



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 98
7950.1-M
SEPTEMBER 11, 2012

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: TRICARE EVALUATION OF CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) APPROVED LABORATORY DEVELOPED TESTS (LDTs) DEMONSTRATION PROJECT

CONREQ: 15918

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): LDTs which are identified by U.S. Food and Drug Administration (FDA) regulation as medical devices require FDA premarket clearance or premarket approval to be eligible for cost-sharing by TRICARE. Therefore, requests for these LDTs (ordered or prescribed by TRICARE authorized and contracted network providers) are factually denied by the TRICARE Managed Care Support Contractors (MCSCs), and other TRICARE health care contractors. During the demonstration period TRICARE Management Activity (TMA) may determine that some LDTs, which have not received FDA premarket clearance or premarket approval, will be eligible for cost-sharing by TRICARE. If an LDT is determined by the Director, TMA to be cost-shared, the LDT will be processed by TMA in the same method as any other approved benefit.

EFFECTIVE DATE: January 26, 2012.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TOM, Change No. 145.

**Jack Arendale
Chief, Purchased Care Systems
Integration Branch**

**ATTACHMENT(S): 14 PAGES
DISTRIBUTION: 7950.1-M**

CHANGE 98
7950.1-M
SEPTEMBER 11, 2012

REMOVE PAGE(S)

CHAPTER 2

Section 2.8, pages 17 and 18

Section 6.2, pages 19 - 22

Section 8.1, pages 7 - 10 and 29 - 32

INSERT PAGE(S)

Section 2.8, pages 17 and 18

Section 6.2, pages 19 - 22

Section 8.1, pages 7 - 10 and 29 - 32

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.8

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	EF	TRICARE Reserve and National Guard Family Member Benefits (Reservists and National Guard members called to active duty for more than 30 days in support of a contingency operation) (Effective 11/01/2009)
	EU	Emergency services rendered by an unauthorized provider (Effective 06/01/1999)
	FF	TRICARE for Life (TFL) (First Payor - Not A Medicare Benefit) (Effective 10/01/2001)
	FG	TRICARE for Life (TFL) (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)
	FS	TRICARE for Life (TFL) (Second Payor) (Effective 10/01/2001)
	GF	TRICARE Prime Remote (TPR) for eligible Active Duty Family Member (ADFM) residing with a TPR Eligible ADSM (Effective 10/30/2000 through 08/31/2002)
	GU	ADSM enrolled in TRICARE Prime Remote (TPR) (Effective 10/01/1999)
	KO	Allied Forces - Kosovo (Effective 06/01/1999)

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- ³ Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- ⁴ Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible), or 'AD' (Foreign Active Duty Claims) or 'GU' (ADSM Enrolled in TPR) must be present.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.8

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	LD	Laboratory Developed Tests (LDTs) Demonstration
	MH	Mental Health Active Duty Cost-Share
	MN	TRICARE Senior Prime (TSP) (Non-Network) (Effective 01/01/1998 through 12/31/2001)
	MS	TRICARE Senior Prime (TSP) (Network) (Effective 01/01/1998 through 12/31/2001)
	NE	Operation Noble Eagle/Operation Enduring Freedom Demonstration (Reservists called to active duty under Executive Order 13223) (Effective 09/14/2001 through 10/31/2009)
	PD	Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001)
	PF	Extended Care Health Option (ECHO) (formerly PFPWD)
	PO	TRICARE Prime - Point of Service
	RB	Respite Benefit for Seriously Injured or Ill ADSMs ⁴
	RI	Resource Sharing - Internal
	RS	Medicare/TRICARE Dual Entitlement (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- ³ Whenever SPECIAL PROCESSING CODE = 'AU' (Autism Demonstration) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- ⁴ Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill Active Duty Service Member (ADSM)) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP - TRICARE Eligible), or 'AD' (Foreign Active Duty Claims) or 'GU' (ADSM Enrolled in TPR) must be present.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 02, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160)

VALIDITY EDITS

2-160-01V² FOR FILING DATE PRIOR TO 01/01/2005, VALUE MUST BE A VALID PROCEDURE CODE **AND** PROCEDURE CODE MUST MATCH ONE OF THE RECORDS IN THE PROCEDURE CODE DATABASE USING THE FOLLOWING DATE LOGIC:

- | | | |
|--------------------------|---|--|
| FOR TYPE OF SUBMISSION = | D | COMPLETE DENIAL OR |
| | I | INITIAL TED RECORD SUBMISSION OR |
| | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | R | RESUBMISSION OF AN INITIAL TED RECORD (TYPE OF SUBMISSION WAS 'I') THAT WAS REJECTED DUE TO ERRORS |

THE DATE TED RECORD PROCESSED TO COMPLETION MUST BE ON OR AFTER THE PROCESSING EFFECTIVE DATE **AND** BEFORE THE PROCESSING TERMINATION DATE

AND THE BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE CARE EFFECTIVE DATE **AND** BEFORE THE CARE TERMINATION DATE

- | | | |
|--------------------------|---|---|
| FOR TYPE OF SUBMISSION = | A | ADJUSTMENT TO TED RECORD DATA OR |
| | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | C | COMPLETE CANCELLATION OR |
| | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |

THE DATE TED RECORD PROCESSED TO COMPLETION MUST BE ON **OR** AFTER THE PROCESSING EFFECTIVE DATE

AND THE BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE CARE EFFECTIVE DATE **AND** BEFORE THE CARE TERMINATION DATE

2-160-02V² FOR FILING DATE ON OR AFTER 01/01/2005 VALUE MUST BE A VALID PROCEDURE CODE

AND PROCEDURE CODE MUST MATCH ONE OF THE RECORDS IN THE PROCEDURE CODE REFERENCE TABLE USING THE FOLLOWING DATE LOGIC:

BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE PROCEDURE CODE **CARE** EFFECTIVE DATE **AND** NOT LATER THAN THE PROCEDURE CODE **CARE** TERMINATION DATE.

RELATIONAL EDITS

2-160-01R³ IF ON THE MATCHING RECORD THE PROCEDURE CODE DATABASE GOVERNMENT PAY CODE = 'N'

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

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

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

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² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R.

³ BYPASS EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R IF RECORD FAILS EDIT 2-160-01V OR 2-160-01-2V.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 02, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)	
	AR SHCP - REFERRED CARE OR
	CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	CL CLINICAL TRIALS OR
	FG TFL (FIRST PAYOR-NO TRICARE PROVIDER CERTIFICATION, i.e., MEDICAL BENEFITS HAVE BEEN EXHAUSTED) OR
	FS TFL (SECOND PAYOR) OR
	GU ADSM ENROLLED IN TPR OR
	LD LABORATORY DEVELOPED TESTS (LDTs) DEMONSTRATION OR
	MN TSP - NETWORK OR
	MS TSP - NON-NETWORK OR
	SC SHCP - NON-TRICARE ELIGIBLE OR
	SE SHCP - TRICARE ELIGIBLE OR
	SM SHCP - EMERGENCY
	OR ENROLLMENT/HEALTH PLAN CODE MUST =
	SN SHCP - NON-MTF-REFERRED CARE OR
	SR SHCP - REFERRED CARE
	OR FILING STATE AND COUNTRY CODE MUST = A FOREIGN COUNTRY CODE (REFER TO ADDENDUM A)
2-160-02R³	IF ANY PROCEDURE CODE IS FOR FEMALE AND PERSON SEX (PATIENT) IS MALE THEN AT LEAST ONE OVERRIDE CODE MUST = G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
2-160-03R³	IF ANY PROCEDURE CODE IS FOR MALE AND NOT FOR CIRCUMCISION (PROCEDURE CODE¹ 54150 OR 54160) AND SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (ADDENDUM E, FIGURE 2-E-3) AND PERSON SEX (PATIENT) IS FEMALE THEN AT LEAST ONE OVERRIDE CODE MUST = H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
2-160-04R³	IF PROCEDURE CODE HAS AN AGE PARAMETER RESTRICTION THEN PATIENT'S AGE MUST BE CONSISTENT WITH RESTRICTIONS
¹ CPT ONLY © 2006 AMERICAN MEDICAL ASSOCIATION (OR SUCH OTHER DATE OF PUBLICATION OF CPT). ALL RIGHTS RESERVED.	
² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R.	
³ BYPASS EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R IF RECORD FAILS EDIT 2-160-01V OR 2-160-01-2V.	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 02, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)

UNLESS AT LEAST ONE
OVERRIDE CODE =

R PERSON BIRTH CALENDAR DATE (PATIENT)
IS NOT CONSISTENT WITH PROCEDURE/
DIAGNOSIS CODE AGE RESTRICTING;
PROCEDURE PERFORMED DUE TO
MEDICAL NECESSITY

2-160-05R IF PROCEDURE CODE¹ = A0100, A0110, A0120, A0130, A0140, A0170, E0170 - E0172, E0241-
E0245, E0270, E0273, E0625, E0701, L3000 - L3003, L3010, L3020, L3030, L3031, L3040, L3050,
L3060, L3070, L3080, L3090, L3100, L3160, L3201 - L3207, L3212 - L3219, L3221 - L3223, L3230,
L3250 -L3255, L3257, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360,
L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470,
L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595,
L3630, S9122 - S9124, **OR** 99082

**THEN ONE OCCURRENCE OF
SPECIAL PROCESSING CODE
MUST =**

PF ECHO

**UNLESS ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS
A CODE LISTED IN [ADDENDUM H, FIGURE 2-H-1](#) **OR** [FIGURE 2-H-2](#)**

**OR ANY OCCURRENCE OF
SPECIAL PROCESSING CODE =**

AN SHCP - NON-MTF-REFERRED CARE **OR**
AR SHCP - REFERRED CARE **OR**
CE SHCP - COMPREHENSIVE CLINICAL
EVALUATION PROGRAM **OR**
GU ADASM ENROLLED IN TPR **OR**
MN TSP - NETWORK **OR**
MS TSP - NON-NETWORK **OR**
SC SHCP - NON-TRICARE ELIGIBLE **OR**
SE SHCP - TRICARE ELIGIBLE **OR**
SM SHCP - EMERGENCY

**OR ENROLLMENT/HEALTH
PLAN CODE =**

X FOREIGN ADASM **OR**
SN SHCP - NON-MTF-REFERRED CARE **OR**
SR SHCP - REFERRED CARE **OR**
WA TPR - FOREIGN ADASM

2-160-06R IF TYPE OF SERVICE (FIRST
POSITION) =

I INPATIENT

**THEN PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE (REFER TO
[ADDENDUM E, FIGURE 2-E-2](#)).**

2-160-07R IF PROCEDURE CODE¹ = 90892-90898

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² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R.

³ BYPASS EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R IF RECORD FAILS EDIT 2-160-01V OR 2-160-01-2V.

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CHAPTER 02, SECTION 6.2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (CONTINUED)

	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	WR	MENTAL HEALTH WRAPAROUND DEMONSTRATION
2-160-08R	IF PROCEDURE CODE ¹ =	98800	FOR DRUGS OR
		000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS
	THEN 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 NATIONAL DRUG CODE MUST ≠ BLANK			
UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A)			

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² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R.

³ BYPASS EDITS 2-160-01R, 2-160-02R, 2-160-03R, AND 2-160-04R IF RECORD FAILS EDIT 2-160-01V OR 2-160-01-2V.

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 - INSTITUTIONAL (1-000) (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 OR
418	TRR MEMBER-ONLY COVERAGE OR
419	TRR MEMBER AND FAMILY COVERAGE OR
420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
421	TRR SURVIVOR FAMILY COVERAGE
OR SPECIAL PROCESSING CODE MUST =	
AR	SHCP - REFERRED CARE OR
AU	AUTISM DEMONSTRATION OR
CL	CLINICAL TRIALS OR
CM	INDIVIDUAL CASE MANAGEMENT OR
CT	CUSTODIAL CARE OR
LD	LABORATORY DEVELOPED TESTS (LDTs) DEMONSTRATION
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

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

	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
		AU	AUTISM DEMONSTRATION OR
		CL	CLINICAL TRIALS OR
		CM	INDIVIDUAL CASE MANAGEMENT OR
		CT	CUSTODIAL CARE OR
		LD	LABORATORY DEVELOPED TESTS (LDTs) DEMONSTRATION
	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

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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

**ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL
(1-000) (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 OR
418	TRR MEMBER-ONLY COVERAGE OR
419	TRR MEMBER AND FAMILY COVERAGE OR
420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
421	TRR SURVIVOR FAMILY COVERAGE
OR 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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CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

VALIDITY EDITS

REFER TO [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

**OR TYPE OF SUBMISSION = B ADJUSTMENT TO NON-TED RECORD (HCSR)
DATA OR**

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

OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO

THEN BYPASS THIS EDIT

**ELSE IF HEADER TYPE
INDICATOR =**

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

6 VOUCHER HEADER ADMIN CLAIM RATE-
ELIGIBLE

**AND ENROLLMENT/HEALTH
PLAN CODE =**

X FOREIGN ADSM

**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**

G NATIONAL GUARD MEMBER (MOBILIZED
OR ON ACTIVE DUTY FOR 31 DAYS OR
MORE) **OR**

J ACADEMY STUDENT **OR**

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) (CONTINUED)

	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN
2-000-03F		• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - SOUTH CONTRACT
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY 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-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

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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)

	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE
OR SPECIAL PROCESSING CODE MUST =	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE OR
	LD	LABORATORY DEVELOPED TESTS (LDTs) DEMONSTRATION
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

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) (CONTINUED)

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 OCCURRENCES/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
	AU AUTISM DEMONSTRATION OR
	CL CLINICAL TRIALS OR
	CM INDIVIDUAL CASE MANAGEMENT OR
	CT CUSTODIAL CARE OR
	LD LABORATORY DEVELOPED TESTS (LDTs) DEMONSTRATION
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

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) (CONTINUED)**

408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
412	TRS SURVIVOR NEW FAMILY COVERAGE OR
413	TRS MEMBER-ONLY COVERAGE OR
414	TRS MEMBER AND FAMILY COVERAGE OR
418	TRR MEMBER-ONLY COVERAGE OR
419	TRR MEMBER AND FAMILY COVERAGE OR
420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
421	TRR SURVIVOR FAMILY COVERAGE
OR 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