

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

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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 OR
		DD	DISCOUNTED DRG

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
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RELATIONAL EDITS

1-030-01R	IF FILING DATE IS \geq 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'
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RELATIONAL EDITS

NONE

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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
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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
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AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

RELATIONAL EDITS

1-045-03R IF TYPE OF SUBMISSION =

A	ADJUSTMENT OR
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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 \leq DATE TED RECORD PROCESSED TO COMPLETION AND \geq 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

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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](#)

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**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

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**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

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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 AGE¹ < 17

THEN HCC MEMBER
RELATIONSHIP CODE ≠ A SELF

1-070-02R IF PATIENT AGE¹ < 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

1-070-04R IF PATIENT AGE¹ < 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**

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**

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

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ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070) (CONTINUED)	
	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.	

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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

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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 AGE¹ 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

