

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: AMOUNT PATIENT COST-SHARE (2-200)	
VALIDITY EDITS	
2-200-01V	MUST BE NUMERIC.
RELATIONAL EDITS	
2-200-00R	TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PATIENT COST-SHARE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.
2-200-01R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
	THEN AMOUNT PATIENT COST-SHARE MUST BE \geq ZERO
2-200-02R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL
	THEN AMOUNT PATIENT COST-SHARE MUST BE = ZERO
2-200-03R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	DE TDRL PHYSICAL EXAMS
	THEN AMOUNT PATIENT COST-SHARE MUST BE = ZERO
ELEMENT NAME: HEALTH CARE COVERAGE (HCC) COPAYMENT FACTOR CODE (2-201)	
VALIDITY EDITS	
2-201-01V	MUST BE A VALID HCC COPAYMENT FACTOR CODE LISTED IN SECTION 2.5 .
RELATIONAL EDITS	
	NONE

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ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE (2-205)	
VALIDITY EDITS	
2-205-01V	MUST BE NUMERIC.
RELATIONAL EDITS	
2-205-00R	TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.
2-205-01R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE ≥ ZERO
2-205-02R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE = ZERO

ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE (2-220)	
VALIDITY EDITS	
2-220-01V	VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO ADDENDUM G).
RELATIONAL EDITS	
2-220-01R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL
	THEN ALL OCCURRENCES/LINE ITEMS MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2
2-220-02R	IF ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 , FOR THAT OCCURRENCE/LINE ITEM
	AND TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO
2-220-03R	IF TYPE OF SUBMISSION =
	B ADJUSTMENT TO NON-TED (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 , FOR THAT OCCURRENCE/LINE ITEM
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

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ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (TYPE 1) (2-225)

VALIDITY EDITS

2-225-01V MUST BE ALL BLANKS **OR** 10 DIGITS (MUST NOT BE ALL ZEROES)

2-225-02V IF PROVIDER INDIVIDUAL NPI NUMBER IS ALL DIGITS

THEN THE CHECK DIGIT (POSITION 10 OF THE PROVIDER ORGANIZATIONAL NPI NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2) (2-230)

VALIDITY EDITS

2-230-01V MUST BE ALL BLANKS **OR** 10 DIGITS (MUST NOT BE ALL ZEROES)

2-230-02V IF PROVIDER ORGANIZATIONAL NPI NUMBER IS ALL DIGITS

THEN THE CHECK DIGIT (POSITION 10 OF THE PROVIDER ORGANIZATIONAL NPI NUMBER) MUST EQUAL THE VALUE COMPUTED USING LUHN FORMULA FOR MODULES 10 "DOUBLE-ADD-DOUBLE" CHECK DIGIT ALGORITHM

RELATIONAL EDITS

NONE

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ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (2-235)

VALIDITY EDITS

2-235-01V VALUE MUST BE A VALID STATE (REFER TO [ADDENDUM B](#))
OR COUNTRY CODE (REFER TO [ADDENDUM A](#)).

2-235-02V ALL OCCURRENCES OF PROVIDER STATE OR COUNTRY CODE FOR THIS TED RECORD MUST BE **ALL CONUS** OR **ALL OCONUS**.

RELATIONAL EDITS

2-235-01R PROVIDER STATE/COUNTRY CODE MUST MATCH THE CORRESPONDING RECORD¹ IN THE PROVIDER FILE.

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE IS ≤ ZERO

OR ADJUSTMENT/DENIAL REASON CODE
 FOR THAT OCCURRENCE/LINE ITEM =

38 SERVICES NOT PROVIDED OR AUTHORIZED BY
 DESIGNATED (NETWORK) PROVIDERS **OR**

52 THE REFERRING/PRESCRIBING/RENDERING PROVIDER
 IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/
 PERFORM THE SERVICE BILLED **OR**

B7 THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE
 PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE
 OF SERVICE

OR PROVIDER SPECIALTY = 172A00000X (OTHER SERVICE PROVIDER/DRIVERS) **OR**

344600000X (TRANSPORTATION SERVICES/TAXI)

OR ANY OCCURRENCE OF SPECIAL
 PROCESSING CODE =

T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND
 PAYOR) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**

FG TFL (FIRST PAYOR-NO TRICARE PROVIDER
 CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN
 EXHAUSTED) **OR**

FS TFL (SECOND PAYOR) **OR**

RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST
 PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e.,
 MEDICARE BENEFITS HAVE BEEN EXHAUSTED) **AND**
 BEGIN DATE OF CARE ≥ 10/01/2001

THEN DO NOT CHECK PROVIDER FILE

¹ "CORRESPONDING RECORD" ON PROVIDER FILE IS BASED ON NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER, PROVIDER MAJOR SPECIALTY, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (2-240-04R).

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ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240)	
VALIDITY EDITS	
2-240-01V	MUST BE NUMERIC
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE
	AND LAST 6 POSITIONS MUST BE NUMERIC)
	OR (FIRST 3 POSITIONS MUST BE A VALID STATE/COUNTRY CODE
	AND FOURTH POSITION MUST BE = 'A'
	AND LAST 5 POSITIONS MUST BE NUMERIC)
RELATIONAL EDITS	
NO ERROR	IF ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM = 38 SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS OR
	52 THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED OR
	B7 THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE
	THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE FOR THAT OCCURRENCE = T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
	FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) OR
	FS TFL (SECOND PAYOR) OR
	RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001
	THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE FOR THAT PROVIDER
NO ERROR	IF AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO
	THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER
NO ERROR	IF PROVIDER SPECIALTY = 172A00000X (OTHER SERVICE PROVIDERS/DRIVER) OR
	344600000X (TRANSPORTATION SERVICES/TAXI)
	THEN DO NOT CHECK PROVIDER FILE FOR THAT PROVIDER
2-240-02R	IF PROVIDER TAXPAYER NUMBER IS ALL NINES
	THEN PROVIDER SPECIALTY MUST = 172A00000X (OTHER SERVICE PROVIDERS/DRIVER) OR
	344600000X (TRANSPORTATION SERVICES/TAXI)
	AND PROVIDER PARTICIPATION INDICATOR MUST = N NO
¹ ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.	

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ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240) (Continued)

2-240-04R IF ANY OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER

THEN THE NON-CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:

NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER

AND PROVIDER MAJOR SPECIALTY

AND PROVIDER ZIP CODE¹

AND PROVIDER SUB-IDENTIFIER

AND ACCEPTANCE AND TERMINATION DATES MUST = ZEROES

AND PROVIDER CONTRACT AFFILIATION CODE MUST = '5' (NON-CERTIFIED PROVIDER)

IF NO OCCURRENCE OF OVERRIDE CODE = NC NON-CERTIFIED PROVIDER

THEN THE CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING:

NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER

AND PROVIDER MAJOR SPECIALTY

AND PROVIDER ZIP CODE¹

AND PROVIDER SUB-IDENTIFIER

¹ ONLY THE FIRST FIVE DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (2-245)

VALIDITY EDITS

2-245-01V MUST BE FOUR CHARACTERS
FIRST CHARACTER ALPHANUMERIC, LAST THREE CHARACTERS NUMERIC

OR FIRST TWO CHARACTERS ALPHANUMERIC, LAST TWO CHARACTERS NUMERIC

OR ALL FOUR NUMERIC

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER ZIP CODE (2-250)

VALIDITY EDITS

2-250-01V 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 TABLE¹) FOLLOWED BY SIX BLANKS

RELATIONAL EDITS

NONE

¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST [ADDENDUM A](#).

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ELEMENT NAME: PROVIDER TAXONOMY (SPECIALTY) (2-255)

VALIDITY EDITS

2-255-01V THIS FIELD MUST BE A VALID PROVIDER SPECIALTY (REFER TO [HTTP://WWW.WPC-EDI.COM/CODES](http://www.wpc-edi.com/codes)).

RELATIONAL EDITS

2-255-03R IF PROVIDER SPECIALTY = 333600000X (SUPPLIERS/PHARMACY)
THEN TYPE OF SERVICE (SECOND POSITION) = B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

2-255-04R IF PROVIDER SPECIALTY = 183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)
THEN TYPE OF SERVICE (SECOND POSITION) = M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (2-260)

VALIDITY EDITS

2-260-01V MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (2-265)

VALIDITY EDITS

2-265-01V PROVIDER NETWORK STATUS INDICATOR MUST =
 1 NETWORK PROVIDER **OR**
 2 NON-NETWORK PROVIDER

RELATIONAL EDITS

NONE

ELEMENT NAME: PHYSICIAN REFERRAL NUMBER (2-270)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

ELEMENT NAME: PLACE OF SERVICE (2-275)

VALIDITY EDITS

2-275-01V VALUE MUST BE A VALID PLACE OF SERVICE.

RELATIONAL EDITS

2-275-01R IF ADJUSTMENT/DENIAL REASON CODE IS NOT A CODE LISTED IN [ADDENDUM G, FIGURE 2.G-2](#)
THEN PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE, REFER TO [ADDENDUM F](#).

2-275-06R IF PLACE OF SERVICE = 21 INPATIENT HOSPITAL
THEN TYPE OF SERVICE (FIRST POSITION) MUST = I INPATIENT

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ELEMENT NAME: TYPE OF SERVICE (2-280)

VALIDITY EDITS

2-280-01V	FIRST POSITION MUST BE = 'A', 'I', 'K', 'M', 'N', 'O', OR 'P'.
	SECOND POSITION MUST BE = 1-9; A-M.
	IF FIRST POSITION = 'A'; SECOND POSITION MUST ≠ 'C'.
	IF FIRST POSITION = 'P'; SECOND POSITION MUST = 'H'.
	IF FIRST POSITION = 'N'; SECOND POSITION MUST = 'I'.
2-280-02V	IF CONTRACT NUMBER = MDA906-02-C-0013
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =
	M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

RELATIONAL EDITS

2-280-07R	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT (ACTIVE DUTY DEPENDENTS ONLY) OR
		M	OUTPATIENT MATERNITY COST-SHARED AS INPATIENT OR
		N	OUTPATIENT COST-SHARED AS INPATIENT OR
		O	OUTPATIENT, EXCLUDING M, P, OR N OR
		P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST-SHARED AS INPATIENT
	THEN PLACE OF SERVICE CANNOT =	21	INPATIENT HOSPITAL
2-280-08R	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN NATIONAL DRUG CODE MUST ≠ BLANK		
	UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A)		
2-280-09R	IF TYPE OF SERVICE (SECOND POSITION) =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	THEN TYPE OF SUBMISSION MUST ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO		
	AND CA/NAS EXCEPTION REASON MUST = BLANK		
	AND CA/NAS NUMBER MUST = BLANK		
	AND CA/NAS REASON FOR ISSUANCE MUST = BLANK		
	AND NATIONAL DRUG CODE MUST ≠ BLANK		
	AND IF BEGIN DATE OF CARE < 01/01/2016		
	THEN PLACE OF SERVICE MUST =	19	PHARMACY
	ELSE PLACE OF SERVICE MUST =	01	PHARMACY
	AND PRICING RATE CODE MUST = 0		
	AND PROVIDER NETWORK STATUS INDICATOR MUST =	1	NETWORK PROVIDER
	AND PROVIDER PARTICIPATING INDICATOR MUST =	Y	YES

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ELEMENT NAME: TYPE OF SERVICE (2-280) (Continued)

AND PROVIDER SPECIALTY MUST = 183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)		
AND IF PROCEDURE CODE =	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
	000PA	PRESCRIPTION PRIOR AUTHORIZATIONS
THEN AMOUNT PATIENT COST-SHARE MUST = ZERO		
AND CLAIM FORM TYPE/EMC INDICATOR MUST =	J	OTHER
ELSE IF OCCURRENCE/LINE ITEM NUMBER = 002		
THEN AMOUNT BILLED BY PROCEDURE CODE ON THIS LINE ITEM MUST = ZERO		
AND AMOUNT PATIENT COST-SHARE ON THIS LINE ITEM MUST = ZERO		
AND NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO		
ELSE CLAIM FORM TYPE/EMC INDICATOR MUST =	I	ELECTRONIC DRUG CLAIM SUBMISSION
AND NUMBER OF SERVICES = 1		
2-280-10R	IF TYPE OF SERVICE (SECOND POSITION) =	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
		M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
THEN REGION INDICATOR MUST = BLANK		
UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A)		
2-280-11R	IF TYPE OF SERVICE (SECOND POSITION) =	M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND OCCURRENCE/LINE ITEM COUNT = 002		
THEN PROCEDURE CODE¹ MUST =	99070	SUPPLIES
2-280-12R	IF TYPE OF SERVICE (SECOND POSITION) =	G DENTAL
THEN PROCEDURE CODE¹ ≠ 00100 - 09999		
2-280-13R	IF TYPE OF SERVICE (SECOND POSITION) =	B RETAIL PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
		M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND CLAIM FORM TYPE/EMC INDICATOR =	J	OTHER
THEN PROCEDURE CODE MUST =	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
	000PA	PRESCRIPTION PRIOR AUTHORIZATIONS

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ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)

VALIDITY EDITS

2-285-01V MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO [SECTION 2.5](#))

RELATIONAL EDITS

2-285-01R	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN HCC MEMBER CATEGORY 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 ADASM - USA OR
		X	FOREIGN ADASM 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
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN OR
		WA	TPR FOREIGN ADASM
	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
		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

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ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)		
	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
2-285-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF ECHO
	THEN HHC MEMBER CATEGORY CODE MUST =	A ACTIVE DUTY OR
		G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY 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)
2-285-03R	IF TYPE OF SERVICE (FIRST POSITION) =	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	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 MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		P TAMP MEMBER 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) OR
		Z UNKNOWN
	UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = 0	
2-285-04R	IF HC DP PLAN COVERAGE CODE =	004 DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		005 TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		016 DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR

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ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)	
017	TRICARE STANDARD FOR SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS OR
021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
149	TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
205	TDP INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
206	TDP FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
212	TDP INDIVIDUAL COVERAGE FOR SURVIVORS OF SELECTED RESERVE (SelRes) DECEASED SPONSORS OR
213	TDP FAMILY COVERAGE FOR SURVIVORS OF SELECTED RESERVE (SelRes) DECEASED SPONSORS OR
409	RESERVE SELECT SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
410	RESERVE SELECT SURVIVOR CONTINUING WITH FAMILY COVERAGE OR

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ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)	
	411 RESERVE SELECT SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412 RESERVE SELECT SURVIVOR NEW FAMILY COVERAGE
OR AMOUNT ALLOWED BY PROCEDURE CODE = 0	
THEN BYPASS THIS EDIT	
ELSE IF TYPE OF SERVICE (SECOND POSITION) =	C AMBULATORY SURGERY
THEN HCC MEMBER CATEGORY CODE MUST =	D DISABLED AMERICAN VETERAN OR
	F FORMER MEMBER OR
	H MEDAL OF HONOR RECIPIENT OR
	R RETIRED OR
	W FORMER SPOUSE OR
	Z UNKNOWN
2-285-05R IF HCC MEMBER CATEGORY CODE =	T FOREIGN MILITARY MEMBER
THEN ONE OCCURRENCE OF OVERRIDE CODE =	M NATO

ELEMENT NAME: PAY GRADE CODE (SPONSOR) (2-291)	
VALIDITY EDITS	
2-291-01V	MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO SECTION 2.7)
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292)	
VALIDITY EDITS	
2-292-01V	MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO ADDENDUM K)
RELATIONAL EDITS	
NONE	

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)

VALIDITY EDITS

2-295-01V MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO [SECTION 2.5](#))

RELATIONAL EDITS

2-295-06R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

PF ECHO

THEN HCC MEMBER RELATIONSHIP CODE MUST =

A SELF **OR**

B SPOUSE **OR**

C CHILD OR STEPCHILD **OR**

D PRE-ADOPTIVE CHILD **OR**

E WARD (COURT ORDERED) **OR**

G SURVIVING SPOUSE

2-295-07R IF TYPE OF SERVICE (FIRST POSITION) =

A AMBULATORY SURGERY COST-SHARED AS INPATIENT

THEN HCC MEMBER RELATIONSHIP CODE MUST =

A SELF **OR**

B SPOUSE **OR**

C CHILD OR STEPCHILD **OR**

D PRE-ADOPTIVE CHILD **OR**

E WARD (COURT ORDERED) **OR**

G SURVIVING SPOUSE **OR**

Z UNKNOWN

AND HCC MEMBER CATEGORY CODE ≠

W FORMER SPOUSE

UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

SC SHCP - NON-TRICARE ELIGIBLE

2-295-10R 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 MUST =

SN SHCP - NON-MTF REFERRED **OR**

SO SHCP - NON-TRICARE ELIGIBLE **OR**

SR SHCP - REFERRED **OR**

SU SHCP - REFERRAL DESIGNATION UNKNOWN

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = ZERO

THEN BYPASS THIS EDIT

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

- END -