTITLEMENT
(SECOND PAYOR) **AND** BEGIN DATE OF
CARE ≥ 10/01/2001 **OR**

FG TFL (FIRST PAYOR-NO TRICARE PROVIDER
CERTIFICATION, i.e., MEDICARE BENEFITS
HAVE BEEN EXHAUSTED) **OR**

FS TFL (SECOND PAYOR) **OR**

RS MEDICARE/TRICARE DUAL ENTITLEMENT
(FIRST PAYOR-NO TRICARE PROVIDER
CERTIFICATION, i.e., MEDICARE BENEFITS
HAVE BEEN EXHAUSTED) **AND** BEGIN
DATE OF CARE ≥ 10/01/2001

THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER

NO ERROR IF AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO

THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER

NO ERROR IF PROVIDER SPECIALTY = 172A00000X (OTHER SERVICE PROVIDERS/DRIVER)
OR

344600000X (TRANSPORTATION SERVICES/TAXI)

THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER

2-240-02R IF PROVIDER TAXPAYER NUMBER IS ALL NINES

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240) (CONTINUED)

THEN PROVIDER SPECIALTY
MUST = 172A00000X (OTHER SERVICE PROVIDERS/DRIVER)
OR

344600000X (TRANSPORTATION SERVICES/TAXI)

AND PROVIDER
PARTICIPATION
INDICATOR **MUST** = N NO

2-240-03R PROVIDER TAXPAYER NUMBER **CANNOT** BE ALL NINES.

UNLESS PROVIDER SPECIALTY = 172A00000X (OTHER SERVICE PROVIDERS/DRIVER)
OR

344600000X (TRANSPORTATION SERVICES/TAXI)

AND PROVIDER
PARTICIPATION INDICATOR = N NO

2-240-04R IF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER

THEN THE NON-CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE
PROVIDER FILE USING THE FOLLOWING:
NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER
AND PROVIDER MAJOR SPECIALTY
AND PROVIDER ZIP CODE
AND PROVIDER SUB-IDENTIFIER
AND ACCEPTANCE AND TERMINATION DATES MUST = ZEROES
AND PROVIDER CONTRACT AFFILIATION CODE MUST = '5' (NON-CERTIFIED
PROVIDER)

IF NO OCCURRENCE OF
OVERRIDE CODE = NC NON-CERTIFIED PROVIDER

THEN THE CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER
FILE USING THE FOLLOWING:
NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER
AND PROVIDER MAJOR SPECIALTY
AND PROVIDER ZIP CODE
AND PROVIDER SUB-IDENTIFIER

AND PROVIDER MUST BE CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF
CARE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (2-245)

VALIDITY EDITS

2-245-01V MUST BE 4 CHARACTERS
FIRST CHARACTER ALPHANUMERIC, LAST 3 CHARACTERS NUMERIC
OR FIRST 2 CHARACTERS ALPHANUMERIC, LAST 2 CHARACTERS NUMERIC
OR ALL 4 NUMERIC

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER ZIP CODE (2-250)

VALIDITY EDITS

2-250-01V MUST BE 9 DIGITS OR 5 DIGITS WITH 4 BLANKS
MUST BE A VALID ZIP CODE (BASED ON BEGIN DATE OF CARE) IN THE
GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE OR
MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY
CODES TABLE¹) FOLLOWED BY 6 BLANKS

RELATIONAL EDITS

NONE

¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST CHAPTER 2, ADDENDUM A.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER SPECIALTY (2-255)

VALIDITY EDITS

2-255-01V THIS FIELD MUST BE A VALID PROVIDER SPECIALTY (REFER TO [CHAPTER 2, ADDENDUM C](#)).

RELATIONAL EDITS

2-255-01R IF PROVIDER SPECIALTY = 172A00000X (OTHER SERVICE PROVIDERS/DRIVER)
OR
344600000X (TRANSPORTATION SERVICES/TAXI)

THEN PROVIDER TAXPAYER NUMBER MUST BE ALL NINES.

**AND ONE OCCURRENCE
OF SPECIAL PROCESSING
CODE MUST =**

**PF EXTENDED CARE HEALTH OPTION (ECHO)
(FORMERLY PFPWD)**

**UNLESS ADJUSTMENT/DENIAL REASON CODE IS A DENIAL CODE LISTED IN
[CHAPTER 2, ADDENDUM H, FIGURE 2-H-1](#), FOR THAT OCCURRENCE/LINE ITEM**

2-255-03R IF PROVIDER SPECIALTY = 333600000X (SUPPLIERS/PHARMACY)

**THEN TYPE OF SERVICE
(SECOND POSITION) =**

**B RETAIL DRUGS, SUPPLIES, PRESCRIPTION
AUTHORIZATIONS, AND REVIEWS**

2-255-04R IF PROVIDER SPECIALTY = 183500000X (PHARMACY SERVICE PROVIDERS/
PHARMACIST)

**THEN TYPE OF SERVICE
(SECOND POSITION) =**

**M MAIL ORDER PHARMACY DRUGS,
SUPPLIES, PRESCRIPTION
AUTHORIZATIONS, AND REVIEWS**

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (2-260)

VALIDITY EDITS

2-260-01V MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.

RELATIONAL EDITS

2-260-01R IF ANY OCCURRENCE OF
SPECIAL PROCESSING CODE = **A PARTNERSHIP (INTERNAL PROVIDERS
WITH SIGNED AGREEMENT) OR**

S RESOURCE SHARING - EXTERNAL OR

RI RESOURCE SHARING - INTERNAL

**THEN PROVIDER
PARTICIPATION INDICATOR
MUST =**

Y YES

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (2-265)

VALIDITY EDITS

2-265-01V	MUST BE =	1	NETWORK PROVIDER OR
		2	NON-NETWORK PROVIDER

RELATIONAL EDITS

NONE

ELEMENT NAME: PHYSICIAN REFERRAL NUMBER (2-270)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

ELEMENT NAME: PLACE OF SERVICE (2-275)

VALIDITY EDITS

2-275-01V	VALUE MUST BE A VALID PLACE OF SERVICE.
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RELATIONAL EDITS

2-275-01R	IF ADJUSTMENT/DENIAL REASON CODE IS NOT A CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2 THEN PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE, REFER TO CHAPTER 2, ADDENDUM G.
2-275-03R	IF CA/NAS EXCEPTION REASON = 5 RTC THEN PLACE OF SERVICE MUST = 56 RTC
2-275-04R	IF CA/NAS EXCEPTION REASON = 7 STF THEN PLACE OF SERVICE MUST = 55 STF
2-275-05R	IF CA/NAS EXCEPTION REASON = 3 COLLEGE INFIRMARY THEN PLACE OF SERVICE MUST = 99 OTHER LOCATIONS
2-275-06R	IF PLACE OF SERVICE = 21 INPATIENT HOSPITAL THEN TYPE OF SERVICE (FIRST POSITION) MUST = I INPATIENT
2-275-07R	IF PLACE OF SERVICE = 19 PHARMACY THEN TYPE OF SERVICE (SECOND POSITION) MUST = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: TYPE OF SERVICE (2-280)

VALIDITY EDITS

2-280-01V	FIRST POSITION MUST BE = 'A', 'C', 'I', 'K', 'M', 'N', 'O', OR 'P'.
	SECOND POSITION MUST BE = 1-9; A-M.
	IF FIRST POSITION = 'A'; SECOND POSITION MUST ≠ 'C'.
	IF FIRST POSITION = 'P'; SECOND POSITION MUST = 'H'.
	IF FIRST POSITION = 'N'; SECOND POSITION MUST = 'I'.

RELATIONAL EDITS

2-280-01R	IF AMOUNT ALLOWED BY PROCEDURE CODE > 0. THEN TYPE OF SERVICE (SECOND POSITION) MUST BE CONSISTENT WITH PROCEDURE CODE (REFER TO CHAPTER 2, ADDENDUM F).
2-280-02R	IF PROCEDURE CODE ¹ = 92891, 92892, 92893, 92895, 92898, OR 92899. AND ADJUSTMENT/ DENIAL REASON CODE CANNOT EQUAL ANY CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2 THEN TYPE OF SERVICE (FIRST POSITION) MUST =
	P PARTIAL PSYCHIATRIC OUTPATIENT
2-280-04R	IF PROVIDER SPECIALTY = 261QB0400X (AMBULATORY HEALTH CARE FACILITIES/CLINIC/CENTER BIRTHING) THEN TYPE OF SERVICE (FIRST POSITION) MUST =
	M MATERNITY OR
	O OUTPATIENT
2-280-05R	IF TYPE OF SERVICE (FIRST POSITION) =
	M OUTPATIENT MATERNITY CARE COST-SHARED AS INPATIENT
	THEN PRINCIPAL OR SECONDARY TREATMENT DIAGNOSIS MUST BE MATERNITY (630-676 OR V22-V24 OR V270-289)
2-280-06R	IF TYPE OF SERVICE (SECOND POSITION) =
	C AMBULATORY SURGERY
	THEN HCC MEMBER CATEGORY CODE MUST ≠
	A ACTIVE DUTY OR
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J ACADEMY STUDENT OR
	P TAMP MEMBER OR
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T FOREIGN MILITARY MEMBER
2-280-07R	IF TYPE OF SERVICE (FIRST POSITION) =
	A AMBULATORY SURGERY COST SHARED AS INPATIENT (ACTIVE DUTY DEPENDENTS ONLY) OR
	M OUTPATIENT MATERNITY COST SHARED AS INPATIENT OR

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: TYPE OF SERVICE (2-280) (CONTINUED)	
	N OUTPATIENT COST SHARED AS INPATIENT OR
	O OUTPATIENT, EXCLUDING M, P, OR N OR
	P OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST SHARED AS INPATIENT
	21 INPATIENT HOSPITAL
2-280-08R	IF TYPE OF SERVICE (SECOND POSITION) =
	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN NATIONAL DRUG CODE MUST ≠ BLANK
	UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (CHAPTER 2, ADDENDUM A)
2-280-09R	IF TYPE OF SERVICE (SECOND POSITION) =
	M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN TYPE OF SUBMISSION MUST ≠
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO
	AND AMOUNT BILLED BY PROCEDURE CODE MUST BE ≥ \$10.20 AND ≤ \$11.48
	UNLESS PROCEDURE CODE = 000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
	000PA PRESCRIPTION PRIOR AUTHORIZATIONS
	UNLESS OCCURRENCE/LINE ITEM NUMBER = 002
	THEN AMOUNT BILLED BY PROCEDURE CODE ON THIS LINE ITEM MUST = ZERO
	AND AMOUNT PATIENT COST-SHARE MUST ≥ ZERO AND ≤ \$9
	UNLESS OCCURRENCE/LINE ITEM NUMBER = 002
	THEN AMOUNT PATIENT COST-SHARE ON THIS LINE ITEM MUST = ZERO
	AND CA/NAS EXCEPTION REASON MUST = BLANK
	AND CA/NAS NUMBER MUST = BLANK
	AND CA/NAS REASON FOR ISSUANCE MUST = BLANK
	AND CLAIM FORM TYPE/ EMC INDICATOR MUST =
	I ELECTRONIC DRUG CLAIM SUBMISSION
	UNLESS PROCEDURE CODE = 000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
	000PA PRESCRIPTION PRIOR AUTHORIZATIONS
	THEN CLAIM FORM TYPE/ EMC INDICATOR MUST = J OTHER

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: TYPE OF SERVICE (2-280) (CONTINUED)	
	AND CONTRACT NUMBER MUST = MDA90602C0013
	AND NATIONAL DRUG CODE MUST ≠ BLANK
	AND NUMBER OF SERVICES = 1
	UNLESS OCCURRENCE/LINE ITEM NUMBER = 002
	THEN NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO
	AND PLACE OF SERVICE MUST = 19 PHARMACY
	AND PRICING RATE CODE MUST = ZERO
	AND PROVIDER NETWORK STATUS INDICATOR MUST = 1 NETWORK PROVIDER
	AND PROVIDER PARTICIPATING INDICATOR MUST = Y YES
	AND PROVIDER SPECIALITY MUST = 183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)
2-280-10R	IF TYPE OF SERVICE (SECOND POSITION) = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN REGION INDICATOR MUST = BLANK
	UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (CHAPTER 2, ADDENDUM A)
2-280-11R	IF TYPE OF SERVICE (SECOND POSITION) = M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND OCCURRENCE/LINE ITEM COUNT = 002
	THEN PROCEDURE CODE¹ MUST = 99070 SUPPLIES
2-280-12R	IF TYPE OF SERVICE (SECOND POSITION) = G DENTAL
	THEN PROCEDURE CODE¹ ≠ 00100 - 09999
2-280-13R	IF TYPE OF SERVICE (SECOND POSITION) = B RETAIL PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND CLAIM FORM TYPE/EMC INDICATOR = J OTHER

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: TYPE OF SERVICE (2-280) (CONTINUED)

THEN PROCEDURE CODE
MUST =

000MN PRESCRIPTION MEDICAL NECESSITY
REVIEWS **OR**

000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)	
VALIDITY EDITS	
2-285-01V	MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO CHAPTER 2, SECTION 2.5)
RELATIONAL EDITS	
2-285-01R	IF HCC MEMBER RELATIONSHIP CODE =
	A SELF
	THEN HCC MEMBER CATEGORY MUST ≠
	A ACTIVE DUTY OR
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J ACADEMY STUDENT OR
	N NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T FOREIGN MILITARY MEMBER OR
	V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	UNLESS ENROLLMENT/HEALTH PLAN CODE =
	W TPR AD SM - USA OR
	X FOREIGN AD SM OR
	Y CHCBP - STANDARD OR
	AA CHCBP - EXTRA OR
	SN SHCP - NON-MTF-REFERRED CARE OR
	SO SHCP - NON-TRICARE ELIGIBLE OR
	SR SHCP - REFERRED CARE OR
	ST SHCP - TRICARE ELIGIBLE OR
	SU SHCP - REFERRAL DESIGNATION UNKNOWN OR
	WA TPR FOREIGN AD SM
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	SC SHCP - NON-TRICARE ELIGIBLE OR
	SE SHCP - TRICARE ELIGIBLE OR
	SM SHCP - EMERGENCY
2-285-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PF EXTENDED CARE HEALTH OPTION (ECHO) (FORMERLY PFPWD)
	THEN HHC MEMBER CATEGORY CODE MUST =
	A ACTIVE DUTY OR
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J ACADEMY STUDENT OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (CONTINUED)

		P	TAMP MEMBER OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
2-285-03R	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER
2-285-04R	IF TYPE OF SERVICE (SECOND POSITION) =	C	AMBULATORY SURGERY
	THEN HCC MEMBER CATEGORY CODE MUST =	D	DISABLED AMERICAN VETERAN OR
		F	FORMER MEMBER OR
		H	MEDAL OF HONOR RECIPIENT OR
		R	RETIRED OR
		W	FORMER SPOUSE
2-285-05R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	THEN ONE OCCURRENCE OF OVERRIDE CODE =	M	NATO

ELEMENT NAME: PAY GRADE CODE (SPONSOR) (2-291)

VALIDITY EDITS

2-291-01V MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO [CHAPTER 2, SECTION 2.7](#))

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292)	
VALIDITY EDITS	
2-292-01V	MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO CHAPTER 2, SECTION 2.7)
RELATIONAL EDITS	
2-292-01R	IF HCC MEMBER CATEGORY CODE =
	T FOREIGN MILITARY MEMBER
	THEN PAY PLAN CODE (SPONSOR) MUST =
	FA FOREIGN SERVICE CHIEFS OF MISSION OR
	FC FOREIGN COMPENSATION AGENCY FOR INTERNATIONAL DEVELOPMENT OR
	FD FOREIGN DEFENSE OR
	FE SENIOR FOREIGN SERVICE OR
	FO FOREIGN SERVICE OFFICERS OR
	FP FOREIGN SERVICE PERSONNEL OR
	FZ CONSULAR AGENT DEPARTMENT OF STATE OR
	ZZ NOT APPLICABLE
2-292-02R	IF SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) =
	H PHS OR
	O NOAA
	THEN PAY PLAN CODE (SPONSOR) MUST ≠
	ME ENLISTED
2-292-03R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PF EXTENDED CARE HEALTH OPTION (ECHO) (FORMERLY PFPWD)
	THEN PAY PLAN CODE (SPONSOR) MUST =
	ME ENLISTED OR
	MO OFFICER OR
	MW WARRANT OFFICER OR
	ZZ NOT APPLICABLE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)

VALIDITY EDITS

2-295-01V MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO [CHAPTER 2, SECTION 2.5](#))

RELATIONAL EDITS

2-295-01R IF PATIENT AGE¹ < 17.

THEN HCC MEMBER
RELATIONSHIP CODE MUST ≠ A SELF

2-295-02R IF PATIENT AGE¹ < 12

THEN HCC MEMBER
RELATIONSHIP CODE MUST ≠ B SPOUSE **OR**
G SURVIVING SPOUSE

UNLESS ONE OCCURRENCE OF
OVERRIDE CODE = B PATIENT IS A SPOUSE UNDER 12 YEARS OF
AGE

2-295-03R IF PATIENT AGE¹ ≥ 21

AND PERSON BIRTH CALENDAR DATE (PATIENT) ≠ 19111111

THEN HCC MEMBER
RELATIONSHIP CODE
MUST ≠ C CHILD OR STEPCHILD **OR**
D PRE-ADOPTIVE CHILD **OR**
E WARD (COURT ORDERED)

UNLESS ONE OCCURRENCE OF
OVERRIDE CODE MUST = D PATIENT IS DEPENDENT 21 YEARS OF AGE

2-295-04R IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE¹ < 34

THEN HCC MEMBER
RELATIONSHIP CODE ≠ H FORMER SPOUSE (20/20/20) **OR**
I FORMER SPOUSE (20/20/15) **OR**
J FORMER SPOUSE (10/20/10) **OR**
K FORMER SPOUSE (TRANSITIONAL
ASSISTANCE (COMPOSITE))

AND HCC MEMBER
CATEGORY CODE ≠ W FORMER SPOUSE

UNLESS ONE OCCURRENCE OF
OVERRIDE CODE = I PATIENT IS A FORMER SPOUSE UNDER 34
YEARS OF AGE

2-295-05R IF HCC MEMBER CATEGORY
CODE = T FOREIGN MILITARY MEMBER

AND HCC MEMBER
RELATIONSHIP CODE ≠ A SELF

THEN HCC MEMBER
RELATIONSHIP CODE
MUST CODE MUST = B SPOUSE **OR**
C CHILD OR STEPCHILD **OR**

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295) (CONTINUED)	
	D PRE-ADOPTIVE CHILD OR
	E WARD (COURT ORDERED)
2-295-06R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PF EXTENDED CARE HEALTH OPTION (ECHO) (FORMERLY PFPWD)
	THEN HCC MEMBER RELATIONSHIP CODE MUST =
	B SPOUSE OR
	C CHILD OR STEPCHILD OR
	D PRE-ADOPTIVE CHILD OR
	E WARD (COURT ORDERED) OR
	G SURVIVING SPOUSE
2-295-07R	IF TYPE OF SERVICE (FIRST POSITION) =
	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN HCC MEMBER RELATIONSHIP CODE MUST =
	A SELF OR
	B SPOUSE OR
	C CHILD OR STEPCHILD OR
	D PRE-ADOPTIVE CHILD OR
	E WARD (COURT ORDERED) OR
	G SURVIVING SPOUSE
	AND HCC MEMBER CATEGORY CODE ≠
	W FORMER SPOUSE
	UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	SC SHCP - NON-TRICARE ELIGIBLE
2-295-08R	IF HCC MEMBER CATEGORY CODE =
	H MEDAL OF HONOR RECIPIENT
	THEN HCC MEMBER RELATIONSHIP CODE MUST =
	A SELF OR
	B SPOUSE OR
	C CHILD OR STEPCHILD OR
	G SURVIVING SPOUSE
2-295-10R	IF HCC MEMBER CATEGORY CODE =
	T FOREIGN MILITARY MEMBER
	AND HCC MEMBER RELATIONSHIP CODE =
	A SELF
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	AN SHCP - NON-REFERRED CARE OR
	AR SHCP - REFERRED CARE OR
	SC SHCP - NON-TRICARE ELIGIBLE OR
	SM SHCP - EMERGENCY

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

**ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE
(2-295) (CONTINUED)**

OR ENROLLMENT/ HEALTH PLAN CODE CODE MUST =	SN	SHCP - NON-MTF REFERRED OR
	SO	SHCP - NON-TRICARE ELIGIBLE OR
	SR	SHCP - REFERRED OR
	SU	SHCP - REFERRAL DESIGNATION UNKNOWN
UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL OF INITIAL TED
THEN BYPASS THIS EDIT		

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.