

## Institutional Edit Requirements (ELN 000 - 099)

Revision: C-16, June 22, 2018

<b>ELEMENT NAME: RECORD TYPE INDICATOR (1-001)</b>			
<b>VALIDITY EDITS</b>			
<b>1-001-01V</b>	RECORD TYPE INDICATOR MUST =	1	INSTITUTIONAL
<b>RELATIONAL EDITS</b>			
<b>1-001-01R</b>	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>
		D	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>AND MATCH IS FOUND ON THE DHA DATABASE</b>			
<b>THEN THE RECORD TYPE FOR THE TED ON THE DATABASE MUST EQUAL THE RECORD TYPE ON THE ADJUSTMENT/CANCELLATION TED BEING SUBMITTED.</b>			

<b>ELEMENT NAME: FILING DATE (1-015)</b>			
<b>VALIDITY EDITS</b>			
<b>1-015-01V</b>	MUST BE A VALID JULIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE.		
<b>RELATIONAL EDITS</b>			
<b>1-015-01R</b>	FILING DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION (PTC)		

<b>ELEMENT NAME: FILING STATE/COUNTRY CODE (1-020)</b>			
<b>VALIDITY EDITS</b>			
<b>1-020-01V</b>	IF TYPE OF SUBMISSION =	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 MUST BE A VALID STATE/COUNTRY CODE (REFER TO <a href="#">ADDENDUMS A AND B</a>).</b>			
<b>RELATIONAL EDITS</b>			
<b>1-020-01R</b>	IF PRICING RATE CODE =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		I	TRICARE DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
		CI	CAH INPATIENT REHABILITATION FACILITY (IRF) REIMBURSEMENT <b>OR</b>

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<b>ELEMENT NAME: FILING STATE/COUNTRY CODE (1-020) (Continued)</b>	
CP	CAH PSYCHIATRIC HOSPITAL PER DIEM RATE <b>OR</b>
DD	DISCOUNTED DRG <b>OR</b>
LT	STANDARD LTCH REIMBURSEMENT <b>OR</b>
RF	TRICARE IRF REIMBURSEMENT <b>OR</b>
SN	SITE-NEUTRAL LTCH REIMBURSEMENT
<b>THEN</b> FILING STATE/COUNTRY CODE MUST NOT BE A FOREIGN COUNTRY EXCEPT FOR PUERTO RICO (PRI).	

<b>ELEMENT NAME: SEQUENCE NUMBER (1-025)</b>	
VALIDITY EDITS	
<b>1-025-01V</b>	SEQUENCE NUMBER MUST BE A COMBINATION OF ALPHABETIC <b>OR</b> NUMERIC CHARACTERS
RELATIONAL EDITS	
NONE	

<b>ELEMENT NAME: TIME STAMP (1-030)</b>	
VALIDITY EDITS	
<b>1-030-01V</b>	MUST BE NUMERIC
RELATIONAL EDITS	
<b>1-030-01R</b>	IF FILING DATE IS $\geq$ 02/01/1995
<b>THEN</b> TIME STAMP MUST BE $>$ ZERO	

<b>ELEMENT NAME: ADJUSTMENT KEY (1-035)</b>	
VALIDITY EDITS	
<b>1-035-01V</b>	MUST BE ALPHA, 0, <b>OR</b> 5.
RELATIONAL EDITS	
NONE	

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

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<b>ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (1-045)</b>	
<b>VALIDITY EDITS</b>	
<b>1-045-01V</b>	MUST BE VALID GREGORIAN DATE <b>OR</b> ALL ZEROES AND CANNOT BE > DHA CURRENT SYSTEM DATE.
<b>1-045-02V</b>	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
	<b>THEN</b> DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROES.
<b>1-045-04V</b>	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
	<b>THEN</b> DATE ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE
<b>RELATIONAL EDITS</b>	
<b>1-045-03R</b>	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
	<b>THEN</b> DATE ADJUSTMENT IDENTIFIED MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION (PTC) <b>AND</b> ≥ FILING DATE

<b>ELEMENT NAME: PERSON IDENTIFIER (SPONSOR) (1-050)</b>	
<b>VALIDITY EDITS</b>	
<b>1-050-01V</b>	MUST BE NINE NUMERIC DIGITS (CANNOT BE ALL ZEROES, ALL NINES, <b>OR</b> ALL BLANKS).
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (SPONSOR) (1-051)</b>	
<b>VALIDITY EDITS</b>	
<b>1-051-01V</b>	MUST BE A VALID VALUE LOCATED IN <a href="#">SECTION 2.7</a> .
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: PAY GRADE CODE (SPONSOR) (1-056)</b>	
<b>VALIDITY EDITS</b>	
<b>1-056-01V</b>	MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO <a href="#">SECTION 2.7</a> )
<b>RELATIONAL EDITS</b>	
	NONE

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<b>ELEMENT NAME: PAY PLAN CODE (SPONSOR) (1-057)</b>	
<b>VALIDITY EDITS</b>	
<b>1-057-01V</b>	MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO <a href="#">ADDENDUM K</a> )
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060)</b>	
<b>VALIDITY EDITS</b>	
<b>1-060-01V</b>	MUST BE A VALID SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (REFER TO <a href="#">SECTION 2.8</a> )
<b>RELATIONAL EDITS</b>	
REFER TO <a href="#">SECTION 8.1</a> .	

<b>ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (1-065)</b>	
<b>VALIDITY EDITS</b>	
<b>1-065-01V</b>	MUST BE A VALID AGR SERVICE LEGAL AUTHORITY CODE (REFER TO <a href="#">SECTION 2.4</a> )
<b>RELATIONAL EDITS</b>	
REFER TO <a href="#">SECTION 8.1</a> .	

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (1-066)</b>	
<b>VALIDITY EDITS</b>	
<b>1-066-01V</b>	MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO <a href="#">SECTION 2.5</a> )
<b>RELATIONAL EDITS</b>	
<b>1-066-01R</b>	IF HCC MEMBER RELATIONSHIP CODE = A SELF
	<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 (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 <b>TPR SERVICE MEMBER - USA 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>

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<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (1-066) (Continued)</b>		
	ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
	WA	TPR FOREIGN SERVICE MEMBER <b>OR</b>
	WO	TPR FOREIGN ADFM
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
	SM	SHCP - EMERGENCY
<b>OR HCDP PLAN COVERAGE CODE =</b>	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>
	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	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>1-066-02R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF ECHO
	<b>THEN HCC MEMBER CATEGORY CODE MUST =</b>	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>
		P TAMP MEMBER <b>OR</b>
		S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)

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<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (1-066) (Continued)</b>			
<b>1-066-03R</b>	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	<b>THEN</b> ONE OCCURRENCE OF OVERRIDE CODE =	M	NATO

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070)</b>			
<b>VALIDITY EDITS</b>			
<b>1-070-01V</b>	MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO <a href="#">SECTION 2.5</a> ).		
<b>RELATIONAL EDITS</b>			
<b>1-070-06R</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>1-070-08R</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 - REFERRED <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>UNLESS</b> TYPE OF SUBMISSION =	D	COMPLETE DENIAL OF INITIAL TED
	<b>THEN</b> BYPASS THIS EDIT		
<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.			

<b>ELEMENT NAME: PERSON LAST NAME (PATIENT) (1-076)</b>			
<b>VALIDITY EDITS</b>			
<b>1-076-01V</b>	MUST BE AT LEAST ONE CHARACTER (LEFT-JUSTIFIED).		
<b>RELATIONAL EDITS</b>			
	NONE		

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<b>ELEMENT NAME: PERSON FIRST NAME (PATIENT) (1-077)</b>	
<b>VALIDITY EDITS</b>	
	NONE
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: PERSON MIDDLE NAME (PATIENT) (1-078)</b>	
<b>VALIDITY EDITS</b>	
	NONE
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: PERSON CADENCY NAME (PATIENT) (1-079)</b>	
<b>VALIDITY EDITS</b>	
	NONE
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: PERSON IDENTIFIER (PATIENT) (1-080)</b>	
<b>VALIDITY EDITS</b>	
<b>1-080-01V</b>	MUST BE NINE NUMERIC DIGITS <b>AND CANNOT</b> EQUAL ALL BLANKS.
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (PATIENT) (1-081)</b>	
<b>VALIDITY EDITS</b>	
<b>1-081-01V</b>	MUST HAVE A VALID VALUE LISTED IN <a href="#">SECTION 2.7</a> .
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: PERSON BIRTH CALENDAR DATE (PATIENT) (1-085)</b>	
<b>VALIDITY EDITS</b>	
<b>1-085-01V</b>	MUST BE A VALID GREGORIAN DATE <b>AND CANNOT</b> BE > DHA CURRENT SYSTEM DATE.
<b>RELATIONAL EDITS</b>	
<b>1-085-01R</b>	PATIENT AGE <sup>1</sup> MUST BE < 125 YEARS
<b>1-085-02R</b>	PERSON BIRTH CALENDAR DATE (PATIENT) ≤ BEGIN DATE OF CARE
<b>1-085-03R</b>	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.	

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<b>ELEMENT NAME: PATIENT IDENTIFIER (DoD) (1-095)</b>	
<b>VALIDITY EDITS</b>	
<b>1-095-01V</b>	MUST NOT BE BLANK FILLED.
<b>1-095-02V</b>	MUST NOT EQUAL ALL ZEROS.
	<b>UNLESS</b> TYPE OF SUBMISSION =                      D      COMPLETE DENIAL INITIAL TED RECORD DATA
	<b>OR</b> ALL OCCURRENCES/LINE ITEMS (EXCLUDING REVENUE CODE 0001) 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>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: DEERS IDENTIFIER (PATIENT) (1-097)</b>	
<b>VALIDITY EDITS</b>	
<b>1-097-01V</b>	POSITIONS 10 AND 11 MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
	NONE

- END -