Non-Institutional Edit Requirements (ELN 000-099)

ELEMENT NAME: RECORD TYPE INDICATOR (2-001)			
VALIDITY EDITS			
2-001-01V	RECORD TYPE INDICATOR MUST =	2	NON-INSTITUTIONAL
RELATIONAL EDITS			
2-001-01R	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 A MATCH IS FOUND ON THE TMA DATABASE		
	THEN THE RECORD TYPE FOR THE TED ON THE DATABASE MUST = THE RECORD TYPE ON THE ADJUSTMENT/CANCELLATION TED BEING SUBMITTED.		

ELEMENT NAME: FILING DATE (2-015)	
VALIDITY EDITS	
2-015-01V	MUST BE A VALID JULIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.
2-015-02V	IF CONTRACT NUMBER = MDA90603C0015
	THEN FILING DATE MUST BE < 07/01/2008
RELATIONAL EDITS	
2-015-01R	FILING DATE MUST BE ≤DATE TED RECORD PROCESSED TO COMPLETION

ELEMENT NAME: FILING STATE/COUNTRY CODE (2-020)			
VALIDITY EDITS			
2-020-01V	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			
	NONE		

ELEMENT NAME: SEQUENCE NUMBER (2-025)	
	VALIDITY EDITS
2-025-01V	THE FIRST FIVE CHARACTERS MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS, LAST TWO CHARACTERS MUST BE BLANK.
	NOTE: THE FIRST FIVE CHARACTERS CANNOT BE SPACES OR SPECIAL CHARACTERS.
	RELATIONAL EDITS
	NONE

ELEMENT NAME: TIME STAMP (2-030)	
	VALIDITY EDITS
2-030-01V	MUST BE NUMERIC.
	RELATIONAL EDITS
2-030-01R	IF FILING DATE IS ≥ 02/01/1995
	THEN TIME STAMP MUST BE > ZERO

ELEMENT NAME: ADJUSTMENT KEY (2-035)	
	VALIDITY EDITS
2-035-01V	MUST BE ALPHA, '0', **OR** '5'
	RELATIONAL EDITS
	NONE

ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION (2-040)	
	VALIDITY EDITS
2-040-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.
	RELATIONAL EDITS
2-040-01R	DATE TED RECORD PROCESSED TO COMPLETION MUST BE ≤BATCH/VOUCHER DATE

ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (2-045)			
	VALIDITY EDITS		
2-045-01V	MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES AND CANNOT BE > TMA CURRENT SYSTEM DATE.		
2-045-02V	IF TYPE OF SUBMISSION =	D	DENIAL **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION
	THEN DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROES.		
2-045-03V	IF TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) **SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD**
	AND THE TYPE OF SUBMISSION ON THE CORRESPONDING PROVISIONALLY ACCEPTED TED RECORD ON THE TMA DATABASE =	D	CONTRACTOR DENIAL **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION
	THEN DATE ADJUSTMENT IDENTIFIED MUST = ZEROES.		
2-045-04V	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 OF ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE		
	UNLESS TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD
	AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES		
	RELATIONAL EDITS		
2-045-03R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		C	COMPLETE CANCELLATION **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN DATE ADJUSTMENT IDENTIFIED MUST BE ≤DATE TED RECORD PROCESSED TO COMPLETION **AND** ≥ FILING DATE		
	UNLESS TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) **SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD**
	AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES		

ELEMENT NAME: PERSON IDENTIFIER (SPONSOR) (2-050)	
	VALIDITY EDITS
2-050-01V	MUST BE NINE NUMERIC DIGITS (**CANNOT** BE ALL ZEROES, ALL NINES, **OR** ALL BLANKS)
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (SPONSOR) (2-051)	
	VALIDITY EDITS
2-051-01V	MUST BE A VALID VALUE (REFER TO SECTION 2.7).
	RELATIONAL EDITS
	NONE

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055)	
	VALIDITY EDITS
2-055-01V	MUST BE A VALID SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (REFER TO SECTION 2.8)
	RELATIONAL EDITS
	REFER TO SECTION 8.1.

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (2-056)	
	VALIDITY EDITS
2-056-01V	MUST BE VALID AGR SERVICE LEGAL AUTHORITY CODE (REFER TO SECTION 2.4)
	RELATIONAL EDITS
	REFER TO SECTION 8.1.

ELEMENT NAME: PERSON LAST NAME (PATIENT) (2-061)	
	VALIDITY EDITS
2-061-01V	MUST BE AT LEAST ONE CHARACTER (LEFT-JUSTIFIED).
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PERSON FIRST NAME (PATIENT) (2-062)	
	VALIDITY EDITS
	NONE
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PERSON MIDDLE NAME (PATIENT) (2-063)	
	VALIDITY EDITS
	NONE
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PERSON CADENCY NAME (PATIENT) (2-064)	
	VALIDITY EDITS
	NONE
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PERSON IDENTIFIER (PATIENT) (2-065)	
	VALIDITY EDITS
2-065-01V	MUST BE NINE NUMERIC DIGITS **AND CANNOT** EQUAL ALL BLANKS.
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (PATIENT) (2-066)	
	VALIDITY EDITS
2-066-01V	MUST BE A VALID VALUE (REFER TO SECTION 2.7).
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PERSON BIRTH CALENDAR DATE (PATIENT) (2-070)	
	VALIDITY EDITS
2-070-01V	MUST BE VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.
	RELATIONAL EDITS
2-070-01R	PATIENT AGE[1] MUST BE < 125 YEARS
2-070-02R	PERSON BIRTH CALENDAR DATE (PATIENT) MUST BE ≤BEGIN DATE OF CARE.

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

ELEMENT NAME: DEERS DEPENDENT SUFFIX (2-075)			
	VALIDITY EDITS		
2-075-01V	IF TYPE OF SERVICE (SECOND POSITION) =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	OR TYPE OF SUBMISSION =	B	ADJUSTMENT OF NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN MUST BE A VALID DEERS DEPENDENT SUFFIX **OR** BLANK (REFER TO SECTION 2.4) OTHERWISE MUST BE BLANK		
	RELATIONAL EDITS		
	NONE		

ELEMENT NAME: PATIENT IDENTIFIER (DoD) (2-080)			
	VALIDITY EDITS		
2-080-01V	MUST NOT BE BLANK FILLED		
2-080-02V	MUST NOT EQUAL ALL ZEROES		
	UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL TED RECORD DATA
	OR ALL OCCURRENCES/LINE ITEMS CONTAIN AN ADJUSTMENT/DENIAL REASON CODE (REFER TO ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2).		
	AND THE TED RECORD CORRECTION INDICATOR =	1	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) SOLELY TO CORRECT A PROVISIONALLY ACCEPTED TED RECORD **OR**
		3	ADJUSTMENT/CANCELLATION (TYPE OF SUBMISSION A, B, C, OR E) TO CORRECT BOTH EDIT ERRORS ON A PROVISIONALLY ACCEPTED TED RECORD AND TO CORRECT CLAIM PROCESSING ERRORS OR UPDATE PRIOR DATA WITH MORE CURRENT/ACCURATE INFORMATION
	RELATIONAL EDITS		
	NONE		

ELEMENT NAME: DEERS IDENTIFIER (PATIENT) (2-082)	
	VALIDITY EDITS
2-082-01V	POSITIONS 10 AND 11 MUST BE NUMERIC
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PERSON SEX (PATIENT) (2-085)			
VALIDITY EDITS			
2-085-01V	PERSON SEX (PATIENT) MUST =	F	FEMALE **OR**
		M	MALE **OR**
		Z	UNKNOWN
RELATIONAL EDITS			
	NONE		

ELEMENT NAME: PATIENT ZIP CODE (2-090)	
VALIDITY EDITS	
2-090-01V	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: OVERRIDE CODE (2-095)			
VALIDITY EDITS			
2-095-01V	OCCURRENCE NUMBER 1--MUST BE A VALID OVERRIDE CODE (REFER TO SECTION 2.6)		
2-095-02V	OCCURRENCE NUMBER 2--MUST BE A VALID OVERRIDE CODE (REFER TO SECTION 2.6)		
2-095-03V	OCCURRENCE NUMBER 3--MUST BE A VALID OVERRIDE CODE (REFER TO SECTION 2.6)		
2-095-04V	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).		
2-095-05V	OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED		
RELATIONAL EDITS			
2-095-11R	IF ANY OCCURRENCE OF OVERRIDE CODE =	NC	NON-CERTIFIED PROVIDER (DOES NOT INCLUDE SANCTIONED/SUSPENDED PROVIDERS)
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AD	FOREIGN ACTIVE DUTY CLAIMS **OR**
		AN	SHCP - NON-MTF REFERRED CARE **OR**
		AR	SHCP - REFERRED CARE **OR**
		CE	SHCP COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		EU	EMERGENCY SERVICES RENDERED BY AN UNAUTHORIZED PROVIDER **OR**
		GU	ADSM ENROLLED IN TPR **OR**
		MN	TSP - NETWORK **OR**
		MS	TSP - NON-NETWORK **OR**
		SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SE	SHCP - TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY

ELEMENT NAME:	**OVERRIDE CODE (2-095) (Continued)**		
	OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SR	SHCP - REFERRED CARE **OR**
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN

- END -