

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (1-001)	
VALIDITY EDITS	
1-001-01V	RECORD TYPE INDICATOR MUST = 1 INSTITUTIONAL
RELATIONAL EDITS	
1-001-01R	IF TYPE OF SUBMISSION = A ADJUSTMENT OR B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR C COMPLETE CANCELLATION OR E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND MATCH IS FOUND ON THE TMA DATABASE	
THEN THE RECORD TYPE FOR THE TED ON THE DATABASE MUST EQUAL THE RECORD TYPE ON THE ADJUSTMENT/CANCELLATION TED BEING SUBMITTED.	

ELEMENT NAME: FILING DATE (1-015)	
VALIDITY EDITS	
1-015-01V	MUST BE A VALID JULIAN DATE
RELATIONAL EDITS	
1-015-01R	FILING DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION
1-015-02R	END DATE OF CARE PLUS ONE YEAR MUST BE > FILING DATE UNLESS ONE OCCURRENCE OF OVERRIDE CODE = F CLAIM FILED AFTER DEADLINE
1-015-03R	IF ONE OCCURRENCE OF OVERRIDE CODE = F CLAIM FILED AFTER DEADLINE
THEN BEGIN DATE OF CARE PLUS SIX YEARS MUST BE > FILING DATE	

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: FILING STATE/COUNTRY CODE (1-020)**

**VALIDITY EDITS**

**1-020-01V** MUST BE A VALID STATE/COUNTRY CODE. (REFER TO [CHAPTER 2, ADDENDUM A](#) AND [ADDENDUM B](#)).

**RELATIONAL EDITS**

**1-020-01R** IF PRICING RATE CODE = H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**

I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**

J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER

**THEN** FILING STATE/COUNTRY CODE MUST **NOT** BE A FOREIGN COUNTRY EXCEPT FOR PUERTO RICO (PRI)

**ELEMENT NAME: SEQUENCE NUMBER (1-025)**

**VALIDITY EDITS**

**1-025-01V** THE FIRST 5 CHARACTERS MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS THE LAST 2 CHARACTERS MUST = BLANK.

NOTE: THE FIRST 5 CHARACTERS CANNOT BE SPACES OR SPECIAL CHARACTERS.

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: TIME STAMP (1-030)**

**VALIDITY EDITS**

**1-030-01V** MUST BE NUMERIC

**RELATIONAL EDITS**

**1-030-01R** IF FILING DATE IS  $\geq$  02/01/1995

**THEN** TIME STAMP MUST BE  $>$  ZERO

**ELEMENT NAME: ADJUSTMENT KEY (1-035)**

**VALIDITY EDITS**

**1-035-01V** MUST BE ALPHA, '0', OR '5'

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION (1-040)**

**VALIDITY EDITS**

**1-040-01V** MUST BE VALID GREGORIAN DATE.

**RELATIONAL EDITS**

**1-040-01R** DATE TED RECORD PROCESSED TO COMPLETION MUST BE  $\leq$  BATCH/VOUCHER DATE.

**1-040-02R** DATE TED RECORD PROCESSED TO COMPLETION MUST BE  $<$  CURRENT SYSTEM DATE.

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (1-045)**

**VALIDITY EDITS**

**1-045-01V** MUST BE VALID GREGORIAN DATE **OR** ALL ZEROES.

**1-045-02V** IF TYPE OF SUBMISSION =

D	CONTRACTOR DENIAL <b>OR</b>
I	INITIAL SUBMISSION <b>OR</b>
O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
R	RESUBMISSION

**THEN DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROES.**

**1-045-03V** IF TED RECORD CORRECTION INDICATOR =

1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) <b>SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD</b>
---	---

**AND THE TYPE OF SUBMISSION ON THE CORRESPONDING PROVISIONALLY ACCEPTED TED RECORD ON THE TMA DATABASE =**

D	CONTRACTOR DENIAL <b>OR</b>
I	INITIAL SUBMISSION <b>OR</b>
O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
R	RESUBMISSION

**THEN DATE ADJUSTMENT IDENTIFIED MUST = ZEROES.**

**RELATIONAL EDITS**

**1-045-02R** IF TYPE OF SUBMISSION =

A	ADJUSTMENT <b>OR</b>
B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
C	COMPLETE CANCELLATION <b>OR</b>
E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

**THEN DATE ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE**

**UNLESS TED RECORD CORRECTION INDICATOR =**

1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) <b>SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD</b>
---	---

**AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.**

**1-045-03R** IF TYPE OF SUBMISSION =

A	ADJUSTMENT <b>OR</b>
B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
C	COMPLETE CANCELLATION <b>OR</b>
E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

**THEN DATE ADJUSTMENT IDENTIFIED MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION AND ≥ FILING DATE**

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (1-045) (CONTINUED)**

UNLESS TED RECORD  
CORRECTION INDICATOR = 1 ADJUSTMENT/CANCELLATION (TYPE OF  
SUBMISSION A, B, C, OR E) **SOLELY TO  
CORRECT A PROVISIONALLY ACCEPTED  
TED RECORD**

AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

**ELEMENT NAME: PERSON IDENTIFIER (SPONSOR) (1-050)**

**VALIDITY EDITS**

1-050-01V MUST BE 9 NUMERIC DIGITS (CANNOT BE ALL ZEROES, ALL NINES, OR ALL BLANKS).

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (SPONSOR) (1-051)**

**VALIDITY EDITS**

1-051-01V MUST BE A VALID VALUE LOCATED IN [CHAPTER 2, SECTION 2.7](#).

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PAY GRADE CODE (SPONSOR) (1-056)**

**VALIDITY EDITS**

1-056-01V 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 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: PAY PLAN CODE (SPONSOR) (1-057)**

**VALIDITY EDITS**

**1-057-01V** MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO [CHAPTER 2, SECTION 2.7](#))

**RELATIONAL EDITS**

**1-057-01R** 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

**1-057-02R** IF SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) = H PHS **OR**

O NOAA

**THEN PAY PLAN CODE (SPONSOR) MUST ≠** ME ENLISTED

**1-057-03R** IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF **ECHO**

**THEN PAY PLAN CODE (SPONSOR) MUST =** ME ENLISTED **OR**

MO OFFICER **OR**

MW WARRANT OFFICER **OR**

ZZ NOT APPLICABLE

**ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060)**

**VALIDITY EDITS**

**1-060-01V** MUST BE A VALID SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (REFER TO [CHAPTER 2, SECTION 2.8](#))

**RELATIONAL EDITS**

REFER TO [CHAPTER 2, SECTION 8.1](#)

**ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (1-065)**

**VALIDITY EDITS**

**1-065-01V** MUST BE A VALID AGR SERVICE LEGAL AUTHORITY CODE (REFER TO [CHAPTER 2, SECTION 2.4](#))

**RELATIONAL EDITS**

REFER TO [CHAPTER 2, SECTION 8.1](#)

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (SPONSOR)  
(1-066)**

**VALIDITY EDITS**

**1-066-01V** MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO [CHAPTER 2, SECTION 2.5](#))

**RELATIONAL EDITS**

**1-066-01R** IF HCC MEMBER RELATIONSHIP  
CODE = A SELF

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**

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**

WA TPR FOREIGN AD SM **OR**

WO TPR FOREIGN ADFM

**OR ANY OCCURRENCE OF  
SPECIAL PROCESSING CODE = SC SHCP - NON-TRICARE ELIGIBLE **OR****

SE SHCP - TRICARE ELIGIBLE **OR**

SM SHCP - EMERGENCY

**1-066-02R** IF ANY OCCURRENCE OF  
SPECIAL PROCESSING CODE = PF **ECHO**

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**

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (SPONSOR)  
(1-066) (CONTINUED)**

		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
<b>1-066-03R</b>	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	<b>THEN ONE OCCURRENCE OF</b> OVERRIDE CODE =	M	NATO

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070)**

**VALIDITY EDITS**

**1-070-01V** MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO [CHAPTER 2, SECTION 2.5](#))

**RELATIONAL EDITS**

**1-070-01R** IF PATIENT AGE<sup>1</sup> < 17  
 THEN HCC MEMBER RELATIONSHIP CODE ≠ A SELF

**1-070-02R** IF PATIENT AGE<sup>1</sup> < 12  
 THEN HCC MEMBER RELATIONSHIP CODE ≠ B SPOUSE **OR**  
 G SURVIVING SPOUSE  
 UNLESS ONE OCCURRENCE OF  
 OVERRIDE CODE = B PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE

**1-070-03R** IF PATIENT AGE<sup>1</sup> ≥ 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 = D PATIENT IS FAMILY MEMBER 21 YEARS OF AGE OR OLDER

**1-070-04R** IF PATIENT AGE<sup>1</sup> < 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 FOMER SPOUSE UNDER 34 YEARS OF AGE

**1-070-05R** IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER  
 AND HCC MEMBER RELATIONSHIP CODE ≠ A SELF  
 THEN HCC MEMBER RELATIONSHIP CODE MUST = B SPOUSE **OR**

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.



**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070) (CONTINUED)</b>	
	C CHILD OR STEPCHILD <b>OR</b>
	D PRE-ADOPTIVE CHILD <b>OR</b>
	E WARD (COURT ORDERED)
<b>1-070-06R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF <b>ECHO</b>
	<b>THEN HCC MEMBER RELATIONSHIP CODE MUST =</b>
	B SPOUSE <b>OR</b>
	C CHILD OR STEPCHILD <b>OR</b>
	D PRE-ADOPTIVE CHILD <b>OR</b>
	E WARD (COURT ORDERED) <b>OR</b>
	G SURVIVING SPOUSE
<b>1-070-07R</b>	IF HCC MEMBER CATEGORY CODE = H MEDAL OF HONOR RECIPIENT
	<b>THEN HCC MEMBER RELATIONSHIP CODE MUST =</b>
	A SELF <b>OR</b>
	B SPOUSE <b>OR</b>
	C CHILD OR STEPCHILD <b>OR</b>
	G SURVIVING SPOUSE
<b>1-070-08R</b>	IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER
	<b>AND HCC MEMBER RELATIONSHIP CODE =</b>
	A SELF
	<b>THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>
	AN SHCP - NON-REFERRED CARE <b>OR</b>
	AR SHCP - REFERRED <b>OR</b>
	SC SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SM SHCP - EMERGENCY
	<b>OR ENROLLMENT/ HEALTH PLAN CODE MUST =</b>
	SN SHCP - NON-MTF REFERRED <b>OR</b>
	SO SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SR SHCP - REFERRED
	<b>UNLESS TYPE OF SUBMISSION =</b> D COMPLETE DENIAL OF INITIAL TED
	<b>THEN BYPASS THIS EDIT</b>
<b><sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.</b>	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: PERSON LAST NAME (PATIENT) (1-076)**

**VALIDITY EDITS**

**1-076-01V** MUST BE AT LEAST 1 CHARACTER (LEFT-JUSTIFIED).

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON FIRST NAME (PATIENT) (1-077)**

**VALIDITY EDITS**

NONE

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON MIDDLE NAME (PATIENT) (1-078)**

**VALIDITY EDITS**

NONE

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON CADENCY NAME (PATIENT) (1-079)**

**VALIDITY EDITS**

NONE

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON IDENTIFIER (PATIENT) (1-080)**

**VALIDITY EDITS**

**1-080-01V** MUST BE 9 NUMERIC DIGITS AND CANNOT EQUAL ALL BLANKS.

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (PATIENT) (1-081)**

**VALIDITY EDITS**

**1-081-01V** MUST HAVE A VALID VALUE LISTED IN [CHAPTER 2, SECTION 2.7](#).

**RELATIONAL EDITS**

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: PERSON BIRTH CALENDAR DATE (PATIENT) (1-085)**

**VALIDITY EDITS**

1-085-01V MUST BE A VALID GREGORIAN DATE

**RELATIONAL EDITS**

1-085-01R PATIENT AGE<sup>1</sup> MUST BE < 125 YEARS

AND PATIENT BIRTH CALENDAR DATE MUST BE < SYSTEM RUN DATE

1-085-02R PERSON BIRTH CALENDAR DATE (PATIENT) ≤ BEGIN DATE OF CARE

1-085-03R PERSON BIRTH CALENDAR DATE (PATIENT) ≤ ADMISSION DATE

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.

**ELEMENT NAME: PATIENT IDENTIFIER (DoD) (1-095)**

**VALIDITY EDITS**

1-095-01V MUST NOT BE BLANK FILLED.

1-095-02V MUST NOT EQUAL ALL ZEROS

UNLESS TYPE OF SUBMISSION = D COMPLETE DENIAL INITIAL TED RECORD DATA

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: DEERS IDENTIFIER (PATIENT) (1-097)**

**VALIDITY EDITS**

1-097-01V POSITIONS 10 AND 11 MUST BE NUMERIC.

**RELATIONAL EDITS**

NONE

