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		

ELEMENT NAME:	FILING STATE/COUNTRY CODE (1-020)		
	VALIDITY EDITS		
1-020-01V			
	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 ADDENDUM A AND ADDENDUM B)		
	RELATIONAL EDITS		
1-020-01R	IF PRICING RATE CODE =	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	THEN FILING STATE/COUNTRY CODE MUST **NOT** BE A FOREIGN COUNTRY EXCEPT FOR PUERTO RICO (PRI)		

ELEMENT NAME:	SEQUENCE NUMBER (1-025)
	VALIDITY EDITS
1-025-01V	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
1-030-01V	MUST BE NUMERIC
	RELATIONAL EDITS
1-030-01R	IF FILING DATE IS ≥ 02/01/1995
	THEN TIME STAMP MUST BE > ZERO

ELEMENT NAME:	ADJUSTMENT KEY (1-035)
	VALIDITY EDITS
1-035-01V	MUST BE ALPHA, '0', **OR** '5'
	RELATIONAL EDITS
	NONE

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

ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (1-045)			
VALIDITY EDITS			
1-045-01V	MUST BE VALID GREGORIAN DATE **OR** ALL ZEROES AND CANNOT BE > TMA CURRENT SYSTEM DATE.		
1-045-02V	IF TYPE OF SUBMISSION =	D	CONTRACTOR DENIAL **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION
	THEN DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROES.		
1-045-03V	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.		
1-045-04V	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 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.		
RELATIONAL EDITS			
1-045-03R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**

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 ≤ DATE TED RECORD PROCESSED TO COMPLETION **AND** ≥ 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

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

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		
1-066-01R	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN HCC MEMBER CATEGORY CODE MUST ≠	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		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 **OR**
		X	FOREIGN ADSM **OR**
		Y	CHCBP - STANDARD **OR**
		AA	CHCBP - EXTRA **OR**
		SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - REFERRED CARE **OR**
		ST	SHCP - TRICARE ELIGIBLE **OR**
		WA	TPR FOREIGN ADSM **OR**
		WO	TPR FOREIGN ADFM
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SE	SHCP - TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY
	OR HCDP PLAN COVERAGE CODE =	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) **OR**
		402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) **OR**
		405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) **OR**

ELEMENT NAME:	HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (SPONSOR) (1-066) (CONTINUED)		
		406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) **OR**
		407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) **OR**
		408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) **OR**
		409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE **OR**
		410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE **OR**
		411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE **OR**
		412	TRS SURVIVOR NEW FAMILY COVERAGE **OR**
		413	TRS MEMBER-ONLY COVERAGE **OR**
		414	TRS MEMBER AND FAMILY COVERAGE **OR**
		418	TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE **OR**
		419	TRR MEMBER AND FAMILY COVERAGE **OR**
		420	TRR SURVIVOR INDIVIDUAL COVERAGE **OR**
		421	TRR SURVIVOR FAMILY COVERAGE
1-066-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	ECHO
	THEN HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		P	TAMP MEMBER **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
1-066-03R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	THEN ONE OCCURRENCE OF OVERRIDE CODE =	M	NATO

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[1] < 17		
	THEN HCC MEMBER RELATIONSHIP CODE ≠	A	SELF
1-070-02R	IF PATIENT AGE[1] < 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
1-070-03R	IF PATIENT AGE[1] ≥ 21		
	AND PERSON BIRTH CALENDAR DATE (PATIENT) ≠ 19111111		
	THEN HCC MEMBER RELATIONSHIP CODE MUST ≠	C	CHILD OR STEPCHILD **OR**
		D	PRE-ADOPTIVE CHILD **OR**
		E	WARD (COURT ORDERED)
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	D	PATIENT IS FAMILY MEMBER 21 YEARS OF AGE OR OLDER
1-070-04R	IF PATIENT AGE[1] < 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**

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

ELEMENT NAME:	HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070) (CONTINUED)		
		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**
		E	WARD (COURT ORDERED) **OR**
		G	SURVIVING SPOUSE
1-070-07R	IF HCC MEMBER CATEGORY CODE =	H	MEDAL OF HONOR RECIPIENT
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF **OR**
		B	SPOUSE **OR**
		C	CHILD OR STEPCHILD **OR**
		G	SURVIVING SPOUSE
1-070-08R	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 **OR**
		SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY
	OR ENROLLMENT/ HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF REFERRED **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - REFERRED
	UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL OF INITIAL TED
	THEN BYPASS THIS EDIT		

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

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

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[1] 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
[1] **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 =	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) (1-097)
	VALIDITY EDITS
1-097-01V	POSITIONS 10 AND 11 MUST BE NUMERIC.
	RELATIONAL EDITS
	NONE