

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			

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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 \geq 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 \leq BATCH/VOUCHER DATE

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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 \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	

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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

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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 AGE¹ 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.

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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		
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RELATIONAL EDITS

NONE

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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	ALL OCCURRENCES OF OVERRIDE CODE MUST BE BLANK FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK FILLED OVERRIDE CODE.		

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

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ELEMENT NAME: OVERRIDE CODE (2-095) (Continued)

	SM	SHCP - EMERGENCY
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF-REFERRED CARE OR
	SR	SHCP - REFERRED CARE OR
	SU	SHCP - REFERRAL DESIGNATION UNKNOWN

- END -