

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 AND CANNOT BE > TMA CURRENT SYSTEM 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 |

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

VALIDITY EDITS

1-020-01V

IF TYPE OF SUBMISSION =

| | |
|---|-----------------------------------|
| D | COMPLETE DENIAL OR |
| I | INITIAL SUBMISSION OR |
| O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| R | RESUBMISSION |

THEN MUST BE A VALID STATE/COUNTRY CODE. (REFER TO 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

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| | |
|--|---|
| ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION (1-040) | |
| VALIDITY EDITS | |
| 1-040-01V | MUST BE VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE. |
| RELATIONAL EDITS | |
| 1-040-01R | DATE TED RECORD PROCESSED TO COMPLETION MUST BE ≤ BATCH/VOUCHER DATE. |

| | |
|---|---|
| ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (1-045) | |
| VALIDITY EDITS | |
| 1-045-01V | MUST BE VALID GREGORIAN DATE OR ALL ZEROES AND CANNOT BE > TMA CURRENT SYSTEM DATE. |
| 1-045-02V | IF TYPE OF SUBMISSION = |
| | D CONTRACTOR DENIAL OR |
| | I INITIAL SUBMISSION OR |
| | O ZERO PAYMENT WITH 100% OHI/TPL OR |
| | 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) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD |
| | AND THE TYPE OF SUBMISSION ON THE CORRESPONDING PROVISIONALLY ACCEPTED TED RECORD ON THE TMA DATABASE = |
| | D CONTRACTOR DENIAL OR |
| | I INITIAL SUBMISSION OR |
| | O ZERO PAYMENT WITH 100% OHI/TPL OR |
| | R RESUBMISSION |
| | THEN DATE ADJUSTMENT IDENTIFIED MUST = ZEROES. |
| 1-045-04V | 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 |
| | 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) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD |
| | AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES. |

| | |
|-------------------------|-------------------------|
| RELATIONAL EDITS | |
| 1-045-03R | IF TYPE OF SUBMISSION = |
| | A ADJUSTMENT OR |

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

B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR

C COMPLETE CANCELLATION OR

E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

THEN DATE ADJUSTMENT IDENTIFIED MUST BE \leq DATE TED RECORD PROCESSED TO COMPLETION AND \geq FILING DATE

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 [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 [SECTION 2.7](#))

RELATIONAL EDITS

NONE

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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](#)

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**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 ADSM - USA OR |
| | | X | FOREIGN ADSM 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 ADSM 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 |
| | OR HCDP PLAN COVERAGE CODE = | 401 | TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR |
| | | 402 | TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR |
| | | 405 | TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR |

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

| | | | |
|------------------|--|-----|---|
| | | 406 | TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR |
| | | 407 | TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR |
| | | 408 | TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR |
| | | 409 | TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR |
| | | 410 | TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR |
| | | 411 | TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR |
| | | 412 | TRS SURVIVOR NEW FAMILY COVERAGE OR |
| | | 413 | TRS MEMBER-ONLY COVERAGE OR |
| | | 414 | TRS MEMBER AND FAMILY COVERAGE OR |
| | | 418 | TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE OR |
| | | 419 | TRR MEMBER AND FAMILY COVERAGE OR |
| | | 420 | TRR SURVIVOR INDIVIDUAL COVERAGE OR |
| | | 421 | TRR SURVIVOR FAMILY COVERAGE |
| 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 |
| | | S | RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) |
| 1-066-03R | IF HCC MEMBER CATEGORY CODE = | T | FOREIGN MILITARY MEMBER |
| | THEN ONE OCCURRENCE OF OVERRIDE CODE = | M | NATO |

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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 AGE¹ < 17

THEN HCC MEMBER RELATIONSHIP CODE ≠ A SELF

1-070-02R IF PATIENT AGE¹ < 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

1-070-04R IF PATIENT 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 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**

C CHILD OR STEPCHILD **OR**

D PRE-ADOPTIVE CHILD **OR**

E WARD (COURT ORDERED)

1-070-06R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

PF ECHO

THEN HCC MEMBER RELATIONSHIP CODE MUST = B SPOUSE **OR**

C CHILD OR STEPCHILD **OR**

D PRE-ADOPTIVE CHILD **OR**

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

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| ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070) (CONTINUED) | |
|---|--|
| | E WARD (COURT ORDERED) OR |
| | G SURVIVING SPOUSE |
| 1-070-07R | 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 |
| 1-070-08R | 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 OR |
| | SC SHCP - NON-TRICARE ELIGIBLE OR |
| | SM SHCP - EMERGENCY |
| | OR ENROLLMENT/ HEALTH PLAN CODE MUST = |
| | SN SHCP - NON-MTF REFERRED OR |
| | SO SHCP - NON-TRICARE ELIGIBLE OR |
| | SR SHCP - REFERRED |
| | 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 DATE OF CARE. | |

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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

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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 **AND CANNOT BE > TMA CURRENT SYSTEM DATE.**

RELATIONAL EDITS

1-085-01R PATIENT AGE¹ MUST BE < 125 YEARS

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

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

¹ 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

OR
ALL OCCURRENCE/LINE ITEMS (EXCLUDING REVENUE CODE 0001) CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2

AND THE TED RECORD CORRECTION INDICATOR =

| | |
|----------|---|
| 1 | ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD OR |
| 3 | ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT BOTH EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD AND TO CORRECT CLAIM PROCESSING ERRORS OR UPDATE PRIOR DATA WITH MORE CURRENT/ ACCURATE INFORMATION |

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

