

## Non-Institutional Edit Requirements (ELN 200 - 299)

<b>ELEMENT NAME: AMOUNT PATIENT COST-SHARE (2-200)</b>	
<b>VALIDITY EDITS</b>	
<b>2-200-01V</b>	MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
<b>2-200-00R</b>	TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PATIENT COST-SHARE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.
<b>2-200-01R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	I INITIAL SUBMISSION <b>OR</b>
	O ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
	R RESUBMISSION
	<b>THEN</b> AMOUNT PATIENT COST-SHARE MUST BE $\geq$ ZERO
<b>2-200-02R</b>	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION <b>OR</b>
	D COMPLETE DENIAL
	<b>THEN</b> AMOUNT PATIENT COST-SHARE MUST BE = ZERO
<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) COPAYMENT FACTOR CODE (2-201)</b>	
<b>VALIDITY EDITS</b>	
<b>2-201-01V</b>	MUST BE A VALID HCC COPAYMENT FACTOR CODE LISTED IN <a href="#">SECTION 2.5</a> .
<b>RELATIONAL EDITS</b>	
	NONE
<b>ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE (2-205)</b>	
<b>VALIDITY EDITS</b>	
<b>2-205-01V</b>	MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
<b>2-205-00R</b>	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.
<b>2-205-01R</b>	IF TYPE OF SUBMISSION =
	A ADJUSTMENT <b>OR</b>
	I INITIAL SUBMISSION <b>OR</b>
	O ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
	R RESUBMISSION
	<b>THEN</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE $\geq$ ZERO
<b>2-205-02R</b>	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION <b>OR</b>
	D COMPLETE DENIAL
	<b>THEN</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST BE = ZERO

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**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

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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 RECORD<sup>1</sup> 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

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

**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<sup>1</sup>

**AND** PROVIDER SUB-IDENTIFIER

<sup>1</sup> 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<sup>1</sup>) FOLLOWED BY SIX BLANKS

**RELATIONAL EDITS**

NONE

<sup>1</sup> 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

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<b>ELEMENT NAME: PLACE OF SERVICE (2-275)</b>		
<b>VALIDITY EDITS</b>		
<b>2-275-01V</b>	VALUE MUST BE A VALID PLACE OF SERVICE.	
<b>RELATIONAL EDITS</b>		
<b>2-275-01R</b>	IF ADJUSTMENT/DENIAL REASON CODE IS NOT A CODE LISTED IN <a href="#">ADDENDUM G, FIGURE 2.G-2</a> <b>THEN</b> PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE, REFER TO <a href="#">ADDENDUM F</a> .	
<b>2-275-06R</b>	IF PLACE OF SERVICE =	21 INPATIENT HOSPITAL
	<b>THEN</b> TYPE OF SERVICE (FIRST POSITION) MUST =	I INPATIENT
<b>2-275-07R</b>	IF PLACE OF SERVICE =	19 PHARMACY
	<b>THEN</b> TYPE OF SERVICE (SECOND POSITION) MUST =	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b> M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

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

**VALIDITY EDITS**

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

**RELATIONAL EDITS**

<b>2-280-06R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	C	AMBULATORY SURGERY
	<b>THEN</b> 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>
		P	TAMP MEMBER <b>OR</b>
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
		T	FOREIGN MILITARY MEMBER
<b>2-280-07R</b>	IF TYPE OF SERVICE (FIRST POSITION) =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT (ACTIVE DUTY DEPENDENTS ONLY) <b>OR</b>
		M	OUTPATIENT MATERNITY COST-SHARED AS INPATIENT <b>OR</b>
		N	OUTPATIENT COST-SHARED AS INPATIENT <b>OR</b>
		O	OUTPATIENT, EXCLUDING M, P, <b>OR</b> N <b>OR</b>
		P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST-SHARED AS INPATIENT
	<b>THEN</b> PLACE OF SERVICE CANNOT =	21	INPATIENT HOSPITAL
<b>2-280-08R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>THEN</b> NATIONAL DRUG CODE MUST ≠ BLANK		
	<b>UNLESS</b> PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE ( <a href="#">ADDENDUM A</a> )		
<b>2-280-09R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>THEN</b> TYPE OF SUBMISSION MUST ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>AND</b> AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO		
	<b>AND</b> CA/NAS EXCEPTION REASON MUST = BLANK		
	<b>AND</b> CA/NAS NUMBER MUST = BLANK		

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<b>ELEMENT NAME: TYPE OF SERVICE (2-280) (Continued)</b>		
	<b>AND</b> CA/NAS REASON FOR ISSUANCE MUST =	BLANK
	<b>AND</b> NATIONAL DRUG CODE MUST ≠	BLANK
	<b>AND</b> PLACE OF SERVICE MUST =	19 PHARMACY
	<b>AND</b> PRICING RATE CODE MUST =	0
	<b>AND</b> PROVIDER NETWORK STATUS INDICATOR MUST =	1 NETWORK PROVIDER
	<b>AND</b> PROVIDER PARTICIPATING INDICATOR MUST =	Y YES
	<b>AND</b> PROVIDER SPECIALTY MUST =	183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)
	<b>AND IF</b> PROCEDURE CODE =	000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS <b>OR</b> 000PA PRESCRIPTION PRIOR AUTHORIZATIONS
	<b>THEN</b> AMOUNT PATIENT COST-SHARE MUST =	ZERO
	<b>AND</b> CLAIM FORM TYPE/EMC INDICATOR MUST =	J OTHER
	<b>ELSE</b> IF OCCURRENCE/LINE ITEM NUMBER =	002
	<b>THEN</b> AMOUNT BILLED BY PROCEDURE CODE ON THIS LINE ITEM MUST =	ZERO
	<b>AND</b> AMOUNT PATIENT COST-SHARE ON THIS LINE ITEM MUST =	ZERO
	<b>AND</b> NUMBER OF SERVICES ON THIS LINE ITEM MUST =	ZERO
	<b>ELSE</b> CLAIM FORM TYPE/EMC INDICATOR MUST =	I ELECTRONIC DRUG CLAIM SUBMISSION
	<b>AND</b> NUMBER OF SERVICES =	1
<b>2-280-10R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b> M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>THEN</b> REGION INDICATOR MUST =	BLANK
	<b>UNLESS</b> PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE ( <a href="#">ADDENDUM A</a> )	
<b>2-280-11R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>AND</b> OCCURRENCE/LINE ITEM COUNT =	002
	<b>THEN</b> PROCEDURE CODE <sup>1</sup> MUST =	99070 SUPPLIES
<b>2-280-12R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	G DENTAL
	<b>THEN</b> PROCEDURE CODE <sup>1</sup> ≠	00100 - 09999
<b>2-280-13R</b>	IF TYPE OF SERVICE (SECOND POSITION) =	B RETAIL PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b> M MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	<b>AND</b> CLAIM FORM TYPE/EMC INDICATOR =	J OTHER
	<b>THEN</b> PROCEDURE CODE MUST =	000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS <b>OR</b> 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**

<b>2-285-01R</b>	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	<b>THEN</b> HCC MEMBER CATEGORY 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)
	<b>UNLESS</b> 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>
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN <b>OR</b>
		WA	TPR FOREIGN ADSM
	<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
		SM	SHCP - EMERGENCY
	<b>OR</b> HCDP PLAN COVERAGE CODE =	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</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>

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<b>ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)</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>2-285-02R</b> IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF ECHO
<b>THEN</b> HHC MEMBER CATEGORY CODE MUST =	A ACTIVE DUTY <b>OR</b>
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY 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>2-285-03R</b> IF TYPE OF SERVICE (FIRST POSITION) =	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
<b>THEN</b> 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 MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	P TAMP MEMBER <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) <b>OR</b>
	Z UNKNOWN
	<b>UNLESS</b> AMOUNT ALLOWED BY PROCEDURE CODE = 0
<b>2-285-04R</b> IF TYPE OF SERVICE (SECOND POSITION) =	C AMBULATORY SURGERY
<b>THEN</b> HCC MEMBER CATEGORY CODE MUST =	D DISABLED AMERICAN VETERAN <b>OR</b>
	F FORMER MEMBER <b>OR</b>
	H MEDAL OF HONOR RECIPIENT <b>OR</b>
	R RETIRED <b>OR</b>
	W FORMER SPOUSE <b>OR</b>
	Z UNKNOWN
	<b>UNLESS</b> AMOUNT ALLOWED BY PROCEDURE CODE = 0
<b>2-285-05R</b> IF HCC MEMBER CATEGORY CODE =	T FOREIGN MILITARY MEMBER
<b>THEN</b> ONE OCCURRENCE OF OVERRIDE CODE =	M NATO

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**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

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**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

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**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**

**2-295-03R** IF PATIENT AGE<sup>1</sup> ≥ 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 MUST =

- D PATIENT IS DEPENDENT 21 YEARS OF AGE

**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**

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

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

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SR SHCP - REFERRED **OR**

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SU SHCP - REFERRAL DESIGNATION UNKNOWN

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**UNLESS** AMOUNT ALLOWED BY PROCEDURE CODE = ZERO

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**THEN** BYPASS THIS EDIT

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

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- END -