

## FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000)</b>		
<b>VALIDITY EDITS</b>		
NONE		
<b>RELATIONAL EDITS</b>		
<b>1-000-01F</b>	<ul style="list-style-type: none"> <li><b>BATCH/VOUCHER ASAP ACCOUNT NUMBER VALIDATION - ACCRUAL FUND CHECK</b></li> </ul>	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2	BENEFIT PAYMENT USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER GOVERNMENT CAUSED ERROR
<b>OR CONTRACT NUMBER =</b>	MDA906-03-C-0015 (TDEFIC)	
<b>OR TYPE OF SUBMISSION =</b>	D	COMPLETE DENIAL <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF HCDP PLAN COVERAGE CODE =</b>	000	NO HEALTH CARE COVERAGE PLAN <b>OR</b>
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE <b>OR</b>
	122	CHCBP EXTRA - FAMILY COVERAGE <b>OR</b>
	401	TRS TIER 1 MEMBER-ONLY <b>OR</b>
	402	TRS TIER 1 MEMBER AND FAMILY <b>OR</b>
	405	TRS TIER 2 MEMBER-ONLY <b>OR</b>
	406	TRS TIER 2 MEMBER AND FAMILY <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY <b>OR</b>
	408	TRS TIER 3 MEMBER AND FAMILY <b>OR</b>
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>

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

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

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

010	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSOR <b>OR</b>
015	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
016	DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
020	TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
022	TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
024	DIRECT CARE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
131	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
132	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
133	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
134	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>

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

135	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
141	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
142	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
147	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
149	TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
151	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
158	TRICARE REMOTE INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
159	TRICARE REMOTE FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS
<b>OR</b>	<b>HCC MEMBER CATEGORY CODE =</b>
F	FORMER MEMBER <b>OR</b>
H	MEDAL OF HONOR RECIPIENT <b>OR</b>
R	RETIRED <b>OR</b>

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FINANCIAL EDIT REQUIREMENTS

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

		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
<b>1-000-02F</b>	• <b>NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - NORTH CONTRACT</b>		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
	<b>OR</b> TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>OR</b> AMOUNT PAID BY GOVT CONTRACTOR (TOTAL) = ZERO		
	<b>THEN</b> BYPASS THIS EDIT		
	ELSE IF BATCH/VOUCHER CLIN/ ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
	<b>AND</b> CONTRACT NUMBER =		MDA906-03-C-0011 (NORTH)
	<b>AND</b> BEGIN DATE OF CARE ≥ 09/01/2004		
	<b>THEN</b> SPECIAL PROCESSING CODE MUST =	AR	SHCP - REFERRED CARE <b>OR</b>
		CL	CLINICAL TRIALS <b>OR</b>
		CM	INDIVIDUAL CASE MANAGEMENT <b>OR</b>
		CT	CUSTODIAL CARE
	<b>OR</b> ENROLLMENT/ HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE
	<b>OR</b> HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES <b>OR</b>
		401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>

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

	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE
		<b>OR HCC MEMBER CATEGORY CODE MUST =</b>
	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD > 30 DAYS <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD < 30 DAYS <b>OR</b>
	S	RESERVE > 30 DAYS <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE < 30 DAYS <b>OR</b>
	Z	UNKNOWN
		<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>
	A	SELF <b>OR</b>
	Z	UNKNOWN
<b>1-000-03F</b>		<b>• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - SOUTH CONTRACT</b>
		<b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>
	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	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 - INSTITUTIONAL  
(1-000) (CONTINUED)**

OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>OR AMOUNT PAID BY GOVT CONTRACTOR (TOTAL) = ZERO</b>		
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =</b>		
	TD	TRICARE DOMESTIC
<b>AND CONTRACT NUMBER =</b>	MDA906-03-C-0010 (SOUTH)	
<b>AND BEGIN DATE OF CARE ≥ 11/01/2004</b>		
<b>THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =</b>	Y	CHCBP <b>OR</b>
	AA	CHCBP - EXTRA <b>OR</b>
	SR	SHCP - REFERRED CARE
<b>OR HCDP PLAN COVERAGE CODE MUST =</b>	000	CARE DELIVERED TO INELIGIBLES <b>OR</b>
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE <b>OR</b>
	122	CHCBP EXTRA - FAMILY COVERAGE <b>OR</b>
	401	TRS TIER 1 MEMBER-ONLY COVERAGE <b>OR</b>
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE

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

<b>OR SPECIAL PROCESSING CODE MUST =</b>	AR	SHCP - REFERRED CARE <b>OR</b>
	CL	CLINICAL TRIALS <b>OR</b>
	CM	INDIVIDUAL CASE MANAGEMENT <b>OR</b>
	CT	CUSTODIAL CARE
<b>OR HCC MEMBER CATEGORY CODE MUST =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD > 30 DAYS <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD < 30 DAYS <b>OR</b>
	S	RESERVE > 30 DAYS <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE < 30 DAYS <b>OR</b>
	Z	UNKNOWN
<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>	A	SELF <b>OR</b>
	Z	UNKNOWN
<b>1-000-04F</b>	• <b>NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT</b>	
<b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>OR TYPE OF SUBMISSION =</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>OR AMOUNT PAID BY GOVT CONTRACTOR (TOTAL) = ZERO</b>		
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF BATCH/VOUCHER CLIN/ ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =</b>	TD	TRICARE DOMESTIC
<b>AND CONTRACT NUMBER =</b>	MDA906-03-C-0009 (WEST)	
<b>AND BEGIN DATE OF CARE ≥ 10/01/2004</b>		
<b>THEN SPECIAL PROCESSING CODE MUST =</b>	AR	SHCP - REFERRED CARE <b>OR</b>
	CL	CLINICAL TRIALS <b>OR</b>
	CM	INDIVIDUAL CASE MANAGEMENT <b>OR</b>

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

	CT	CUSTODIAL CARE
<b>OR</b> ENROLLMENT/ HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE
<b>OR</b> HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES <b>OR</b>
	401	TRS TIER 1 MEMBER-ONLY COVERAGE <b>OR</b>
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE
<b>OR</b> PATIENT ZIP CODE IS IN ALASKA		
<b>OR</b> PCM DMIS ID STATE = ALASKA		
<b>OR</b> HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD > 30 DAYS <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD < 30 DAYS <b>OR</b>
	S	RESERVE > 30 DAYS <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE < 30 DAYS <b>OR</b>
	Z	UNKNOWN
<b>AND</b> HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF <b>OR</b>
	Z	UNKNOWN

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FINANCIAL EDIT REQUIREMENTS

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

**VALIDITY EDITS**

REFER TO [CHAPTER 2, SECTION 5.1](#)

**RELATIONAL EDITS**

<b>1-060-01F</b>	<b>• FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]</b>		
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>	
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR	
<b>THEN BYPASS THIS EDIT</b>			
<b>ELSE IF</b> HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>	
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE	
<b>AND</b> ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSTM	
<b>AND</b> TYPE OF SUBMISSION $\neq$	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>	
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>	
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>	
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI	
<b>THEN</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION IN THE TMA DATABASE MUST =	TF	TRICARE FOREIGN	
<b>AND</b> SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY <b>OR</b>	
	C	COAST GUARD <b>OR</b>	
	F	AIR FORCE <b>OR</b>	
	H	PUBLIC HEALTH SERVICE <b>OR</b>	
	M	MARINES <b>OR</b>	
	N	NAVY <b>OR</b>	
	O	NOAA <b>OR</b>	
	Z	NOT PROVIDED FROM DEERS	
<b>AND</b> HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>	

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<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)</b>	
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J ACADEMY STUDENT <b>OR</b>
	N NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	T FOREIGN MILITARY MEMBER <b>OR</b>
	V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE MUST = A SELF
<b>1-060-02F</b>	<b>• TPR FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]</b>
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
	<b>THEN BYPASS THIS EDIT</b>
ELSE IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6 VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	WA TPR FOREIGN ADSM
AND TYPE OF SUBMISSION ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION IN THE TMA DATABASE MUST =	TF TRICARE FOREIGN
AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A ARMY <b>OR</b>
	C COAST GUARD <b>OR</b>

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<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)</b>		
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS
<b>AND HCC MEMBER CATEGORY CODE MUST =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>	A	SELF
<b>1-060-11F</b>	<sup>2</sup>	<b>TRICARE PRIME REMOTE (TPR) [ACTIVE DUTY SERVICE MEMBER]</b>
<b>IF HEADER TYPE INDICATOR =</b>	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>	W	TPR ADSM - USA
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	GU	ADSM ENROLLED IN TPR
<b>AND TYPE OF SUBMISSION ≠</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS

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FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)</b>		
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
<b>1-060-16F</b>	<b>• TFL [RETIREE AND FAMILY MEMBER]</b>	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	FE	TFL - EXTRA <b>OR</b>
	FS	TFL - STANDARD
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR <b>OR</b>
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR <b>OR</b>
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
AND HCC MEMBER CATEGORY CODE ≠	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 30 DAYS OR MORE) <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)</b>		
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS
<b>AND HCC MEMBER CATEGORY CODE MUST =</b>	F	FORMER MEMBER (RESERVE SERVICE) <b>OR</b>
	H	MEDAL OF HONOR RECIPIENT <b>OR</b>
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY <b>OR</b>
	W	FORMER SPOUSE
<b>AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =</b>	C	MEDICARE PART A & B <b>OR</b>
	H	MEDICARE HMO
<b>1-060-18F</b>	<b>• SHCP VOUCHER (ADSM CLAIMS ONLY)</b>	
<b>IF HEADER TYPE INDICATOR =</b>	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>	SN	SHCP - NON-MTF REFERRED <b>OR</b>
	SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	ST	SHCP - TRICARE ELIGIBLE
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	AN	SHCP - NON-REFERRED CARE <b>OR</b>
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
	SM	SHCP - EMERGENCY
<b>AND TYPE OF SUBMISSION ≠</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>

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FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)</b>		
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS
<b>AND HCC MEMBER CATEGORY CODE MUST =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>	A	SELF
<b>1-060-19F</b>	<b>• TPR ADFM INTERIM</b>	
<b>IF HEADER TYPE INDICATOR =</b>	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADMS
<b>AND TYPE OF SUBMISSION ≠</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>

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FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)</b>		
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN SERVICE BRANCH CLASSIFICATION CODE MUST =</b>	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS
<b>AND HCC MEMBER CATEGORY CODE MUST =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>	B	SPOUSE <b>OR</b>
	C	CHILD OR STEPCHILD <b>OR</b>
	D	WARD (NOT COURT ORDERED) <b>OR</b>
	E	WARD (COURT ORDERED)
<b>1-060-20F</b>	<b>• TFL [ACTIVE DUTY FAMILY MEMBER]</b>	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>	FE	TFL - EXTRA <b>OR</b>
	FS	TFL - STANDARD
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR <b>OR</b>
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR <b>OR</b>
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION

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FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)</b>	
<b>AND HCC MEMBER CATEGORY CODE =</b>	A ACTIVE DUTY <b>OR</b>
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J ACADEMY STUDENT <b>OR</b>
	N NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	T FOREIGN MILITARY MEMBER <b>OR</b>
	V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
<b>AND TYPE OF SUBMISSION ≠</b>	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>	A ARMY <b>OR</b>
	C COAST GUARD <b>OR</b>
	F AIR FORCE <b>OR</b>
	H PUBLIC HEALTH SERVICE <b>OR</b>
	M MARINES <b>OR</b>
	N NAVY <b>OR</b>
	O NOAA <b>OR</b>
	Z NOT PROVIDED FROM DEERS
<b>AND HCC MEMBER RELATIONSHIP CODE MUST ≠</b>	A SELF
<b>AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =</b>	A MEDICARE PART A <b>OR</b>
	C MEDICARE PART A & B <b>OR</b>
	H MEDICARE HMO
<b>1-060-23F</b>	<b>• CONUS NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT VALIDATION</b>
<b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>

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

	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF HEADER TYPE INDICATOR =</b>	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND TYPE OF SUBMISSION ≠</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR
<b>THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST ≠</b>	AS	ARMY SHCP CLIN <b>OR</b>
	FS	AIR FORCE SHCP CLIN <b>OR</b>
	NS	NAVY SHCP CLIN <b>OR</b>
	TD	TRICARE DOMESTIC ASAP <b>OR</b>
	TF	TRICARE FOREIGN ASAP
<b>1-060-26F</b>		<b>• FOREIGN ADFM</b>
<b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF HEADER TYPE INDICATOR =</b>	5	NON-CLAIM RATE VOUCHER <b>OR</b>
	6	CLAIM RATE VOUCHER
<b>AND ENROLLMENT CODE/ HEALTH PLAN CODE =</b>	XF	FOREIGN ADFM
<b>AND TYPE OF SUBMISSION ≠</b>	B	ADJUSTMENT TO NON-TED RECORD <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>

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<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)</b>		
	E	COMPLETE CANCELLATION NON-TED RECORD <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =	TF	TRICARE FOREIGN
<b>AND</b> SERVICE BRANCH CLASSIFICATION CODE MUST =	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	UNKNOWN
<b>AND</b> HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD > 30 DAYS <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD > 30 DAYS <b>OR</b>
	S	RESERVE > 30 DAYS <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE < 30 DAYS
<b>AND</b> HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF
<b>1-060-27F</b>	<b>•</b>	<b>TPR FOREIGN EDITS (ADFM)</b>
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>THEN</b> BYPASS THIS EDIT		
<b>ELSE</b> IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER <b>OR</b>
	6	CLAIM RATE VOUCHER
<b>AND</b> ENROLLMENT CODE/ HEALTH PLAN CODE =	WO	TPR FOREIGN ADFM

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<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)</b>		
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E	COMPLETE CANCELLATION NON-TED RECORD <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =	TF	TRICARE FOREIGN
AND SERVICE BRANCH CLASSIFICATION CODE MUST =	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	UNKNOWN
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD > 30 DAYS <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	S	RESERVE > 30 DAYS
AND HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE <b>OR</b>
	C	CHILD <b>OR</b>
	D	PRE-ADOPTIVE CHILD <b>OR</b>
	E	WARD
<b>1-060-28F</b>	<b>• NAVY LINE OF DUTY CLAIMS</b>	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	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 <b>OR</b>

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

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

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FINANCIAL EDIT REQUIREMENTS

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

**VALIDITY EDITS**

REFER TO [CHAPTER 2, SECTION 5.3](#).

**RELATIONAL EDITS**

<b>1-065-01F</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	<b>AND HCC MEMBER CATEGORY CODE =</b>	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	<b>AND TYPE OF SUBMISSION ≠</b>	B	ADJUSTMENT NON-TED RECORD (HCSR) DATA <b>OR</b>
		D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
		O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
	<b>THEN AGR SERVICE LEGAL AUTHORITY CODE MUST =</b>	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) <b>OR</b>
		B	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) <b>OR</b>
		C	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) <b>OR</b>
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) <b>OR</b>
		E	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) <b>OR</b>
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) <b>OR</b>
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) <b>OR</b>
		H	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) <b>OR</b>
		I	AGR: 14 U.S.C. 276 <b>OR</b>
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) <b>OR</b>
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) <b>OR</b>
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) <b>OR</b>
		X	AGR: OTHER <b>OR</b>
		Z	UNKNOWN/NOT APPLICABLE

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FINANCIAL EDIT REQUIREMENTS

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

**VALIDITY EDITS**

REFER TO [CHAPTER 2, SECTION 5.3](#).

**RELATIONAL EDITS**

**1-283-02F • NO DUPLICATE CLINS ON TED RECORD**

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)**

**1-283-08F<sup>1</sup> • OPTION PERIOD**

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**

**AND 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**

**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**

**1-283-09F<sup>1</sup> • CLIN MATCHES APPROPRIATION TYPE**

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).**

**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.**

<sup>1</sup> 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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FINANCIAL EDIT REQUIREMENTS

**ELEMENT NAME: ADMINISTRATIVE CLIN (1-283) (CONTINUED)**

<b>1-283-10F<sup>1</sup></b>	•	<b>CLIN MATCHES APPROPRIATION TYPE</b>
IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER <b>OR</b>
	9	CLAIM RATE BATCH
<b>AND CLIN FIELD ON TED RECORD NOT = BLANK</b>		
<b>AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0</b>		
<b>THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =</b>	D	SINGLE <b>OR</b>
	S	DISPENSING FEE
<b>OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =</b>	E	ELECTRONIC
<b>THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =</b>	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION <b>OR</b>
	H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION <b>OR</b>
	I	ELECTRONIC DRUG CLAIM SUBMISSION
<b>OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =</b>	P	PAPER
<b>THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =</b>	B	DD FORM 2642 <b>OR</b>
	C	HCFA/CMS FORM 1500 <b>OR</b>
	F	UB-04/UB 92 <b>OR</b>
	J	OTHER
<b>OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =</b>	F	FOREIGN
<b>THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED ≠ A SPACE</b>		

<b>1-283-11F</b>	•	<b>CLAIM SUBMITTED UNDER WRONG HEADER TYPE INDICATOR</b>
IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER <b>OR</b>
	9	CLAIM RATE BATCH
<b>THEN AT LEAST ONE OCCURRENCE OF ADMINISTRATIVE CLIN ≠ BLANK</b>		

**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.**

<sup>1</sup> 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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FINANCIAL EDIT REQUIREMENTS

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

**OR THE TOTAL OF ALL OCCURRENCE/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**

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 ENROLLMENT/HEALTH  
PLAN CODE =**

Y CHCBP STANDARD - INDIVIDUAL  
COVERAGE **OR**

AA CHCBP EXTRA - FAMILY COVERAGE **OR**

SR SHCP REFERRED CARE

**OR SPECIAL PROCESSING  
CODE =**

AR SHCP MTF REFERRED CARE

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FINANCIAL EDIT REQUIREMENTS

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

<b>OR HCC MEMBER CATEGORY CODE =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD ACTIVE > 30 DAYS; AGR CODE A-H <b>OR</b>
	J	ACADEMY STUDENT, NOT OCS <b>OR</b>
	N	NATIONAL GUARD NOT ACTIVE <b>OR</b> <31 DAYS <b>OR</b>
	S	RESERVE MEMBER ACTIVE > 30 DAYS <b>OR</b>
	T	FOREIGN MILITARY <b>OR</b>
	V	RESERVE MEMBER NOT ACTIVE <b>OR</b> < 31 DAYS <b>OR</b>
	Y	SERVICE AFFILIATES (ROTC, MERCHANT MARINE)
<b>AND HCC MEMBER RELATIONSHIP CODE =</b>	A	SELF
<b>THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠</b>	TF	TRUST/ACCRUAL FUND
<b>ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =</b>	A	MEDICARE PART A <b>OR</b>
	C	MEDICARE PART A & B <b>OR</b>
	H	MEDICARE PART D <b>OR</b>
	I	MEDICARE PART A & D <b>OR</b>
	L	MEDICARE PART A, B, & D
<b>AND OTHER GOVERNMENT PROGRAM BEGIN REASON CODE ≠</b>	N	NOT ELIGIBLE FOR MEDICARE
<b>AND HCDP PLAN COVERAGE CODE =</b>	004	DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	010	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSOR <b>OR</b>
	014	DIRECT CARE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	015	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
	016	DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>

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

017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
020	TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
022	TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
024	DIRECT CARE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
131	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
132	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
133	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
134	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
135	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS <b>OR</b>
136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>

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

138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS <b>OR</b>
139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS <b>OR</b>
141	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
142	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
147	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS <b>OR</b>
148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS <b>OR</b>
149	TRICARE PLUS COVERAGE WITH CHC COVERAGE FOR SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS <b>OR</b>
151	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS <b>OR</b>
158	TRICARE REMOTE INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
159	TRICARE REMOTE FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS
<b>OR HCC MEMBER CATEGORY CODE =</b>	
F	FORMER MEMBER <b>OR</b>
H	MEDAL OF HONOR RECIPIENT <b>OR</b>
R	RETIRED <b>OR</b>
W	DoD BENEFICIARY
<b>THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST =</b>	
TF	TRUST/ACCRUAL FUND
<b>ELSE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠</b>	
TF	TRUST/ACCRUAL FUND

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

2-000-02F	•	<b>NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - NORTH CONTRACT</b>	
IF ANY OCCURRENCE OF OVERRIDE CODE =		H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>OR</b> TYPE OF SUBMISSION =		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>OR</b> THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVT CONTRACTOR BY PROCEDURE CODE = ZERO			
<b>THEN BYPASS THIS EDIT</b>			
<b>ELSE</b> IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =		TD	TRICARE DOMESTIC)
<b>AND</b> CONTRACT NUMBER =		MDA906-03-C-0011 (NORTH)	
<b>AND</b> BEGIN DATE OF CARE ≥ 09/01/2004			
<b>THEN</b> SPECIAL PROCESSING CODE MUST =		AR	SHCP - REFERRED CARE <b>OR</b>
		CL	CLINICAL TRIALS <b>OR</b>
		CM	INDIVIDUAL CASE MANAGEMENT <b>OR</b>
		CT	CUSTODIAL CARE
<b>OR</b> ENROLLMENT/HEALTH PLAN CODE =		SR	SHCP - REFERRED CARE
<b>OR</b> HCDP PLAN COVERAGE CODE MUST =		000	CARE DELIVERED TO INELIGIBLES <b>OR</b>
		401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
		405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
		406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
		407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
		408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>

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

	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE
<b>OR HCC MEMBER CATEGORY CODE MUST =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD > 30 DAYS <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD < 30 DAYS <b>OR</b>
	S	RESERVE > 30 DAYS <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE < 30 DAYS <b>OR</b>
	Z	UNKNOWN
<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>	A	SELF <b>OR</b>
	Z	UNKNOWN
<b>2-000-03F</b>		<b>• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - SOUTH CONTRACT</b>
<b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>OR TYPE OF SUBMISSION =</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>OR THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVT CONTRACTOR BY PROCEDURE CODE = ZERO</b>		
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =</b>	TD	TRICARE DOMESTIC)
<b>AND CONTRACT NUMBER =</b>		MDA906-03-C-0010 (SOUTH)

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

AND BEGIN DATE OF CARE ≥ 11/01/2004

<b>THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =</b>	Y	CHCBP <b>OR</b>
	AA	CHCBP - EXTRA <b>OR</b>
	SR	SHCP - REFERRED CARE
<b>OR HCDP PLAN COVERAGE CODE MUST =</b>	000	CARE DELIVERED TO INELIGIBLES <b>OR</b>
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE <b>OR</b>
	122	CHCBP EXTRA - FAMILY COVERAGE <b>OR</b>
	401	TRS TIER 1 MEMBER-ONLY COVERAGE <b>OR</b>
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE
<b>OR SPECIAL PROCESSING CODE MUST =</b>	AR	SHCP - REFERRED CARE <b>OR</b>
	CL	CLINICAL TRIALS <b>OR</b>
	CM	INDIVIDUAL CASE MANAGEMENT <b>OR</b>
	CT	CUSTODIAL CARE
<b>OR HCC MEMBER CATEGORY CODE MUST =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD > 30 DAYS <b>OR</b>

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

	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD < 30 DAYS <b>OR</b>
	S	RESERVE > 30 DAYS <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE < 30 DAYS <b>OR</b>
	Z	UNKNOWN
	<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>	
	A	SELF <b>OR</b>
	Z	UNKNOWN
<b>2-000-04F</b>	• <b>NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT</b>	
	IF ANY OCCURRENCE OF OVERRIDE CODE =	
	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
	<b>OR TYPE OF SUBMISSION =</b>	
	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>OR THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVT CONTRACTOR BY PROCEDURE CODE = ZERO</b>	
	<b>THEN BYPASS THIS EDIT</b>	
	<b>ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =</b>	
	TD	TRICARE DOMESTIC)
	<b>AND CONTRACT NUMBER = MDA906-03-C-0009 (WEST)</b>	
	<b>AND BEGIN DATE OF CARE ≥ 10/01/2004</b>	
	<b>THEN SPECIAL PROCESSING CODE MUST =</b>	
	AR	SHCP - REFERRED CARE <b>OR</b>
	CL	CLINICAL TRIALS <b>OR</b>
	CM	INDIVIDUAL CASE MANAGEMENT <b>OR</b>
	CT	CUSTODIAL CARE
	<b>OR ENROLLMENT/HEALTH PLAN CODE =</b>	
	SR	SHCP - REFERRED CARE
	<b>OR HCDP PLAN COVERAGE CODE MUST =</b>	
	000	CARE DELIVERED TO INELIGIBLES <b>OR</b>
	401	TRS TIER 1 MEMBER-ONLY COVERAGE <b>OR</b>

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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) <b>OR</b>
405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>
407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>
409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>
410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>
411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
414	TRS MEMBER AND FAMILY COVERAGE
<b>OR PATIENT ZIP CODE IS IN ALASKA</b>	
<b>OR PCM DMIS ID STATE = ALASKA</b>	
<b>OR HCC MEMBER CATEGORY CODE MUST =</b>	
A	ACTIVE DUTY <b>OR</b>
G	NATIONAL GUARD > 30 DAYS <b>OR</b>
J	ACADEMY STUDENT <b>OR</b>
N	NATIONAL GUARD < 30 DAYS <b>OR</b>
S	RESERVE > 30 DAYS <b>OR</b>
T	FOREIGN MILITARY MEMBER <b>OR</b>
V	RESERVE < 30 DAYS <b>OR</b>
Z	UNKNOWN
<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>	
A	SELF <b>OR</b>
Z	UNKNOWN

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

**VALIDITY EDITS**

REFER TO [CHAPTER 2, SECTION 6.1](#).

**RELATIONAL EDITS**

**2-055-01F • FOREIGN EDITS [ACTIVE DUTY MEMBER]**

IF CONTRACT NUMBER = MDA 906-02-C-0013 (TMOP) **OR**

MDA 906-03-C-0019 (TRRx)

**OR 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 VOUCHER HEADER NON-ADMIN CLAIM  
RATE-ELIGIBLE **OR**

6 VOUCHER HEADER ADMIN CLAIM RATE-  
ELIGIBLE

**AND ENROLLMENT/HEALTH  
PLAN CODE =**

X FOREIGN ADSM

**AND TYPE OF SUBMISSION ≠**

B ADJUSTMENT TO NON-TED RECORD (HCSR)  
DATA **OR**

D COMPLETE DENIAL INITIAL TED RECORD  
SUBMISSION **OR**

E COMPLETE CANCELLATION OF NON-TED  
RECORD (HCSR) DATA **OR**

O ZERO PAYMENT TED RECORD DUE TO 100%  
OHI

**THEN BATCH/VOUCHER  
CLIN/ASAP ACCOUNT  
NUMBER ASAP  
DESCRIPTION FOUND IN  
THE TMA DATABASE  
MUST =**

TF TRICARE FOREIGN

**OR CONTRACT  
NUMBER =**

MDA906-02-C-0013 (TMOP) **OR**

MDA906-03-C-0019

**AND 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**

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>	
	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
	T FOREIGN MILITARY MEMBER OR
	V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A SELF
<b>2-055-02F</b>	<b>• TPR FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]</b>
IF CONTRACT NUMBER =	MDA 906-02-C-0013 (TMOP) OR
	MDA 906-03-C-0019 (TRRx)
OR 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
	<b>THEN BYPASS THIS EDIT</b>
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 =	WA TPR FOREIGN ADSM
AND TYPE OF SUBMISSION ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>		
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER CLIN/ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =	TF	TRICARE FOREIGN
<b>OR</b> CONTRACT NUMBER =	MDA906-02-C-0013 (TMOP) <b>OR</b> MDA906-03-C-0019 (TRRx)	
<b>AND</b> SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS
<b>AND</b> HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
<b>AND</b> HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
<b>2-055-11F</b>	<b>• TPR [ACTIVE DUTY SERVICE MEMBER]</b>	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
<b>AND</b> ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA
<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU	ADSM ENROLLED IN TPR
<b>AND</b> TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>		
<b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS
<b>AND HCC MEMBER CATEGORY CODE MUST =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>	A	SELF
<b>2-055-16F</b>	<b>• TRICARE SENIOR PHARMACY (TSRx) [ACTIVE DUTY FAMILY MEMBER]</b>	
<b>IF HEADER TYPE INDICATOR =</b>	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>	PS	TSRx
<b>AND HCC MEMBER CATEGORY CODE =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
<b>AND TYPE OF SUBMISSION ≠</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>	
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>	A ARMY <b>OR</b>
	C COAST GUARD <b>OR</b>
	F AIR FORCE <b>OR</b>
	H PUBLIC HEALTH SERVICE <b>OR</b>
	M MARINES <b>OR</b>
	N NAVY <b>OR</b>
	O NOAA <b>OR</b>
	Z NOT PROVIDED FROM DEERS
<b>AND TYPE OF SERVICE (SECOND POSITION) MUST =</b>	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b>
	M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
<b>AND HCC MEMBER RELATIONSHIP CODE MUST ≠</b>	A SELF
<b>AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =</b>	A MEDICARE PART A <b>OR</b>
	C MEDICARE PART A & B <b>OR</b>
	H MEDICARE HMO
<b>2-055-17F • TRICARE SENIOR PHARMACY (TSRx) [RETIREE AND FAMILY MEMBER]</b>	
<b>IF HEADER TYPE INDICATOR =</b>	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6 VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>	PS TSRx
<b>AND HCC MEMBER CATEGORY CODE ≠</b>	A ACTIVE DUTY <b>OR</b>
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J ACADEMY STUDENT <b>OR</b>
	N NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>		
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
<b>AND TYPE OF SUBMISSION ≠</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS
<b>AND TYPE OF SERVICE (SECOND POSITION) MUST =</b>	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b>
	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
<b>AND HCC MEMBER CATEGORY CODE MUST =</b>	F	FORMER MEMBER <b>OR</b>
	H	MEDAL OF HONOR RECIPIENT <b>OR</b>
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY <b>OR</b>
	W	FORMER SPOUSE
<b>AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =</b>	A	MEDICARE A <b>OR</b>
	C	MEDICARE A & B <b>OR</b>
	H	MEDICARE HMO
<b>2-055-18F</b>	<b>• TFL [RETIREE AND FAMILY MEMBER]</b>	
<b>IF HEADER TYPE INDICATOR =</b>	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>		
<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>	FE	TFL - EXTRA <b>OR</b>
	FS	TFL - STANDARD
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR <b>OR</b>
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR <b>OR</b>
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
<b>AND HCC MEMBER CATEGORY CODE ≠</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	<b>AND TYPE OF SUBMISSION ≠</b>	B
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS
<b>AND HHC MEMBER CATEGORY CODE MUST =</b>	F	FORMER MEMBER <b>OR</b>
	H	MEDAL OF HONOR RECIPIENT <b>OR</b>

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>		
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY <b>OR</b>
	W	FORMER SPOUSE
<b>AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =</b>	C	MEDICARE PART A & B <b>OR</b>
	H	MEDICARE HMO
<b>2-055-20F</b>	<b>• SHCP VOUCHERS (ADSM CLAIMS ONLY)</b>	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>	SN	SHCP - NON-MTF REFERRED <b>OR</b>
	SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
	SU	SHCP - REFERRAL DESIGNATION UNKNOWN
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	AN	SHCP - NON-REFERRED CARE <b>OR</b>
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
	SM	SHCP - EMERGENCY
<b>AND TYPE OF SUBMISSION ≠</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>		
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
<b>2-055-21F</b>	<b>• TPR ADFM INTERIM</b>	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>		
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>	B	SPOUSE <b>OR</b>
	C	CHILD OR STEPCHILD <b>OR</b>
	D	PRE-ADOPTIVE CHILD <b>OR</b>
	E	WARD (COURT ORDERED)
<b>2-055-22F</b>	<b>• TFL [ACTIVE DUTY FAMILY MEMBER]</b>	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>	FE	TFL - EXTRA <b>OR</b>
	FS	TFL - STANDARD
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR <b>OR</b>
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR <b>OR</b>
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
<b>AND HCC MEMBER CATEGORY CODE =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
<b>AND TYPE OF SUBMISSION ≠</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>	
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>	A ARMY <b>OR</b>
	C COAST GUARD <b>OR</b>
	F AIR FORCE <b>OR</b>
	H PUBLIC HEALTH SERVICE <b>OR</b>
	M MARINES <b>OR</b>
	N NAVY <b>OR</b>
	O NOAA <b>OR</b>
	Z NOT PROVIDED FROM DEERS
<b>AND HCC MEMBER RELATIONSHIP CODE MUST ¼</b>	A SELF
<b>AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =</b>	A MEDICARE PART A <b>OR</b>
	C MEDICARE PART A & B <b>OR</b>
	H MEDICARE HMO
<b>2-055-25F • NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT VALIDATION</b>	
<b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>THEN BYPASS THIS EDIT</b>	
<b>ELSE IF HEADER TYPE INDICATOR =</b>	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6 VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND TYPE OF SUBMISSION ≠</b>	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	D COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	V FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR

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FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>		
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER HEADER TYPE FOUND IN THE TMA DATABASE MUST ≠	AS	ARMY SHCP CLIN <b>OR</b>
	FS	AIR FORCE SHCP CLIN <b>OR</b>
	NS	NAVY SHCP CLIN <b>OR</b>
	TD	TRICARE DOMESTIC ASAP <b>OR</b>
	TF	TRICARE FOREIGN ASAP
<b>2-055-28F</b>	<b>• FOREIGN ADFM</b>	
OR IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>THEN BYPASS THIS EDIT</b>		
ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER <b>OR</b>
	6	CLAIM RATE VOUCHER
AND ENROLLMENT CODE/ HEALTH PLAN CODE =	XF	FOREIGN ADFM
AND TYPE OF SUBMISSION NOT =	B	ADJUSTMENT TO NON-TED RECORD <b>OR</b>
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E	COMPLETE CANCELLATION NON-TED RECORD <b>OR</b>
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =	TF	TRICARE FOREIGN
OR CONTRACT NUMBER =	MDA906-02-C-0013 (TMOP) <b>OR</b>	
	MDA906-03-C-0019 (TRRx)	
AND SERVICE BRANCH CLASSIFICATION CODE MUST =	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>

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FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>	
	O NOAA <b>OR</b>
	Z UNKNOWN
<b>AND HCC MEMBER CATEGORY CODE MUST =</b>	A ACTIVE DUTY <b>OR</b>
	G NATIONAL GUARD > 30 DAYS <b>OR</b>
	J ACADEMY STUDENT <b>OR</b>
	N NATIONAL GUARD < 30 DAYS <b>OR</b>
	S RESERVE > 30 DAYS <b>OR</b>
	T FOREIGN MILITARY MEMBER <b>OR</b>
	V RESERVE < 30 DAYS
<b>AND HCC MEMBER RELATIONSHIP CODE MUST ≠</b>	A SELF
<b>2-055-29F • TPR FOREIGN EDITS (ADFM)</b>	
<b>OR IF ANY OCCURRENCE OF OVERRIDE CODE =</b>	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>THEN BYPASS THIS EDIT</b>	
<b>ELSE IF HEADER TYPE INDICATOR =</b>	5 NON-CLAIM RATE VOUCHER <b>OR</b>
	6 CLAIM RATE VOUCHER
<b>AND ENROLLMENT CODE/ HEALTH PLAN CODE =</b>	WO TPR FOREIGN ADFM
<b>AND TYPE OF SUBMISSION NOT =</b>	B ADJUSTMENT TO NON-TED RECORD <b>OR</b>
	D COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
	E COMPLETE CANCELLATION NON-TED RECORD <b>OR</b>
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI
<b>THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =</b>	TF TRICARE FOREIGN
<b>OR CONTRACT NUMBER =</b>	MDA906-02-C-0013 (TMOP) <b>OR</b>
	MDA906-03-C-0019 (TRRx)
<b>AND SERVICE BRANCH CLASSIFICATION CODE MUST =</b>	A ARMY <b>OR</b>

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FINANCIAL EDIT REQUIREMENTS

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>	
	C COAST GUARD <b>OR</b>
	F AIR FORCE <b>OR</b>
	H PUBLIC HEALTH SERVICE <b>OR</b>
	M MARINES <b>OR</b>
	N NAVY <b>OR</b>
	O NOAA <b>OR</b>
	Z UNKNOWN
<b>AND HCC MEMBER CATEGORY CODE MUST =</b>	A ACTIVE DUTY <b>OR</b>
	G NATIONAL GUARD > 30 DAYS <b>OR</b>
	J ACADEMY STUDENT <b>OR</b>
	S RESERVE > 30 DAYS
<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>	B SPOUSE <b>OR</b>
	C CHILD <b>OR</b>
	D PRE-ADOPTIVE CHILD <b>OR</b>
	E WARD
<b>2-055-30F</b>	<b>• NAVY LINE OF DUTY CLAIMS</b>
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
	<b>THEN BYPASS THIS EDIT</b>
<b>ELSE IF HEADER TYPE INDICATOR =</b>	5 NON-CLAIM RATE VOUCHER <b>OR</b>
	6 CLAIM RATE VOUCHER
	<b>AND CONTRACT NUMBER = MDA906-03-0010 (SOUTH)</b>
	<b>AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 5</b>
<b>THEN SERVICE BRANCH CLASSIFICATION CODE MUST =</b>	N NAVY <b>OR</b>
	Z UNKNOWN
<b>2-055-31F</b>	<b>• MARINE LINE OF DUTY CLAIMS</b>
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
	<b>THEN BYPASS THIS EDIT</b>

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FINANCIAL EDIT REQUIREMENTS

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

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

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FINANCIAL EDIT REQUIREMENTS

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

**VALIDITY EDITS**

REFER TO [CHAPTER 2, SECTION 6.1](#)

**RELATIONAL EDITS**

2-056-01F	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	<b>AND</b> HCC MEMBER CATEGORY CODE =	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	<b>AND</b> TYPE OF SUBMISSION ≠	B	ADJUSTMENT NON-TED RECORD (HCSR) DATA <b>OR</b>
		D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>OR</b>
		O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
	<b>THEN</b> AGR SERVICE LEGAL AUTHORITY CODE MUST =	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) <b>OR</b>
		B	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) <b>OR</b>
		C	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) <b>OR</b>
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) <b>OR</b>
		E	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) <b>OR</b>
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) <b>OR</b>
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) <b>OR</b>
		H	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) <b>OR</b>
		I	AGR: 14 U.S.C. 276 <b>OR</b>
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) <b>OR</b>
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) <b>OR</b>
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) <b>OR</b>
		X	AGR: OTHER <b>OR</b>
		Z	UNKNOWN/NOT APPLICABLE

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FINANCIAL EDIT REQUIREMENTS

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

**VALIDITY EDITS**

REFER TO [CHAPTER 2, SECTION 5.2](#)

**RELATIONAL EDITS**

<b>2-108-02F</b>	• <b>NO DUPLICATE CLINS ON TED RECORD</b>
IF HEADER TYPE INDICATOR =	6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>
	9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-6) MUST HAVE NO DUPLICATE IN ANY OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)</b>	
<b>2-108-11F</b>	• <b>NO BASE ADMINISTRATIVE PAYMENT FOR DENIAL OF SERVICES</b>
IF HEADER TYPE INDICATOR =	6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>
	9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>AND CONTRACT NUMBER = MDA906-02-C-0002 (TMOP)</b>	
<b>AND TYPE OF SUBMISSION =</b>	D COMPLETE DENIAL
<b>THEN RATE TYPE FOR CLIN IN THE TMA DATABASE MUST ≠</b>	D DISPENSING FEE
<b>2-108-16F<sup>1</sup></b>	• <b>OPTION PERIOD</b>
IF HEADER TYPE INDICATOR =	6 CLAIM RATE VOUCHER <b>OR</b>
	9 CLAIM RATE BATCH
<b>AND CLIN FIELD ON TED RECORD NOT = BLANK</b>	
<b>AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0</b>	
<b>THEN IF TYPE OF SUBMISSION =</b>	A ADJUSTMENT <b>OR</b>
	B ADJUSTMENT NON-TED RECORD (HCSR) DATA <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

**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.**

<sup>1</sup> 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 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 THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED MUST ≠ A SPACE.		
<b>2-108-19F</b>	• <b>ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE</b>		
	IF CONTRACT NUMBER =	MDA906-02-C-0002 (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
<b>2-108-20F</b>	• <b>ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE</b>		
	IF CONTRACT NUMBER =	MDA906-02-C-0002 (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 ≠	S	SINGLE RATE

**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.**

<sup>1</sup> 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: AMOUNT INTEREST PAYMENT (2-112)**

**VALIDITY EDITS**

REFER TO [CHAPTER 2, SECTION 2.4](#).

**RELATIONAL EDITS**

**2-112-01F • INTEREST VALIDATION ON PHARMACY BATCHES**

IF CONTRACT NUMBER = MDA906-02-C-0002 (TMOP) **OR**  
MDA906-03-C-0019 (TRRx)

AND HEADER TYPE  
INDICATOR = 0 NON-CLAIM RATE BATCH **OR**  
9 CLAIM RATE BATCH

**THEN AMOUNT INTEREST PAYMENT MUST = ZERO**

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

**VALIDITY EDITS**

REFER TO [CHAPTER 2, SECTION 2.4](#).

**RELATIONAL EDITS**

**2-200-01F • COST-SHARE VALIDATION ON PHARMACY BATCHES**

IF CONTRACT NUMBER = MDA906-02-C-0002 (TMOP) **OR**  
MDA906-03-C-0019 (TRRx)

AND HEADER TYPE  
INDICATOR = 0 NON-CLAIM RATE BATCH **OR**  
9 CLAIM RATE BATCH

**THEN AMOUNT PATIENT COST-SHARE MUST = ZERO**

