

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
		D	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.		
1-015-02V	IF CONTRACT NUMBER = MDA906-03-C-0015 (TDEFIC)		
	THEN FILING DATE MUST BE < 07/01/2008		
RELATIONAL EDITS			
1-015-01R	FILING DATE MUST BE ≤ DATE TED RECORD PROCESSED TO COMPLETION		

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 DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER OR
		DD	DISCOUNTED DRG

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ELEMENT NAME: FILING STATE/COUNTRY CODE (1-020) (Continued)

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 FIVE CHARACTERS MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS THE LAST TWO CHARACTERS MUST = BLANK.

NOTE: THE FIRST FIVE CHARACTERS CANNOT BE SPACES OR SPECIAL CHARACTERS

RELATIONAL EDITS

NONE

ELEMENT NAME: TIME STAMP (1-030)

VALIDITY EDITS

1-030-01V MUST BE NUMERIC

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'

RELATIONAL EDITS

NONE

ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION (1-040)

VALIDITY EDITS

1-040-01V MUST BE VALID GREGORIAN DATE AND CANNOT BE $>$ CURRENT SYSTEM DATE.

RELATIONAL EDITS

1-040-01R DATE TED RECORD PROCESSED TO COMPLETION MUST BE \leq BATCH/VOUCHER DATE.

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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

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**

AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

RELATIONAL EDITS

1-045-03R	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.

1-045-04R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		C	COMPLETE CANCELLATION OR

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ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (1-045) (Continued)

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**

AND DATE ADJUSTMENT IDENTIFIED ON TMA DATABASE = ZEROES.

ELEMENT NAME: PERSON IDENTIFIER (SPONSOR) (1-050)

VALIDITY EDITS

1-050-01V MUST BE NINE NUMERIC DIGITS (CANNOT BE ALL ZEROES, ALL NINES, **OR** ALL BLANKS).

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (SPONSOR) (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

ELEMENT NAME: PAY PLAN CODE (SPONSOR) (1-057)

VALIDITY EDITS

1-057-01V MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO [ADDENDUM K](#))

RELATIONAL EDITS

NONE

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 [SECTION 2.8](#))

RELATIONAL EDITS

REFER TO [SECTION 8.1](#).

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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 [SECTION 2.4](#))

RELATIONAL EDITS

REFER TO [SECTION 8.1](#).

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (1-066)

VALIDITY EDITS

1-066-01V MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO [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)
		W	TPR AD SM - USA OR
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	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
		WA	TPR FOREIGN AD SM 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 (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 [SECTION 2.5](#)).

RELATIONAL EDITS

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**

E WARD (COURT ORDERED) **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.

ELEMENT NAME: PERSON LAST NAME (PATIENT) (1-076)

VALIDITY EDITS

1-076-01V MUST BE AT LEAST ONE CHARACTER (LEFT-JUSTIFIED).

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON FIRST NAME (PATIENT) (1-077)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

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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 NINE 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 [SECTION 2.7](#).

RELATIONAL EDITS

NONE

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.

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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 OCCURRENCES/LINE ITEMS (EXCLUDING REVENUE CODE 0001) CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN [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) (1-097)

VALIDITY EDITS

1-097-01V POSITIONS 10 AND 11 MUST BE NUMERIC.

RELATIONAL EDITS

NONE

- END -

