

## Non-Institutional Edit Requirements (ELN 200 - 299)

Revision: C-21, January 31, 2019

<b>ELEMENT NAME: AMOUNT PATIENT COST-SHARE (2-200)</b>	
<b>VALIDITY EDITS</b>	
<b>2-200-01V</b>	MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
<b>2-200-00R</b>	TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PATIENT COST-SHARE FOR THIS TED RECORD EXCEEDS DHA LIMIT OF \$1,000,000.00.
<b>2-200-01R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	I INITIAL SUBMISSION <b>OR</b>
	O ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
	R RESUBMISSION
	<b>THEN</b> AMOUNT PATIENT COST-SHARE MUST BE $\geq$ ZERO
<b>2-200-02R</b>	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION <b>OR</b>
	D COMPLETE DENIAL
	<b>THEN</b> AMOUNT PATIENT COST-SHARE MUST BE = ZERO
<b>2-200-03R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	DE TDRL PHYSICAL EXAMS
	<b>THEN</b> AMOUNT PATIENT COST-SHARE MUST BE = ZERO

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) COPAYMENT FACTOR CODE (2-201)</b>	
<b>VALIDITY EDITS</b>	
<b>2-201-01V</b>	MUST BE A VALID HCC COPAYMENT FACTOR CODE LISTED IN <a href="#">SECTION 2.5</a> .
<b>RELATIONAL EDITS</b>	
	NONE

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<b>ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE (2-205)</b>	
<b>VALIDITY EDITS</b>	
<b>2-205-01V</b>	MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
<b>2-205-00R</b>	TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS DHA LIMIT OF \$1,000,000.00.
<b>2-205-01R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	I INITIAL SUBMISSION <b>OR</b>
	O ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
	R RESUBMISSION
	<b>THEN</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE ≥ ZERO
<b>2-205-02R</b>	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION <b>OR</b>
	D COMPLETE DENIAL
	<b>THEN</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE = ZERO

<b>ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE (2-220)</b>	
<b>VALIDITY EDITS</b>	
<b>2-220-01V</b>	VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO <a href="#">ADDENDUM G</a> ).
<b>RELATIONAL EDITS</b>	
<b>2-220-01R</b>	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION <b>OR</b>
	D COMPLETE DENIAL
	<b>THEN</b> ALL OCCURRENCES/LINE ITEMS MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN <a href="#">ADDENDUM G, FIGURE 2.G-1</a> OR <a href="#">FIGURE 2.G-2</a>
<b>2-220-02R</b>	IF ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN <a href="#">ADDENDUM G, FIGURE 2.G-1</a> , FOR THAT OCCURRENCE/LINE ITEM
	<b>AND</b> TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	C COMPLETE CANCELLATION <b>OR</b>
	D COMPLETE DENIAL <b>OR</b>
	I INITIAL SUBMISSION <b>OR</b>
	O ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
	R RESUBMISSION
	<b>THEN</b> AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO
<b>2-220-03R</b>	IF TYPE OF SUBMISSION =
	B ADJUSTMENT TO NON-TED (HCSR) DATA <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>AND</b> ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN <a href="#">ADDENDUM G, FIGURE 2.G-1</a> , FOR THAT OCCURRENCE/LINE ITEM
	<b>THEN</b> AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

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<b>ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (TYPE 1) (2-225)</b>	
<b>VALIDITY EDITS</b>	
<b>2-225-01V</b>	MUST BE ALL BLANKS <b>OR</b> 10 DIGITS (MUST NOT BE ALL ZEROES)
<b>2-225-02V</b>	IF PROVIDER INDIVIDUAL NPI NUMBER IS ALL DIGITS <b>THEN</b> THE CHECK DIGIT (POSITION 10 OF THE PROVIDER ORGANIZATIONAL NPI NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2) (2-230)</b>	
<b>VALIDITY EDITS</b>	
<b>2-230-01V</b>	MUST BE ALL BLANKS <b>OR</b> 10 DIGITS (MUST NOT BE ALL ZEROES)
<b>2-230-02V</b>	IF PROVIDER ORGANIZATIONAL NPI NUMBER IS ALL DIGITS <b>THEN</b> THE CHECK DIGIT (POSITION 10 OF THE PROVIDER ORGANIZATIONAL NPI NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM
<b>RELATIONAL EDITS</b>	
NONE	

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<b>ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (2-235)</b>	
<b>VALIDITY EDITS</b>	
<b>2-235-01V</b>	VALUE MUST BE A VALID STATE (REFER TO <a href="#">ADDENDUM B</a> ) <b>OR</b> COUNTRY CODE (REFER TO <a href="#">ADDENDUM A</a> ).
<b>RELATIONAL EDITS</b>	
<b>2-235-01R</b>	PROVIDER STATE/COUNTRY CODE MUST MATCH THE CORRESPONDING RECORD <sup>1</sup> IN THE PROVIDER FILE. <b>UNLESS</b> AMOUNT ALLOWED BY PROCEDURE CODE IS ≤ ZERO
<b>OR</b> ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM =	38 SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS <b>OR</b>
	52 THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED <b>OR</b>
	B7 THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE
<b>OR</b> PROVIDER SPECIALTY =	172A00000X (OTHER SERVICE PROVIDER/DRIVERS) <b>OR</b>
	344600000X (TRANSPORTATION SERVICES/TAXI)
<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) <b>AND</b> BEGIN DATE OF CARE ≥ 10/01/2001 <b>OR</b>
	FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) <b>OR</b>
	FS TFL (SECOND PAYOR) <b>OR</b>
	RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) <b>AND</b> BEGIN DATE OF CARE ≥ 10/01/2001
<b>THEN</b> DO NOT CHECK PROVIDER FILE	
<sup>1</sup> "CORRESPONDING RECORD" ON PROVIDER FILE IS BASED ON NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER MAJOR SPECIALTY, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (2-240-04R).	

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<b>ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240)</b>		
<b>VALIDITY EDITS</b>		
<b>2-240-01V</b>	MUST BE NUMERIC	
	<b>OR</b> (FIRST THREE POSITIONS MUST BE A VALID STATE/COUNTRY CODE	
	<b>AND</b> LAST SIX POSITIONS MUST BE NUMERIC)	
	<b>OR</b> (FIRST THREE POSITIONS MUST BE A VALID STATE/COUNTRY CODE	
	<b>AND</b> FOURTH POSITION MUST BE = A	
	<b>AND</b> LAST 5 POSITIONS MUST BE NUMERIC)	
<b>RELATIONAL EDITS</b>		
<b>NO ERROR</b>	IF ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM =	38 SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS <b>OR</b>
		52 THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED <b>OR</b>
		B7 THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE
	<b>THEN</b> DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER	
<b>NO ERROR</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE FOR THAT OCCURRENCE =	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) <b>AND</b> BEGIN DATE OF CARE ≥ 10/01/2001 <b>OR</b>
		FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) <b>OR</b>
		FS TFL (SECOND PAYOR) <b>OR</b>
		RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) <b>AND</b> BEGIN DATE OF CARE ≥ 10/01/2001
	<b>THEN</b> DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER	
<b>NO ERROR</b>	IF AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO	
	<b>THEN</b> DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER	
<b>NO ERROR</b>	IF PROVIDER SPECIALTY =	172A00000X (OTHER SERVICE PROVIDERS/DRIVER) <b>OR</b>
		344600000X (TRANSPORTATION SERVICES/TAXI)
	<b>THEN</b> DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER	
<b>2-240-02R</b>	IF PROVIDER TAXPAYER NUMBER IS ALL NINES	
	<b>THEN</b> PROVIDER SPECIALTY MUST =	172A00000X (OTHER SERVICE PROVIDERS/DRIVER) <b>OR</b>
		344600000X (TRANSPORTATION SERVICES/TAXI)
	<b>AND</b> PROVIDER PARTICIPATION INDICATOR MUST =	N NO
<sup>1</sup> ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.		

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<b>ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240) (Continued)</b>	
<b>2-240-04R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER
	<b>THEN</b> THE NON-CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING: NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER <b>AND</b> PROVIDER MAJOR SPECIALTY <b>AND</b> PROVIDER ZIP CODE <sup>1</sup> <b>AND</b> PROVIDER SUB-IDENTIFIER <b>AND</b> ACCEPTANCE AND TERMINATION DATES MUST = ZEROES <b>AND</b> PROVIDER CONTRACT AFFILIATION CODE MUST = 5 (NON-CERTIFIED PROVIDER)
	IF NO OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER
	<b>THEN</b> THE CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING: NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER <b>AND</b> PROVIDER MAJOR SPECIALTY <b>AND</b> PROVIDER ZIP CODE <sup>1</sup> <b>AND</b> PROVIDER SUB-IDENTIFIER
<sup>1</sup> ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.	

<b>ELEMENT NAME: PROVIDER SUB-IDENTIFIER (2-245)</b>	
<b>VALIDITY EDITS</b>	
<b>2-245-01V</b>	MUST BE FOUR CHARACTERS FIRST CHARACTER ALPHANUMERIC, LAST THREE CHARACTERS NUMERIC
	<b>OR</b> FIRST TWO CHARACTERS ALPHANUMERIC, LAST TWO CHARACTERS NUMERIC
	<b>OR ALL</b> FOUR NUMERIC
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: PROVIDER ZIP CODE (2-250)</b>	
<b>VALIDITY EDITS</b>	
<b>2-250-01V</b>	MUST BE NINE DIGITS <b>OR</b> FIVE DIGITS WITH FOUR BLANKS
	MUST BE A VALID ZIP CODE (BASED ON BEGIN DATE OF CARE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE <b>OR</b>
	MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE <sup>1</sup> ) FOLLOWED BY SIX BLANKS
<b>RELATIONAL EDITS</b>	
	NONE
<sup>1</sup> WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST <a href="#">ADDENDUM A</a> .	

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<b>ELEMENT NAME: PROVIDER TAXONOMY (SPECIALTY) (2-255)</b>	
<b>VALIDITY EDITS</b>	
<b>2-255-01V</b>	THIS FIELD MUST BE A VALID PROVIDER SPECIALTY (REFER TO <a href="http://www.wpc-edi.com/reference/">HTTP://WWW.WPC-EDI.COM/REFERENCE/</a> ).
<b>RELATIONAL EDITS</b>	
<b>2-255-03R</b>	IF PROVIDER SPECIALTY = 333600000X (SUPPLIERS/PHARMACY)  <b>THEN</b> TYPE OF SERVICE (SECOND POSITION) = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
<b>2-255-04R</b>	IF PROVIDER SPECIALTY = 183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)  <b>THEN</b> TYPE OF SERVICE (SECOND POSITION) = M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

<b>ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (2-260)</b>	
<b>VALIDITY EDITS</b>	
<b>2-260-01V</b>	MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (2-265)</b>	
<b>VALIDITY EDITS</b>	
<b>2-265-01V</b>	PROVIDER NETWORK STATUS INDICATOR MUST = 1 NETWORK PROVIDER <b>OR</b> 2 NON-NETWORK PROVIDER
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: PHYSICIAN REFERRAL NUMBER (2-270)</b>	
<b>VALIDITY EDITS</b>	
<b>2-270-01V</b>	MUST BE ALL BLANKS  <b>OR</b> 9 CHARACTERS (INCLUDING IMBEDDED BLANKS) <b>OR</b> 13 CHARACTERS (INCLUDING IMBEDDED BLANKS) <b>OR</b> 10 CHARACTERS
<b>2-270-02V</b>	IF PHYSICIAN REFERRAL NUMBERS IS 10 CHARACTERS  <b>THEN</b> THE 10 CHARACTERS MUST BE ALL NUMERIC  <b>AND</b> THE CHECK DIGIT (POSITION 10 OF THE PHYSICIAN REFERRAL NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM
<b>RELATIONAL EDITS</b>	
NONE	

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<b>ELEMENT NAME: PLACE OF SERVICE (2-275)</b>	
<b>VALIDITY EDITS</b>	
<b>2-275-01V</b>	VALUE MUST BE A VALID PLACE OF SERVICE.
<b>RELATIONAL EDITS</b>	
<b>2-275-01R</b>	IF ADJUSTMENT/DENIAL REASON CODE IS NOT A CODE LISTED IN <a href="#">ADDENDUM G, FIGURE 2.G-2</a> .
	<b>THEN</b> PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE, REFER TO <a href="#">ADDENDUM F</a> .
<b>2-275-06R</b>	IF PLACE OF SERVICE = 21 INPATIENT HOSPITAL
	<b>THEN</b> TYPE OF SERVICE (FIRST POSITION) MUST = I INPATIENT



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<b>ELEMENT NAME: TYPE OF SERVICE (2-280)</b>			
<b>VALIDITY EDITS</b>			
<b>2-280-01V</b>	FIRST POSITION MUST BE = A, I, K, M, N, O, <b>OR</b> 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.		
<b>RELATIONAL EDITS</b>			
<b>2-280-07R</b>	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT (ACTIVE DUTY DEPENDENTS ONLY) <b>OR</b>
		M	OUTPATIENT MATERNITY COST-SHARED AS INPATIENT <b>OR</b>
		N	OUTPATIENT COST-SHARED AS INPATIENT <b>OR</b>
		O	OUTPATIENT, EXCLUDING M, N, <b>OR</b> P <b>OR</b>
		P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST-SHARED AS INPATIENT
	<b>THEN</b> PLACE OF SERVICE CANNOT =	21	INPATIENT HOSPITAL
<b>2-280-08R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>THEN</b> NATIONAL DRUG CODE MUST ≠ BLANK		
	<b>UNLESS</b> PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE ( <a href="#">ADDENDUM A</a> )		
<b>2-280-09R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>THEN</b> TYPE OF SUBMISSION MUST ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>AND</b> CA/NAS EXCEPTION REASON MUST = BLANK		
	<b>AND</b> CA/NAS NUMBER MUST = BLANK		
	<b>AND</b> CA/NAS REASON FOR ISSUANCE MUST = BLANK		
	<b>AND</b> NATIONAL DRUG CODE MUST ≠ BLANK		
	<b>AND IF</b> BEGIN DATE OF CARE < 01/01/2016		
	<b>THEN</b> PLACE OF SERVICE MUST =	19	PHARMACY
	<b>ELSE</b> PLACE OF SERVICE MUST =	01	PHARMACY
	<b>AND</b> PRICING RATE CODE MUST = 0		
	<b>AND</b> PROVIDER NETWORK STATUS INDICATOR MUST =	1	NETWORK PROVIDER
	<b>AND</b> PROVIDER PARTICIPATING INDICATOR MUST =	Y	YES
	<b>AND</b> PROVIDER SPECIALTY MUST =	183500000X	(PHARMACY SERVICE PROVIDERS/PHARMACIST)
	<b>AND IF</b> PROCEDURE CODE =	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS <b>OR</b>
		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS
	<b>THEN</b> AMOUNT PATIENT COST-SHARE MUST = ZERO		
	<b>AND</b> CLAIM FORM TYPE/EMC INDICATOR MUST =	J	OTHER

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<b>ELEMENT NAME: TYPE OF SERVICE (2-280) (Continued)</b>			
<b>ELSE IF</b> OCCURRENCE/LINE ITEM NUMBER = 002			
<b>THEN</b> AMOUNT BILLED BY PROCEDURE CODE ON THIS LINE ITEM MUST = ZERO			
<b>AND</b> AMOUNT PATIENT COST-SHARE ON THIS LINE ITEM MUST = ZERO			
<b>AND</b> NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO			
<b>ELSE</b> CLAIM FORM TYPE/EMC INDICATOR MUST =			
	I	ELECTRONIC DRUG CLAIM SUBMISSION	
<b>AND</b> NUMBER OF SERVICES = 1			
<b>2-280-10R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b>
		M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
<b>THEN</b> REGION INDICATOR MUST = BLANK			
<b>UNLESS</b> PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE ( <a href="#">ADDENDUM A</a> )			
<b>2-280-11R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
<b>AND</b> OCCURRENCE/LINE ITEM COUNT = 002			
<b>THEN</b> PROCEDURE CODE MUST =			
		99070	SUPPLIES
<b>2-280-12R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	G	DENTAL
<b>THEN</b> PROCEDURE CODE ≠ 00100 - 09999			
<b>2-280-13R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b>
		M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
<b>AND</b> CLAIM FORM TYPE/EMC INDICATOR =			
		J	OTHER
<b>THEN</b> PROCEDURE CODE MUST =			
		000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS <b>OR</b>
		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS

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<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)</b>		
<b>VALIDITY EDITS</b>		
<b>2-285-01V</b>	MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO <a href="#">SECTION 2.5</a> )	
<b>RELATIONAL EDITS</b>		
<b>2-285-01R</b>	IF HCC MEMBER RELATIONSHIP CODE =	A SELF
	<b>THEN</b> HCC MEMBER CATEGORY MUST ≠	A ACTIVE DUTY <b>OR</b>
		G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		J ACADEMY STUDENT <b>OR</b>
		N NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
		S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		T FOREIGN MILITARY MEMBER <b>OR</b>
		V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	<b>UNLESS</b> ENROLLMENT/HEALTH PLAN CODE =	W TPR SERVICE MEMBER - USA <b>OR</b>
		X FOREIGN SERVICE MEMBER <b>OR</b>
		Y CHCBP - NON-NETWORK <b>OR</b>
		AA CHCBP - NETWORK <b>OR</b>
		SN SHCP - NON-MTF/eMSM-REFERRED CARE <b>OR</b>
		SO SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SR SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
		ST SHCP - TRICARE ELIGIBLE <b>OR</b>
		SU SHCP - REFERRAL DESIGNATION UNKNOWN <b>OR</b>
		WA TPR FOREIGN SERVICE MEMBER
	<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SE SHCP - TRICARE ELIGIBLE <b>OR</b>
		SM SHCP - EMERGENCY
	<b>OR</b> HCDP PLAN COVERAGE CODE =	306 TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS <b>OR</b>
		307 TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS <b>OR</b>
		401 TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		402 TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		405 TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
		406 TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
		407 TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>

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Non-Institutional Edit Requirements (ELN 200 - 299)

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)</b>		
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE <b>OR</b>
	418	TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE <b>OR</b>
	419	TRR MEMBER AND FAMILY COVERAGE <b>OR</b>
	420	TRR SURVIVOR INDIVIDUAL COVERAGE <b>OR</b>
	421	TRR SURVIVOR FAMILY COVERAGE
<b>2-285-02R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF ECHO
	<b>THEN</b> HHC MEMBER CATEGORY CODE MUST =	A ACTIVE DUTY <b>OR</b>
		G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		J ACADEMY STUDENT <b>OR</b>
		P TAMP MEMBER <b>OR</b>
		S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
<b>2-285-03R</b>	IF TYPE OF SERVICE (FIRST POSITION) =	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	<b>THEN</b> HCC MEMBER CATEGORY CODE MUST =	A ACTIVE DUTY <b>OR</b>
		G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		J ACADEMY STUDENT <b>OR</b>
		N NATIONAL GUARD MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
		P TAMP MEMBER <b>OR</b>
		S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		T FOREIGN MILITARY MEMBER <b>OR</b>
		V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
		Z UNKNOWN
	<b>UNLESS</b> AMOUNT ALLOWED BY PROCEDURE CODE = 0	
<b>2-285-04R</b>	IF HCDP PLAN COVERAGE CODE =	004 DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>

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<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)</b>	
005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
016	DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
149	TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
205	TDP INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
206	TDP FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
212	TDP INDIVIDUAL COVERAGE FOR SURVIVORS OF SELECTED RESERVE (SelRes) DECEASED SPONSORS <b>OR</b>
213	TDP FAMILY COVERAGE FOR SURVIVORS OF SELECTED RESERVE (SelRes) DECEASED SPONSORS <b>OR</b>

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<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)</b>		
	306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS <b>OR</b>
	345	TRICARE PLUS - DIRECT CARE ONLY (PRESENTATION LAYER) <b>OR</b>
	346	TRICARE PLUS <b>OR</b>
	409	RESERVE SELECT SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	RESERVE SELECT SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	RESERVE SELECT SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	RESERVE SELECT SURVIVOR NEW FAMILY COVERAGE
<b>OR ENROLLMENT/HEALTH PLAN CODE =</b>	AS	TRICARE SELECT - ACTIVE DUTY SURVIVORS <b>OR</b>
	GS	TRICARE SELECT - GUARD/RESERVE SURVIVORS
<b>OR AMOUNT ALLOWED BY PROCEDURE CODE = 0</b>		
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF TYPE OF SERVICE (SECOND POSITION) =</b>	C	AMBULATORY SURGERY
<b>THEN HCC MEMBER CATEGORY CODE MUST =</b>	D	DISABLED AMERICAN VETERAN <b>OR</b>
	F	FORMER MEMBER <b>OR</b>
	H	MOH RECIPIENT <b>OR</b>
	R	RETIRED <b>OR</b>
	W	FORMER SPOUSE <b>OR</b>
	Z	UNKNOWN
<b>2-285-05R IF HCC MEMBER CATEGORY CODE =</b>	T	FOREIGN MILITARY MEMBER
<b>THEN ONE OCCURRENCE OF OVERRIDE CODE =</b>	M	NATO

<b>ELEMENT NAME: PAY GRADE CODE (SPONSOR) (2-291)</b>	
<b>VALIDITY EDITS</b>	
<b>2-291-01V</b>	MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO <a href="#">SECTION 2.7</a> )
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292)</b>	
<b>VALIDITY EDITS</b>	
<b>2-292-01V</b>	MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO <a href="#">ADDENDUM K</a> )
<b>RELATIONAL EDITS</b>	
	NONE

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<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)</b>	
<b>VALIDITY EDITS</b>	
<b>2-295-01V</b>	MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO <a href="#">SECTION 2.5</a> )
<b>RELATIONAL EDITS</b>	
<b>2-295-06R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PF ECHO
	<b>THEN</b> HCC MEMBER RELATIONSHIP CODE MUST =
	A SELF <b>OR</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>2-295-07R</b>	IF TYPE OF SERVICE (FIRST POSITION) =
	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	<b>THEN</b> HCC MEMBER RELATIONSHIP CODE MUST =
	A SELF <b>OR</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>OR</b>
	Z UNKNOWN
	<b>AND</b> HCC MEMBER CATEGORY CODE ≠
	W FORMER SPOUSE
	<b>UNLESS</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	SC SHCP - NON-TRICARE ELIGIBLE
<b>2-295-10R</b>	IF HCC MEMBER CATEGORY CODE =
	T FOREIGN MILITARY MEMBER
	<b>AND</b> HCC MEMBER RELATIONSHIP CODE =
	A SELF
	<b>THEN</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	AN SHCP - NON-REFERRED CARE <b>OR</b>
	AR SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
	SC SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SM SHCP - EMERGENCY
	<b>OR</b> ENROLLMENT/HEALTH PLAN CODE MUST =
	SN SHCP - NON-MTF/eMSM REFERRED <b>OR</b>
	SO SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SR SHCP - REFERRED <b>OR</b>
	SU SHCP - REFERRAL DESIGNATION UNKNOWN
	<b>UNLESS</b> AMOUNT ALLOWED BY PROCEDURE CODE = ZERO
	<b>THEN</b> BYPASS THIS EDIT
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN CARE DATE.	

- END -

