

Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000)		
VALIDITY EDITS		
NONE		
RELATIONAL EDITS		
1-000-01F	• BATCH/VOUCHER ASAP ACCOUNT NUMBER VALIDATION - ACCRUAL FUND CHECK	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER GOVERNMENT CAUSED ERROR
OR CONTRACT NUMBER ≠	MDA906-02-C-0013 (TMOP)	OR
	MDA906-03-C-0009 (WEST)	OR
	MDA906-03-C-0010 (SOUTH)	OR
	MDA906-03-C-0011 (NORTH)	OR
	MDA906-03-C-0019 (TRRx)	
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF HCDP PLAN COVERAGE CODE =	000	NO HEALTH CARE COVERAGE PLAN OR
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE OR
	122	CHCBP EXTRA - FAMILY COVERAGE OR
	401	TRS TIER 1 MEMBER-ONLY OR
	402	TRS TIER 1 MEMBER AND FAMILY OR
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM OR
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR
	405	TRS TIER 2 MEMBER-ONLY OR
	406	TRS TIER 2 MEMBER AND FAMILY OR
	407	TRS TIER 3 MEMBER-ONLY OR
	408	TRS TIER 3 MEMBER AND FAMILY OR
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)		
	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
OR ENROLLMENT/HEALTH PLAN CODE =	Y	CHCBP STANDARD - INDIVIDUAL COVERAGE OR
	AA	CHCBP EXTRA - FAMILY COVERAGE OR
	SN	SHCP NON-REFERRED CARE OR
	SR	SHCP REFERRED CARE
OR SPECIAL PROCESSING CODE =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP MTF REFERRED CARE
OR HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD ACTIVE > 30 DAYS; AGR CODE A-H OR
	J	ACADEMY STUDENT, NOT OCS OR
	N	NATIONAL GUARD NOT ACTIVE OR < 31 DAYS OR
	S	RESERVE MEMBER ACTIVE > 30 DAYS OR
	T	FOREIGN MILITARY OR
	V	RESERVE MEMBER NOT ACTIVE OR < 31 DAYS OR
	Y	SERVICE AFFILIATES (ROTC, MERCHANT MARINE)
AND HCC MEMBER RELATIONSHIP CODE =	A	SELF
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF	TRUST/ACCURAL FUND
ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =	A	MEDICARE PART A OR
	C	MEDICARE PART A & B OR
	I	MEDICARE PART A & D OR
	L	MEDICARE PART A, B, & D
AND OTHER GOVERNMENT PROGRAM BEGIN REASON CODE ≠	N	NOT ELIGIBLE FOR MEDICARE
AND HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE =	004	DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	014	DIRECT CARE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	016	DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR

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	021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	149	TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	151	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS
OR HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED OR
	W	DOD BENEFICIARY
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST =	TF	TRUST/ACCRUAL FUND
ELSE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF	TRUST/ACCRUAL FUND
1-000-02F	• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - NORTH CONTRACT	

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)

IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0011 (NORTH)	
AND BEGIN DATE OF CARE ≥ 09/01/2004		
THEN SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR
	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
	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

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)

	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE OR
	999	UNVERIFIED NEWBORN
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN
1-000-03F	• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - SOUTH CONTRACT	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0010 (SOUTH)	
AND BEGIN DATE OF CARE ≥ 11/01/2004		
THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	Y	CHCBP OR
	AA	CHCBP - EXTRA OR
	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)		
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE OR
	122	CHCBP EXTRA - FAMILY COVERAGE OR
	401	TRS TIER 1 MEMBER-ONLY COVERAGE OR
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	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	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE OR
	999	UNVERIFIED NEWBORN
OR SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)

Z UNKNOWN

1-000-04F • NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT

IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0009 (WEST)	
AND BEGIN DATE OF CARE ≥ 10/01/2004		
THEN SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR
	401	TRS TIER 1 MEMBER-ONLY COVERAGE OR
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	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

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)

	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	TRR MEMBER-ONLY COVERAGE	OR
	419	TRR MEMBER AND FAMILY COVERAGE	OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE	OR
	421	TRR SURVIVOR FAMILY COVERAGE	OR
	999	UNVERIFIED NEWBORN	
OR PATIENT ZIP CODE IS IN ALASKA			
OR PCM DMIS ID STATE = ALASKA			
OR HCC MEMBER CATEGORY CODE MUST =			
	A	ACTIVE DUTY	OR
	G	NATIONAL GUARD > 30 DAYS	OR
	J	ACADEMY STUDENT	OR
	N	NATIONAL GUARD < 30 DAYS	OR
	S	RESERVE > 30 DAYS	OR
	T	FOREIGN MILITARY MEMBER	OR
	V	RESERVE < 30 DAYS	OR
	Z	UNKNOWN	
AND HCC MEMBER RELATIONSHIP CODE MUST =			
	A	SELF	OR
	Z	UNKNOWN	

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ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060)

VALIDITY EDITS

REFER TO [SECTION 5.1](#).

RELATIONAL EDITS

1-060-11F • TPR [ADSM]

IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA OR
	WA	TPR FOREIGN ADSM
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU	ADSM ENROLLED IN TPR
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) ≠ ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA OR
	Z	NOT PROVIDED FROM DEERS
AND 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
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN
1-060-18F • SHCP VOUCHER (ADSM CLAIMS ONLY)		
IF ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE (EFFECTIVE 10/01/1999)

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ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (Continued)		
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AR	SHCP - REFERRED
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSM OR
	SO	SHCP - NON-TRICARE ELIGIBLE OR
	ST	SHCP - TRICARE ELIGIBLE
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA OR
	Z	NOT PROVIDED FROM DEERS OR
	1	FOREIGN ARMY OR
	2	FOREIGN NAVY OR
	3	FOREIGN MARINE CORPS OR
	4	FOREIGN AIR FORCE
AND 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

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ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (Continued)

	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN
1-060-28F • NAVY LINE OF DUTY CLAIMS		
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
	6	CLAIM RATE VOUCHER
AND CONTRACTOR NUMBER =	MDA906-03-C-0010 (SOUTH)	
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 =	5	
THEN BRANCH CLASSIFICATION CODE MUST =	N	NAVY OR
	Z	UNKNOWN
1-060-29F • MARINE LINE OF DUTY CLAIMS		
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
	6	CLAIM RATE VOUCHER
AND CONTRACTOR NUMBER =	MDA906-03-C-0010 (SOUTH)	
AND BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER POSITION 8 =	6	
THEN BRANCH CLASSIFICATION CODE MUST =	M	MARINE OR
	Z	UNKNOWN
1-060-30F • SHCP NON-MTF REFERRED VOUCHER (ADSM CLAIMS ONLY)		
IF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) =	ZERO	
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE

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ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (Continued)

AND ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP NON-MTF REFERRED CARE
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP NON-MTF REFERRED CARE
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA OR
	Z	NOT PROVIDED FROM DEERS OR
	1	FOREIGN ARMY OR
	2	FOREIGN NAVY OR
	3	FOREIGN MARINE CORPS OR
	4	FOREIGN AIR FORCE
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (1-065)

VALIDITY EDITS

REFER TO [SECTION 5.3](#).

RELATIONAL EDITS

NONE

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ELEMENT NAME: ADMINISTRATIVE CLIN (1-283)

VALIDITY EDITS

REFER TO [SECTION 5.3](#).

RELATIONAL EDITS

1-283-02F • NO DUPLICATE CLINs ON TED RECORD

IF CONTRACT NUMBER NOT = MDA906-02C-0013 (TMOP) **OR**

MDA906-03-C-0009 (WEST) **OR**

MDA906-03-C-0010 (SOUTH) **OR**

MDA906-03-C-0011 (NORTH) **OR**

MDA906-03-C-0015 (TDEFIC) **OR**

MDA906-03-C-0019 (TRRx)

THEN BYPASS THIS EDIT

ELSE IF HEADER TYPE INDICATOR = 6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/
NON-INSTITUTIONAL NON-FINANCIALLY
UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED
RECORDS) **OR**

9 BATCH HEADER (INSTITUTIONAL/NON-
INSTITUTIONAL FINANCIALLY UNDERWRITTEN
ADMIN CLAIM RATE ELIGIBLE TED RECORDS)

THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-6) MUST HAVE NO DUPLICATE IN ANY
OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)

1-283-08F¹ • OPTION PERIOD

IF CONTRACT NUMBER NOT = MDA906-02C-0013 (TMOP) **OR**

MDA906-03-C-0009 (WEST) **OR**

MDA906-03-C-0010 (SOUTH) **OR**

MDA906-03-C-0011 (NORTH) **OR**

MDA906-03-C-0015 (TDEFIC) **OR**

MDA906-03-C-0019 (TRRx)

THEN BYPASS THIS EDIT

ELSE IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER **OR**

9 CLAIM RATE BATCH

AND CLIN FIELD ON TED RECORD **NOT** = BLANK

AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0

THEN IF TYPE OF SUBMISSION = A ADJUSTMENT **OR**

B ADJUSTMENT TO NON-TED RECORD **OR**

E COMPLETE CANCELLATION NON-TED RECORD

THEN THE CLIN MUST BE VALID IN THE CURRENT OR PRIOR OPTION PERIOD FOR THAT CONTRACT
ON THE TMA DATABASE BASED ON THE DATE TED RECORD PROCESSED TO COMPLETION

THIS DATA ELEMENT ONLY APPLIES TO THE FOLLOWING CONTRACT NUMBERS: MDA906-02-C-0013, MDA906-03-C-0009,
MDA906-03-C-0010, MDA906-03-C-0011, MDA906-03-C-0015, AND MDA906-03-C-0019.

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE
EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED
BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-08F.

BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-08F OR 1-283-09F.

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ELEMENT NAME: ADMINISTRATIVE CLIN (1-283) (Continued)

ELSE THE CLIN MUST BE VALID IN THE CURRENT OPTION PERIOD FOR THAT CONTRACT ON THE TMA DATABASE BASED ON THE DATE TED RECORD PROCESSED TO COMPLETION

1-283-09F¹ • CLIN MATCHES APPROPRIATION TYPE

IF CONTRACT NUMBER NOT = MDA906-02C-0013 (TMOP) **OR**
 MDA906-03-C-0009 (WEST) **OR**
 MDA906-03-C-0010 (SOUTH) **OR**
 MDA906-03-C-0011 (NORTH) **OR**
 MDA906-03-C-0015 (TDEFIC) **OR**
 MDA906-03-C-0019 (TRRx)

THEN BYPASS THIS EDIT

ELSE IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER **OR**
 9 CLAIM RATE BATCH

AND CLIN FIELD ON TED RECORD **NOT** = BLANK

AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0

THEN THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER (CLIN CAN BE FOUND IN CURRENT OR ANY PRIOR OPTION PERIOD).

1-283-10F¹ • CLIN MATCHES APPROPRIATION TYPE

IF CONTRACT NUMBER NOT = MDA906-02C-0013 (TMOP) **OR**
 MDA906-03-C-0009 (WEST) **OR**
 MDA906-03-C-0010 (SOUTH) **OR**
 MDA906-03-C-0011 (NORTH) **OR**
 MDA906-03-C-0015 (TDEFIC) **OR**
 MDA906-03-C-0019 (TRRx)

THEN BYPASS THIS EDIT

ELSE IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER **OR**
 9 CLAIM RATE BATCH

AND CLIN FIELD ON TED RECORD **NOT** = BLANK

AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0

THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST = S SINGLE

OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE = E ELECTRONIC

THEN THE CLAIM FORM TYPE/ EMC INDICATOR ON THE TED RECORD MUST = G ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION **OR**

THIS DATA ELEMENT ONLY APPLIES TO THE FOLLOWING CONTRACT NUMBERS: MDA906-02-C-0013, MDA906-03-C-0009, MDA906-03-C-0010, MDA906-03-C-0011, MDA906-03-C-0015, AND MDA906-03-C-0019.

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-08F.
 BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-08F OR 1-283-09F.

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ELEMENT NAME: ADMINISTRATIVE CLIN (1-283) (Continued)

	H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR
	I	ELECTRONIC DRUG CLAIM SUBMISSION
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =	P	PAPER
THEN THE CLAIM FORM TYPE/ EMC INDICATOR ON THE TED RECORD MUST =	B	DD FORM 2642 OR
	C	HCFA/CMS 1500 OR
	F	UB-04/UB-92 OR
	J	OTHER
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =	F	FOREIGN
THEN THE BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =	BA	BATCH OR
	TF	TRICARE FOREIGN

1-283-11F • CLAIM SUBMITTED UNDER WRONG HEADER TYPE INDICATOR

IF CONTRACT NUMBER NOT =	MDA906-02C-0013 (TMOP) OR
	MDA906-03-C-0009 (WEST) OR
	MDA906-03-C-0010 (SOUTH) OR
	MDA906-03-C-0011 (NORTH) OR
	MDA906-03-C-0015 (TDEFIC) OR
	MDA906-03-C-0019 (TRRx)
THEN BYPASS THIS EDIT	
ELSE IF HEADER TYPE INDICATOR =	6 CLAIM RATE VOUCHER OR
	9 CLAIM RATE BATCH

THEN AT LEAST ONE OCCURRENCE OF ADMINISTRATIVE CLIN ≠ BLANK

THIS DATA ELEMENT ONLY APPLIES TO THE FOLLOWING CONTRACT NUMBERS: MDA906-02-C-0013, MDA906-03-C-0009, MDA906-03-C-0010, MDA906-03-C-0011, MDA906-03-C-0015, AND MDA906-03-C-0019.

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-08F.
 BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-08F OR 1-283-09F.

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000)		
VALIDITY EDITS		
NONE		
RELATIONAL EDITS		
2-000-01F	• BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - ACCRUAL FUND CHECK	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR CONTRACT NUMBER NOT =	MDA906-02C-0013 (TMOP)	OR
	MDA906-03-C-0009 (WEST)	OR
	MDA906-03-C-0010 (SOUTH)	OR
	MDA906-03-C-0011 (NORTH)	OR
	MDA906-03-C-0019 (TRRx)	
	OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = 0	
	THEN BYPASS THIS EDIT	
ELSE IF HCDP PLAN COVERAGE CODE =	000	NO HEALTH CARE COVERAGE PLAN OR
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE OR
	122	CHCBP EXTRA - FAMILY COVERAGE OR
	401	TRS TIER 1 MEMBER-ONLY OR
	402	TRS TIER 1 MEMBER AND FAMILY OR
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM OR
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR
	405	TRS TIER 2 MEMBER-ONLY OR
	406	TRS TIER 2 MEMBER AND FAMILY OR
	407	TRS TIER 3 MEMBER-ONLY OR
	408	TRS TIER 3 MEMBER AND FAMILY OR
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING 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	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE
OR ENROLLMENT/HEALTH PLAN CODE =	Y	CHCBP STANDARD - INDIVIDUAL COVERAGE OR

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (Continued)	
	AA CHCBP EXTRA - FAMILY COVERAGE OR
	SN SHCP NON-MTF REFERRED CARE OR
	SR SHCP REFERRED CARE
OR SPECIAL PROCESSING CODE =	AN SHCP NON-MTF REFERRED CARE OR
	AR SHCP MTF REFERRED CARE
OR HCC MEMBER CATEGORY CODE =	A ACTIVE DUTY OR
	G NATIONAL GUARD ACTIVE > 30 DAYS; AGR CODE A - H OR
	J ACADEMY STUDENT, NOT OCS OR
	N NATIONAL GUARD NOT ACTIVE OR < 31 DAYS OR
	S RESERVE MEMBER ACTIVE > 30 DAYS OR
	T FOREIGN MILITARY OR
	V RESERVE MEMBER NOT ACTIVE OR < 31 DAYS OR
	Y SERVICE AFFILIATES (ROTC, MERCHANT MARINE)
AND HCC MEMBER RELATIONSHIP CODE =	A SELF
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF TRUST/ACCURAL FUND
ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =	A MEDICARE PART A OR
	C MEDICARE PART A & B OR
	I MEDICARE PART A & D OR
	L MEDICARE PART A, B, & D
AND OTHER GOVERNMENT PROGRAM BEGIN REASON CODE ≠	N NOT ELIGIBLE FOR MEDICARE
AND HCDP PLAN COVERAGE CODE =	004 DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	005 TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	016 DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	017 TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	021 TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	023 TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	110 TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	111 TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (Continued)

	114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	131	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	149	TRICARE PLUS COVERAGE WITH CHC COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	151	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
OR HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED OR
	W	DOD BENEFICIARY
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST =	TF	TRUST/ACCRUAL FUND
ELSE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF	TRUST/ACCRUAL FUND
2-000-02F • NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - NORTH CONTRACT		
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (Continued)		
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =		
	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0011 (NORTH)	
AND BEGIN DATE OF CARE ≥ 09/01/2004		
THEN SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR
	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
	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	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (Continued)

	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE OR
	999	UNVERIFIED NEWBORN
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN
2-000-03F	• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - SOUTH CONTRACT	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0010 (SOUTH)	
AND BEGIN DATE OF CARE ≥ 11/01/2004		
THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	Y	CHCBP OR
	AA	CHCBP - EXTRA OR
	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE OR
	122	CHCBP EXTRA - FAMILY COVERAGE OR
	401	TRS TIER 1 MEMBER-ONLY COVERAGE OR

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (Continued)

	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	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	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE OR
	999	UNVERIFIED NEWBORN
OR SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

2-000-04F • NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (Continued)		
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =		
	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0009 (WEST)	
AND BEGIN DATE OF CARE ≥ 10/01/2004		
THEN SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR
	401	TRS TIER 1 MEMBER-ONLY COVERAGE OR
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	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

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (Continued)

	414	TRS MEMBER AND FAMILY COVERAGE OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE OR
	999	UNVERIFIED NEWBORN
OR PATIENT ZIP CODE IS IN ALASKA		
OR PCM DMIS ID STATE = ALASKA		
OR HCC MEMBER CATEGORY CODE MUST =		
	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =		
	A	SELF OR
	Z	UNKNOWN

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ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055)		
VALIDITY EDITS		
REFER TO SECTION 6.1 .		
RELATIONAL EDITS		
2-055-11F	• TPR [ADSM]	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA OR
	WA	TPR FOREIGN ADSM
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU	ADSM ENROLLED IN TPR
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE ≠ ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA OR
	Z	NOT PROVIDED FROM DEERS
AND 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
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

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ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (Continued)

2-055-20F • SHCP VOUCHERS (ADSM CLAIMS ONLY)

IF ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE (EFFECTIVE 10/01/1999)
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AR	SHCP REFERRED
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSM OR
	SO	SHCP - NON-TRICARE ELIGIBLE OR
	ST	SHCP - TRICARE ELIGIBLE OR
	SU	SHCP - REFERRAL DESIGNATION UNKNOWN
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA OR
	Z	NOT PROVIDED FROM DEERS OR
	1	FOREIGN ARMY OR
	2	FOREIGN NAVY OR
	3	FOREIGN MARINE CORPS OR
	4	FOREIGN AIR FORCE
AND 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

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Financial Edit Requirements

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (Continued)

	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) OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

2-055-30F • NAVY LINE OF DUTY CLAIMS

IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
	6	CLAIM RATE VOUCHER
AND CONTRACT NUMBER =	MDA906-03-0010 (SOUTH)	
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 =	5	
THEN SERVICE BRANCH CLASSIFICATION CODE MUST =	N	NAVY OR
	Z	UNKNOWN

2-055-31F • MARINE LINE OF DUTY CLAIMS

IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
	6	CLAIM RATE VOUCHER
AND CONTRACT NUMBER =	MDA906-03-0010 (SOUTH)	
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 =	6	
THEN SERVICE BRANCH CLASSIFICATION CODE MUST =	M	MARINE OR
	Z	UNKNOWN

2-055-32F • SHCP NON-MTF REFERRED VOUCHER (ADSM CLAIMS ONLY)

IF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		

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Financial Edit Requirements

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (Continued)

ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP NON-MTF REFERRED CARE
OR ANY OCCURRENCE OF SPECIAL PROCESING CODE =	AN	SHCP NON-MTF REFERRED CARE
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA OR
	Z	NOT PROVIDED FROM DEERS OR
	1	FOREGIN ARMY OR
	2	FOREIGN NAVY OR
	3	FOREIGN MARINE CORPS OR
	4	FOREIGN AIR FORCE
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (2-056)

VALIDITY EDITS

REFER TO [SECTION 6.1](#)

RELATIONAL EDITS

NONE

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Financial Edit Requirements

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108)

VALIDITY EDITS

REFER TO [SECTION 5.2](#)

RELATIONAL EDITS

2-108-02F • NO DUPLICATE CLINs ON TED RECORD

IF CONTRACT NUMBER NOT = MDA906-02-C-0013 (TMOP) **OR**
 MDA906-03-C-0009 (WEST) **OR**
 MDA906-03-C-0010 (SOUTH) **OR**
 MDA906-03-C-0011 (NORTH) **OR**
 MDA906-03-C-0015 (TDEFIC) **OR**
 MDA906-03-C-0019 (TRRx)

THEN BYPASS THIS EDIT

ELSE IF HEADER TYPE INDICATOR = 6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/
 NON-INSTITUTIONAL NON-FINANCIALLY
 UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED
 RECORDS) **OR**
 9 BATCH HEADER (INSTITUTIONAL/NON-
 INSTITUTIONAL FINANCIALLY UNDERWRITTEN
 ADMIN CLAIM RATE ELIGIBLE TED RECORDS)

THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-6) MUST HAVE NO DUPLICATE IN ANY
 OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)

2-108-11F • NO BASE ADMINISTRATIVE PAYMENT FOR DENIAL OF SERVICES

IF CONTRACT NUMBER NOT = MDA906-02-C-0013 (TMOP) **OR**
 MDA906-03-C-0009 (WEST) **OR**
 MDA906-03-C-0010 (SOUTH) **OR**
 MDA906-03-C-0011 (NORTH) **OR**
 MDA906-03-C-0015 (TDEFIC) **OR**
 MDA906-03-C-0019 (TRRx)

THEN BYPASS THIS EDIT

ELSE IF HEADER TYPE INDICATOR = 6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/
 NON-INSTITUTIONAL NON-FINANCIALLY
 UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED
 RECORDS) **OR**
 9 BATCH HEADER (INSTITUTIONAL/NON-
 INSTITUTIONAL FINANCIALLY UNDERWRITTEN
 ADMIN CLAIM RATE ELIGIBLE TED RECORDS)

AND CONTRACT NUMBER = MDA906-02-C-0002 (TMOP)

AND TYPE OF SUBMISSION = D COMPLETE DENIAL

THEN RATE TYPE FOR CLIN IN THE
 TMA DATABASE MUST ≠ D DISPENSING FEE

THIS DATA ELEMENT ONLY APPLIES TO THE FOLLOWING CONTRACT NUMBERS: MDA906-02-C-0013, MDA906-03-C-0009,
 MDA906-03-C-0010, MDA906-03-C-0011, MDA906-03-C-0015, AND MDA906-03-C-0019.

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE
 EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN
 DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.

BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

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Financial Edit Requirements

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (Continued)

2-108-16F¹ • OPTION PERIOD

IF CONTRACT NUMBER NOT =	MDA906-02-C-0013 (TMOP) OR
	MDA906-03-C-0009 (WEST) OR
	MDA906-03-C-0010 (SOUTH) OR
	MDA906-03-C-0011 (NORTH) OR
	MDA906-03-C-0015 (TDEFIC) OR
	MDA906-03-C-0019 (TRRx)
THEN BYPASS THIS EDIT	
ELSE IF HEADER TYPE INDICATOR =	6 CLAIM RATE VOUCHER OR
	9 CLAIM RATE BATCH
AND CLIN FIELD ON TED RECORD NOT = BLANK	
AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0	
THEN IF TYPE OF SUBMISSION =	A ADJUSTMENT OR
	B ADJUSTMENT NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN THE CLIN MUST BE VALID IN THE CURRENT OR PRIOR OPTION PERIOD FOR THAT CONTRACT ON THE TMA DATABASE	
ELSE THE CLIN MUST BE VALID IN THE CURRENT OPTION PERIOD FOR THAT CONTRACT ON THE TMA DATABASE.	

2-108-17F¹ • CLIN MATCHES APPROPRIATION TYPE

IF CONTRACT NUMBER NOT =	MDA906-02-C-0013 (TMOP) OR
	MDA906-03-C-0009 (WEST) OR
	MDA906-03-C-0010 (SOUTH) OR
	MDA906-03-C-0011 (NORTH) OR
	MDA906-03-C-0015 (TDEFIC) OR
	MDA906-03-C-0019 (TRRx)
THEN BYPASS THIS EDIT	
ELSE IF HEADER TYPE INDICATOR =	6 CLAIM RATE VOUCHER OR
	9 CLAIM RATE BATCH
AND CLIN FIELD ON TED RECORD NOT = BLANK	
AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0	
THEN THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.	
THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.	

THIS DATA ELEMENT ONLY APPLIES TO THE FOLLOWING CONTRACT NUMBERS: MDA906-02-C-0013, MDA906-03-C-0009, MDA906-03-C-0010, MDA906-03-C-0011, MDA906-03-C-0015, AND MDA906-03-C-0019.

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.

BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

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Financial Edit Requirements

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (Continued)

2-108-18F¹ • CLIN VS. CLAIM FORM TYPE

IF CONTRACT NUMBER NOT =	MDA906-02-C-0013 (TMOP) OR
	MDA906-03-C-0009 (WEST) OR
	MDA906-03-C-0010 (SOUTH) OR
	MDA906-03-C-0011 (NORTH) OR
	MDA906-03-C-0015 (TDEFIC) OR
	MDA906-03-C-0019 (TRRx)
THEN BYPASS THIS EDIT	
ELSE IF HEADER TYPE INDICATOR =	6 CLAIM RATE VOUCHER OR
	9 CLAIM RATE BATCH
AND CLIN FIELD ON TED RECORD NOT = BLANK	
AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0	
THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =	D DISPENSING FEE OR
	S SINGLE
OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =	E ELECTRONIC
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	G ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR
	H ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR
	I ELECTRONIC DRUG CLAIM SUBMISSION
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =	P PAPER
THEN THE CLAIM FORM TYPE/ EMC INDICATOR ON THE TED RECORD MUST =	B DD FORM 2642 OR
	C HCFA/CMS 1500 OR
	F UB-04/UB-92 OR
	J OTHER
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =	F FOREIGN
THEN THE BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATA BASE MUST =	BA BATCH OR
	TF TRICARE FOREIGN

THIS DATA ELEMENT ONLY APPLIES TO THE FOLLOWING CONTRACT NUMBERS: MDA906-02-C-0013, MDA906-03-C-0009, MDA906-03-C-0010, MDA906-03-C-0011, MDA906-03-C-0015, AND MDA906-03-C-0019.

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.

BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

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Financial Edit Requirements

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (Continued)

2-108-19F • ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE (EOC)

IF CONTRACT NUMBER NOT =	MDA906-02-C-0013 (TMOP) OR
	MDA906-03-C-0009 (WEST) OR
	MDA906-03-C-0010 (SOUTH) OR
	MDA906-03-C-0011 (NORTH) OR
	MDA906-03-C-0015 (TDEFIC) OR
	MDA906-03-C-0019 (TRRx)
THEN BYPASS THIS EDIT	
ELSE IF CONTRACT NUMBER =	MDA906-02-C-0013 (TMOP) OR
	MDA906-03-C-0019 (TRRx)
AND HEADER TYPE INDICATOR =	9 CLAIM RATE ELIGIBLE BATCH
AND CLIN NOT = BLANK	
THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST ≠	D DISPENSING FEE OR
	E ELECTRONIC OR
	P PAPER

2-108-20F • ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EOC

IF CONTRACT NUMBER NOT =	MDA906-02-C-0013 (TMOP) OR
	MDA906-03-C-0009 (WEST) OR
	MDA906-03-C-0010 (SOUTH) OR
	MDA906-03-C-0011 (NORTH) OR
	MDA906-03-C-0015 (TDEFIC) OR
	MDA906-03-C-0019 (TRRx)
THEN BYPASS THIS EDIT	
ELSE IF CONTRACT NUMBER =	MDA906-02-C-0013 (TMOP) OR
	MDA906-03-C-0019 (TRRx)
AND HEADER TYPE INDICATOR =	6 CLAIM RATE ELIGIBLE VOUCHER
THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST ≠	S SINGLE RATE

2-108-21F • CLAIM SUBMITTED UNDER WRONG HEADER TYPE INDICATOR

IF CONTRACT NUMBER NOT =	MDA906-02-C-0013 (TMOP) OR
	MDA906-03-C-0009 (WEST) OR
	MDA906-03-C-0010 (SOUTH) OR
	MDA906-03-C-0011 (NORTH) OR
	MDA906-03-C-0015 (TDEFIC) OR
	MDA906-03-C-0019 (TRRx)

THIS DATA ELEMENT ONLY APPLIES TO THE FOLLOWING CONTRACT NUMBERS: MDA906-02-C-0013, MDA906-03-C-0009, MDA906-03-C-0010, MDA906-03-C-0011, MDA906-03-C-0015, AND MDA906-03-C-0019. ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.

BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

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Financial Edit Requirements

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (Continued)

THEN BYPASS THIS EDIT

ELSE IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER **OR**

9 CLAIM RATE BATCH

THEN AT LEAST ONE OCCURRENCE OF ADMINISTRATIVE CLIN MUST **NOT** = BLANK

THIS DATA ELEMENT ONLY APPLIES TO THE FOLLOWING CONTRACT NUMBERS: MDA906-02-C-0013, MDA906-03-C-0009, MDA906-03-C-0010, MDA906-03-C-0011, MDA906-03-C-0015, AND MDA906-03-C-0019.

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.

BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

ELEMENT NAME: AMOUNT INTEREST PAYMENT (2-112)

VALIDITY EDITS

REFER TO [SECTION 2.4](#).

RELATIONAL EDITS

NONE

ELEMENT NAME: AMOUNT PATIENT COST-SHARE (2-200)

VALIDITY EDITS

REFER TO [SECTION 2.4](#).

RELATIONAL EDITS

NONE

- END -