

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (1-001)	
VALIDITY EDITS	
1-001-01V	RECORD TYPE INDICATOR MUST = 1 INSTITUTIONAL
RELATIONAL EDITS	
1-001-01R	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 MATCH IS FOUND ON THE TMA DATABASE	
THEN THE RECORD TYPE FOR THE TED ON THE DATABASE MUST EQUAL THE RECORD TYPE ON THE ADJUSTMENT/CANCELLATION TED BEING SUBMITTED.	

ELEMENT NAME: FILING DATE (1-015)	
VALIDITY EDITS	
1-015-01V	MUST BE A VALID JULIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.
RELATIONAL EDITS	
1-015-01R	FILING DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION
1-015-02R	END DATE OF CARE PLUS ONE YEAR MUST BE > FILING DATE UNLESS ONE OCCURRENCE OF OVERRIDE CODE = F CLAIM FILED AFTER DEADLINE
1-015-03R	IF ONE OCCURRENCE OF OVERRIDE CODE = F CLAIM FILED AFTER DEADLINE
THEN BEGIN DATE OF CARE PLUS SIX YEARS MUST BE > FILING DATE	

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: FILING STATE/COUNTRY CODE (1-020)**

**VALIDITY EDITS**

<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

**THEN MUST BE A VALID STATE/COUNTRY CODE. (REFER TO [ADDENDUM A](#) AND [ADDENDUM B](#))**

**RELATIONAL EDITS**

<b>1-020-01R</b>	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
		<b>DD</b>	<b>DISCOUNTED DRG</b>

**THEN FILING STATE/COUNTRY CODE MUST NOT BE A FOREIGN COUNTRY EXCEPT FOR PUERTO RICO (PRI)**

**ELEMENT NAME: SEQUENCE NUMBER (1-025)**

**VALIDITY EDITS**

<b>1-025-01V</b>	THE FIRST 5 CHARACTERS MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS THE LAST 2 CHARACTERS MUST = BLANK.		
	NOTE: THE FIRST 5 CHARACTERS CANNOT BE SPACES OR SPECIAL CHARACTERS.		

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: TIME STAMP (1-030)**

**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 TIME STAMP MUST BE &gt; ZERO</b>

**ELEMENT NAME: ADJUSTMENT KEY (1-035)**

**VALIDITY EDITS**

<b>1-035-01V</b>	MUST BE ALPHA, '0', OR '5'
------------------	----------------------------

**RELATIONAL EDITS**

NONE

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

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

<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 > TMA 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 DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROES.</b>
<b>1-045-03V</b>	IF TED RECORD CORRECTION INDICATOR =
	1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) <b>SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD</b>
	<b>AND THE TYPE OF SUBMISSION ON THE CORRESPONDING PROVISIONALLY ACCEPTED TED RECORD ON THE TMA DATABASE =</b>
	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 DATE ADJUSTMENT IDENTIFIED MUST = ZEROES.</b>
<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 DATE ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE</b>
	<b>UNLESS TED RECORD CORRECTION INDICATOR =</b>
	1 ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) <b>SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD</b>
	<b>AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.</b>

<b>RELATIONAL EDITS</b>	
<b>1-045-03R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (1-045) (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

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) (1-050)**

**VALIDITY EDITS**

1-050-01V MUST BE 9 NUMERIC DIGITS (CANNOT BE ALL ZEROES, ALL NINES, OR ALL BLANKS).

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (SPONSOR) (1-051)**

**VALIDITY EDITS**

1-051-01V MUST BE A VALID VALUE LOCATED IN [SECTION 2.7](#).

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PAY GRADE CODE (SPONSOR) (1-056)**

**VALIDITY EDITS**

1-056-01V MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO [SECTION 2.7](#))

**RELATIONAL EDITS**

NONE

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: PAY PLAN CODE (SPONSOR) (1-057)**

**VALIDITY EDITS**

**1-057-01V** MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO [CHAPTER 2, SECTION 2.7](#))

**RELATIONAL EDITS**

**1-057-01R** IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER

**THEN PAY PLAN CODE (SPONSOR) MUST =** FA FOREIGN SERVICE CHIEFS OF MISSION **OR**

FC FOREIGN COMPENSATION AGENCY FOR INTERNATIONAL DEVELOPMENT **OR**

FD FOREIGN DEFENSE **OR**

FE SENIOR FOREIGN SERVICE **OR**

FO FOREIGN SERVICE OFFICERS **OR**

FP FOREIGN SERVICE PERSONNEL **OR**

FZ CONSULAR AGENT DEPARTMENT OF STATE **OR**

ZZ NOT APPLICABLE

**1-057-02R** IF SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) = H PHS **OR**

O NOAA

**THEN PAY PLAN CODE (SPONSOR) MUST ≠** ME ENLISTED

**1-057-03R** IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF **ECHO**

**THEN PAY PLAN CODE (SPONSOR) MUST =** ME ENLISTED **OR**

MO OFFICER **OR**

MW WARRANT OFFICER **OR**

ZZ NOT APPLICABLE

**ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060)**

**VALIDITY EDITS**

**1-060-01V** 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 (1-065)**

**VALIDITY EDITS**

**1-065-01V** MUST BE A VALID AGR SERVICE LEGAL AUTHORITY CODE (REFER TO [CHAPTER 2, SECTION 2.4](#))

**RELATIONAL EDITS**

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

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (SPONSOR)  
(1-066)**

**VALIDITY EDITS**

**1-066-01V** MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO [CHAPTER 2, SECTION 2.5](#))

**RELATIONAL EDITS**

<b>1-066-01R</b>	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN 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)
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA <b>OR</b>
		X	FOREIGN ADSM <b>OR</b>
		Y	CHCBP - STANDARD <b>OR</b>
		AA	CHCBP - EXTRA <b>OR</b>
		SN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
		SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SR	SHCP - REFERRED CARE <b>OR</b>
		ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
		WA	TPR FOREIGN ADSM <b>OR</b>
		WO	TPR FOREIGN ADFM
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
		SM	SHCP - EMERGENCY
	OR HCDP PLAN COVERAGE CODE =	401	<b>TRS</b> TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		402	<b>TRS</b> TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		405	<b>TRS</b> TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

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

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070)**

**VALIDITY EDITS**

**1-070-01V** MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO [CHAPTER 2, SECTION 2.5](#))

**RELATIONAL EDITS**

**1-070-01R** IF PATIENT AGE<sup>1</sup> < 17  
 THEN HCC MEMBER RELATIONSHIP CODE ≠ A SELF

**1-070-02R** IF PATIENT AGE<sup>1</sup> < 12  
 THEN HCC MEMBER RELATIONSHIP CODE ≠ B SPOUSE **OR**  
 G SURVIVING SPOUSE  
 UNLESS ONE OCCURRENCE OF  
 OVERRIDE CODE = B PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE

**1-070-04R** IF PATIENT AGE<sup>1</sup> < 34  
 THEN 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))  
 AND HCC MEMBER CATEGORY CODE ≠ W FORMER SPOUSE  
 UNLESS ONE OCCURRENCE OF  
 OVERRIDE CODE = I PATIENT IS A FOMER SPOUSE UNDER 34 YEARS OF AGE

**1-070-05R** IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER  
 AND HCC MEMBER RELATIONSHIP CODE ≠ A SELF  
 THEN HCC MEMBER RELATIONSHIP CODE MUST = B SPOUSE **OR**  
 C CHILD OR STEPCHILD **OR**  
 D PRE-ADOPTIVE CHILD **OR**  
 E WARD (COURT ORDERED)

**1-070-06R** IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF ECHO  
 THEN HCC MEMBER RELATIONSHIP CODE MUST = B SPOUSE **OR**  
 C CHILD OR STEPCHILD **OR**  
 D PRE-ADOPTIVE CHILD **OR**

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



**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070) (CONTINUED)</b>	
	E WARD (COURT ORDERED) <b>OR</b>
	G SURVIVING SPOUSE
<b>1-070-07R</b>	IF HCC MEMBER CATEGORY CODE =
	H MEDAL OF HONOR RECIPIENT
	<b>THEN HCC MEMBER RELATIONSHIP CODE MUST =</b>
	A SELF <b>OR</b>
	B SPOUSE <b>OR</b>
	C CHILD OR STEPCHILD <b>OR</b>
	G SURVIVING SPOUSE
<b>1-070-08R</b>	IF HCC MEMBER CATEGORY CODE =
	T FOREIGN MILITARY MEMBER
	<b>AND HCC MEMBER RELATIONSHIP CODE =</b>
	A SELF
	<b>THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>
	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 ENROLLMENT/ HEALTH PLAN CODE MUST =</b>
	SN SHCP - NON-MTF REFERRED <b>OR</b>
	SO SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SR SHCP - REFERRED
	<b>UNLESS TYPE OF SUBMISSION =</b>
	D COMPLETE DENIAL OF INITIAL TED
	<b>THEN BYPASS THIS EDIT</b>
<b><sup>1</sup> PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND BEGIN DATE OF CARE.</b>	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: PERSON LAST NAME (PATIENT) (1-076)**

**VALIDITY EDITS**

**1-076-01V** MUST BE AT LEAST 1 CHARACTER (LEFT-JUSTIFIED).

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON FIRST NAME (PATIENT) (1-077)**

**VALIDITY EDITS**

NONE

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON MIDDLE NAME (PATIENT) (1-078)**

**VALIDITY EDITS**

NONE

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON CADENCY NAME (PATIENT) (1-079)**

**VALIDITY EDITS**

NONE

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON IDENTIFIER (PATIENT) (1-080)**

**VALIDITY EDITS**

**1-080-01V** MUST BE 9 NUMERIC DIGITS AND CANNOT EQUAL ALL BLANKS.

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (PATIENT) (1-081)**

**VALIDITY EDITS**

**1-081-01V** MUST HAVE A VALID VALUE LISTED IN [CHAPTER 2, SECTION 2.7](#).

**RELATIONAL EDITS**

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: PERSON BIRTH CALENDAR DATE (PATIENT) (1-085)**

**VALIDITY EDITS**

**1-085-01V** MUST BE A VALID GREGORIAN DATE **AND CANNOT BE > TMA CURRENT SYSTEM DATE.**

**RELATIONAL EDITS**

**1-085-01R** PATIENT AGE<sup>1</sup> MUST BE < 125 YEARS

**1-085-02R** PERSON BIRTH CALENDAR DATE (PATIENT) ≤ BEGIN DATE OF CARE

**1-085-03R** 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.

**ELEMENT NAME: PATIENT IDENTIFIER (DoD) (1-095)**

**VALIDITY EDITS**

**1-095-01V** MUST NOT BE BLANK FILLED.

**1-095-02V** MUST NOT EQUAL ALL ZEROS

UNLESS TYPE OF SUBMISSION = D COMPLETE DENIAL INITIAL TED RECORD DATA

**OR**  
ALL OCCURRENCE/LINE ITEMS (EXCLUDING REVENUE CODE 0001) CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2

**AND THE TED RECORD CORRECTION INDICATOR =**

<b>1</b>	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD <b>OR</b>
<b>3</b>	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) (1-097)**

**VALIDITY EDITS**

**1-097-01V** POSITIONS 10 AND 11 MUST BE NUMERIC.

**RELATIONAL EDITS**

NONE

