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 ≥ 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

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		

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

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 RECORD[1] 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).

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.

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 SPECIALITY **AND** PROVIDER ZIP CODE[1] **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 CODE[1] **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 TABLE[1]) FOLLOWED BY SIX BLANKS
	RELATIONAL EDITS
	NONE
[1] WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST ADDENDUM A.	

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).		
	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
2-275-07R	IF PLACE OF SERVICE =	19	PHARMACY
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS **OR**
		M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

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		
2-280-06R	IF TYPE OF SERVICE (SECOND POSITION) =	C	AMBULATORY SURGERY
	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) **OR**
		T	FOREIGN MILITARY MEMBER
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		

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ELEMENT NAME:	**TYPE OF SERVICE (2-280) (Continued)**		
	AND CA/NAS REASON FOR ISSUANCE MUST = BLANK		
	AND NATIONAL DRUG CODE MUST ≠ BLANK		
	AND PLACE OF SERVICE MUST =	19	PHARMACY
	AND PRICING RATE CODE MUST = 0		
	AND PROVIDER NETWORK STATUS INDICATOR MUST =	1	NETWORK PROVIDER
	AND PROVIDER PARTICIPATING INDICATOR MUST =	Y	YES
	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 CODE[1] MUST =	99070	SUPPLIES
2-280-12R	IF TYPE OF SERVICE (SECOND POSITION) =	G	DENTAL
	THEN PROCEDURE CODE[1] ≠ 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 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**
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN **OR**
		WA	TPR FOREIGN ADSM
	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**

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 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**

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)			
		Z	UNKNOWN
	UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = 0		
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

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 =	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 -