



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

PRD

CHANGE 42
7950.1-M
MAY 2, 2007

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to 7950.1-M, reissued August 2002.

CHANGE TITLE: NDAA 2007 CHANGES TO TRICARE RESERVE SELECT

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This requirement provides administrative and
operational changes, requirements and clarification to the Managed Care Support
Contractors for the TRICARE Reserve Select changes mandated by the National
Defense Authorization Act (NDAA) for fiscal year 2007.

EFFECTIVE AND IMPLEMENTATION DATE: October 1, 2007.

This change is made in conjunction with Aug 2002 TOM, Change No. 48.

Evie Lammler
Director, Program Requirements Division

ATTACHMENT(S): 82 PAGES
DISTRIBUTION: 7950.1-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

CHANGE 42
7950.1-M
MAY 2, 2007

REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 2

Section 5.1, pages 5 through 8

Section 5.2, pages 5 - 8, 23, 24, 27, 28, 33
and 34

Section 6.3, pages 13 and 14

Section 6.4, pages 7, 8, 13 - 18, 21 and 22

Section 8.1, pages 1 through 52

Addendum M, pages 5 and 6

Section 5.1, pages 5 through 8

Section 5.2, pages 5 - 8, 23, 24, 27, 28, 33
and 34

Section 6.3, pages 13 and 14

Section 6.4, pages 7, 8, 13 - 18, 21 and 22

Section 8.1, pages 1 through 54

Addendum M, pages 5 and 6

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CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

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

VALIDITY EDITS

1-057-01V MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO CHAPTER 2, SECTION 2.7)

RELATIONAL EDITS

1-057-01R IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER

THEN PAY PLAN CODE (SPONSOR) MUST = FA FOREIGN SERVICE CHIEFS OF MISSION **OR**

FC FOREIGN COMPENSATION AGENCY FOR INTERNATIONAL DEVELOPMENT **OR**

FD FOREIGN DEFENSE **OR**

FE SENIOR FOREIGN SERVICE **OR**

FO FOREIGN SERVICE OFFICERS **OR**

FP FOREIGN SERVICE PERSONNEL **OR**

FZ CONSULAR AGENT DEPARTMENT OF STATE **OR**

ZZ NOT APPLICABLE

1-057-02R IF SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) = H PHS **OR**

O NOAA

THEN PAY PLAN CODE (SPONSOR) MUST ≠ ME ENLISTED

1-057-03R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF ECHO

THEN PAY PLAN CODE (SPONSOR) MUST = ME ENLISTED **OR**

MO OFFICER **OR**

MW WARRANT OFFICER **OR**

ZZ NOT APPLICABLE

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

VALIDITY EDITS

1-060-01V MUST BE A VALID SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (REFER TO CHAPTER 2, SECTION 2.8)

RELATIONAL EDITS

REFER TO CHAPTER 2, SECTION 8.1

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

VALIDITY EDITS

1-065-01V MUST BE A VALID AGR SERVICE LEGAL AUTHORITY CODE (REFER TO CHAPTER 2, SECTION 2.4)

RELATIONAL EDITS

REFER TO CHAPTER 2, SECTION 8.1

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CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

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

VALIDITY EDITS

1-066-01V MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO CHAPTER 2, SECTION 2.5)

RELATIONAL EDITS

1-066-01R	IF HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN HCC MEMBER CATEGORY CODE MUST ≠	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA OR
		X	FOREIGN ADSM OR
		Y	CHCBP - STANDARD OR
		AA	CHCBP - EXTRA OR
		SN	SHCP - NON-MTF-REFERRED CARE OR
		SO	SHCP - NON-TRICARE ELIGIBLE OR
		SR	SHCP - REFERRED CARE OR
		ST	SHCP - TRICARE ELIGIBLE OR
		WA	TPR FOREIGN ADSM OR
		WO	TPR FOREIGN ADFM
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
	OR HCDP PLAN COVERAGE CODE =	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
		402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
		405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR

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CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (SPONSOR) (1-066) (CONTINUED)			
		406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
		407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
		408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
		409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
		410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
		411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
		412	TRS SURVIVOR NEW FAMILY COVERAGE OR
		413	TRS MEMBER-ONLY COVERAGE OR
		414	TRS MEMBER AND FAMILY COVERAGE
1-066-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	ECHO
	THEN HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		P	TAMP MEMBER OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
1-066-03R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	THEN ONE OCCURRENCE OF OVERRIDE CODE =	M	NATO

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CHAPTER 2, SECTION 5.1

INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (1-070)

VALIDITY EDITS

1-070-01V MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO CHAPTER 2, SECTION 2.5)

RELATIONAL EDITS

1-070-01R IF PATIENT AGE¹ < 17

THEN HCC MEMBER RELATIONSHIP CODE ≠ A SELF

1-070-02R IF PATIENT AGE¹ < 12

THEN HCC MEMBER RELATIONSHIP CODE ≠ B SPOUSE OR
G SURVIVING SPOUSE

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = B PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE

1-070-03R IF PATIENT AGE¹ ≥ 21

AND PERSON BIRTH CALENDAR DATE (PATIENT) ≠ 19111111

THEN HCC MEMBER RELATIONSHIP CODE MUST ≠ C CHILD OR STEPCHILD OR
D PRE-ADOPTIVE CHILD OR
E WARD (COURT ORDERED)

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = D PATIENT IS FAMILY MEMBER 21 YEARS OF AGE OR OLDER

1-070-04R IF PATIENT AGE¹ < 34

THEN HCC MEMBER RELATIONSHIP CODE ≠ H FORMER SPOUSE (20/20/20) OR
I FORMER SPOUSE (20/20/15) OR
J FORMER SPOUSE (10/20/10) OR
K FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))

AND HCC MEMBER CATEGORY CODE ≠ W FORMER SPOUSE

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = I PATIENT IS A FOMER SPOUSE UNDER 34 YEARS OF AGE

1-070-05R IF HCC MEMBER CATEGORY CODE =

T FOREIGN MILITARY MEMBER

AND HCC MEMBER RELATIONSHIP CODE ≠ A SELF

THEN HCC MEMBER RELATIONSHIP CODE MUST = B SPOUSE OR

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

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CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: ENROLLMENT/HEALTH PLAN CODE (1-110) (CONTINUED)	
THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAILED LINE ITEM (EXCEPT LINE CONTAINING REVENUE CODE 0001) MUST =	15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
	26 EXPENSES INCURRED PRIOR TO COVERAGE OR
	27 EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
	30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
	31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
	32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
	33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
	34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
	62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
	141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
1-110-12R IF ENROLLMENT/HEALTH PLAN CODE =	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
THEN BEGIN DATE OF CARE IS ≥ 09/01/2002	

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

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CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (1-111)

VALIDITY EDITS

1-111-01V MUST BE A VALID HCDP PLAN COVERAGE CODE LISTED IN CHAPTER 2, ADDENDUM M.

RELATIONAL EDITS

1-111-01R	IF HCDP PLAN COVERAGE CODE =	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
		402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
		405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
		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
	THEN ENROLLMENT/ HEALTH PLAN CODE MUST =	T	TRICARE STANDARD OR
		V	TRICARE EXTRA OR
		FE	TFL - EXTRA OR
		FS	TFL - STANDARD OR
		PS	TSRx OR
		SR	SHCP-REFERRED CARE
1-111-02R	IF HCDP PLAN COVERAGE CODE =	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
		402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
		405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR

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CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (1-111)

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
	THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =
PF	ECHO

ELEMENT NAME: REGION INDICATOR (1-112)

VALIDITY EDITS

1-112-01V	MUST BE VALID REGION INDICATOR (REFER TO CHAPTER 2, SECTION 2.8)		
1-112-02V	IF TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND REGION INDICATOR =	NC	NORTH CONTRACT OR
		SC	SOUTH CONTRACT OR
		WC	WEST CONTRACT
	THEN ADJUSTMENT KEY MUST =	0	BATCH OR
		5	VOUCHER

RELATIONAL EDITS

NONE

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CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE (1-115)

VALIDITY EDITS

1-115-01V	MUST BE A VALID 4 DIGIT PCM LOCATION DMIS-ID.		
1-115-02V	<ul style="list-style-type: none"> REVISED FINANCING 		
	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 =	Z	TRICARE PRIME, MTF/CLINIC
	AND TYPE OF SUBMISSION ≠	B	ADJUTMENT NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN PCM LOCATION DMIS-ID MUST EQUAL A VALID MTF/CLINIC DMIS-ID¹		
	AND CANNOT = 6501, 6901-6915, 6917-6919, 7901-7912, 7916²-7919, 8000-8099, OR BLANK		

RELATIONAL EDITS

NO ERROR	IF ANY OCCURRENCE OF OVERRIDE CODE =	S	ZIP CODE OVERRIDE TO BE USED WHEN A BENEFICIARY HAS MOVED OUT OF A REGION AND THE CONTRACTOR IS STILL RESPONSIBLE FOR THE CARE CLAIMED; OR IF A BENEFICIARY RESIDES IN A REGION DIFFERENT FROM THE REGION THEY ARE ENROLLED IN-- WITHIN THE SAME CONTRACT JURISDICTION
	THEN BYPASS ALL PCM LOCATION DMIS-ID RELATIONAL EDITING.		
1-115-01R	IF DATE OF ADMISSION ≥ 10/01/1997		
	AND ENROLLMENT/HEALTH PLAN CODE =	BB	TSP
	THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID¹		
	AND CANNOT = 6501, 6901-6915, 6917-6919, 7901-7912, 7916²-7919, 8000-8099, OR BLANK.		
1-115-02R	IF DATE OF ADMISSION ≥ 10/01/1999		
	AND ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE
	THEN PCM LOCATION DMIS-ID MUST EQUAL A VALID MTF/CLINIC DMIS-ID¹		
	AND CANNOT = 6501, 6901-6915, 6917-6919, 7901-7912, 7916²-7919, OR 8000-8099		
1-115-04R	IF DATE OF ADMISSION ≥ 10/01/1997 AND < 09/01/2002		
	AND ENROLLMENT/HEALTH PLAN CODE =	U	TRICARE PRIME, CIVILIAN PCM
	AND REGION INDICATOR =	B	BLANK OR
		NC	NORTH CONTRACT
	THEN DMIS-ID MUST = 6901, 6902, 6905, OR 8000-8099		

¹ A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.

² 7916 IS THE DMIS-ID FOR ALASKA.

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CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: CA/NAS NUMBER (1-170) (CONTINUED)

SN SHCP - NON-MTF-REFERRED CARE **OR**

SR SHCP - REFERRED CARE **OR**

WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE AD SM

THEN BYPASS ALL CA/NAS NUMBER EDITING

NO ERROR IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER

THEN BYPASS ALL CA/NAS NUMBER EDITING

NO ERROR IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REASON CODE = 15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER **OR**

26 EXPENSES INCURRED PRIOR TO COVERAGE **OR**

27 EXPENSES INCURRED AFTER COVERAGE TERMINATED **OR**

30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS **OR**

31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED **OR**

32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED **OR**

33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE **OR**

34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS **OR**

62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION **OR**

141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE

THEN BYPASS ALL CA/NAS NUMBER EDITING

NO ERROR IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO

THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR IF HCDP PLAN COVERAGE CODE = 401 TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) **OR**

402 TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) **OR**

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: CA/NAS NUMBER (1-170) (CONTINUED)	
	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
1-170-02R	IF CA/NAS EXCEPTION REASON IS NOT BLANK THEN CA/NAS NUMBER MUST = BLANK
1-170-03R	IF CA/NAS EXCEPTION REASON = BLANK AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316 (MENTAL HEALTH) AND PATIENT ZIP CODE IS IN AN MTF ² CATCHMENT AREA ¹ THEN CA/NAS NUMBER MUST BE CODED UNLESS ANY OCCURRENCE OF OVERRIDE CODE = C GOOD FAITH PAYMENT
1-170-04R	IF CA/NAS NUMBER IS CODED THEN CA/NAS EXCEPTION REASON MUST = BLANK
¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.	
² MTF IS A 40 MILES CATCHMENT AREA.	

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CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: CA/NAS EXCEPTION REASON (1-180) (CONTINUED)	
	SN SHCP - NON-MTF-REFERRED CARE OR
	SR SHCP - REFERRED CARE OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING	
NO ERROR	IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER
THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING	
NO ERROR	IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REASON CODE =
	15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
	26 EXPENSES INCURRED PRIOR TO COVERAGE OR
	27 EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
	30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
	31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
	32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
	33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
	34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
	62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
	141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING	
NO ERROR	IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO
THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS EXCEPTION REASON EDITING.	
NO ERROR	IF HCDP PLAN COVERAGE CODE = 401 TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: CA/NAS EXCEPTION REASON (1-180) (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
1-180-01R	IF PATIENT ZIP CODE IS NOT IN AN MTF ² CATCHMENT AREA ¹ THEN CA/NAS EXCEPTION REASON MUST = BLANK	
1-180-03R	IF PATIENT ZIP CODE IS IN AN MTF ² CATCHMENT AREA ¹ AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316 (MENTAL HEALTH) AND CA/NAS NUMBER IS NOT CODED THEN CA/NAS EXCEPTION REASON MUST BE CODED	
1-180-07R	IF CA/NAS EXCEPTION REASON = 5	RTC AND PATIENT ZIP CODE IS IN AN MTF ² CATCHMENT AREA ¹ THEN TYPE OF INSTITUTION = 72 RTC
1-180-08R	IF CA/NAS EXCEPTION REASON = S	HOME HEALTH AGENCY (HHA-PPS) THEN TYPE OF INSTITUTION MUST = 70 HOME HEALTH AGENCY AND ONE OCCURRENCE OF REVENUE CODE MUST = 0023 HOME HEALTH AGENCY (HHA-PPS)

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: SPECIAL PROCESSING CODE (1-185) (CONTINUED)

1-185-38R	<ul style="list-style-type: none"> SPECIAL PROCESSING CODE 'V' IS USED FOR CARE PROVIDED WITHIN NORMAL LIMITS - WHILE SPECIAL PROCESSING CODE "W" IS USED FOR CARE OVER AND ABOVE THOSE NORMAL LIMITS
	IF BEGIN DATE OF CARE IS ≥ 12/28/2001
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE = CT CCTP
	THEN AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	V FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR OR
	W NON-FINANCIALLY UNDERWRITTEN PAYMENT BY FINANCIALLY UNDERWRITTEN CLAIMS PROCESSOR
1-185-39R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF ECHO
	THEN HCDP PLAN COVERAGE CODE MUST ≠
	401 TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
	402 TRS TIER 1 MEMBER AND FAMILY 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

¹ AS STATED IN CHAPTER 2, SECTION 2.8 OR BLANK.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 5.2

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE (1-186)

VALIDITY EDITS

1-186-01V MUST BE A VALID HCDP SPECIAL ENTITLEMENT CODE LISTING IN CHAPTER 2, SECTION 2.5.

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285)	
VALIDITY EDITS	
2-285-01V	MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO CHAPTER 2, SECTION 2.5)
RELATIONAL EDITS	
2-285-01R	IF HCC MEMBER RELATIONSHIP CODE =
	A SELF
	THEN HCC MEMBER CATEGORY 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)
	UNLESS ENROLLMENT/HEALTH PLAN CODE =
	W TPR AD SM - USA OR
	X FOREIGN AD SM OR
	Y CHCBP - STANDARD OR
	AA CHCBP - EXTRA OR
	SN SHCP - NON-MTF-REFERRED CARE OR
	SO SHCP - NON-TRICARE ELIGIBLE OR
	SR SHCP - REFERRED CARE OR
	ST SHCP - TRICARE ELIGIBLE OR
	SU SHCP - REFERRAL DESIGNATION UNKNOWN OR
	WA TPR FOREIGN AD SM
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	SC SHCP - NON-TRICARE ELIGIBLE OR
	SE SHCP - TRICARE ELIGIBLE OR
	SM SHCP - EMERGENCY
	OR HC DP PLAN COVERAGE CODE =
	401 TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
	402 TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405 TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR

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CHAPTER 2, SECTION 6.3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (CONTINUED)	
	406 TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407 TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408 TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409 TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410 TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411 TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412 TRS SURVIVOR NEW FAMILY COVERAGE OR
	413 TRS MEMBER-ONLY COVERAGE OR
	414 TRS MEMEBER AND FAMILY COVERAGE
2-285-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PF ECHO
	THEN HHC MEMBER CATEGORY CODE MUST =
	A ACTIVE DUTY OR
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J ACADEMY STUDENT OR
	P TAMP MEMBER OR
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
2-285-03R	IF TYPE OF SERVICE (FIRST POSITION) =
	THEN HCC MEMBER CATEGORY CODE MUST =
	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	A ACTIVE DUTY OR
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J ACADEMY STUDENT OR
	P TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM (TAMP) MEMBER OR
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T FOREIGN MILITARY MEMBER OR
	Z UNKNOWN

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = 0

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (2-301)

VALIDITY EDITS

2-301-01V MUST BE A VALID HCDP PLAN COVERAGE CODE LISTED IN CHAPTER 2, ADDENDUM M.

RELATIONAL EDITS

2-301-01R IF HCDP PLAN COVERAGE CODE =

- | | | |
|-----|--|--|
| 401 | TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR | |
| 402 | TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR | |
| 405 | TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR | |
| 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 | |

**THEN ENROLLMENT/
HEALTH PLAN CODE MUST =**

- | | | |
|----|----------------------------|--|
| T | TRICARE STANDARD OR | |
| V | TRICARE EXTRA OR | |
| FE | TFL - EXTRA OR | |
| FS | TFL - STANDARD OR | |
| PS | TSRx OR | |
| SR | SHCP-REFERRED CARE | |

2-301-02R IF HCDP PLAN COVERAGE CODE =

- | | | |
|-----|--|--|
| 401 | TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR | |
| 402 | TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR | |
| 405 | TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR | |

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) PLAN COVERAGE CODE (2-301)

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

THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =

PF ECHO

ELEMENT NAME: REGION INDICATOR (2-303)

VALIDITY EDITS

2-303-01V	MUST BE A VALID REGION INDICATOR (REFER TO CHAPTER 2, SECTION 2.8)		
2-303-02V	IF TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND REGION INDICATOR =	NC	NORTH CONTRACT OR
		SC	SOUTH CONTRACT OR
		WC	WEST CONTRACT
	THEN ADJUSTMENT KEY MUST =	0	BATCH OR
		5	VOUCHER

RELATIONAL EDITS

NONE

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)	
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	B SPOUSE OR
	C CHILD OR STEPCHILD OR
	D PRE-ADOPTIVE CHILD OR
	E WARD (COURT ORDERED)
2-305-26R	<ul style="list-style-type: none"> TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001. FOR EACH LINE ITEM WHERE DATE OF CARE IS < 10/01/2001, THE LINE ITEM MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE LISTED IN THIS EDIT.
IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FF TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) OR
	FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR
	FS TFL (SECOND PAYOR)
ELSE IF BEGIN DATE OF CARE IS < 10/01/2001	
THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAILED LINE MUST =	
	15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
	26 EXPENSES INCURRED PRIOR TO COVERAGE OR
	27 EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
	30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
	31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
	32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
	33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
	34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR

¹ AS STATED IN CHAPTER 2, SECTION 2.8 OR BLANK

² CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)	
	62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
	141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
2-305-29R	<ul style="list-style-type: none"> SPECIAL PROCESSING CODE "V" IS USED FOR CARE PROVIDED WITHIN NORMAL LIMITS - WHILE SPECIAL PROCESSING CODE "W" IS USED FOR CARE OVER AND ABOVE THOSE NORMAL LIMITS
	IF BEGIN DATE OF CARE IS ≥ 12/28/2001
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	CT CCTP
	THEN AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	V FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR OR
	W NON-FINANCIALLY UNDERWRITTEN PAYMENT BY FINANCIALLY UNDERWRITTEN CLAIMS PROCESSOR
2-305-30R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	PF ECHO
	THEN HCDP PLAN COVERAGE CODE MUST ≠
	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

¹ AS STATED IN CHAPTER 2, SECTION 2.8 OR BLANK

² CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: SPECIAL PROCESSING CODE (2-305) (CONTINUED)

412 TRS SURVIVOR NEW FAMILY COVERAGE
OR

413 TRS MEMBER-ONLY COVERAGE OR

414 TRS MEMBER AND FAMILY COVERAGE

¹ AS STATED IN CHAPTER 2, SECTION 2.8 OR BLANK

² CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2005 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

ELEMENT NAME: HEALTH CARE DELIVERY PROGRAM (HCDP) SPECIAL ENTITLEMENT CODE (2-306)

VALIDITY EDITS

2-306-01V MUST BE A VALID HCDP SPECIAL ENTITLEMENT CODE LISTING IN CHAPTER 2, SECTION 2.5

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310)

VALIDITY EDITS

2-310-01V IF CA/NAS NUMBER IS NOT BLANK THEN MUST BE 1 TO 11 OR 1 TO 15 ALPHANUMERIC CHARACTERS.

RELATIONAL EDITS

NO ERROR IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION OR
D COMPLETE DENIAL

THEN BYPASS ALL CA/NAS NUMBER RELATIONAL EDITING.

NO ERROR IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS

THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NOT A MEDICARE BENEFIT) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR

T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR

AN SHCP - NON-MTF-REFERRED CARE OR

AR SHCP - REFERRED CARE OR

CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR

PF ECHO

RS MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR

SC SHCP - NON-TRICARE ELIGIBLE OR

SE SHCP - TRICARE ELIGIBLE OR

SM SHCP - EMERGENCY OR

ST SPECIALIZED TREATMENT OR

WR MENTAL HEALTH WRAP AROUND

THEN BYPASS ALL CA/NAS NUMBER EDITING.

NO ERROR IF ENROLLMENT/HEALTH PLAN CODE = U TRICARE PRIME, CIVILIAN PCM OR

W TPR ADSM - USA OR

X FOREIGN ADSM OR

Y CHCBP - STANDARD OR

Z TRICARE PRIME, MTF/PCM OR

AA CHCBP - EXTRA OR

BB TSP OR

FE TFL - EXTRA OR

FS TFL - STANDARD OR

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310) (CONTINUED)	
	PS TSRx OR
	SN SHCP - NON-MTF-REFERRED CARE OR
	SR SHCP - REFERRED CARE OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
THEN BYPASS ALL CA/NAS NUMBER EDITING.	
NO ERROR	IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER
THEN BYPASS ALL CA/NAS NUMBER EDITING.	
NO ERROR	IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE =
	15 PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER OR
	26 EXPENSES INCURRED PRIOR TO COVERAGE OR
	27 EXPENSES INCURRED AFTER COVERAGE TERMINATED OR
	30 PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS OR
	31 CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED OR
	32 OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED OR
	33 CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE OR
	34 CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS OR
	62 PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION OR
	141 CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
THEN BYPASS ALL CA/NAS NUMBER EDITING	
NO ERROR	IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO
THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS NUMBER EDITING.	
NO ERROR	IF HCDP PLAN COVERAGE CODE = 401 TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

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CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS NUMBER (2-310) (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

2-310-02R IF CA/NAS EXCEPTION REASON ≠ BLANK
THEN CA/NAS NUMBER MUST = BLANK

2-310-03R • MENTAL HEALTH CHECK
 IF CA/NAS EXCEPTION REASON = BLANK
AND TYPE OF SERVICE (FIRST POSITION) = I INPATIENT
AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316
AND PATIENT ZIP CODE IS IN AN MTF² CATCHMENT AREA¹
THEN CA/NAS NUMBER MUST BE CODED
UNLESS ANY OCCURRENCE OF OVERRIDE CODE = C GOOD FAITH PAYMENT
THEN CA/NAS NUMBER MUST = BLANK

2-310-04R IF CA/NAS NUMBER IS CODED
THEN CA/NAS EXCEPTION REASON MUST = BLANK

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320) (CONTINUED)

	PS	TSRx	OR
	SN	SHCP - NON-MTF-REFERRED CARE	OR
	SR	SHCP - REFERRED CARE	OR
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM	

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
-----------------	-------------------------------	---	-------------------------

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING.

NO ERROR	IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REASON CODE FOR THAT DETAIL OCCURRENCE =	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER	OR
		26	EXPENSES INCURRED PRIOR TO COVERAGE	OR
		27	EXPENSES INCURRED AFTER COVERAGE TERMINATED	OR
		30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS	OR
		31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED	OR
		32	OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED	OR
		33	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE	OR
		34	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS	OR
		62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION	OR
		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE	

THEN BYPASS ALL CA/NAS EXCEPTION REASON EDITING

NO ERROR	IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO		
	THEN NO CA/NAS IS REQUIRED -- BYPASS ALL CA/NAS EXCEPTION REASON EDITING		

NO ERROR	IF HCDP PLAN COVERAGE CODE =	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS)	OR
-----------------	------------------------------	-----	--	-----------

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.4

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 300 - 399)

ELEMENT NAME: CA/NAS EXCEPTION REASON (2-320) (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
2-320-01R	IF PATIENT ZIP CODE IS NOT IN AN MTF ² CATCHMENT AREA ¹ THEN CA/NAS EXCEPTION REASON MUST = BLANK	
2-320-02R	IF CA/NAS NUMBER IS CODED THEN CA/NAS EXCEPTION REASON MUST = BLANK	
2-320-04R	IF PATIENT ZIP CODE IS IN AN MTF CATCHMENT AREA AND TYPE OF SERVICE (FIRST POSITION) = I INPATIENT AND PRINCIPAL TREATMENT DIAGNOSIS = 290 THROUGH 316 AND CA/NAS NUMBER NOT CODED THEN CA/NAS EXCEPTION REASON MUST BE CODED	

¹ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

² MTF IS A 40 MILES CATCHMENT AREA.

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000)		
VALIDITY EDITS		
NONE		
RELATIONAL EDITS		
1-000-01F	<ul style="list-style-type: none"> 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 =	MDA906-03-C-0015 (TDEFIC)	
OR TYPE OF SUBMISSION =	D	COMPLETE DENIAL OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
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

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FINANCIAL EDIT REQUIREMENTS

**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 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
OR HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD ACTIVE > 30 DAYS; AGR CODE A - 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/ACCRUAL FUND
ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =	A	MEDICARE PART A OR
	C	MEDICARE PART A & B OR
	H	MEDICARE HMO OR
	I	MEDICARE PART A & D OR
	L	MEDICARE PART A, B, AND 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

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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 OR
015	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE 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
020	TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
022	TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
024	DIRECT CARE FOR TRANSITIONAL 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
131	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
132	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
133	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
134	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR

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FINANCIAL EDIT REQUIREMENTS

**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 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
141	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
142	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY 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
147	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE 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
158	TRICARE REMOTE INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
159	TRICARE REMOTE FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS
OR	HCC MEMBER CATEGORY CODE =
F	FORMER MEMBER OR
H	MEDAL OF HONOR RECIPIENT OR
R	RETIRED OR

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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
1-000-02F	• 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
	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 GOVT 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 =	AR	SHCP - REFERRED CARE OR
		CL	CLINICAL TRIALS OR
		CM	INDIVIDUAL CASE MANAGEMENT OR
		CT	CUSTODIAL CARE
	OR ENROLLMENT/ HEALTH PLAN CODE =	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

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FINANCIAL EDIT REQUIREMENTS

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

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FINANCIAL EDIT REQUIREMENTS

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

OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVT 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
	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
	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

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FINANCIAL EDIT REQUIREMENTS

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

OR SPECIAL PROCESSING CODE MUST =	AR	SHCP - REFERRED CARE 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
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 GOVT 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 =	AR	SHCP - REFERRED CARE OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR

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FINANCIAL EDIT REQUIREMENTS

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

	CT	CUSTODIAL CARE
OR ENROLLMENT/ HEALTH PLAN CODE =	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
	414	TRS MEMBER AND FAMILY COVERAGE
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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FINANCIAL EDIT REQUIREMENTS

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

VALIDITY EDITS

REFER TO CHAPTER 2, SECTION 5.1

RELATIONAL EDITS

1-060-01F	• FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]		
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 ADSTM	
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 IN THE TMA DATABASE MUST =	TF	TRICARE FOREIGN	
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	
	Z	NOT PROVIDED FROM DEERS	
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR	

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	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
1-060-02F		• TPR FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]
		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 =
	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
		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 OR
	C	COAST GUARD OR

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
1-060-11F	²	TRICARE PRIME REMOTE (TPR) [ACTIVE DUTY SERVICE MEMBER]
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 ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU	ADSM ENROLLED IN TPR
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 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

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
1-060-16F	• TFL [RETIREE AND FAMILY MEMBER]	
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 =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR OR
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
AND HCC MEMBER CATEGORY CODE ≠	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 30 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 TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
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 =	F	FORMER MEMBER (RESERVE SERVICE) OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR
	W	FORMER SPOUSE
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	C	MEDICARE PART A & B OR
	H	MEDICARE HMO
1-060-18F	• SHCP VOUCHER (ADSM CLAIMS ONLY)	
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 OR
	SO	SHCP - NON-TRICARE ELIGIBLE OR
	ST	SHCP - TRICARE ELIGIBLE
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-REFERRED CARE OR
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	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 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
	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
1-060-19F • TPR ADFM INTERIM		
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADMS
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN SERVICE BRANCH CLASSIFICATION CODE 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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED)
1-060-20F	• TFL [ACTIVE DUTY FAMILY MEMBER]	
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 =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR OR
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)	
AND HCC MEMBER CATEGORY CODE =	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 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 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 RELATIONSHIP CODE MUST ≠	A SELF
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A MEDICARE PART A OR
	C MEDICARE PART A & B OR
	H MEDICARE HMO
1-060-23F	• CONUS NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT VALIDATION
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR

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FINANCIAL EDIT REQUIREMENTS

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

	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 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
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST ≠	AS	ARMY SHCP CLIN OR
	FS	AIR FORCE SHCP CLIN OR
	NS	NAVY SHCP CLIN OR
	TD	TRICARE DOMESTIC ASAP OR
	TF	TRICARE FOREIGN ASAP
1-060-26F	• FOREIGN ADFM	
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 ENROLLMENT CODE/ HEALTH PLAN CODE =	XF	FOREIGN ADFM
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	E	COMPLETE CANCELLATION NON-TED RECORD 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
AND SERVICE BRANCH CLASSIFICATION CODE 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	UNKNOWN
AND 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
AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF
1-060-27F	•	TPR FOREIGN EDITS (ADFM)
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 ENROLLMENT CODE/HEALTH PLAN CODE =	WO	TPR FOREIGN ADFM

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E	COMPLETE CANCELLATION NON-TED RECORD 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
AND SERVICE BRANCH CLASSIFICATION CODE 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	UNKNOWN
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	S	RESERVE > 30 DAYS
AND HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE OR
	C	CHILD OR
	D	PRE-ADOPTIVE CHILD OR
	E	WARD
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

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FINANCIAL EDIT REQUIREMENTS

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

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

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CHAPTER 2, SECTION 8.1

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)

1-283-08F¹ • 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

1-283-09F¹ • 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

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS 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 1-283-08F IF RECORD FAILS 1-283-02F.

BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-02F OR 1-283-08F OR 1-283-10F.

BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-02F OR 1-283-08F.

ALL 1-283-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION OF A TED RECORD'

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FINANCIAL EDIT REQUIREMENTS

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

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 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	SINGLE OR
	S	DISPENSING FEE
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 FORM 1500 OR
	F	UB 92 OR
	J	OTHER
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		
	F	FOREIGN

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS 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 1-283-08F IF RECORD FAILS 1-283-02F.

BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-02F OR 1-283-08F OR 1-283-10F.

BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-02F OR 1-283-08F.

ALL 1-283-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION OF A TED RECORD'

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FINANCIAL EDIT REQUIREMENTS

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

THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE
TED ≠ A SPACE

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

IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER OR

9 CLAIM RATE BATCH

THEN AT LEAST ONE OCCURRENCE OF ADMINISTRATIVE CLIN ≠ BLANK

**ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS
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 1-283-08F IF RECORD FAILS 1-283-02F.

BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-02F OR 1-283-08F OR 1-283-10F.

BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-02F OR 1-283-08F.

ALL 1-283-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION
OF A TED RECORD'

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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

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FINANCIAL EDIT REQUIREMENTS

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

OR SPECIAL PROCESSING CODE =	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/ACCRUAL FUND
ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =	A	MEDICARE PART A OR
	C	MEDICARE PART A & B OR
	H	MEDICARE HMO OR
	I	MEDICARE PART A & D OR
	L	MEDICARE PART A, B, AND 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
	010	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSOR OR
	014	DIRECT CARE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	015	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR

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FINANCIAL EDIT REQUIREMENTS

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

016	DIRECT CARE FOR SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS OR
017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
020	TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
022	TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
024	DIRECT CARE FOR TRANSITIONAL 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
131	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
132	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
133	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
134	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
135	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS OR
136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR

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FINANCIAL EDIT REQUIREMENTS

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

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
141	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
142	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
147	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE 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
158	TRICARE REMOTE INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
159	TRICARE REMOTE FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY 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 CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST =	
TF	TRUST/ACCRUAL FUND

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FINANCIAL EDIT REQUIREMENTS

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

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

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 OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVT
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 = AR SHCP - REFERRED CARE **OR**

CL CLINICAL TRIALS **OR**

CM INDIVIDUAL CASE MANAGEMENT **OR**

CT CUSTODIAL CARE

OR ENROLLMENT/
HEALTH PLAN CODE = 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

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FINANCIAL EDIT REQUIREMENTS

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

	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 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 OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVT CONTRACTOR BY PROCEDURE CODE = ZERO
		THEN BYPASS THIS EDIT

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

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

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

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 SPECIAL
PROCESSING CODE
MUST =

AR SHCP - REFERRED CARE OR

CL CLINICAL TRIALS OR

CM INDIVIDUAL CASE MANAGEMENT OR

CT CUSTODIAL CARE

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

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		
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 OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVT 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 =		AR	SHCP - REFERRED CARE OR
		CL	CLINICAL TRIALS OR
		CM	INDIVIDUAL CASE MANAGEMENT OR
		CT	CUSTODIAL CARE
OR ENROLLMENT/HEALTH PLAN CODE =		SR	SHCP - REFERRED CARE

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FINANCIAL EDIT REQUIREMENTS

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

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
	414	TRS MEMBER AND FAMILY COVERAGE
		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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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**

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)	
	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
2-055-02F	• TPR FOREIGN EDITS [ACTIVE DUTY SERVICE 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 =	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

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER CLIN/ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =	TF	TRICARE FOREIGN
OR CONTRACT NUMBER =	MDA906-02-C-0013 (TMOP) OR MDA906-03-C-0019 (TRRx)	
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
	Z	NOT PROVIDED FROM DEERS
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	J	ACADEMY STUDENT OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-11F	• TPR [ACTIVE DUTY SERVICE MEMBER]	
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 ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU	ADSM ENROLLED IN TPR
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

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-16F	• TRICARE SENIOR PHARMACY (TSRx) [ACTIVE DUTY FAMILY MEMBER]	
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 =	PS	TSRx
AND HCC MEMBER CATEGORY CODE =	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 (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
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 TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A	MEDICARE PART A OR
	C	MEDICARE PART A & B OR
	H	MEDICARE HMO
2-055-17F • TRICARE SENIOR PHARMACY (TSRx) [RETIREE AND FAMILY MEMBER]		
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 =	PS	TSRx
AND HCC MEMBER CATEGORY CODE ≠	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

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	T	FOREIGN MILITARY MEMBER OR
	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 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 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 TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND HCC MEMBER CATEGORY CODE MUST =	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR
	W	FORMER SPOUSE
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A	MEDICARE A OR
	C	MEDICARE A & B OR
	H	MEDICARE HMO
2-055-18F	• TFL [RETIREE AND FAMILY MEMBER]	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
AND ENROLLMENT/HEALTH PLAN CODE =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR OR
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
AND HCC MEMBER CATEGORY CODE ≠	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 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 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 HHC MEMBER CATEGORY CODE MUST =	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR
	W	FORMER SPOUSE
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	C	MEDICARE PART A & B OR
	H	MEDICARE HMO
2-055-20F	• SHCP VOUCHERS (ADSM CLAIMS ONLY)	
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 OR
	SO	SHCP - NON-TRICARE ELIGIBLE OR
	ST	SHCP - TRICARE ELIGIBLE OR
	SU	SHCP - REFERRAL DESIGNATION UNKNOWN
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-REFERRED CARE OR
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
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 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

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
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
2-055-21F	• TPR ADFM INTERIM	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADMS
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 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

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	PRE-ADOPTIVE CHILD OR
	E	WARD (COURT ORDERED)
2-055-22F	• TFL [ACTIVE DUTY FAMILY MEMBER]	
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 =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR OR
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
AND HCC MEMBER CATEGORY CODE =	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 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

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
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 RELATIONSHIP CODE MUST ¼	A	SELF
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A	MEDICARE PART A OR
	C	MEDICARE PART A & B OR
	H	MEDICARE HMO
2-055-25F	• NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT VALIDATION	
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 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
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER HEADER TYPE FOUND IN THE TMA DATABASE MUST ≠	AS	ARMY SHCP CLIN OR
	FS	AIR FORCE SHCP CLIN OR
	NS	NAVY SHCP CLIN OR
	TD	TRICARE DOMESTIC ASAP OR
	TF	TRICARE FOREIGN ASAP
2-055-28F	• FOREIGN ADFM	
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	NON-CLAIM RATE VOUCHER OR
	6	CLAIM RATE VOUCHER
AND ENROLLMENT CODE/ HEALTH PLAN CODE =	XF	FOREIGN ADFM
AND TYPE OF SUBMISSION NOT =	B	ADJUSTMENT TO NON-TED RECORD OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E	COMPLETE CANCELLATION NON-TED RECORD 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 (TRRx)
AND SERVICE BRANCH CLASSIFICATION CODE MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR

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FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)	
	O NOAA OR
	Z UNKNOWN
AND 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
AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A SELF
2-055-29F	• TPR FOREIGN EDITS (ADFM)
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 NON-CLAIM RATE VOUCHER OR
	6 CLAIM RATE VOUCHER
AND ENROLLMENT CODE/ HEALTH PLAN CODE =	WO TPR FOREIGN ADFM
AND TYPE OF SUBMISSION NOT =	B ADJUSTMENT TO NON-TED RECORD OR
	D COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E COMPLETE CANCELLATION NON-TED RECORD 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 (TRRx)
AND SERVICE BRANCH CLASSIFICATION CODE MUST =	A ARMY OR

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)	
	C COAST GUARD OR
	F AIR FORCE OR
	H PUBLIC HEALTH SERVICE OR
	M MARINES OR
	N NAVY OR
	O NOAA OR
	Z UNKNOWN
AND HCC MEMBER CATEGORY CODE MUST =	A ACTIVE DUTY OR
	G NATIONAL GUARD > 30 DAYS OR
	J ACADEMY STUDENT OR
	S RESERVE > 30 DAYS
AND HCC MEMBER RELATIONSHIP CODE MUST =	B SPOUSE OR
	C CHILD OR
	D PRE-ADOPTIVE CHILD OR
	E WARD
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	

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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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CHAPTER 2, SECTION 8.1

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 OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND HCC MEMBER CATEGORY CODE =	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT 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 AGR SERVICE LEGAL AUTHORITY CODE MUST =	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) OR
		B	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) OR
		C	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) OR
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) OR
		E	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) OR
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) OR
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) OR
		H	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) OR
		I	AGR: 14 U.S.C. 276 OR
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) OR
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) OR
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) OR
		X	AGR: OTHER OR
		Z	UNKNOWN/NOT APPLICABLE

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108)

VALIDITY EDITS

REFER TO CHAPTER 2, SECTION 5.2

RELATIONAL EDITS

2-108-02F • 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)

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

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

2-108-16F¹ • 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

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

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

¹ **BYPASS EDIT 2-108-16F IF RECORD FAILS 2-108-02F.**

BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-02F OR 2-108-16F OR 2-108-18F.

BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-02F OR 2-108-16F.

ALL 2-108-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION OF A TED RECORD'

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FINANCIAL EDIT REQUIREMENTS

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

	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 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.		
2-108-18F¹	• CLIN vs. CLAIM FORM 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		
	D	DISPENSING FEE OR
	S	SINGLE
	E	ELECTRONIC
	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR

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

¹ BYPASS EDIT 2-108-16F IF RECORD FAILS 2-108-02F.
 BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-02F OR 2-108-16F OR 2-108-18F.
 BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-02F OR 2-108-16F.
 ALL 2-108-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION OF A TED RECORD'

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (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 FORM 1500 OR
	F	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.		
2-108-19F		• ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE
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
2-108-20F		• ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE
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 FAILURES ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTORS WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

¹ **BYPASS EDIT 2-108-16F IF RECORD FAILS 2-108-02F.**

BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-02F OR 2-108-16F OR 2-108-18F.

BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-02F OR 2-108-16F.

ALL 2-108-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION OF A TED RECORD'

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CHAPTER 2, SECTION 8.1

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

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CHAPTER 2, ADDENDUM M

DATA REQUIREMENTS - HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE VALUES

VALID VALUE	DESCRIPTION
214	TRICARE Dental Plan Individual Coverage for Active Guard/Reserve (AGR) Family Members
215	TRICARE Dental Plan Family Coverage for Active Guard/Reserve (AGR) Family Members
216	TRICARE Dental Plan Individual Remote Coverage for Active Guard/Reserve (AGR) Family Members
217	TRICARE Dental Plan Family Remote Coverage for Active Guard/Reserve (AGR) Family Members
218	TRICARE Dental Plan Individual Coverage for Survivors of Active Guard/Reserve (AGR) Family Members
219	TRICARE Dental Plan Family Coverage for Survivors of Active Guard/Reserve (AGR) Family Members
220	TRICARE Dental Plan for Mobilization-Asset Individual Ready Reserve (IRR) Sponsors
221	TRICARE Dental Plan Individual Coverage for Mobilization-Asset Individual Ready Reserve (IRR) Family Member
222	TRICARE Dental Plan Family Coverage for Mobilization-Asset Individual Ready Reserve (IRR) Family Members
223	TRICARE Dental Plan Individual Remote Coverage for Mobilization-Asset Individual Ready Reserve (IRR) Family Members
224	TRICARE Dental Plan Family Remote Coverage for Mobilization-Asset Individual Ready Reserve (IRR) Family Members
225	TRICARE Dental Plan Individual Coverage for Survivors of Mobilization-Asset Individual Ready Reserve (IRR) Deceased Sponsors
226	TRICARE Dental Plan Family Coverage for Survivors of Mobilization-Asset Individual Ready Reserve (IRR) Deceased Sponsors
227	TRICARE Dental Plan for Non-Mobilization-Asset Individual Ready Reserve (IRR) Sponsors
228	TRICARE Dental Plan Individual Coverage for Non-Mobilization-Asset Individual Ready Reserve (IRR) Family Members
229	TRICARE Dental Plan Family Coverage for Non-Mobilization-Asset Individual Ready Reserve (IRR) Family Members
230	TRICARE Dental Plan Individual Remote Coverage for Non-Mobilization-Asset Individual Ready Reserve (IRR) Family Members
231	TRICARE Dental Plan Family Remote Coverage for Non-Mobilization-Asset Individual Ready Reserve (IRR) Family Members
301	BRAC Pharmacy
302	Pharmacy Redesign Pilot Project (PRPP)
400	TRICARE Extended Care Health Option (ECHO) Program

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CHAPTER 2, ADDENDUM M

DATA REQUIREMENTS - HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE VALUES

VALID VALUE	DESCRIPTION
401	TRICARE Reserve Select Tier 1 Member-Only Coverage (Contingency Operations)
402	TRICARE Reserve Select Tier 1 Member and Family Coverage (Contingency Operations)
403	Tobacco Cessation Demonstration Program
404	Weight Management Demonstration Program
405	TRICARE Reserve Select Tier 2 Member-Only Coverage (Certified Qualifications)
406	TRICARE Reserve Select Tier 2 Member and Family Coverage (Certified Qualifications)
407	TRICARE Reserve Select Tier 3 Member-Only Coverage (Service Agreement)
408	TRICARE Reserve Select Tier 3 Member and Family Coverage (Service Agreement)
409	TRICARE Reserve Select Survivor Continuing with Individual Coverage
410	TRICARE Reserve Select Survivor Continuing with Family Coverage
411	TRICARE Reserve Select Survivor New Individual Coverage
412	TRICARE Reserve Select Survivor New Family Coverage
413	TRICARE Reserve Select Member-Only Coverage
414	TRICARE Reserve Select Member and Family Coverage
602	Direct Care and TRICARE Mail Order Pharmacy (TMOP) and Retail Pharmacies
603	Direct Care Only
999	Unverified Newborn