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**
		D	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.
1-015-02V	IF CONTRACT NUMBER = MDA90603C0015
	THEN FILING DATE MUST BE < 07/01/2008
RELATIONAL EDITS	
1-015-01R	FILING DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION

ELEMENT NAME: FILING STATE/COUNTRY CODE (1-020)			
VALIDITY EDITS			
1-020-01V	IF TYPE OF SUBMISSION =	D	CMPLETE 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 DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		I	TRICARE DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE 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 FIVE CHARACTERS MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS THE LAST TWO CHARACTERS MUST = BLANK.
	NOTE: THE FIRST FIVE 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 > 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**
		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.		
1-045-04R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		C	COMPLETE CANCELLATION **OR**

ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (1-045) (Continued)		
	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.		

ELEMENT NAME: PERSON IDENTIFIER (SPONSOR) (1-050)	
VALIDITY EDITS	
1-050-01V	MUST BE NINE 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 ADDENDUM K)
RELATIONAL EDITS	
NONE	

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 SECTION 2.8)
RELATIONAL EDITS	
REFER TO 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 SECTION 2.4)		
	RELATIONAL EDITS		
	REFER TO SECTION 8.1.		

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (1-066)			
	VALIDITY EDITS		
1-066-01V	MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO 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)
		W	TPR ADSM - USA **OR**
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	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 (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 SECTION 2.5).		
	RELATIONAL EDITS		
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
1-070-06R	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
1-070-08R	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 ONE 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 NINE 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 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 OCCURRENCES/LINE ITEMS (EXCLUDING REVENUE CODE 0001) CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 **OR** FIGURE 2.G-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

- END -