

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (2-001)			
VALIDITY EDITS			
2-001-01V	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 TMA 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.		
RELATIONAL EDITS			
2-015-01R	FILING DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION		
2-015-02R	END DATE OF CARE PLUS ONE YEAR MUST BE > FILING DATE		
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	F	CLAIM FILED AFTER DEADLINE
2-015-03R	IF ONE OCCURRENCE OF OVERRIDE CODE =	F	CLAIM FILED AFTER DEADLINE
THEN BEGIN DATE OF CARE PLUS SIX YEARS MUST BE > FILING DATE			

ELEMENT NAME: FILING STATE/COUNTRY CODE (2-020)			
VALIDITY EDITS			
2-020-01V	MUST BE A VALID STATE/COUNTRY CODE (REFER TO CHAPTER 2, ADDENDUM A AND ADDENDUM B .)		
RELATIONAL EDITS			
NONE			

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ELEMENT NAME: SEQUENCE NUMBER (2-025)

VALIDITY EDITS

2-025-01V THE FIRST 5 CHARACTERS MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS LAST 2 CHARACTERS MUST BE BLANK.

NOTE: THE FIRST 5 CHARACTERS CANNOT BE SPACES OR SPECIAL 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.

RELATIONAL EDITS

2-040-01R DATE TED RECORD PROCESSED TO COMPLETION MUST BE \leq BATCH/VOUCHER DATE

2-040-02R DATE TED RECORD PROCESSED TO COMPLETION MUST BE $<$ CURRENT SYSTEM DATE

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ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (2-045)

VALIDITY EDITS

2-045-01V MUST BE EITHER A VALID GREGORIAN DATE OR ALL ZEROES.

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.

2-045-03V 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.

RELATIONAL EDITS

2-045-02R 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

2-045-03R 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 ≤ DATE TED RECORD PROCESSED TO COMPLETION AND ≥ FILING DATE

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

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) (2-050)

VALIDITY EDITS

2-050-01V MUST BE 9 NUMERIC DIGITS (CANNOT BE ALL ZEROES, ALL NINES, OR ALL BLANKS)

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (SPONSOR) (2-051)

VALIDITY EDITS

2-051-01V MUST BE A VALID VALUE LOCATED IN [CHAPTER 2, 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
[CHAPTER 2, SECTION 2.8](#))

RELATIONAL EDITS

REFER TO [CHAPTER 2, 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 [CHAPTER 2,
SECTION 2.4](#))

RELATIONAL EDITS

REFER TO [CHAPTER 2, SECTION 8.1](#)

ELEMENT NAME: PERSON LAST NAME (PATIENT) (2-061)

VALIDITY EDITS

2-061-01V MUST BE AT LEAST 1 CHARACTER (LEFT-JUSTIFIED).

RELATIONAL EDITS

NONE

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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 9 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 LISTED IN [CHAPTER 2, 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.

RELATIONAL EDITS

2-070-01R PATIENT AGE¹ MUST BE < 125 YEARS
 AND PATIENT BIRTH CALENDAR DATE MUST BE < SYSTEM RUN DATE

2-070-02R PERSON BIRTH CALENDAR DATE (PATIENT) ≤ BEGIN DATE OF CARE.

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

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ELEMENT NAME: DEERS DEPENDENT SUFFIX (2-075)

VALIDITY EDITS

2-075-01V MUST BE A VALID DEERS DEPENDENT SUFFIX (REFER TO CHAPTER 2, SECTION 2.4)

2-075-02V IF TYPE OF SERVICE (SECOND POSITION) = M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

THEN DEERS DEPENDENT SUFFIX MUST ≠ BLANK

RELATIONAL EDITS

NO ERROR IF DEERS DEPENDENT SUFFIX = BLANK
THEN BYPASS ALL DEERS DEPENDENT SUFFIX RELATIONAL EDITING

2-075-01R IF PATIENT AGE¹ < 17
THEN DEERS DEPENDENT SUFFIX MUST ≠ 20 SPONSOR

2-075-02R IF PATIENT AGE¹ ≥ 21
AND PERSON BIRTH CALENDAR DATE (PATIENT) ≠ 19111111
THEN DEERS DEPENDENT SUFFIX MUST ≠ 01-19 CHILDREN

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = D PATIENT IS FAMILY MEMBER 21 YEARS OF AGE OR OLDER

2-075-03R IF PATIENT AGE¹ < 12
THEN DEERS DEPENDENT SUFFIX MUST ≠ 30-39 SPOUSE

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = B PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE

2-075-04R IF DEERS DEPENDENT SUFFIX = 20 SPONSOR
THEN HCC MEMBER RELATIONSHIP CODE MUST = A SELF OR Z UNKNOWN

2-075-05R IF DEERS DEPENDENT SUFFIX = 01-19 CHILDREN OR 60-69 OTHER ELIGIBLE DEPENDENTS (INCLUDING FORMER SPOUSE) OR 70-75 UNKNOWN

THEN HCC MEMBER RELATIONSHIP CODE MUST = C CHILD OR STEP CHILD OR D PRE-ADOPTIVE CHILD OR E WARD (COURT ORDERED)

2-075-07R IF DEERS DEPENDENT SUFFIX = 30-39 SPOUSE OR 60-69 OTHER ELIGIBLE DEPENDENTS
THEN HCC MEMBER RELATIONSHIP CODE MUST = B SPOUSE OR G SURVIVING SPOUSE OR

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

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ELEMENT NAME: DEERS DEPENDENT SUFFIX (2-075) (CONTINUED)	
	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)) OR
	Z UNKNOWN
2-075-08R	IF HCC MEMBER CATEGORY CODE =
	T FOREIGN MILITARY MEMBER
	AND DEERS DEPENDENT SUFFIX ≠
	20 SPONSOR
	THEN DEERS DEPENDENT SUFFIX MUST =
	01-19 CHILDREN OR
	30-39 SPOUSE
	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 CARE OR
	SC SHCP - NON-TRICARE ELIGIBLE OR
	SM SHCP - EMERGENCY
	OR ENROLLMENT / HEALTH PLAN CODE CODE MUST =
	SO SHCP - NON-TRICARE ELIGIBLE OR
	SN SHCP - NON-MTF REFERRED OR
	SR SHCP - REFERRED OR
	SU SHCP - REFERRED DESIGNATION UNKNOWN
	UNLESS TYPE OF SUBMISSION =
	D COMPLETE DENIAL OF INITIAL TED
	THEN BYPASS THIS EDIT
2-075-09R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PF ECHO
	THEN DEERS DEPENDENT SUFFIX MUST =
	01-19 CHILDREN OR
	30-39 SPOUSE
2-075-10R	IF DEERS DEPENDENT SUFFIX =
	70-74 UNKNOWN
	AND PATIENT AGE¹ > 2 YEARS
	AND PERSON BIRTH CALENDAR DATE (PATIENT) ≠ 19111111
	THEN TYPE OF SUBMISSION =
	D COMPLETE DENIAL

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

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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

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 MUST BE = F FEMALE OR

M MALE OR

Z NOT PROVIDER FROM DEERS

RELATIONAL EDITS

NONE

ELEMENT NAME: PATIENT ZIP CODE (2-090)

VALIDITY EDITS

2-090-01V MUST BE 9 DIGITS OR 5 DIGITS WITH 4 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 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE¹) FOLLOWED BY 6 BLANKS

RELATIONAL EDITS

NO ERROR IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS

THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA³

2-090-01R IF CA/NAS EXCEPTION REASON IS CODED

THEN PATIENT ZIP CODE MUST BE WITHIN AN MTF² CATCHMENT AREA³

¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST CHAPTER 2, ADDENDUM A.

² MTF IS A 40 MILES CATCHMENT AREA.

³ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

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ELEMENT NAME: OVERRIDE CODE (2-095)

VALIDITY EDITS

2-095-01V	OCCURRENCE NUMBER 1--MUST BE A VALID OVERRIDE CODE ²		
2-095-02V	OCCURRENCE NUMBER 2--MUST BE A VALID OVERRIDE CODE ²		
2-095-03V	OCCURRENCE NUMBER 3--MUST BE A VALID OVERRIDE CODE ²		
2-095-04V	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).		
2-095-05V	OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED		
2-095-06V	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN TYPE OF SUBMISSION MUST ≠	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
		I	INITIAL TED RECORD SUBMISSION OR
		O	ZERO PAYMENT TED RECORD DUE TO 100% OHI OR
		R	RESUBMISSION OF AN INITIAL TED RECORD

RELATIONAL EDITS

2-095-03R	IF ANY OCCURRENCE OF OVERRIDE CODE =	B	PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE
	THEN PATIENT AGE MUST BE < 12		
	AND HCC MEMBER RELATIONSHIP CODE =	B	SPOUSE OR
		G	SURVIVING SPOUSE
2-095-04R	IF ANY OCCURRENCE OF OVERRIDE CODE =	D	PATIENT IS DEPENDENT 21 YEARS OF AGE
	THEN PATIENT AGE¹ MUST BE ≥ 21		
	AND HCC MEMBER RELATIONSHIP CODE =	C	CHILD OR STEPCHILD OR
		D	PRE-ADOPTIVE CHILD OR
		E	WARD (COURT ORDERED)
2-095-05R	IF ANY OCCURRENCE OF OVERRIDE CODE =	I	PATIENT IS A FORMER SPOUSE UNDER 34 YEARS OF AGE
	THEN PATIENT AGE¹ MUST BE < 34		

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

² AS STATED IN CHAPTER 2, SECTION 2.6.

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ELEMENT NAME: OVERRIDE CODE (2-095) (CONTINUED)

	AND 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))
	OR PATIENT AGE¹ MUST BE < 34		
	AND HCC MEMBER CATEGORY CODE =	W	FORMER SPOUSE
2-095-06R	IF ANY OCCURRENCE OF OVERRIDE CODE =	M	NATO
	THEN HCC MEMBER CATEGORY CODE MUST =	T	FOREIGN MILITARY MEMBER
2-095-07R	IF ANY OCCURRENCE OF OVERRIDE CODE =	E	DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE
	THEN PATIENT AGE¹ MUST BE < 12		
	AND AT LEAST ONE TREATMENT DIAGNOSIS MUST = MATERNITY		
2-095-08R	IF ANY OCCURRENCE OF OVERRIDE CODE =	G	DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
	THEN AT LEAST ONE PROCEDURE OR DIAGNOSIS CODE MUST BE FOR FEMALE		
	AND PERSON SEX (PATIENT) MUST BE MALE.		
2-095-09R	IF ANY OCCURRENCE OF OVERRIDE CODE =	H	DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
	THEN AT LEAST ONE PROCEDURE OR DIAGNOSIS CODE MUST BE FOR MALE		
	AND NOT FOR CIRCUMCISION (PROCEDURE CODE³ 54150 OR 54160)		
	AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (REFER TO CHAPTER 2, ADDENDUM E, FIGURE 2-E-9)		
	AND PERSON SEX (PATIENT) MUST BE FEMALE.		
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 REFERRED CARE OR
		AR	SHCP - REFERRED CARE OR

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

² AS STATED IN CHAPTER 2, SECTION 2.6.

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ELEMENT NAME: OVERRIDE CODE (2-095) (CONTINUED)	
	CE SHCP COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	EU EMERGENCY SERVICES RENDERED BY AN UNAUTHORIZED PROVIDER OR
	GU ADSM 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-REFERRED CARE OR
	SR SHCP - REFERRED CARE OR
	SU SHCP - REFERRAL DESIGNATION UNKNOWN
2-095-12R	IF ANY OCCURRENCE OF OVERRIDE CODE =
	Z ENHANCED BENEFIT
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =
	U TRICARE PRIME, CIVILIAN PCM OR
	Z TRICARE PRIME, MTF/PCM

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

² AS STATED IN [CHAPTER 2, SECTION 2.6](#).

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