



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 19
7950.2-M
AUGUST 20, 2010

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM), FEBRUARY 2008**

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

CHANGE TITLE: NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) 2010, SECTION 705,
TRICARE RETIRED RESERVE

CONREQ: 15017

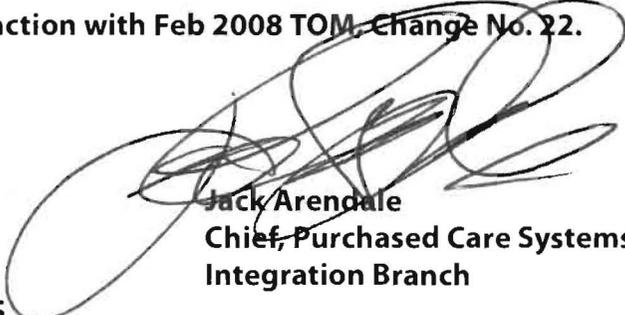
PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): Section 705 of the NDAA for Fiscal Year (FY) 2010 allows certain members of the retired reserve who are qualified for a non-regular retirement, but are not yet age 60 ("gray-area" retirees), to purchase TRICARE Standard coverage.

EFFECTIVE DATE: October 1, 2010.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TOM, Change No. 22.



Jack Arendale
Chief, Purchased Care Systems
Integration Branch

ATTACHMENT(S): 74 PAGES
DISTRIBUTION: 7950.2-M

CHANGE 19
7950.2-M
AUGUST 20, 2010

REMOVE PAGE(S)

CHAPTER 2

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Section 5.1, pages 5 and 6

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CHAPTER 3

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APPENDIX A

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025)

VALIDITY EDITS

0-025-01V MUST BE ALPHANUMERIC.

RELATIONAL EDITS

0-025-01R IF HEADER TYPE INDICATOR = 0 BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**

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

THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER MUST BE ZERO.

0-025-02R IF HEADER TYPE INDICATOR = 5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE **OR**

6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE

AND BATCH/VOUCHER RESUBMISSION NUMBER = ZERO

THEN ASAP ACCOUNT NUMBER MUST BE VALID¹ **AND** ACTIVE² FOR THE CONTRACT NUMBER ON THE TED BATCH/VOUCHER RECORD.

0-025-05R IF CONTRACT NUMBER = (NEW TDEFIC CONTRACT) **OR**

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

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

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

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

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

MDA906-03-C-0019 (TRRx)

THEN BYPASS THIS EDIT

ELSE IF HCDP PLAN COVERAGE CODE = 000 NO HEALTH CARE COVERAGE PLAN **OR**

121 CHCBP STANDARD - INDIVIDUAL COVERAGE **OR**

122 CHCBP EXTRA - FAMILY COVERAGE **OR**

401 TRS TIER 1 MEMBER-ONLY **OR**

402 TRS TIER 1 MEMBER AND FAMILY **OR**

403 TOBACCO CESSATION **DEMONSTRATION** PROGRAM **OR**

404 WEIGHT MANAGEMENT **DEMONSTRATION** PROGRAM **OR**

405 TRS TIER 2 MEMBER-ONLY **OR**

406 TRS TIER 2 MEMBER AND FAMILY **OR**

407 TRS TIER 3 MEMBER-ONLY **OR**

408 TRS TIER 3 MEMBER AND FAMILY **OR**

409 TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE **OR**

¹ TMA DATABASE.

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)

	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR
	418	TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE
OR ENROLLMENT/HEALTH PLAN CODE =	Y	CHCBP STANDARD - INDIVIDUAL COVERAGE OR
	AA	CHCBP EXTRA - FAMILY COVERAGE OR
	SN	SHCP NON-REFERRED CARE OR
	SR	SHCP REFERRED CARE
OR SPECIAL PROCESSING CODE =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP MTF REFERRED CARE
OR HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD ACTIVE > 30 DAYS; AGR CODE A-H OR
	J	ACADEMY STUDENT, NOT OCS OR
	N	NATIONAL GUARD NOT ACTIVE OR < 31 DAYS OR
	S	RESERVE MEMBER ACTIVE > 30 DAYS OR
	T	FOREIGN MILITARY OR
	V	RESERVE MEMBER NOT ACTIVE OR < 31 DAYS OR
	Y	SERVICE AFFILIATES (ROTC, MERCHANT MARINE)
AND HCC MEMBER RELATIONSHIP CODE =	A	SELF
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF	TRUST/ACCRUAL FUND
ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =	A	MEDICARE PART A OR
	C	MEDICARE PART A & B OR
	I	MEDICARE PART A & D OR
	L	MEDICARE PART A, B 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

¹ TMA DATABASE.

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	OR
016	DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	OR
017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	OR
021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	OR
023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	OR
110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	OR
111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	OR
114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	OR
115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	OR
136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	OR
137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	OR
138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	OR
139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	OR
143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	OR
144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS	OR
148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	OR
149	TRICARE PLUS COVERAGE WITH CHC COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	OR
151	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS	OR
OR HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER OR
	H	MEDAL OR HONOR RECIPIENT OR

¹ TMA DATABASE.
² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)	
	R RETIRED OR
	W FORMER SPOUSE
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST =	TF TRUST/ACCRUAL FUND
ELSE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF TRUST/ACCRUAL FUND
0-025-06R IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN BYPASS THIS EDIT	
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD TRICARE DOMESTIC
AND CONTRACT NUMBER =	<i>T3 NORTH</i>
AND BEGIN DATE OF CARE ≥	<i>START OF CONTRACT</i>
THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	SN SHCP NON-MTF REFERRED CARE OR SR SHCP REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST=	000 CARE DELIVERED TO INELIGIBLES OR 121 CHCBP STANDARD - INDIVIDUAL COVERAGE OR 122 CHCBP EXTRA - FAMILY COVERAGE OR 401 TRS TIER 1 MEMBER-ONLY OR 402 TRS TIER 1 MEMBER AND FAMILY OR 403 TOBACCO CESSATION DEMONSTRATION PROGRAM OR 404 WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR 405 TRS TIER 2 MEMBER-ONLY OR 406 TRS TIER 2 MEMBER AND FAMILY OR 407 TRS TIER 3 MEMBER-ONLY OR 408 TRS TIER 3 MEMBER AND FAMILY OR 409 TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR 410 TRS SURVIVOR CONTINUING FAMILY COVERAGE OR 411 TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR 412 TRS SURVIVOR NEW FAMILY COVERAGE OR 413 TRS MEMBER-ONLY COVERAGE OR

¹ TMA DATABASE.
² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)

	414	TRS MEMBER AND FAMILY COVERAGE OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE OR
	999	UNVERIFIED NEWBORN
OR SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN
0-025-07R IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =		T3 SOUTH
AND BEGIN DATE OF CARE ≥		START OF CONTRACT
THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	Y	CHCBP OR
	AA	CHCBP - EXTRA OR
	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP REFERRED

¹ TMA DATABASE.

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)

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 OR
	402	TRS TIER 1 MEMBER AND FAMILY OR
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM OR
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR
	405	TRS TIER 2 MEMBER-ONLY OR
	406	TRS TIER 2 MEMBER AND FAMILY OR
	407	TRS TIER 3 MEMBER-ONLY OR
	408	TRS TIER 3 MEMBER AND FAMILY OR
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
420	TRR SURVIVOR INDIVIDUAL COVERAGE OR	
421	TRR SURVIVOR FAMILY COVERAGE OR	
999	UNVERIFIED NEWBORN	
OR SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR

¹ TMA DATABASE.

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)	
	V RESERVE < 30 DAYS OR
	Z UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A SELF OR
	Z UNKNOWN
0-025-08R IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN BYPASS THIS EDIT	
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD TRICARE DOMESTIC
AND CONTRACT NUMBER =	T3 WEST
AND BEGIN DATE OF CARE ≥	START OF CONTRACT
THEN SPECIAL PROCESSING CODE MUST =	AN SHCP NON-MTF REFERRED CARE OR
	AR SHCP REFERRED CARE OR
	AU AUTISM DEMONSTRATION OR
	CL CLINICAL TRIALS OR
	CM INDIVIDUAL CASE MANAGEMENT OR
	CT CUSTODIAL CARE
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN SHCP NON-MTF REFERRED CARE OR
	SR SHCP REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000 CARE DLEIVIER TO INELIGIBLES OR
	401 TRS TIER 1 MEMBER-ONLY OR
	402 TRS TIER 1 MEMBER AND FAMILY OR
	403 TOBACCO CESSATION DEMONSTRATION PROGRAM OR
	404 WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR
	405 TRS TIER 2 MEMBER-ONLY OR
	406 TRS TIER 2 MEMBER AND FAMILY OR
	407 TRS TIER 3 MEMBER-ONLY OR
	408 TRS TIER 3 MEMBER AND FAMILY OR
	409 TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR
	410 TRS SURVIVOR CONTINUING FAMILY COVERAGE OR
	411 TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR

¹ TMA DATABASE.

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)	
	412 TRS SURVIVOR NEW FAMILY COVERAGE OR
	413 TRS MEMBER-ONLY COVERAGE OR
	414 TRS MEMBER AND FAMILY COVERAGE OR
	418 TRR MEMBER-ONLY COVERAGE OR
	419 TRR MEMBER AND FAMILY COVERAGE OR
	420 TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421 TRR SURVIVOR FAMILY COVERAGE OR
	999 UNVERIFIED NEWBORN
OR PATIENT ZIP CODE IS IN ALASKA	
OR PCM DMIS ID STATE = ALASKA	
OR HCC MEMBER CATEGORY CODE MUST =	
	A ACTIVE DUTY OR
	G NATIONAL GUARD > 30 DAYS OR
	J ACADEMY STUDENT OR
	N NATIONAL GUARD < 30 DAYS OR
	S RESERVE > 30 DAYS OR
	T FOREIGN MILITARY MEMBER OR
	V RESERVE < 30 DAYS OR
	Z UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	
	A SELF OR
	Z UNKNOWN
0-025-09R	IF ANY OCCURRENCE OF TYPE OF SUBMISSION =
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN BYPASS THIS EDIT	
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	
	TC TRICARE CIVILIAN PRIME
AND CONTRACT NUMBER = <i>T3 NORTH, SOUTH & WEST</i>	
THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	
	U TRICARE PRIME CIVILIAN PCM
AND BEGIN DATE OF CARE MUST BE ≥ START DATE OF HEALTH CARE DELIVERY	
0-025-10R	IF ANY OCCURRENCE OF TYPE OF SUBMISSION =
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN BYPASS THIS EDIT	
¹ TMA DATABASE.	
² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.	

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =		
	TN	TRICARE NON-CIVILIAN PRIME
AND CONTRACT NUMBER =		
		<i>T3 NORTH, SOUTH & WEST</i>
THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =		
	T	TRICARE STANDARD PROGRAM OR
	V	TRICARE EXTRA OR
	Z	TRICARE PRIME, MTF/PCM OR
	WF	TRICARE PRIME REMOTE ADFM
AND BEGIN DATE OF CARE MUST BE ≥ START DATE OF HEALTHCARE DELIVERY		
0-025-11R	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND CONTRACT NUMBER =	TBD TPHARM
AND POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER = 'MIPR'		
THEN ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =		
	M	MOP
0-025-12R	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND TYPE OF SERVICE (POSITION 2) =	M MOP
THEN POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER MUST = 'MIPR'		
0-025-13R	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND CONTRACT NUMBER =	TBD TPHARM
AND POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER ≠ 'MIPR'		
THEN ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =		
	B	RETAIL PHARMACY

¹ TMA DATABASE.

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER DATE (0-030)			
VALIDITY EDITS			
0-030-01V	MUST BE A VALID JULIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.		
0-030-02V	BATCH/VOUCHER DATE MUST BE ≥ CONTRACT BEGIN DATE ¹		
	AND BATCH/VOUCHER DATE MUST BE ≤ CONTRACT END DATE ¹		
RELATIONAL EDITS			
0-030-01R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND BATCH/VOUCHER RESUBMISSION NUMBER =	00	
	AND BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC OR
		TF	TRICARE FOREIGN OR
		TT	TRICARE TARGET
	AND TYPE OF SUBMISSION =	D	COMPLETE DENIAL OR
		I	INITIAL SUBMISSION OR
		O	ZERO PAYMENT WITH 100% OHI/TPL OR
		R	RESUBMISSION
0-030-02R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	THEN BATCH/VOUCHER DATE IN HEADER MUST NOT BE LESS THAN THE ASAP BEGIN DATE ON THE TMA DATABASE.		
0-030-03R	IF BATCH/VOUCHER RESUBMISSION NUMBER =	00	
	THEN BATCH/VOUCHER DATE MUST ≠	09/29/XXXX OR	
		09/30/XXXX	
	UNLESS BATCH/VOUCHER IDENTIFIER =	3	PROVIDER (BATCH ONLY)
0-030-04R	IF BATCH/VOUCHER RESUBMISSION NUMBER =	00	
	AND TRANSMISSION FILE RECEIVED TIME/DATE STAMP > 10:00 AM 09/28/(CURRENT YEAR)		
	AND BATCH/VOUCHER IDENTIFIER =	5	INSTITUTIONAL/NON-INSTITUTIONAL (BATCH/VOUCHER)
	THEN BATCH/VOUCHER DATE MUST NOT BE < 10/01/(CURRENT YEAR)		
0-030-05R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TC	TRICARE CIVILIAN PRIME OR
		TN	TRICARE NON-CIVILIAN PRIME

¹ CONTRACT DATES ON THE TMA DATABASE. THESE DATES ARE TAKEN FROM THE TMA CONTRACTS.

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Chapter 2, Section 5.1

Institutional Edit Requirements (ELN 000 - 099)

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 [SECTION 2.4](#))

RELATIONAL EDITS

REFER TO [SECTION 8.1](#).

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

VALIDITY EDITS

1-066-01V MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO [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)
		W	TPR AD SM - USA OR
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	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
		WA	TPR FOREIGN AD SM 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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Institutional Edit Requirements (ELN 000 - 099)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (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 OR
	418 TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE OR
	419 TRR MEMBER AND FAMILY COVERAGE OR
	420 TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421 TRR SURVIVOR FAMILY COVERAGE
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 5.2

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 ADDENDUM L .
1-111-02V	IF FILING DATE ≥ 09/01/2007
AND HCDP PLAN COVERAGE CODE =	109 TRICARE USFHP DIRECT CARE COVERAGE FOR ADFMs 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
	118 TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR RETIRED SPONSORS AND FAMILY MEMBERS OR
	119 TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR RETIRED SPONSORS AND FAMILY MEMBERS OR
	133 TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY 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

THEN AMOUNT ALLOWED (TOTAL) MUST = ZERO

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 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) (Continued)

		418	TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE OR
		419	TRR MEMBER AND FAMILY COVERAGE OR
		420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
		421	TRR SURVIVOR FAMILY COVERAGE
	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
		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
	THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =	PF	ECHO
1-111-03R	IF HCDP PLAN COVERAGE CODE =	417	TCSRC
	THEN ENROLLMENT/HEALTH PLAN CODE MUST =	X	FOREIGN ADSM OR
		SR	SHCP - REFERRED CARE

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Institutional Edit Requirements (ELN 100 - 199)

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

THEN ENROLLMENT/HEALTH PLAN CODE MUST =		SR	SHCP - REFERRED CARE OR
		SN	SHCP - NON-MTF REFERRED CARE OR
		SO	SHCP - NON-TRICARE ELIGIBLE OR
		ST	SHCP - TRICARE ELIGIBLE
1-185-32R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	E	HHC/CM DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE ICMP)
THEN BEGIN DATE OF CARE IS ≥ 03/15/1999			
AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		CM	ICMP
1-185-34R	<ul style="list-style-type: none"> TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001. IF BEGIN DATE OF CARE IS < 10/01/2001, THE LINE ITEMS 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., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) OR
		FS	TFL (SECOND PAYOR)
AND TYPE OF INSTITUTION ≠		10	GENERAL MEDICAL AND SURGICAL
THEN BEGIN DATE OF CARE MUST BE ≥ 10/01/2001			
AND ENROLLMENT/HEALTH PLAN CODE MUST =		FE	TFL - EXTRA OR
		FS	TFL - STANDARD
ELSE IF BEGIN DATE OF CARE IS < 10/01/2001			
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

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

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Institutional Edit Requirements (ELN 100 - 199)

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

	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.
1-185-35R		<ul style="list-style-type: none"> TFL CLAIMS: THE BEGIN DATE OF CARE MUST BE ≥ 10/01/2001 UNLESS THE BENEFICIARY IS AN INPATIENT AND THE ADMISSION DATE WAS PRIOR TO 10/01/2001, TFL WILL PAY FOR THE ENTIRE HOSPITAL STAY.
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., MEDICARE BENEFITS HAVE BEEN EXHAUSTED) OR
	FS	TFL (SECOND PAYOR)
AND TYPE OF INSTITUTION =	10	GENERAL MEDICAL AND SURGICAL
THEN END DATE OF CARE MUST BE ≥ 10/01/2001		
AND ENROLLMENT/HEALTH PLAN CODE MUST =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
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 OR

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

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Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

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

	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE

1-185-49R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AU AUTISM DEMONSTRATION

THEN BEGIN DATE OF CARE MUST BE ≥ 03/15/2008

AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = PF ECHO

AND PATIENT AGE¹ MUST BE ≥ 18 MONTHS

1-185-50R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 49 HOSPITAL REIMBURSEMENT REDUCED BY MANUFACTURER CREDIT/REPLACEMENT OF DEVICE DURING WARRANTY PERIOD **OR**

50 HOSPITAL REIMBURSEMENT REDUCED BY MANUFACTURER CREDIT/RECALLED DEVICE

THEN DRG NUMBER MUST EQUAL A DRG SUBJECT TO THE REPLACEMENT DEVICE POLICY POSTED ON TRICARE'S DRG WEB PAGE AT [HTTP://WWW.TRICARE.MIL/DRGRATES/](http://www.tricare.mil/drgrates/).

AND DATE OF ADMISSION MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE AS PER THE REPLACEMENT DEVICE POLICY POSTED ON TRICARE'S DRG WEB PAGE AT [HTTP://WWW.TRICARE.MIL/DRGRATES/](http://www.tricare.mil/drgrates/).

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

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 (REFER TO [SECTION 2.5](#)).

RELATIONAL EDITS

NONE

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Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PRICING RATE CODE (1-190)

VALIDITY EDITS

1-190-01V VALUE MUST BE A VALID INSTITUTIONAL PRICING RATE CODE.

RELATIONAL EDITS

1-190-01R	IF FILING STATE/COUNTRY CODE =	MD	MARYLAND
	THEN PRICING RATE CODE MUST ≠	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER
1-190-02R	IF DRG NUMBER IS CODED (OTHER THAN ZERO)		
	THEN PRICING RATE CODE MUST =	H	TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE DRG REIMBURSEMENT WITH NO OUTLIER OR
		U	SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR
		V	MEDICARE REIMBURSEMENT RATE
1-190-03R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	11	HOSPICE
	THEN PRICING RATE CODE MUST =	D	DISCOUNT RATE AGREEMENT OR
		P	PER DIEM RATE AGREEMENT OR
		U	SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR
		V	MEDICARE REIMBURSEMENT RATE
	UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	OR AMOUNT ALLOWED (TOTAL) = ZERO		
1-190-04R	IF PRICING RATE CODE =	V	MEDICARE REIMBURSEMENT RATE
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR
		FS	TFL (SECOND PAYOR) OR
		MN	TSP - NON-NETWORK OR
		MS	TSP - NETWORK
	OR TYPE OF INSTITUTION =	70	HHA OR
		76	SNF
1-190-05R	IF PRICING RATE CODE =	U	SHCP CLAIM OR ACTIVE DUTY MEMBER TPR CLAIM PAID OUTSIDE NORMAL LIMITS
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-MTF-REFERRED CARE OR
		AR	SHCP - REFERRED CARE OR
		CE	SHCP - CCEP 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)	
VALIDITY EDITS	
2-285-01V	MUST BE A VALID HCC MEMBER CATEGORY CODE (REFER TO 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 ADASM - USA OR
	X FOREIGN ADASM 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 ADASM
	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
	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

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Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)

	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	TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE
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) =	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
	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 MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		P TAMP MEMBER 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) OR
		Z UNKNOWN
	UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = 0	
2-285-04R	IF TYPE OF SERVICE (SECOND POSITION) =	C AMBULATORY SURGERY
	THEN HCC MEMBER CATEGORY CODE MUST =	D DISABLED AMERICAN VETERAN OR
		F FORMER MEMBER OR
		H MEDAL OF HONOR RECIPIENT OR
		R RETIRED OR
		W FORMER SPOUSE OR

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Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER CATEGORY CODE (2-285) (Continued)

Z UNKNOWN

UNLESS AMOUNT ALLOWED BY PROCEDURE CODE = 0

2-285-05R IF HCC MEMBER CATEGORY CODE = T FOREIGN MILITARY MEMBER

THEN ONE OCCURRENCE OF OVERRIDE
CODE =

M NATO

ELEMENT NAME: PAY GRADE CODE (SPONSOR) (2-291)

VALIDITY EDITS

2-291-01V MUST BE A VALID PAY GRADE CODE (SPONSOR) (REFER TO [SECTION 2.7](#))

RELATIONAL EDITS

NONE

ELEMENT NAME: PAY PLAN CODE (SPONSOR) (2-292)

VALIDITY EDITS

2-292-01V MUST BE A VALID PAY PLAN CODE (SPONSOR) (REFER TO [ADDENDUM K](#))

RELATIONAL EDITS

NONE

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Chapter 2, Section 6.3

Non-Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: HEALTH CARE COVERAGE (HCC) MEMBER RELATIONSHIP CODE (2-295)

VALIDITY EDITS

2-295-01V MUST BE A VALID HCC MEMBER RELATIONSHIP CODE (REFER TO [SECTION 2.5](#))

RELATIONAL EDITS

2-295-03R 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 MUST =

D PATIENT IS DEPENDENT 21 YEARS OF AGE

2-295-06R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

PF ECHO

THEN HCC MEMBER RELATIONSHIP CODE MUST =

B SPOUSE **OR**

C CHILD OR STEPCHILD **OR**

D PRE-ADOPTIVE CHILD **OR**

E WARD (COURT ORDERED) **OR**

G SURVIVING SPOUSE

2-295-07R IF TYPE OF SERVICE (FIRST POSITION) =

A AMBULATORY SURGERY COST-SHARED AS INPATIENT

THEN HCC MEMBER RELATIONSHIP CODE MUST =

A SELF **OR**

B SPOUSE **OR**

C CHILD OR STEPCHILD **OR**

D PRE-ADOPTIVE CHILD **OR**

E WARD (COURT ORDERED) **OR**

G SURVIVING SPOUSE **OR**

Z UNKNOWN

AND HCC MEMBER CATEGORY CODE ≠

W FORMER SPOUSE

UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

SC SHCP - NON-TRICARE ELIGIBLE

2-295-10R IF HCC MEMBER CATEGORY CODE =

T FOREIGN MILITARY MEMBER

AND HCC MEMBER RELATIONSHIP CODE =

A SELF

THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =

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

AR SHCP - REFERRED CARE **OR**

SC SHCP - NON-TRICARE ELIGIBLE **OR**

SM SHCP - EMERGENCY

OR ENROLLMENT/HEALTH PLAN CODE MUST =

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

SO SHCP - NON-TRICARE ELIGIBLE **OR**

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

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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 ADDENDUM L .
2-301-02V	IF FILING DATE ≥ 09/01/2007
AND HCDP PLAN COVERAGE CODE =	109 TRICARE USFHP DIRECT CARE COVERAGE FOR ADFMs 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
	118 TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR RETIRED SPONSORS AND FAMILY MEMBERS OR
	119 TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR RETIRED SPONSORS AND FAMILY MEMBERS OR
	133 TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OR ACTIVE DUTY 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

THEN THE TOTAL OF ALL OCCURRENCES/LINEITEMS OF AMOUNT ALLOWED BY PROCEDURE CODES MUST = ZERO

2-301-03R	IF HCDP PLAN COVERAGE CODE =	417	TCSRC
	THEN ENROLLMENT/HEALTH PLAN CODE MUST =	X	FOREIGN ADSM OR
		SR	SHCP - REFERRED CARE

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

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Non-Institutional Edit Requirements (ELN 300 - 399)

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

	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	TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE
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	HCP-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
	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
THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =	PF	ECHO

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Non-Institutional Edit Requirements (ELN 300 - 399)

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

		141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE
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
		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
2-305-31R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AU	AUTISM DEMONSTRATION
	THEN BEGIN DATE OF CARE MUST BE ≥ 03/15/2008		
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	PF	ECHO
	AND PATIENT AGE ² MUST BE ≥ 18 MONTHS		
2-305-32R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	RB	RESPIRE BENEFIT FOR AD SM s
	THEN BEGIN DATE OF CARE MUST BE ≥ 01/01/2008		
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SE	SHCP - TRICARE ELIGIBLE

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² PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

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Non-Institutional Edit Requirements (ELN 300 - 399)

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

2-305-33R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PS	SPECIALTY PHARMACY SERVICES
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	M	MOP DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND PROCEDURE CODE MUST ≠	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS
2-305-34R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PV	RETAIL PHARMACY FOR DVA BENEFICIARIES
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND PROVIDER NETWORK STATUS INDICATOR MUST =	1	NETWORK PROVIDER
	AND PROCEDURE CODE MUST ≠	000MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
		000PA	PRESCRIPTION PRIOR AUTHORIZATIONS
2-305-35R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	EF	TRICARE RESERVE AND NATIONAL GUARD FAMILY MEMBER BENEFITS
	THEN BEGIN DATE OF CARE MUST BE ≥ 11/01/2009		
	AND ENROLLMENT/HEALTH PLAN CODE MUST =	T	TRICARE STANDARD PROGRAM OR
		V	TRICARE EXTRA
	AND HCDP SPECIAL ENTITLEMENT CODE MUST =	02	NOBLE EAGLE PARTICIPATION SPECIAL ENTITLEMENT OR
		03	ENDURING FREEDOM PARTICIPATION SPECIAL ENTITLEMENT
	AND AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO		
2-305-36R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	DE	TDRL PHYSICAL EXAMS
	THEN BEGIN DATE OF CARE MUST BE ≥ 03/30/2009		
	AND ENROLLMENT/HEALTH PLAN CODE MUST =	SR	SHCP - REFERRED CARE
	AND AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SE	SHCP - TRICARE ELIGIBLE

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² PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

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 (REFER TO [SECTION 2.5](#))

RELATIONAL EDITS

NONE

Financial Edit Requirements

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

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Financial Edit Requirements

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

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

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Financial Edit Requirements

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

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

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Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)		
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0011 (NORTH)	
AND BEGIN DATE OF CARE ≥ 09/01/2004		
THEN SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR
	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR

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

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Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)		
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE OR
	122	CHCBP EXTRA - FAMILY COVERAGE OR
	401	TRS TIER 1 MEMBER-ONLY COVERAGE OR
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE OR
	999	UNVERIFIED NEWBORN
OR SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR

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Financial Edit Requirements

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

Z UNKNOWN

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

IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0009 (WEST)	
AND BEGIN DATE OF CARE ≥ 10/01/2004		
THEN SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR
	401	TRS TIER 1 MEMBER-ONLY COVERAGE OR
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR

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Financial Edit Requirements

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

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

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ELEMENT NAME: ADMINISTRATIVE CLIN (1-283) (Continued)	
	H ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR
	I ELECTRONIC DRUG CLAIM SUBMISSION
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =	P PAPER
THEN THE CLAIM FORM TYPE/ EMC INDICATOR ON THE TED RECORD MUST =	B DD FORM 2642 OR
	C HCFA/CMS 1500 OR
	F UB-04/UB-92 OR
	J OTHER
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =	F FOREIGN
THEN THE BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =	BA BATCH OR
	TF TRICARE FOREIGN
1-283-11F • CLAIM SUBMITTED UNDER WRONG HEADER TYPE INDICATOR	
IF CONTRACT NUMBER NOT =	MDA906-02C-0013 (TMOP) OR
	MDA906-03-C-0009 (WEST) OR
	MDA906-03-C-0010 (SOUTH) OR
	MDA906-03-C-0011 (NORTH) OR
	MDA906-03-C-0015 (TDEFIC) OR
	MDA906-03-C-0019 (TRRx)
THEN BYPASS THIS EDIT	
ELSE IF HEADER TYPE INDICATOR =	6 CLAIM RATE VOUCHER OR
	9 CLAIM RATE BATCH
THEN AT LEAST ONE OCCURRENCE OF ADMINISTRATIVE CLIN ≠ BLANK	
THIS DATA ELEMENT ONLY APPLIES TO THE FOLLOWING CONTRACT NUMBERS: MDA906-02-C-0013, MDA906-03-C-0009, MDA906-03-C-0010, MDA906-03-C-0011, MDA906-03-C-0015, AND MDA906-03-C-0019. ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.	
¹ BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-08F.	
BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-08F OR 1-283-09F.	

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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 NOT =	MDA906-02C-0013 (TMOP)	OR
	MDA906-03-C-0009 (WEST)	OR
	MDA906-03-C-0010 (SOUTH)	OR
	MDA906-03-C-0011 (NORTH)	OR
	MDA906-03-C-0019 (TRRx)	
	OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = 0	
	THEN BYPASS THIS EDIT	
ELSE IF HCDP PLAN COVERAGE CODE =	000	NO HEALTH CARE COVERAGE PLAN OR
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE OR
	122	CHCBP EXTRA - FAMILY COVERAGE OR
	401	TRS TIER 1 MEMBER-ONLY OR
	402	TRS TIER 1 MEMBER AND FAMILY OR
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM OR
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR
	405	TRS TIER 2 MEMBER-ONLY OR
	406	TRS TIER 2 MEMBER AND FAMILY OR
	407	TRS TIER 3 MEMBER-ONLY OR
	408	TRS TIER 3 MEMBER AND FAMILY OR
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE
OR ENROLLMENT/HEALTH PLAN CODE =	Y	CHCBP STANDARD - INDIVIDUAL COVERAGE OR

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Financial Edit Requirements

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

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

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

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Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (Continued)		
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =		
	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0011 (NORTH)	
AND BEGIN DATE OF CARE ≥ 09/01/2004		
THEN SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR
	401	TRS TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR

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Financial Edit Requirements

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

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

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

	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE OR
	999	UNVERIFIED NEWBORN
OR SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

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

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Financial Edit Requirements

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (Continued)		
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =		
	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0009 (WEST)	
AND BEGIN DATE OF CARE ≥ 10/01/2004		
THEN SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP NON-MTF REFERRED CARE OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR
	401	TRS TIER 1 MEMBER-ONLY COVERAGE OR
	402	TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR

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Financial Edit Requirements

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

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

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Financial Edit Requirements

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

VALIDITY EDITS

REFER TO [SECTION 6.1](#).

RELATIONAL EDITS

2-055-11F • TPR [ADSM]

IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA OR
	WA	TPR FOREIGN ADSM
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU	ADSM ENROLLED IN TPR
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE ≠ ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA OR
	Z	NOT PROVIDED FROM DEERS
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

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Chapter 2, Addendum L

Data Requirements - Health Care Delivery Program (HCDP) Plan Coverage Code Values

VALID VALUE	DESCRIPTION
151	TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
152	TRICARE Overseas Prime Individual Coverage for Active Duty Sponsors
153	TRICARE Overseas Prime Individual Coverage for Active Duty Family Members
154	TRICARE Overseas Prime Family Coverage for Active Duty Family Members
155	TRICARE Global Remote Overseas Prime Individual Coverage for Active Duty Sponsors
156	TRICARE Global Remote Overseas Prime Individual Coverage for Active Duty Family Members
157	TRICARE Global Remote Overseas Prime Family Coverage for Active Duty Family Members
158	TRICARE Remote Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors
159	TRICARE Remote Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors
201	TRICARE Dental Plan Individual Coverage for Active Duty Family Members
202	TRICARE Dental Plan Family Coverage for Active Duty Family Members
203	TRICARE Dental Plan Individual Remote Coverage for Active Duty Family Members
204	TRICARE Dental Plan Family Remote Coverage for Active Duty Family Members
205	TRICARE Dental Plan Individual Coverage for Survivors of Active Duty Deceased Sponsors
206	TRICARE Dental Plan Family Coverage for Survivors of Active Duty Deceased Sponsors
207	TRICARE Dental Plan Individual Coverage for Selected Reserve (SelRes) Sponsors
208	TRICARE Dental Plan Individual Coverage for Selected Reserve (SelRes) Family Members
209	TRICARE Dental Plan family coverage for Selected Reserve (SelRes) family members
210	TRICARE Dental Plan Individual Remote Coverage for Selected Reserve (SelRes) Family Members
211	TRICARE Dental Plan Family Remote Coverage for Selected Reserve (SelRes) Family Members
212	TRICARE Dental Plan Individual Coverage for Survivors of Selected Reserve (SelRes) Deceased Sponsors
213	TRICARE Dental Plan Family Coverage for Survivors of Selected Reserve (SelRes) Deceased Sponsors
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

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Chapter 2, Addendum L

Data Requirements - Health Care Delivery Program (HCDP) Plan Coverage Code Values

VALID VALUE	DESCRIPTION
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
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
415	Wounded, Ill, and Injured (e.g., Warrior Transition/MEDHOLD Unit (WTU))
416	Wounded, Ill, and Injured - Community-Based (e.g., Community-Based Health Care Organization (CBHCO))
417	Transitional Care For Service-Related Conditions (TCSRC)
418	TRICARE Retired Reserve Member-Only Coverage
419	TRICARE Retired Reserve Member and Family Coverage
420	TRICARE Retired Reserve Survivor Individual Coverage
421	TRICARE Retired Reserve Survivor Family Coverage
602	Direct Care and TRICARE Mail Order Pharmacy (TMOP) and Retail Pharmacies
603	Direct Care Only
999	Unverified Newborn

- END -

beneficiaries are enrolled in separate USFHP plans for persons only having a DC entitlement. Other categories of beneficiaries who enroll to the USFHP are enrolled into the appropriate TRICARE Prime plan with a USFHP network provider type code.

8.1.2.7 Enrolled Health Care Plan: Continued Health Care Benefit Program (CHCBP)

The CHCBP is optional coverage to which beneficiaries may subscribe for a specified period (not to exceed 36 months) after the sponsor's entitlement to DoD benefits ends. Enrollment into the CHCBP program is performed by the CHCBP enrollment contractor. Details of this program are beyond the scope of this document (see the TPM, [Chapter 10](#)).

8.1.2.8 Enrolled Health Care Plan: TRICARE Reserve Select (TRS) Program

The TRS program is optional coverage to which Reserve Component (RC) members may subscribe while in the Selected Reserve.

8.1.2.9 Enrolled Health Care Plan: TRICARE Retired Reserve (TRR) Program

TRR is a premium-based TRICARE health plan available for purchase by qualified members of the Retired Reserve and qualified survivors that offers health coverage for Retired Reserve members and their eligible family members. The RCs will validate members' and survivors' qualifications to purchase TRR coverage and will identify qualified members/survivors in the DEERS. Beneficiaries enrolled in the TRR program are entitled to care at the MTF.

8.2 Special Health Care Programs

DEERS supports any special health care program mandated by the DoD. These special health care programs are programs into which a beneficiary can enroll or register concurrently with other assigned or enrolled health care coverage plans to which they are entitled. Information needed for claims processing purposes shall be returned as a Special Health Care Program within the Health Care Coverage Claims Response. Contractors may also utilize the web-based General Inquiry of DEERS (GIOD) application to obtain special program coverage information. See the TPM and the TRICARE Operations Manual (TOM) for details regarding these programs.

8.2.1 TRICARE Extended Care Health Option (ECHO)

ECHO beneficiaries must be ADFMs, have a qualifying condition, and be registered to receive ECHO benefits on DEERS. MCSCs and USFHP providers are required to review appropriate documentation, including registration documents, and ascertain that individuals are ECHO eligible. Once a determination that an individual is ECHO eligible, MCSCs and USFHP providers must register the individual on DEERS. Registration will be performed through DOES and will include entering at least the following information: 1) ECHO, as a Special Health Care Coverage Plan Code and 2) Registration Start Date. If the Begin Date is not entered, DOES will enter a default date using the 20th of the month rule. (NOTE: Many ECHO enrollees may have received benefits and had claims under the Program for Persons with Disabilities (PFPWD) in the past.)

8.2.2 Community Based Health Care Organizations (CBHCO)

CBHCO is a program that allows Guard and Reserve members injured while on active

duty to return home for continued health care while they are evaluated for return to duty, medical release, or medical board. CBHCO enrollees must also be enrolled in TRICARE Prime or TRICARE Prime Remote, depending on where they reside. Enrollment in the program requires approval by the member's service.

8.2.3 Medical Retention Processing Unit (MRPU)

MRPU is a program assigned to service members who are medically non-deployable but who are retained in the MTF's service area for medical reasons. MRPU enrollees must be enrolled to TRICARE Prime at that MTF that retained medical management.

8.2.4 Smoking Cessation

Smoking Cessation is a demonstration program restricted to certain states. This plan may be shown in eligibility history or claims responses.

9.0 IDENTIFICATION SCHEMA FOR ELECTRONIC DATA INTERCHANGE

9.1 Primary And Secondary Identifiers

Identification of persons in the DEERS database is established via primary identifiers and secondary identifiers. A primary identifier must be unambiguous, so that information systems and software can process it without the need for intervention by users. Secondary identifiers can be ambiguous and must be processed by users who match these secondary identifiers to persons in the DEERS database. More information on primary and secondary identifiers is explained in the next section of this document.

9.2 Beneficiary Identification

DEERS is the definitive system for person identification. Beneficiaries in the DEERS database are positively identified using a system-generated DEERS Identifier (DEERS ID). DEERS IDs are intended to be system-to-system identifiers and may not be assigned or altered by users. Each DEERS ID is formed by a combination of the following:

- Family Identifier (Family ID), a DEERS-assigned nine digit number unique to each family, plus a
- Beneficiary Identifier (Beneficiary ID), a DEERS-assigned two digit number unique to each individual in a family

A person may have more than one DEERS ID, stemming from multiple entitlements. DEERS IDs positively identify each beneficiary. DEERS IDs serve as primary identifiers and are used by information systems when passing data about individual beneficiaries and families.

A person may have multiple DEERS IDs over time and some of these instances are described as follows:

- A person may be entitled to DoD benefits via his or her simultaneous association to more than one sponsor. For example, a person may be a family member in two sponsored

families at the same time, such as when both spouses in a family are sponsors. This condition is known as multiple entitlements. While beneficiaries may have multiple entitlements in such situations, they may only receive benefits under one entitlement at any given moment in time.

- Entitlement periods may be sequential, such as when a son or daughter of a sponsor joins a Uniformed Service and becomes a sponsor. In this case, the person would have a DEERS ID as a family member and a second DEERS ID as a sponsor. However, becoming a sponsor terminates the individual's previous eligibility for benefits as a family member.

9.3 Patient Identification

All persons in DEERS have a primary identifier called the Electronic Data Interchange Person Identifier (EDIPI), which is a DEERS-assigned 10 digit number. This field is also known as the Electronic Data Interchange Person Number (EDIPN) or the Patient Identifier (PatID). The primary purpose is to reliably access patient and person level information.

9.4 Person Identification and Secondary Identification

Sources external to DEERS identify persons initially in the DEERS database using only secondary identifiers. The secondary identifiers are:

- Sponsor's SSN
- First three characters of the last name
- Date of birth

Any one secondary identifier, such as the sponsor SSN, could be duplicated across several beneficiaries. Therefore, each beneficiary must be positively identified using at least two secondary identifiers. Usually, a person may be positively identified by an end user by matching an SSN along with the first three characters of the last name and/or the date of birth. Data for both sponsors and individual family members may be accessed in this manner.

Since DEERS does not contain every family member's SSN, the user may access these individuals by using the sponsor's secondary identification information. This returns a list of each family member associated with the sponsor.

In order to obtain a DEERS ID for a beneficiary, a system interfacing with DEERS must provide secondary identification information in one of several forms. This ensures the correct beneficiary is found, received, and stored with a DEERS Identifier. In [Figure 3.1.2-1](#), the "Inquiry Information" column describes required information entering DEERS, and the "Response" column describes information returned by DEERS.

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Chapter 3, Section 1.2

DEERS Concepts And Definitions

FIGURE 3.1.2-1 SECONDARY IDENTIFICATION

INQUIRY INFORMATION	RESPONSE
Family Member's Person Identifier and Person Identifier Type Code (S=SSN, D=DEERS assigned Temporary ID, F=DEERS assigned Foreign ID), Inquiry Person Type Code (sponsor or family member), Last Name and Date of Birth (optional).	Family member option may return more than one DEERS ID if this beneficiary is in more than one family. User must then select correct beneficiary.
Sponsor's Person Identifier and Person Identifier Type Code (S=SSN, F=DEERS assigned foreign ID), Last Name and Date of Birth (optional), and family option.	Returns entire family of beneficiaries (one DEERS Family ID). User must select beneficiary from family.
Sponsor's Person Identifier and Person Identifier Type Code (S=SSN, F=DEERS assigned foreign ID), Last Name and Date of Birth (optional). AND Family Member's Person Identifier and Person Identifier Type Code (S=SSN, D=DEERS assigned Temporary ID, F=DEERS assigned foreign ID).	Returns one beneficiary.
Sponsor's Person Identifier and Person Identifier Type Code (S=SSN, F=DEERS assigned foreign ID), Last Name and Date of Birth (optional). AND Family Member's First Name and Date of Birth.	Usually returns only one beneficiary except in some rare cases of same named twins.

9.5 Person Identification For Business Events

The following table identifies the options and type of data necessary to perform a DEERS/ Medical business event for system-to-system interactions. Legend (an "X" in a column indicates that the information may be used):

- Secondary identification: refer to the secondary identification section above.
- Individual (I)/Family (F): indicates if the business event can be done for an individual, a family, or both.

FIGURE 3.1.2-2 PERSON IDENTIFICATION FOR BUSINESS EVENTS

SECONDARY IDENTIFICATION	DEERS ID	PATIENT ID	INDIVIDUAL/FAMILY	BUSINESS EVENT
	X	X	I	Policy Notification
	X (Subscriber only)		I, F Depending on policy type	Enrollment Fee Payment
	X (Subscriber only)		I, F Depending on policy type	Disenrollment for failure to pay fees
X			I, F Depending on policy type	Enrollment Fee Payment
X			I, F	Health Care Coverage Inquiry for Claims
	X		I	Catastrophic Cap & Deductible Updates
X			I, F	Catastrophic Cap & Deductible Transaction History Request
	X		I, F	Catastrophic Cap & Deductible Totals Inquiry
		X	I, F	OHI Inquiry

FIGURE 3.1.2-2 PERSON IDENTIFICATION FOR BUSINESS EVENTS (CONTINUED)

SECONDARY IDENTIFICATION	DEERS ID	PATIENT ID	INDIVIDUAL/FAMILY	BUSINESS EVENT
		X	I, F	OHI Policy Add/Update
		X	I, F	OHI Cancellation

9.6 HCDP Enrollment Management Contractor (EMC) Identification

HCDP EMCs are entities that are authorized to enroll MHS-eligible sponsors and family members into DoD coverage plans and are responsible for maintaining an individual's HCDP policy. These organizations include MCSCs, USFHP providers, and the OCONUS TRICARE Area Organizations (TAOs). DEERS tracks the enrolling organization that is responsible for an individual's policy. A person only has one EMC that is responsible for managing their coverage at any given point in time. DEERS creates a system identifier for each enrolling organization, and distributes the identifier to each system. This system identifier is used to identify the enrolling organization system in system-to-system interactions with DEERS.

9.7 PCM Enrolling Division Identification

Within the MHS, enrollment locations are identified using the identifiers within Defense Medical Information System (DMIS). These DMISs may represent an actual physical location such as an MTF, or a grouping of providers within the DC, Civilian, or USFHP network. Examples include MTFs, satellite clinics of MTFs, and possibly clinics within the MTF, USFHPs, and designated administrative DMISs.

Downloads are available on the DMIS web site (www.dmisid.com).

9.8 PCM Identification

DEERS uses the NPI as the national provider ID. The MCSC is responsible for assigning and providing it to DEERS. The MCSC is also responsible for maintaining a crosswalk from the MCSC provider ID to the national provider ID. MCSCs must not re-use PCM IDs.

9.9 Policy Identification

The MCSC must be able to match a policy using this information. DEERS uses the following combination to uniquely identify a policy:

- DEERS Family ID
- HCDP Plan Coverage Code
- DEERS Policy Begin Date

A sponsor can be a subscriber to multiple policies but may be enrolled as a beneficiary only to one.

- END -

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Appendix A

Acronyms And Abbreviations

ASC	Accredited Standards Committee Ambulatory Surgical Center
ASCA	Administrative Simplification Compliance Act
ASCUS	Atypical Squamous Cells of Undetermined Significance
ASD	Assistant Secretary of Defense Atrial Septal Defect Autism Spectrum Disorder
ASD(C3I)	Assistant Secretary of Defense for Command, Control, Communications, and Intelligence
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
ASD (MRA&L)	Assistant Secretary of Defense for Manpower, Reserve Affairs, and Logistics
ASP	Average Sale Price
ATA	American Telemedicine Association
ATB	All Trunks Busy
ATO	Approval to Operate
AVM	Arteriovenous Malformation
AWOL	Absent Without Leave
AWP	Average Wholesale Price
B&PS	Benefits and Provider Services
B2B	Business to Business
BACB	Behavioral Analyst Certification Board
BBA	Balanced Budget Act
BBP	Bloodborne Pathogen
BBRA	Balanced Budget Refinement Act
BC	Birth Center
BCABA	Board Certified Associate Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBS	Blue Cross [and] Blue Shield
BCBSA	Blue Cross [and] Blue Shield Association
BCC	Biostatistics Center
BI	Background Investigation
BIPA	Benefits Improvement Protection Act
BL	Black Lung
BLS	Basic Life Support
BMI	Body Mass Index
BMT	Bone Marrow Transplantation
BNAF	Budget Neutrality Adjustment Factor
BP	Behavioral Plan
BPC	Beneficiary Publication Committee
BPS	Beneficiary and Provider Services
BRAC	Base Realignment and Closure
BRCA	BRest CAncer (genetic testing)

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BS	Bachelor of Science
BSGI	Breast-Specific Gamma Imaging
BSID	Bayley Scales of Infant Development
BSR	Beneficiary Service Representative
BWE	Beneficiary Web Enrollment
C&A	Certification and Accreditation
C&CS	Communications and Customer Service
C/S	Client/Server
CA	Care Authorization
CA/NAS	Care Authorization/Non-Availability Statement
CABG	Coronary Artery Bypass Graft
CAC	Common Access Card
CAD	Coronary Artery Disease
CAF	Central Adjudication Facility
CAH	Critical Access Hospital
CAMBHC	Comprehensive Accreditation Manual for Behavioral Health Care
CAP	Competitive Acquisition Program
CAP/DME	Capital and Direct Medical Education
CAPD	Continuous Ambulatory Peritoneal Dialysis
CAPP	Controlled Access Protection Profile
CAS	Carotid Artery Stenosis
CAT	Computerized Axial Tomography
CB	Consolidated Billing
CBC	Cypher Block Chaining
CBHCO	Community-Based Health Care Organizations
CBSA	Core Based Statistical Area
CC	Common Criteria Criminal Control (Act)
CC&D	Catastrophic Cap and Deductible
CCDD	Catastrophic Cap and Deductible Data
CCEP	Comprehensive Clinical Evaluation Program
CCMHC	Certified Clinical Mental Health Counselor
CCN	Case Control Number
CCPD	Continuous Cycling Peritoneal Dialysis
CCR	Cost-To-Charge Ratio
CCTP	Custodial Care Transitional Policy
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
CDCF	Central Deductible and Catastrophic Cap File
CDD	Childhood Disintegrative Disorder
CDH	Congenital Diaphragmatic Hernia
CD-I	Compact Disc - Interactive

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DOLBA	Date of Latest Billing Action
DOS	Date Of Service
DP	Designated Provider
DPA	Differential Power Analysis
DPI	Designated Providers Integrator
DPO	DEERS Program Office
DPPO	Designated Provider Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnosis Related Group
DRPO	DEERS RAPIDS Program Office
DRS	Decompression Reduction Stabilization
DSAA	Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DS Logon	DoD Self-Service Logon
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-III	Diagnostic and Statistical Manual of Mental Disorders, Third Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSMC	Data and Safety Monitoring Committee
DSMO	Designated Standards Maintenance Organization
DSO	DMDC Support Office
DSU	Data Sending Unit
DTF	Dental Treatment Facility
DTR	Derived Test Requirements
DTRO	Director, TRICARE Regional Office
DUA	Data Use Agreement
DVA	Department of Veterans Affairs
DVAHCF	Department of Veterans Affairs Health Care Finder
DVD	Digital Video Disc
DWR	DSO Web Request
Dx	Diagnosis
DXA	Dual Energy X-Ray Absorptiometry
ECAS	European Cardiac Arrhythmia Society
EHRA	European Heart Rhythm Association
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EAL	Common Criteria Evaluation Assurance Level
EAP	Ethandamine phosphate

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Acronyms And Abbreviations

EBC	Enrollment Based Capitation
ECA	External Certification Authority
ECG	Electrocardiogram
ECHO	Extended Care Health Option
ECT	Electroconvulsive Therapy
ED	Emergency Department
EDC	Error Detection Code
EDI	Electronic Data Information Electronic Data Interchange
EDIPI	Electronic Data Interchange Person Identifier
EDIPN	Electronic Data Interchange Person Number
EDI_PN	Electronic Data Interchange Patient Number
EEG	Electroencephalogram
EEPROM	Erasable Programmable Read-Only Memory
EFM	Electronic Fetal Monitoring
EFMP	Exceptional Family Member Program
EFP	Environmental Failure Protection
EFT	Electronic Funds Transfer Environmental Failure Testing
EGHP	Employer Group Health Plan
E/HPC	Enrollment/Health Plan Code
EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care
EHP	Employee Health Program
EIA	Educational Interventions for Autism Spectrum Disorders
EIDS	Executive Information and Decision Support
EIN	Employer Identification Number
EIP	External Infusion Pump
EKG	Electrocardiogram
ELN	Element Locator Number
ELISA	Enzyme-Linked Immunoabsorbent Assay
E/M	Evaluation and Management
EMC	Electronic Media Claim Enrollment Management Contractor
EMDR	Eye Movement Desensitization and Reprocessing
EMG	Electromyogram
EMTALA	Emergency Medical Treatment & Active Labor Act
ENTNAC	Entrance National Agency Check
EOE	Evoked Otoacoustic Emission
EOB	Explanation of Benefits
EOBs	Explanations of Benefits
EOC	Episode of Care
EOG	Electro-oculogram

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EOMB	Explanation of Medicare Benefits
ePHI	electronic Protected Health Information
EPO	Erythropoietin Exclusive Provider Organization
EPR	EIA Program Report
EPROM	Erasable Programmable Read-Only Memory
ER	Emergency Room
ERISA	Employee Retirement Income and Security Act of 1974
ESRD	End Stage Renal Disease
EST	Eastern Standard Time
ESWT	Extracorporeal Shock Wave Therapy
ET	Eastern Time
ETIN	Electronic Transmitter Identification Number
EWPS	Enterprise Wide Provider System
EWRAS	Enterprise Wide Referral and Authorization System
F&AO	Finance and Accounting Office(r)
FAI	Femoroacetabular Impingement
FAP	Familial Adenomatous Polyposis
FAR	Federal Acquisition Regulations
FASB	Federal Accounting Standards Board
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FCCA	Federal Claims Collection Act
FDA	Food and Drug Administration
FDB	First Data Bank
FDL	Fixed Dollar Loss
Fed	Federal Reserve Bank
FEHBP	Federal Employee Health Benefit Program
FEL	Familial Erythrophagocytic Lymphohistiocytosis
FEV ₁	Forced Expiratory Volume
FFM	Foreign Force Member
FHL	Familial Hemophagocytic Lymphohistiocytosis
FI	Fiscal Intermediary
FIPS	Federal Information Processing Standards (or System)
FIPS PUB	FIPS Publication
FISH	Fluorescence In Situ Hybridization
FISMA	Federal Information Security Management Act
FL	Form Locator
FMCRA	Federal Medical Care Recovery Act
FMRI	Functional Magnetic Resonance Imaging
FOBT	Fecal Occult Blood Testing
FOC	Full Operational Capability

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FOIA	Freedom of Information Act
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FSO	Facility Security Officer
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)
FY	Fiscal Year
GAAP	Generally Accepted Accounting Principles
GAO	General Accounting Office
GBL	Government Bill of Lading
GDC	Guglielmi Detachable Coil
GFE	Government Furnished Equipment
GHP	Group Health Plan
GHz	Gigahertz
GIFT	Gamete Intrafallopian Transfer
GIQD	Government Inquiry of DEERS
GP	General Practitioner
GPCI	Geographic Practice Cost Index
H/E	Health and Environment
HAC	Health Administration Center Hospital Acquired Condition
HAVEN	Home Assessment Validation and Entry
HBA	Health Benefits Advisor
HBO	Hyperbaric Oxygen Therapy
HCC	Health Care Coverage
HCDP	Health Care Delivery Program
HCF	Health Care Finder
HCFA	Health Care Financing Administration
HCG	Human Chorionic Gonadotropin
HCIL	Health Care Information Line
HCM	Hypertrophic Cardiomyopathy
HCO	Healthcare Operations Division
HCP	Health Care Provider
HCPC	Healthcare Common Procedure Code (formerly HCFA Common Procedure Code)
HCPCS	Healthcare Common Procedure Coding System (formerly HCFA Common Procedure Coding System)
HCPR	Health Care Provider Record
HCSR	Health Care Service Record
HDC	High Dose Chemotherapy

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HDC/SCR	High Dose Chemotherapy with Stem Cell Rescue
HDL	Hardware Description Language
HEAR	Health Enrollment Assessment Review
HEDIS	Health Plan Employer Data and Information Set
HepB-Hib	Hepatitis B and Hemophilus influenza B
HHA	Home Health Agency
HHA PPS	Home Health Agency Prospective Payment System
HHC	Home Health Care
HHC/CM	Home Health Care/Case Management
HHRG	Home Health Resource Group
HHS	Health and Human Services
HI	Health Insurance
HIAA	Health Insurance Association of America
HIC	Health Insurance Carrier
HICN	Health Insurance Claim Number
HINN	Hospital-Issued Notice Of Noncoverage
HINT	Hearing in Noise Test
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
HIV	Human Immunodeficiency Virus
HL7	Health Level 7
HLA	Human Leukocyte Antigen
HMAC	Hash-Based Message Authentication Code
HMO	Health Maintenance Organization
HNPCC	Hereditary Non-Polyposis Colorectal Cancer
HOPD	Hospital Outpatient Department
HPA&E	Health Program Analysis & Evaluation
HPSA	Health Professional Shortage Area
HPV	Human Papilloma Virus
HRA	Health Reimbursement Arrangement
HRG	Health Resource Group
HRS	Heart Rhythm Society
HRT	Heidelberg Retina Tomograph Hormone Replacement Therapy
HSCRC	Health Services Cost Review Commission
HTML	HyperText Markup Language
HTTP	HyperText Transfer (Transport) Protocol
HTTPS	Hypertext Transfer (Transport) Protocol Secure
HUAM	Home Uterine Activity Monitoring
HUD	Humanitarian Use Device
HUS	Hemolytic Uremic Syndrome

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HVPT	Hyperventilation Provocation Test
IA	Information Assurance
IATO	Interim Approval to Operate
IAVA	Information Assurance Vulnerability Alert
IAVB	Information Assurance Vulnerability Bulletin
IAVM	Information Assurance Vulnerability Management
IAW	In accordance with
IBD	Inflammatory Bowel Disease
IC	Individual Consideration Integrated Circuit
ICASS	International Cooperative Administrative Support Services
ICD	Implantable Cardioverter Defibrillator
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICF	Intermediate Care Facility
ICMP	Individual Case Management Program
ICMP-PEC	Individual Case Management Program For Persons With Extraordinary Conditions
ICN	Internal Control Number
ICSP	Individual Corporate Services Provider
ID	Identification Identifier
IDD	Internal or Intervertebral Disc Decompression
IDE	Investigational Device Exemption Investigational Device
IDEA	Individuals with Disabilities Education Act
IDET	Intradiscal Electrothermal Therapy
IDME	Indirect Medical Education
IdP	Identity Protection
IE	Interface Engine Internet Explorer
IEP	Individualized Educational Program
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IgA	Immunoglobulin A
IGCE	Independent Government Cost Estimate
IHI	Institute for Healthcare Improvement
IHS	Indian Health Service
IIHI	Individually Identifiable Health Information
IIP	Implantable Infusion Pump
IM	Information Management Intramuscular
IMRT	Intensity Modulated Radiation Therapy
IND	Investigational New Drugs

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INR	International Normalized Ratio Intramuscular International Normalized Ratio
INS	Immigration and Naturalization Service
IOC	Initial Operational Capability
IOD	Interface Operational Description
IOLs	Intraocular Lenses
IOM	Internet Only Manual
IORT	Intra-Operative Radiation Therapy
IP	Inpatient
IPC	Information Processing Center (outdated term, see SMC)
IPHC	Intraperitoneal Hyperthermic Chemotherapy
IPN	Intraperitoneal Nutrition
IPPS	Inpatient Prospective Payment System
IPS	Individual Pricing Summary
IPSEC	Secure Internet Protocol
IQ	Intelligence Quotient
IQM	Internal Quality Management
IRB	Institutional Review Board
IRR	Individual Ready Reserve
IRS	Internal Revenue Service
IRTS	Integration and Runtime Specification
IS	Information System
ISN	Investigation Schedule Notice
ISO	International Standard Organization
ISP	Internet Service Provider
IT	Information Technology
ITSEC	Information Technology Security Evaluation Criteria
IV	Initialization Vector Intravenous
IVF	In Vitro Fertilization
JC	Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO))
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCOS	Joint Chiefs of Staff
JFTR	Joint Federal Travel Regulations
JNI	Japanese National Insurance
JTF-GNO	Joint Task Force for Global Network Operations
JUSDAC	Joint Uniformed Services Dental Advisory Committee
JUSMAC	Joint Uniformed Services Medical Advisory Committee
JUSPAC	Joint Uniformed Services Personnel Advisory Committee
KB	Knowledge Base
KO	Contracting Officer
LAA	Limited Access Authorization

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LAC	Local Agency Check
LAK	Lymphokine-Activated Killer
LAN	Local Area Network
LASER	Light Amplification by Stimulated Emission of Radiation
LCF	Long-term Care Facility
LDL	Low Density Lipoprotein
LDLT	Living Donor Liver Transplantation
LDR	Low Dose Rate
LLLT	Low Level Laser Therapy
LNT	Lexical Neighborhood Test
LOC	Letter of Consent
LOD	Letter of Denial/Revocation
LOI	Letter of Intent
LOS	Length-of-Stay
LOT	Life Orientation Test
LPN	Licensed Practical Nurse
LSIL	Low-grade Squamous Intraepithelial Lesion
LSN	Location Storage Number
LTC	Long-Term Care
LUPA	Low Utilization Payment Adjustment
LV	Left Ventricle [Ventricular]
LVEF	Left Ventricular Ejection Fraction
LVN	Licensed Vocational Nurse
LVRS	Lung Volume Reduction Surgery
MAC	Maximum Allowable Charge Maximum Allowable Cost
MAC III	Mission Assurance Category III
MAID	Maximum Allowable Inpatient Day
MB&RB	Medical Benefits and Reimbursement Branch
MBI	Molecular Breast Imaging
MCIO	Military Criminal Investigation Organization
MCS	Managed Care Support
MCSC	Managed Care Support Contractor
MCSS	Managed Care Support Services
MCTDP	Myelomeningocele Clinical Trial Demonstration Protocol
MD	Doctor of Medicine
MDI	Mental Developmental Index
MDR	MHS Data Repository
MDS	Minimum Data Set
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station

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MEPRS	Medical Expense Performance Reporting System
MET	Microcurrent Electrical Therapy
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board
MGIB	Montgomery GI Bill
MH	Mental Health
MHO	Medical Holdover
MHS	Military Health System
MHSO	Managing Health Services Organization
MHSS	Military Health Services System
MI	Myocardial Infarction
MI&L	Manpower, Installations, and Logistics
MIA	Missing In Action
MIDCAB	Minimally Invasive Direct Coronary Artery Bypass
MIRE	Monochromatic Infrared Energy
MLNT	Multisyllabic Lexical Neighborhood Test
MMA	Medicare Modernization Act
MMP	Medical Management Program
MMSO	Military Medical Support Office
MMWR	Morbidity and Mortality Weekly Report
MNR	Medical Necessity Report
MOA	Memorandum of Agreement
MOMS	Management of Myelomeningocele Study
MOP	Mail Order Pharmacy
MOU	Memorandum of Understanding
MPI	Master Patient Index
MR	Magnetic Resonance Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRHFP	Medicare Rural Hospital Flexibility Program
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
MS	Microsoft®
MSA	Metropolitan Statistical Area
MSC	Military Sealift Command
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
MST	Mountain Standard Time
MSUD	Maple Syrup Urine Disease
MSW	Masters of Social Work Medical Social Worker
MT	Mountain Time

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MTF	Military Treatment Facility
MUE	Medically Unlikely Edits
MV	Multivisceral (transplant)
MVS	Multiple Virtual Storage
MWR	Morale, Welfare, and Recreation
N/A	Not Applicable
N/D	No Default
NAC	National Agency Check
NACI	National Agency Check Plus Written Inquiries
NACLC	National Agency Check with Law Enforcement and Credit
NADFM	Non-Active Duty Family Member
NARA	National Archives and Records Administration
NAS	Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
NCF	National Conversion Factor
NCI	National Cancer Institute
NCPAP	Nasal Continuous Positive Airway Pressure
NCPDP	National Council of Prescription Drug Program
NCQA	National Committee for Quality Assurance
NCVHS	National Committee on Vital and Health Statistics
NDAA	National Defense Authorization Act
NDC	National Drug Code
NDMS	National Disaster Medical System
NED	National Enrollment Database
NETT	National Emphysema Treatment Trial
NF	Nursing Facility
NGPL	No Government Pay List
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps
NICHHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NII	Networks and Information Integration
NIPRNET	Nonsecure Internet Protocol Router Network
NIS	Naval Investigative Service
NISPOM	National Industrial Security Program Operating Manual
NIST	National Institute of Standards and Technology
NLT	No Later Than
NMES	Neuromuscular Electrical Stimulation
NMOP	National Mail Order Pharmacy

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NMR	Nuclear Magnetic Resonance
NMT	Nurse Massage Therapist
NOAA	National Oceanic and Atmospheric Administration
NoPP	Notice of Private Practices
NOSCASTC	National Operating Standard Cost as a Share of Total Costs
NP	Nurse Practitioner
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NPR	Notice of Program Reimbursement
NPS	Naval Postgraduate School
NPWT	Negative Pressure Wound Therapy
NQF	National Quality Forum
NRC	Nuclear Regulatory Commission
NTIS	National Technical Information Service
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee
O/ATIC	Operations/Advanced Technology Integration Center
OA	Office of Administration
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OASD (H&E)	Office of the Assistant Secretary of Defense (Health and Environment)
OASD (MI&L)	Office of the Assistant Secretary of Defense (Manpower, Installations, and Logistics)
OASIS	Outcome and Assessment Information Set
OB/GYN	Obstetrician/Gynecologist
OBRA	Omnibus Budget Reconciliation Act
OCE	Outpatient Code Editor
OCHAMPUS	Office of Civilian Health and Medical Program of the Uniformed Services
OCONUS	Outside of the Continental United States
OCR	Office of Civil Rights
OCSP	Organizational Corporate Services Provider
OCT	Optical Coherence Tomograph
OD	Optical Disk
OF	Optional Form
OGC	Office of General Counsel
OGC-AC	Office of General Counsel-Appeals, Hearings & Claims Collection Division
OGP	Other Government Program
OHI	Other Health Insurance
OHS	Office of Homeland Security
OIG	Office of Inspector General
OMB	Office of Management and Budget
OP/NSP	Operation/Non-Surgical Procedure

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OPD	Outpatient Department
OPM	Office of Personnel Management
OPPS	Outpatient Prospective Payment System
OR	Operating Room
OSA	Obstructive Sleep Apnea
OSAS	Obstructive Sleep Apnea Syndrome
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
OSS	Office of Strategic Services
OT	Occupational Therapy (Therapist)
OTC	Over-The-Counter
OUSD	Office of the Undersecretary of Defense
OUSD (P&R)	Office of the Undersecretary of Defense (Personnel and Readiness)
P/O	Prosthetic and Orthotics
P&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO ₂	Partial Pressure of Carbon Dioxide
PAO ₂	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PAT	Performance Assessment Tracking
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PC	Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager
PCMBN	PCM By Name
PCMRA	PCM Research Application
PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	Permanent Change of Station
PD	Passport Division
PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDDBI	Pervasive Developmental Disorders Behavior Inventory

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PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PDX	Principal Diagnosis
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
Phen-Fen	Pondimin and Redux
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHP	Partial Hospitalization Program
PHS	Public Health Service
PI	Program Integrity (Office)
PIA	Privacy Impact Assessment (Online)
PIC	Personnel Investigation Center
PIE	Pulsed Irrigation Evacuation
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
PIT	PCM Information Transfer
PIV	Personal Identity Verification
PK	Public Key
PKE	Public Key Enabling
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group
PMR	Percutaneous Myocardial Laser Revascularization
PNET	Primitive Neuroectodermal Tumors
PNT	Policy Notification Transaction
POA	Power of Attorney Present On Admission
POA&M	Plan of Action and Milestones

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POC	Pharmacy Operations Center Plan of Care Point of Contact
POL	May 1996 TRICARE/CHAMPUS Policy Manual 6010.47-M
POS	Point of Sale (Pharmacy only) Point of Service Public Official's Statement
POV	Privately Owned Vehicle
PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPP	Purchasing Power Parity
PPS	Prospective Payment System Ports, Protocols and Services
PPSM	Ports, Protocols, and Service Management
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
PSD	Personnel Security Division
PSG	Polysomnography
PSI	Personnel Security Investigation
PST	Pacific Standard Time
PT	Pacific Time Physical Therapist Physical Therapy Prothrombin Time
PTA	Pancreas Transplant Alone Percutaneous Transluminal Angioplasty
PTC	Processed To Completion
PTCA	Percutaneous Transluminal Coronary Angioplasty
PTK	Phototherapeutic Keratectomy
PVCs	Premature Ventricular Contractions

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QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group
RA	Remittance Advice
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RC	Reserve Component
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RFA	Radiofrequency Ablation
RFI	Request For Information
RFP	Request For Proposal
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory Rough Order of Magnitude
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI Outcomes and Assessment Information Set Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RTC	Residential Treatment Center
RUG	Resource Utilization Group

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RV	Residual Volume Right Ventricle [Ventricular]
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCA	Service Contract Act
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCI	Sensitive Compartmented Information Spinal Cord Injury
SCIC	Significant Change in Condition
SCOO	Special Contracts and Operations Office
SCR	Stem Cell Rescue
S/D	Security Division
SD (Form)	Secretary of Defense (Form)
SEP	Sensory Evoked Potentials
SES	Senior Executive Service
SelRes	Selected Reserve
SF	Standard Form
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile
SIT	Standard Insurance Table
SMC	System Management Center
SNF	Skilled Nursing Facility

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SNS	Sacral Nerve Root Stimulation
SOC	Start of Care
SOFA	Status Of Forces Agreement
SOIC	Senior Officer of the Intelligence Community
SON	Submitting Office Number
SOR	Statement of Reasons
SPA	Simple Power Analysis
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury

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TC	Technical Component
TCP/IP	Transmission Control Protocol/Internet Protocol
TCSRC	Transitional Care for Service-Related Conditions
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Plan
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online
TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program

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TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code
UCCI	United Concordia Companies, Inc.

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UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
URF	Unremarried Former Spouses
URL	Universal Resource Locator
US	Ultrasound United States
USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thoroscopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease

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VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WEDI	Workgroup for Electronic Data Interchange
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured
WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
WTU	Warrior Transition Unit
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer

2D	Two Dimensional
3D	Three Dimensional

- END -

