

Non-Institutional Edit Requirements (ELN 000 - 099)

Revision:

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

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

<b>ELEMENT NAME: FILING STATE/COUNTRY CODE (2-020)</b>			
<b>VALIDITY EDITS</b>			
<b>2-020-01V</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>			
NONE			

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

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

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

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

<b>ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (2-045)</b>	
<b>VALIDITY EDITS</b>	
<b>2-045-01V</b>	MUST BE A VALID GREGORIAN DATE <b>OR</b> ALL ZEROES AND CANNOT BE $>$ DHA CURRENT SYSTEM DATE.
<b>2-045-02V</b>	IF TYPE OF SUBMISSION =
	D 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>2-045-04V</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 OF ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE	
<b>RELATIONAL EDITS</b>	
<b>2-045-03R</b>	IF TYPE OF SUBMISSION = A ADJUSTMENT <b>OR</b>

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<b>ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (2-045) (Continued)</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 $\leq$ DATE TED RECORD PROCESSED TO COMPLETION <b>AND</b> $\geq$ FILING DATE	

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

<b>ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (SPONSOR) (2-051)</b>	
<b>VALIDITY EDITS</b>	
<b>2-051-01V</b>	MUST BE A VALID VALUE (REFER TO <a href="#">SECTION 2.7</a> ).
<b>RELATIONAL EDITS</b>	
	NONE

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055)</b>	
<b>VALIDITY EDITS</b>	
<b>2-055-01V</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 (2-056)</b>	
<b>VALIDITY EDITS</b>	
<b>2-056-01V</b>	MUST BE 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: PERSON LAST NAME (PATIENT) (2-061)</b>	
<b>VALIDITY EDITS</b>	
<b>2-061-01V</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) (2-062)</b>	
<b>VALIDITY EDITS</b>	
NONE	
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: PERSON MIDDLE NAME (PATIENT) (2-063)</b>	
<b>VALIDITY EDITS</b>	
NONE	
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: PERSON CADENCY NAME (PATIENT) (2-064)</b>	
<b>VALIDITY EDITS</b>	
NONE	
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: PERSON IDENTIFIER (PATIENT) (2-065)</b>	
<b>VALIDITY EDITS</b>	
<b>2-065-01V</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) (2-066)</b>	
<b>VALIDITY EDITS</b>	
<b>2-066-01V</b>	MUST BE A VALID VALUE (REFER TO <a href="#">SECTION 2.7</a> ).
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: PERSON BIRTH CALENDAR DATE (PATIENT) (2-070)</b>	
<b>VALIDITY EDITS</b>	
<b>2-070-01V</b>	MUST BE VALID GREGORIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE.
<b>RELATIONAL EDITS</b>	
<b>2-070-01R</b>	PATIENT AGE <sup>1</sup> MUST BE < 125 YEARS
<b>2-070-02R</b>	PERSON BIRTH CALENDAR DATE (PATIENT) MUST BE ≤ BEGIN DATE OF CARE.
<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: DEERS DEPENDENT SUFFIX (2-075)</b>			
<b>VALIDITY EDITS</b>			
<b>2-075-01V</b>	IF TYPE OF SERVICE (SECOND POSITION) =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>OR</b> TYPE OF SUBMISSION =	B	ADJUSTMENT OF NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN</b> MUST BE A VALID DEERS DEPENDENT SUFFIX <b>OR</b> BLANK (REFER TO <a href="#">SECTION 2.4</a> ) OTHERWISE MUST BE BLANK			
<b>RELATIONAL EDITS</b>			
NONE			

<b>ELEMENT NAME: PATIENT IDENTIFIER (DoD) (2-080)</b>			
<b>VALIDITY EDITS</b>			
<b>2-080-01V</b>	MUST NOT BE BLANK FILLED		
<b>2-080-02V</b>	MUST NOT EQUAL ALL ZEROES		
	<b>UNLESS</b> TYPE OF SUBMISSION =	D	COMPLETE DENIAL TED RECORD DATA
<b>OR</b> ALL OCCURRENCES/LINE ITEMS CONTAIN AN ADJUSTMENT/DENIAL REASON CODE (REFER TO <a href="#">ADDENDUM G, FIGURE 2.G-1</a> OR <a href="#">FIGURE 2.G-2</a> ).			
	<b>AND</b> THE TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION <b>A, B, C, OR E</b> ) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD <b>OR</b>
		3	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION <b>A, B, C, OR E</b> ) 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
<b>RELATIONAL EDITS</b>			
NONE			

<b>ELEMENT NAME: DEERS IDENTIFIER (PATIENT) (2-082)</b>			
<b>VALIDITY EDITS</b>			
<b>2-082-01V</b>	POSITIONS 10 AND 11 MUST BE NUMERIC		
<b>RELATIONAL EDITS</b>			
NONE			

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

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<b>ELEMENT NAME: PATIENT ZIP CODE (2-090)</b>	
<b>VALIDITY EDITS</b>	
<b>2-090-01V</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> .	

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

- END -