



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 66
7950.1-M
SEPTEMBER 22, 2008

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to 7950.1-M, reissued August 2002.

CHANGE TITLE: INTERIM NATIONAL PROVIDER (NPI) CHANGE
PACKAGE FOR TRICARE ENCOUNTER DATA (TED)
RECORD

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change allows the contractors to begin
submitting the National Provider Identifier (NPI) on the TRICARE Encounter Data
(TED) record when the NPI is submitted on the claim.

EFFECTIVE DATE: January 1, 2009.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.



Reva Michak
Chief, Purchased Care Systems
Integration Branch

ATTACHMENT(S): 28 PAGES
DISTRIBUTION: 7950.1-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

CHANGE 66
7950.1-M
SEPTEMBER 22, 2008

REMOVE PAGE(S)

CHAPTER 2

Section 2.2, pages 3, 4, 7, and 8

Section 2.7, pages 31 through 34

Section 5.3, pages 1 and 2

Section 6.3, pages 3 through 19

INSERT PAGE(S)

Section 2.2, pages 3, 4, 7, and 8

Section 2.7, pages 31 through 34

Section 5.3, pages 1 and 2

Section 6.3, pages 3 through 20

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.2

DATA REQUIREMENTS - DATA ELEMENT LAYOUT

2.0. INSTITUTIONAL DATA ELEMENT (CONTINUED)

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
1-132	OTHER GOVERNMENT PROGRAM BEGIN REASON CODE	X	246	246
1-135	AMOUNT PATIENT COST-SHARE	S9(7)V99	247	255
1-136	HEALTH CARE COVERAGE COPAYMENT FACTOR CODE	X	256	256
1-140	AMOUNT PAID BY GOV'T CONTRACTOR (TOTAL)	S9(7)V99	257	265
1-145	AMOUNT INTEREST PAYMENT	S9(7)V99	266	274
1-150	REASON FOR INTEREST PAYMENT	X(2)	275	276
1-155	PROCESSING INFORMATION		277	313
1-160	OVERRIDE CODE	X(6)	277	282
1-165	TYPE OF SUBMISSION	X	283	283
1-170	CA/NAS NUMBER	X(15)	284	298
1-175	CA/NAS REASON FOR ISSUANCE	X	299	299
1-180	CA/NAS EXCEPTION REASON	X(2)	300	301
1-185	SPECIAL PROCESSING CODE	X(8)	302	309
1-186	HEALTH CARE DELIVERY PROGRAM SPECIAL ENTITLEMENT CODE	X(2)	310	311
1-190	PRICING RATE CODE	X(2)	312	313
1-195	PROVIDER STATE OR COUNTRY CODE	X(3)	314	316
1-200	PROVIDER TAXPAYER NUMBER	X(9)	317	325
1-205	PROVIDER SUB-IDENTIFIER	X(4)	326	329
	FILLER	X(10)	330	339
1-215	PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2)	X(10)	340	349
1-220	PROVIDER ZIP CODE	X(9)	350	358
1-225	PROVIDER PARTICIPATION INDICATOR	X	359	359
1-230	PROVIDER NETWORK STATUS INDICATOR	X	360	360
1-235	TYPE OF INSTITUTION	X(2)	361	362
1-240	CLAIM FORM TYPE/EMC INDICATOR	X	363	363
1-245	TYPE OF BILL		364	365
1-250	FREQUENCY CODE	X	364	364
1-255	TYPE OF ADMISSION	X	365	365
1-260	SOURCE OF ADMISSION	X	366	366
1-265	ADMISSION DATE	YYYYMMDD	367	374
1-270	PATIENT STATUS	X(2)	375	376
1-275	BEGIN DATE OF CARE	YYYYMMDD	377	384
1-280	END DATE OF CARE	YYYYMMDD	385	392
1-283	ADMINISTRATIVE CLIN	X(18)	393	410
1-285	COVERED DAYS	S9(3)	411	413
1-290	DRG NUMBER	X(3)	414	416
1-292	SNF HIPPS CODE	X(5)	417	421
1-295	ADMISSION DIAGNOSIS	X(6)	422	427

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CHAPTER 2, SECTION 2.2

DATA REQUIREMENTS - DATA ELEMENT LAYOUT

2.0. INSTITUTIONAL DATA ELEMENT (CONTINUED)

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
1-300	PRINCIPAL TREATMENT DIAGNOSIS	X(6)	428	433
1-305	SECONDARY TREATMENT DIAGNOSIS-1	X(6)	434	439
1-310	SECONDARY TREATMENT DIAGNOSIS-2	X(6)	440	445
1-315	SECONDARY TREATMENT DIAGNOSIS-3	X(6)	446	451
1-320	SECONDARY TREATMENT DIAGNOSIS-4	X(6)	452	457
1-325	SECONDARY TREATMENT DIAGNOSIS-5	X(6)	458	463
1-330	SECONDARY TREATMENT DIAGNOSIS-6	X(6)	464	469
1-333	SECONDARY TREATMENT DIAGNOSIS-7	X(6)	470	475
1-335	SECONDARY TREATMENT DIAGNOSIS-8	X(6)	476	481
1-337	SECONDARY TREATMENT DIAGNOSIS-9	X(6)	482	487
1-340	SECONDARY TREATMENT DIAGNOSIS-10	X(6)	488	493
1-342	SECONDARY TREATMENT DIAGNOSIS-11	X(6)	494	499
1-345	PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE	X(5)	500	504
1-350	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-1	X(5)	505	509
1-353	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-2	X(5)	510	514
1-355	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-3	X(5)	515	519
1-358	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-4	X(5)	520	524
1-360	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-5	X(5)	525	529
1-362	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-6	X(5)	530	534
1-364	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-7	X(5)	535	539
1-365	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-8	X(5)	540	544
1-368	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-9	X(5)	545	549
1-370	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-10	X(5)	550	554
1-373	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-11	X(5)	555	559
1-374	TED RECORD CORRECTION INDICATOR	X(1)	560	560
1-375	TOTAL OCCURRENCE/LINE ITEM COUNT	9(3)	561	563
	FILLER	X(19)	564	582
1-380	OCCURRENCE/LINE ITEM NUMBER (OCCURS 1 TO 450 TIMES)	9(3)	583	585
1-385	REVENUE CODE	X(4)	586	589

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CHAPTER 2, SECTION 2.2

DATA REQUIREMENTS - DATA ELEMENT LAYOUT

3.0. NON-INSTITUTIONAL DATA ELEMENT (CONTINUED)

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
2-132	SECONDARY TREATMENT DIAGNOSIS-5	X(6)	271	276
2-135	SECONDARY TREATMENT DIAGNOSIS-6	X(6)	277	282
2-137	SECONDARY TREATMENT DIAGNOSIS-7	X(6)	283	288
2-139	TED RECORD CORRECTION INDICATOR	X(1)	289	289
2-140	TOTAL OCCURRENCE/LINE ITEM COUNT	9(3)	290	292
	FILLER	X(9)	293	301
2-145	OCCURRENCE/LINE ITEM NUMBER (OCCURS 1 TO 99 TIMES)	9(3)	302	304
2-150	BEGIN DATE OF CARE	YYYYMMDD	305	312
2-155	END DATE OF CARE	YYYYMMDD	313	320
2-160	PROCEDURE CODE	X(5)	321	325
2-165	PROCEDURE CODE MODIFIER	X(8)	326	333
2-170	NATIONAL DRUG CODE	X(11)	334	344
2-175	NUMBER OF SERVICES	S9(3)	345	347
2-180	AMOUNT BILLED BY PROCEDURE CODE	S9(7)V99	348	356
2-185	AMOUNT ALLOWED BY PROCEDURE CODE	S9(7)V99	357	365
2-190	AMOUNT PAID BY OTHER HEALTH INSURANCE	S9(7)V99	366	374
2-191	OTHER GOVERNMENT PROGRAM TYPE CODE	X	375	375
2-192	OTHER GOVERNMENT PROGRAM BEGIN REASON CODE	X	376	376
2-195	AMOUNT APPLIED TOWARD DEDUCTIBLE	S9(3)V99	377	381
2-200	AMOUNT PATIENT COST-SHARE	S9(7)V99	382	390
2-201	HEALTH CARE COVERAGE COPAYMENT FACTOR CODE	X	391	391
2-205	AMOUNT PAID BY GOV'T CONTRACTOR BY PROCEDURE CODE	S9(7)V99	392	400
2-220	ADJUSTMENT/DENIAL REASON CODE	X(5)	401	405
2-225	PROVIDER INDIVIDUAL NPI NUMBER (TYPE 1)	X(10)	406	415
2-230	PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2)	X(10)	416	425
2-235	PROVIDER STATE OR COUNTRY CODE	X(3)	426	428
2-240	PROVIDER TAXPAYER NUMBER	X(9)	429	437
2-245	PROVIDER SUB-IDENTIFIER	X(4)	438	441
2-250	PROVIDER ZIP CODE	X(9)	442	450
2-255	PROVIDER SPECIALTY	X(10)	451	460
2-260	PROVIDER PARTICIPATION INDICATOR	X	461	461
2-265	PROVIDER NETWORK STATUS INDICATOR	X	462	462
2-270	PHYSICIAN REFERRAL NUMBER	X(13)	463	475
2-275	PLACE OF SERVICE	X(2)	476	477
2-280	TYPE OF SERVICE	X(2)	478	479
2-285	HEALTH CARE COVERAGE MEMBER CATEGORY CODE	X	480	480
2-291	PAY GRADE CODE (SPONSOR)	X(2)	481	482
2-292	PAY PLAN CODE (SPONSOR)	X(5)	483	487

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CHAPTER 2, SECTION 2.2

DATA REQUIREMENTS - DATA ELEMENT LAYOUT

3.0. NON-INSTITUTIONAL DATA ELEMENT (CONTINUED)

ELN	ELEMENT NAME	FORMAT	POSITION	
			FROM	THRU
2-295	HEALTH CARE COVERAGE MEMBER RELATIONSHIP CODE	X	488	488
2-300	ENROLLMENT/HEALTH PLAN CODE	X(2)	489	490
2-301	HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE	X(3)	491	493
2-303	REGION INDICATOR	X(2)	494	495
2-305	SPECIAL PROCESSING CODE	X(8)	496	503
2-306	HEALTH CARE DELIVERY PROGRAM SPECIAL ENTITLEMENT CODE	X(2)	504	505
2-310	CA/NAS NUMBER	X(15)	506	520
2-315	CA/NAS REASON FOR ISSUANCE	X	521	521
2-320	CA/NAS EXCEPTION REASON	X(2)	522	523
2-325	PRICING RATE CODE	X(2)	524	525
2-330	AMBULATORY PAYMENT CLASSIFICATION	X(5)	526	530
2-331	OPPS PAYMENT STATUS INDICATOR	X(2)	531	532
	FILLER	X(13)	533	545

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CHAPTER 2, SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER (TYPE 1)			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-225	Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT) Ten (10) alphanumeric characters.			
DEFINITION Standard unique health identifier for individual providers, including but not limited to those (human beings) who provide care such as physicians, nurse practitioners, dentists, chiropractors, pharmacists, and physical therapists.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
¹ Required for all "covered entities" that submit HIPAA-compliant standard electronic transactions in accordance with the TRICARE Operations Manual (TOM), Chapter 21, Section 4.			

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CHAPTER 2, SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-230	1	Yes
Non-Institutional	2-265	Up to 99	Yes

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.

DEFINITION Code indicating whether the provider is a network or non-network provider.

CODE/VALUE SPECIFICATIONS		
	1	Network Provider
	2	Non-Network Provider

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

This data element must be '1' for Mail Order Pharmacy.

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CHAPTER 2, SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-215	1	Yes ¹
Non-Institutional	2-230	Up to 99	Yes ¹

PRIMARY PICTURE (FORMAT) Ten (10) alphanumeric characters.

DEFINITION Standard unique health identifier for organizational providers, including but not limited to non-person providers such as hospitals, Home Health Agencies (HHAs), clinics, laboratories, suppliers of Durable Medical Equipment (DME), pharmacies, and groups.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required for all "covered entities" that submit HIPAA-compliant standard electronic transactions in accordance with the TOM, Chapter 21, Section 4.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-225	1	Yes
Non-Institutional	2-260	Up to 99	Yes
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.			
DEFINITION Code indicating whether or not the provider accepted assignment of benefits for services rendered.			
CODE/VALUE SPECIFICATIONS		N	No
		Y	Yes
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
This data element must be 'Y' for Mail Order Pharmacy.			

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200)	
VALIDITY EDITS	
1-200-01V	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 =
	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 PROVIDER FILE
NO ERROR	IF 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., MEDICAL 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
NO ERROR	IF AMOUNT ALLOWED (TOTAL) ≤ ZERO
	THEN DO NOT CHECK PROVIDER FILE
¹ ONLY THE FIRST 5 DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.	

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CHAPTER 2, SECTION 5.3

INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (1-200) (CONTINUED)	
1-200-02R	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: INSTITUTIONAL PROVIDER TAXPAYER NUMBER AND TYPE OF INSTITUTION 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 CERTIFIED PROVIDER MUST MATCH THE PROVIDER ON THE PROVIDER FILE USING THE FOLLOWING: INSTITUTIONAL PROVIDER TAXPAYER NUMBER AND TYPE OF INSTITUTION AND PROVIDER ZIP CODE ¹ AND PROVIDER SUB-IDENTIFIER
	AND PROVIDER MUST BE CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF CARE.
¹ ONLY THE FIRST 5 DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.	

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (1-205)	
VALIDITY EDITS	
1-205-01V	MUST BE ALPHA OR NUMERIC-- CANNOT BE BLANKS
RELATIONAL EDITS	
	NONE

ELEMENT NAME: PROVIDER ORGANIZATIONAL NPI NUMBER (TYPE 2) (1-215)	
VALIDITY EDITS	
1-215-01V	MUST BE ALL BLANKS OR 10 DIGITS (MUST NOT BE ALL ZEROES).
1-215-02V	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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CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

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 INDIVIDUAL 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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CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

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 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.
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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, PROVIDER ZIP CODE, AND PROVIDER ACCEPTANCE AND TERMINATION DATES. THIS IS ONLY DETERMINED ONCE A PROVIDER MATCH HAS BEEN OBTAINED (2-240-04R).

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CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

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
¹ ONLY THE FIRST 5 DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.	

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CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-240) (CONTINUED)	
	THEN PROVIDER SPECIALTY MUST = 172A00000X (OTHER SERVICE PROVIDERS/DRIVER) OR 344600000X (TRANSPORTATION SERVICES/TAXI)
	AND PROVIDER PARTICIPATION INDICATOR MUST = N NO
2-240-03R	PROVIDER TAXPAYER NUMBER CANNOT BE ALL NINES. UNLESS PROVIDER SPECIALTY = 172A00000X (OTHER SERVICE PROVIDERS/DRIVER) OR 344600000X (TRANSPORTATION SERVICES/TAXI)
	AND PROVIDER PARTICIPATION INDICATOR = N NO
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 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 5 DIGITS OF THE PROVIDER ZIP CODE IS USED IN THE MATCH.

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

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

VALIDITY EDITS

2-245-01V MUST BE 4 CHARACTERS
FIRST CHARACTER ALPHANUMERIC, LAST 3 CHARACTERS NUMERIC
OR FIRST 2 CHARACTERS ALPHANUMERIC, LAST 2 CHARACTERS NUMERIC
OR ALL 4 NUMERIC

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER ZIP CODE (2-250)

VALIDITY EDITS

2-250-01V MUST BE 9 DIGITS OR 5 DIGITS WITH 4 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 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY
CODES TABLE¹) FOLLOWED BY 6 BLANKS

RELATIONAL EDITS

NONE

¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE
EDITED AGAINST [ADDENDUM A](#).

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PROVIDER SPECIALTY (2-255)

VALIDITY EDITS

2-255-01V THIS FIELD MUST BE A VALID PROVIDER SPECIALTY (REFER TO [ADDENDUM C](#)).

RELATIONAL EDITS

2-255-01R IF PROVIDER SPECIALTY = 172A00000X (OTHER SERVICE PROVIDERS/DRIVER)
OR
344600000X (TRANSPORTATION SERVICES/TAXI)

THEN PROVIDER TAXPAYER NUMBER MUST BE ALL NINES.

AND ONE OCCURRENCE
OF SPECIAL PROCESSING
CODE MUST = PF ECHO

UNLESS ADJUSTMENT/DENIAL REASON CODE IS A DENIAL CODE LISTED IN [ADDENDUM H, FIGURE 2-H-1](#), FOR THAT OCCURRENCE/LINE ITEM

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 MAIL ORDER PHARMACY 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

2-260-01R IF ANY OCCURRENCE OF
SPECIAL PROCESSING CODE = A PARTNERSHIP (INTERNAL PROVIDERS
WITH SIGNED AGREEMENT) **OR**
S RESOURCE SHARING - EXTERNAL **OR**
RI RESOURCE SHARING - INTERNAL

THEN PROVIDER
PARTICIPATION INDICATOR
MUST = Y YES

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

VALIDITY EDITS

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

RELATIONAL EDITS

NONE

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

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 H](#), [FIGURE 2-H-1](#) OR [FIGURE 2-H-2](#)

THEN PLACE OF SERVICE MUST BE CONSISTENT WITH TYPE OF SERVICE, REFER TO [ADDENDUM G](#).

2-275-03R IF CA/NAS EXCEPTION REASON = 5 RTC

THEN PLACE OF SERVICE MUST = 56 RTC

2-275-04R IF CA/NAS EXCEPTION REASON = 7 STF

THEN PLACE OF SERVICE MUST = 55 STF

2-275-05R IF CA/NAS EXCEPTION REASON = 3 COLLEGE INFIRMARY

THEN PLACE OF SERVICE MUST = 99 OTHER LOCATIONS

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 MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: TYPE OF SERVICE (2-280)	
VALIDITY EDITS	
2-280-01V	FIRST POSITION MUST BE = 'A', 'C', '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 = MDA90602C0013 THEN TYPE OF SERVICE (SECOND POSITION) MUST = M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
RELATIONAL EDITS	
2-280-01R	IF AMOUNT ALLOWED BY PROCEDURE CODE > 0. THEN TYPE OF SERVICE (SECOND POSITION) MUST BE CONSISTENT WITH PROCEDURE CODE (REFER TO ADDENDUM F).
2-280-02R	IF PROCEDURE CODE ¹ = 92891, 92892, 92893, 92895, 92898, 92899, H0035, OR H0037. AND ADJUSTMENT/ DENIAL REASON CODE CANNOT EQUAL ANY CODE LISTED IN ADDENDUM H, FIGURE 2-H-1 OR FIGURE 2-H-2 THEN TYPE OF SERVICE (FIRST POSITION) MUST = P PARTIAL PSYCHIATRIC OUTPATIENT
2-280-04R	IF PROVIDER SPECIALTY = 261QB0400X (AMBULATORY HEALTH CARE FACILITIES/CLINIC/CENTER BIRTHING) THEN TYPE OF SERVICE (FIRST POSITION) MUST = M MATERNITY OR O OUTPATIENT
2-280-05R	IF TYPE OF SERVICE (FIRST POSITION) = M OUTPATIENT MATERNITY CARE COST-SHARED AS INPATIENT THEN PRINCIPAL OR SECONDARY TREATMENT DIAGNOSIS MUST BE MATERNITY (630-676 OR V22-V24 OR V270-289)
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
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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: TYPE OF SERVICE (2-280) (CONTINUED)			
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	MAIL ORDER PHARMACY 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 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)		

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: TYPE OF SERVICE (2-280) (CONTINUED)	
	<p>AND IF PROCEDURE CODE = 000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS OR</p> <p>000PA PRESCRIPTION PRIOR AUTHORIZATIONS</p> <p>THEN AMOUNT PATIENT COST-SHARE MUST = ZERO</p> <p>AND CLAIM FORM TYPE/EMC INDICATOR MUST = J OTHER</p> <p>ELSE IF OCCURRENCE/LINE ITEM NUMBER = 002</p> <p>THEN AMOUNT BILLED BY PROCEDURE CODE ON THIS LINE ITEM MUST = ZERO</p> <p>AND AMOUNT PATIENT COST-SHARE ON THIS LINE ITEM MUST = ZERO</p> <p>AND NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO</p> <p>ELSE CLAIM FORM TYPE/EMC INDICATOR MUST = I ELECTRONIC DRUG CLAIM SUBMISSION</p> <p>AND NUMBER OF SERVICES = 1</p>
2-280-10R	<p>IF TYPE OF SERVICE (SECOND POSITION) =</p> <p>B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR</p> <p>M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS</p> <p>THEN REGION INDICATOR MUST = BLANK</p> <p>UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A)</p>
2-280-11R	<p>IF TYPE OF SERVICE (SECOND POSITION) =</p> <p>M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS</p> <p>AND OCCURRENCE/LINE ITEM COUNT = 002</p> <p>THEN PROCEDURE CODE¹ MUST = 99070 SUPPLIES</p>
2-280-12R	<p>IF TYPE OF SERVICE (SECOND POSITION) =</p> <p>G DENTAL</p> <p>THEN PROCEDURE CODE¹ ≠ 00100 - 09999</p>
2-280-13R	<p>IF TYPE OF SERVICE (SECOND POSITION) =</p> <p>B RETAIL PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR</p> <p>M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS</p> <p>AND CLAIM FORM TYPE/EMC INDICATOR = J OTHER</p>
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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

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

THEN PROCEDURE CODE
MUST =

000MN PRESCRIPTION MEDICAL NECESSITY
REVIEWS **OR**

000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

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 AD SM - USA OR
		X	FOREIGN AD SM 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 AD SM
	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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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (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
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
	P TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM (TAMP) MEMBER OR
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T FOREIGN MILITARY MEMBER OR
	Z UNKNOWN

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = 0

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

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

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
		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)
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RELATIONAL EDITS

NONE

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292)	
VALIDITY EDITS	
2-292-01V	MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO SECTION 2.7)
RELATIONAL EDITS	
2-292-01R	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
	MC CADET OR
	ME ENLISTED OR
	MO OFFICER OR
	MW WARRANT OFFICER OR
	ZZ NOT APPLICABLE
2-292-02R	IF SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) =
	H PHS OR
	O NOAA
	THEN PAY PLAN CODE (SPONSOR) MUST ≠
	ME ENLISTED
2-292-03R	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

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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	
2-295-01R	IF PATIENT AGE ¹ < 17. THEN HCC MEMBER RELATIONSHIP CODE MUST ≠ A SELF
2-295-02R	IF PATIENT AGE ¹ < 12 THEN HCC MEMBER RELATIONSHIP CODE MUST ≠ B SPOUSE OR G SURVIVING SPOUSE
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE = B PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE
2-295-03R	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 MUST = D PATIENT IS DEPENDENT 21 YEARS OF AGE
2-295-04R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ < 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 FORMER SPOUSE UNDER 34 YEARS OF AGE
2-295-05R	IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER AND HCC MEMBER RELATIONSHIP CODE ≠ A SELF THEN HCC MEMBER RELATIONSHIP CODE MUST CODE MUST = B SPOUSE OR C CHILD OR STEPCHILD OR

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

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NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295) (CONTINUED)	
	D PRE-ADOPTIVE CHILD OR
	E WARD (COURT ORDERED)
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
2-295-08R	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
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

¹ 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)**

OR ENROLLMENT/
HEALTH PLAN CODE
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.**