



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

PRD

CHANGE 45  
7950.1-M  
JUNE 12, 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:** CLAIM RATE PAYMENT

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** Changes to the Administrative CLIN payments. The change allows the contractor to retain the Administrative CLIN payment on cancelled TED records if the reason for the claim cancellation meets certain requirements. This change also adds guidelines for correcting Administrative CLIN billing errors on TED records.

**EFFECTIVE DATE:** Upon direction of the Contracting Officer.

**IMPLEMENTATION DATE:** Ninety days following publication date.

This change is made in conjunction with Aug 2002 TOM, Change No. 51.

A handwritten signature in cursive script that reads "Evie Lammle".

Evie Lammle  
Director, Program Requirements Division

ATTACHMENT(S): 12 PAGES  
DISTRIBUTION: 7950.1-M

**CHANGE 45**  
**7950.1-M**  
**JUNE 12, 2007**

**REMOVE PAGE(S)**

**INSERT PAGE(S)**

**CHAPTER 2**

Section 2.3, pages 9 and 10

Section 2.4, pages 3 and 4

Section 8.1, pages 23 - 26 and 53 - 54

Section 2.3, pages 9 and 10

Section 2.4, pages 3 and 4

Section 8.1, pages 23 - 26 and 53 - 54

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.3

DATA REQUIREMENTS - HEADER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: **FUND ACCOUNTING**

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Header	0-065	1	Yes <sup>1</sup>
PRIMARY PICTURE (FORMAT)	Ten (10) signed numeric digits including two (2) decimal places.		
DEFINITION	This field contains the total Government drug cost dollars dispensed by the contractor.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE			GROUP
N/A			N/A

NOTES AND SPECIAL INSTRUCTIONS:

<sup>1</sup> Required for Mail Order Pharmacy must be zero filled for all others.

**NOTE:** For Mail Order Pharmacy Records the FUND ACCOUNTING Must equal the sum of (AMOUNT ALLOWED BY PROCEDURE CODE minus AMOUNT BILLED BY PROCEDURE CODE) for all included records.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.3

DATA REQUIREMENTS - HEADER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: HEADER TYPE INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Header	0-001	1	Yes

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.

DEFINITION Code to indicate whether the record is a batch header or voucher header, and whether a voucher contains admin rate eligible records.

CODE/VALUE SPECIFICATIONS		
	0	Batch Header (used on all provider and pricing batches, and for institutional/non-institutional non-admin claim rate TED records).
	5	Voucher Header (used only for institutional/non-institutional non-admin claim rate eligible TED records).
	6	Voucher Header (used only for institutional/non-institutional admin claim rate eligible TED records).
	9	Batch Header (institutional/non-institutional admin claim rate eligible TED records).

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

**Contractors are responsible for ensuring claims are submitted under the correct Header Type Indicator when billing Administrative CLINs on a TED record. TED records shall be submitted under the correct Header Type Indicator in order to receive and retain Administrative CLIN payment(s). Refer to TRICARE Operations Manual (TOM), Chapter 3, Section 9, for guidance on using this field to invoice Administrative CLINs.**

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

CHAPTER 2, SECTION 2.4

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (A - D)

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: ADMINISTRATIVE CLIN**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-283	3	Yes <sup>1</sup>
Non-Institutional	2-108	3	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Three occurrences of six (6) alphanumeric characters.

**DEFINITION** Request for government administrative fee. **Shall** be provided by contractor.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Can report from 1 to 3 CLINs, left justify and blank fill. Do not duplicate. Each occurrence consists of six characters.

**NOTE:** Identifies the Contract Line Item Number (CLIN) on the contract for which the contractor is requesting an administrative fee payment.

**NOTE:** Administrative CLIN cannot change on an adjustment if the Admin Rate has been paid.

**NOTE:** Refer to TRICARE Operations Manual (TOM), Chapter 3, Section 9, for guidance on using this field to invoice TMA for administrative costs.

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

CHAPTER 2, SECTION 2.4

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (A - D)

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: ADMISSION DATE**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-265	1	Yes

**PRIMARY PICTURE (FORMAT)** Eight (8) alphanumeric characters, YYYYMMDD.

**DEFINITION** Date the patient was first admitted to the institution for this episode.

CODE/VALUE SPECIFICATIONS		
	YYYY	4 digit calendar year
	MM	2 digit calendar month
	DD	2 digit calendar day

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

N/A

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

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)**

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

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

9 CLAIM RATE BATCH

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

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

**AND TYPE OF SUBMISSION = A ADJUSTMENT **OR****

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

E COMPLETE CANCELLATION NON-TED RECORD

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

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

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

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

9 CLAIM RATE BATCH

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

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

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

<sup>1</sup> BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-08F.

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

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

CHAPTER 2, SECTION 8.1

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).

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

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

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

<sup>1</sup> BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-08F.

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

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

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

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 CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

<sup>1</sup> BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-08F.

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1  
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

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

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**

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

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

<sup>1</sup> BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

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.

**2-108-17F<sup>1</sup> • CLIN MATCHES APPROPRIATION TYPE**

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

AND CLIN FIELD ON TED RECORD NOT = BLANK

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

THEN THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.

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.

**2-108-18F<sup>1</sup> • 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

THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST = D DISPENSING FEE OR  
S SINGLE

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

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

H ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR

I ELECTRONIC DRUG CLAIM SUBMISSION

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

<sup>1</sup> BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.

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

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

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

	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.		
<b>2-108-19F</b>	• 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
<b>2-108-20F</b>	• 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 **ERRORS** ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

<sup>1</sup> BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

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**