

Non-Institutional Edit Requirements (ELN 000 - 099)

Revision:

ELEMENT NAME: RECORD TYPE INDICATOR (2-001)			
VALIDITY EDITS			
2-001-01V	RECORD TYPE INDICATOR MUST =	2	NON-INSTITUTIONAL
RELATIONAL EDITS			
2-001-01R	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 A MATCH IS FOUND ON THE DHA DATABASE			
THEN THE RECORD TYPE FOR THE TED ON THE DATABASE MUST = THE RECORD TYPE ON THE ADJUSTMENT/CANCELLATION TED BEING SUBMITTED.			

ELEMENT NAME: FILING DATE (2-015)			
VALIDITY EDITS			
2-015-01V	MUST BE A VALID JULIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE.		
RELATIONAL EDITS			
2-015-01R	FILING DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION (PTC)		

ELEMENT NAME: FILING STATE/COUNTRY CODE (2-020)			
VALIDITY EDITS			
2-020-01V	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 ADDENDUMS A AND B.)			
RELATIONAL EDITS			
NONE			

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 6.1

Non-Institutional Edit Requirements (ELN 000 - 099)

ELEMENT NAME: SEQUENCE NUMBER (2-025)	
VALIDITY EDITS	
2-025-01V	SEQUENCE NUMBER MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS, LAST TWO CHARACTERS.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: TIME STAMP (2-030)	
VALIDITY EDITS	
2-030-01V	MUST BE NUMERIC.
RELATIONAL EDITS	
2-030-01R	IF FILING DATE IS \geq 02/01/1995 THEN TIME STAMP MUST BE $>$ ZERO

ELEMENT NAME: ADJUSTMENT KEY (2-035)	
VALIDITY EDITS	
2-035-01V	MUST BE ALPHA, 0, OR 5.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION (2-040)	
VALIDITY EDITS	
2-040-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE $>$ DHA CURRENT SYSTEM DATE.
RELATIONAL EDITS	
2-040-01R	DATE TED RECORD PROCESSED TO COMPLETION (PTC) MUST BE \leq BATCH/VOUCHER DATE

ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (2-045)	
VALIDITY EDITS	
2-045-01V	MUST BE A VALID GREGORIAN DATE OR ALL ZEROES AND CANNOT BE $>$ DHA CURRENT SYSTEM DATE.
2-045-02V	IF TYPE OF SUBMISSION =
	D DENIAL OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
THEN DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROES.	
2-045-04V	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 OF ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE	
RELATIONAL EDITS	
2-045-03R	IF TYPE OF SUBMISSION = A ADJUSTMENT OR

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 6.1

Non-Institutional Edit Requirements (ELN 000 - 099)

ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (2-045) (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	

ELEMENT NAME: PERSON IDENTIFIER (SPONSOR) (2-050)	
VALIDITY EDITS	
2-050-01V	MUST BE NINE NUMERIC DIGITS (CANNOT BE ALL ZEROES, ALL NINES, OR ALL BLANKS)
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (SPONSOR) (2-051)	
VALIDITY EDITS	
2-051-01V	MUST BE A VALID VALUE (REFER TO SECTION 2.7).
RELATIONAL EDITS	
NONE	

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055)	
VALIDITY EDITS	
2-055-01V	MUST BE A VALID SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (REFER TO SECTION 2.8).
RELATIONAL EDITS	
REFER TO SECTION 8.1 .	

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (2-056)	
VALIDITY EDITS	
2-056-01V	MUST BE VALID AGR SERVICE LEGAL AUTHORITY CODE (REFER TO SECTION 2.4).
RELATIONAL EDITS	
REFER TO SECTION 8.1	

ELEMENT NAME: PERSON LAST NAME (PATIENT) (2-061)	
VALIDITY EDITS	
2-061-01V	MUST BE AT LEAST ONE CHARACTER (LEFT-JUSTIFIED).
RELATIONAL EDITS	
NONE	

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 6.1

Non-Institutional Edit Requirements (ELN 000 - 099)

ELEMENT NAME: PERSON FIRST NAME (PATIENT) (2-062)	
VALIDITY EDITS	
NONE	
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PERSON MIDDLE NAME (PATIENT) (2-063)	
VALIDITY EDITS	
NONE	
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PERSON CADENCY NAME (PATIENT) (2-064)	
VALIDITY EDITS	
NONE	
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PERSON IDENTIFIER (PATIENT) (2-065)	
VALIDITY EDITS	
2-065-01V	MUST BE NINE NUMERIC DIGITS AND CANNOT EQUAL ALL BLANKS.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (PATIENT) (2-066)	
VALIDITY EDITS	
2-066-01V	MUST BE A VALID VALUE (REFER TO SECTION 2.7).
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PERSON BIRTH CALENDAR DATE (PATIENT) (2-070)	
VALIDITY EDITS	
2-070-01V	MUST BE VALID GREGORIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE.
RELATIONAL EDITS	
2-070-01R	PATIENT AGE ¹ MUST BE < 125 YEARS
2-070-02R	PERSON BIRTH CALENDAR DATE (PATIENT) MUST BE ≤ BEGIN DATE OF CARE.
¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.	

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 6.1

Non-Institutional Edit Requirements (ELN 000 - 099)

ELEMENT NAME: DEERS DEPENDENT SUFFIX (2-075)			
VALIDITY EDITS			
2-075-01V	IF TYPE OF SERVICE (SECOND POSITION) =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	OR TYPE OF SUBMISSION =	B	ADJUSTMENT OF NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN MUST BE A VALID DEERS DEPENDENT SUFFIX OR BLANK (REFER TO SECTION 2.4) OTHERWISE MUST BE BLANK			
RELATIONAL EDITS			
NONE			

ELEMENT NAME: PATIENT IDENTIFIER (DoD) (2-080)			
VALIDITY EDITS			
2-080-01V	MUST NOT BE BLANK FILLED		
2-080-02V	MUST NOT EQUAL ALL ZEROES		
	UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL TED RECORD DATA
OR ALL OCCURRENCES/LINE ITEMS CONTAIN AN ADJUSTMENT/DENIAL REASON CODE (REFER TO ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-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) (2-082)			
VALIDITY EDITS			
2-082-01V	POSITIONS 10 AND 11 MUST BE NUMERIC		
RELATIONAL EDITS			
NONE			

ELEMENT NAME: PERSON SEX (PATIENT) (2-085)			
VALIDITY EDITS			
2-085-01V	PERSON SEX (PATIENT) MUST =	F	FEMALE OR
		M	MALE OR
		Z	UNKNOWN
RELATIONAL EDITS			
NONE			

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 6.1

Non-Institutional Edit Requirements (ELN 000 - 099)

ELEMENT NAME: PATIENT ZIP CODE (2-090)	
VALIDITY EDITS	
2-090-01V	MUST BE NINE DIGITS OR 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 OR
	MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE ¹) FOLLOWED BY SIX BLANKS
RELATIONAL EDITS	
	NONE
¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST ADDENDUM A .	

ELEMENT NAME: OVERRIDE CODE (2-095)	
VALIDITY EDITS	
2-095-01V	OCCURRENCE NUMBER 1--MUST BE A VALID OVERRIDE CODE (REFER TO SECTION 2.6)
2-095-02V	OCCURRENCE NUMBER 2--MUST BE A VALID OVERRIDE CODE (REFER TO SECTION 2.6)
2-095-03V	OCCURRENCE NUMBER 3--MUST BE A VALID OVERRIDE CODE (REFER TO SECTION 2.6)
2-095-04V	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).
2-095-05V	ALL OCCURRENCES OF OVERRIDE CODE MUST BE BLANK FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK FILLED OVERRIDE CODE.
RELATIONAL EDITS	
2-095-11R	IF ANY OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER (DOES NOT INCLUDE SANCTIONED/SUSPENDED PROVIDERS)
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	AD FOREIGN ACTIVE DUTY CLAIMS OR
	AN SHCP - NON-MTF/eMSM REFERRED CARE OR
	AR SHCP - MTF/eMSM REFERRED CARE OR
	CE SHCP - CCEP OR
	EU EMERGENCY SERVICES RENDERED BY AN UNAUTHORIZED PROVIDER OR
	GU SERVICE MEMBER ENROLLED IN TPR OR
	MN TSP - NETWORK OR
	MS TSP - NON-NETWORK OR
	SC SHCP - NON-TRICARE ELIGIBLE OR
	SE SHCP - TRICARE ELIGIBLE OR
	SM SHCP - EMERGENCY
	OR ENROLLMENT/HEALTH PLAN CODE MUST =
	SN SHCP - NON-MTF/eMSM-REFERRED CARE OR
	SR SHCP - MTF/eMSM REFERRED CARE OR
	SU SHCP - REFERRAL DESIGNATION UNKNOWN

- END -