

## Financial Edit Requirements

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

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**

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060)</b>		
<b>VALIDITY EDITS</b>		
REFER TO <a href="#">SECTION 5.1</a> .		
<b>RELATIONAL EDITS</b>		
<b>1-060-11F</b>	<b>• TPR [ADSM]</b>	
<b>IF</b> HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND</b> ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA <b>OR</b>
	WA	TPR FOREIGN ADSM
<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU	ADSM ENROLLED IN TPR
<b>AND</b> TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>AND</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) ≠ ZERO		
<b>THEN</b> SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS
<b>AND</b> HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	Z	UNKNOWN
<b>AND</b> HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF <b>OR</b>
	Z	UNKNOWN
<b>1-060-18F</b>	<b>• SHCP VOUCHER (ADSM CLAIMS ONLY)</b>	
<b>IF</b> ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE (EFFECTIVE 10/01/1999)

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	AR	SHCP - REFERRED
<b>OR TYPE OF SUBMISSION =</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO</b>		
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF HEADER TYPE INDICATOR =</b>	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND ENROLLMENT/HEALTH PLAN CODE =</b>	X	FOREIGN ADSM <b>OR</b>
	SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	ST	SHCP - TRICARE ELIGIBLE
<b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	AD	FOREIGN ACTIVE DUTY CLAIMS (EFFECTIVE 06/30/1996) <b>OR</b>
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
	SM	SHCP - EMERGENCY
<b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS <b>OR</b>
	1	FOREIGN ARMY <b>OR</b>
	2	FOREIGN NAVY <b>OR</b>
	3	FOREIGN MARINE CORPS <b>OR</b>
	4	FOREIGN AIR FORCE
<b>AND HCC MEMBER CATEGORY CODE MUST =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (Continued)</b>		
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	Z	UNKNOWN
<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>	A	SELF <b>OR</b>
	Z	UNKNOWN
<b>1-060-28F • NAVY LINE OF DUTY CLAIMS</b>		
<b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF HEADER TYPE INDICATOR =</b>	5	NON-CLAIM RATE VOUCHER <b>OR</b>
	6	CLAIM RATE VOUCHER
<b>AND CONTRACTOR NUMBER =</b>	MDA906-03-C-0010 (SOUTH)	
<b>AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 =</b>	5	
<b>THEN BRANCH CLASSIFICATION CODE MUST =</b>	N	NAVY <b>OR</b>
	Z	UNKNOWN
<b>1-060-29F • MARINE LINE OF DUTY CLAIMS</b>		
<b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF HEADER TYPE INDICATOR =</b>	5	NON-CLAIM RATE VOUCHER <b>OR</b>
	6	CLAIM RATE VOUCHER
<b>AND CONTRACTOR NUMBER =</b>	MDA906-03-C-0010 (SOUTH)	
<b>AND BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER POSITION 8 =</b>	6	
<b>THEN BRANCH CLASSIFICATION CODE MUST =</b>	M	MARINE <b>OR</b>
	Z	UNKNOWN
<b>1-060-30F • SHCP NON-MTF REFERRED VOUCHER (ADSM CLAIMS ONLY)</b>		
<b>IF TYPE OF SUBMISSION =</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO</b>		
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF HEADER TYPE INDICATOR =</b>	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (Continued)</b>		
	6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
<b>AND</b> ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP NON-MTF REFERRED CARE
<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP NON-MTF REFERRED CARE
<b>THEN</b> SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS <b>OR</b>
	1	FOREIGN ARMY <b>OR</b>
	2	FOREIGN NAVY <b>OR</b>
	3	FOREIGN MARINE CORPS <b>OR</b>
	4	FOREIGN AIR FORCE
<b>AND</b> HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF <b>OR</b>
	Z	UNKNOWN

<b>ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (1-065)</b>	
<b>VALIDITY EDITS</b>	
REFER TO <a href="#">SECTION 5.3</a> .	
<b>RELATIONAL EDITS</b>	
NONE	

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

**VALIDITY EDITS**

REFER TO [SECTION 5.3](#).

**RELATIONAL EDITS**

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

**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 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/  
NON-INSTITUTIONAL NON-FINANCIALLY  
UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED  
RECORDS) **OR**

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

**THEN** ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-6) MUST HAVE NO DUPLICATE IN ANY  
OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)

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

**IF 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

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

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

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

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

E COMPLETE CANCELLATION NON-TED RECORD

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

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.

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

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

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

- IF** 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

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

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

**THEN** THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER (CLIN CAN BE FOUND IN CURRENT OR ANY PRIOR OPTION PERIOD).

**1-283-10F<sup>1</sup> • CLIN MATCHES APPROPRIATION TYPE**

- 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

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

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

**THEN** THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST = S SINGLE

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

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

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.

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

<b>ELEMENT NAME: ADMINISTRATIVE CLIN (1-283) (Continued)</b>		
	H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION <b>OR</b>
	I	ELECTRONIC DRUG CLAIM SUBMISSION
<b>OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =</b>	P	PAPER
<b>THEN THE CLAIM FORM TYPE/ EMC INDICATOR ON THE TED RECORD MUST =</b>	B	DD FORM 2642 <b>OR</b>
	C	HCFA/CMS 1500 <b>OR</b>
	F	UB-04/UB-92 <b>OR</b>
	J	OTHER
<b>OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =</b>	F	FOREIGN
<b>THEN THE BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =</b>	BA	BATCH <b>OR</b>
	TF	TRICARE FOREIGN
<b>1-283-11F • CLAIM SUBMITTED UNDER WRONG HEADER TYPE INDICATOR</b>		
<b>IF CONTRACT NUMBER NOT =</b>		MDA906-02C-0013 (TMOP) <b>OR</b>
		MDA906-03-C-0009 (WEST) <b>OR</b>
		MDA906-03-C-0010 (SOUTH) <b>OR</b>
		MDA906-03-C-0011 (NORTH) <b>OR</b>
		MDA906-03-C-0015 (TDEFIC) <b>OR</b>
		MDA906-03-C-0019 (TRRx)
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF HEADER TYPE INDICATOR =</b>	6	CLAIM RATE VOUCHER <b>OR</b>
	9	CLAIM RATE BATCH
<b>THEN AT LEAST ONE OCCURRENCE OF ADMINISTRATIVE CLIN ≠ BLANK</b>		
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.		
<sup>1</sup> BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-08F.		
BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-08F OR 1-283-09F.		

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

<b>ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000)</b>		
<b>VALIDITY EDITS</b>		
NONE		
<b>RELATIONAL EDITS</b>		
<b>2-000-01F</b>	<b>• BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - ACCRUAL FUND CHECK</b>	
<b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>OR CONTRACT NUMBER NOT =</b>	MDA906-02C-0013 (TMOP)	<b>OR</b>
	MDA906-03-C-0009 (WEST)	<b>OR</b>
	MDA906-03-C-0010 (SOUTH)	<b>OR</b>
	MDA906-03-C-0011 (NORTH)	<b>OR</b>
	MDA906-03-C-0019 (TRRx)	
	<b>OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = 0</b>	
	<b>THEN BYPASS THIS EDIT</b>	
<b>ELSE IF HCDP PLAN COVERAGE CODE =</b>	000	NO HEALTH CARE COVERAGE PLAN <b>OR</b>
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE <b>OR</b>
	122	CHCBP EXTRA - FAMILY COVERAGE <b>OR</b>
	401	TRS TIER 1 MEMBER-ONLY <b>OR</b>
	402	TRS TIER 1 MEMBER AND FAMILY <b>OR</b>
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM <b>OR</b>
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM <b>OR</b>
	405	TRS TIER 2 MEMBER-ONLY <b>OR</b>
	406	TRS TIER 2 MEMBER AND FAMILY <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY <b>OR</b>
	408	TRS TIER 3 MEMBER AND FAMILY <b>OR</b>
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE <b>OR</b>
	418	TRR MEMBER-ONLY COVERAGE <b>OR</b>
	419	TRR MEMBER AND FAMILY COVERAGE <b>OR</b>
	420	TRR SURVIVOR INDIVIDUAL COVERAGE <b>OR</b>
	421	TRR SURVIVOR FAMILY COVERAGE
<b>OR ENROLLMENT/HEALTH PLAN CODE =</b>	Y	CHCBP STANDARD - INDIVIDUAL COVERAGE <b>OR</b>

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055)</b>		
<b>VALIDITY EDITS</b>		
REFER TO <a href="#">SECTION 6.1</a> .		
<b>RELATIONAL EDITS</b>		
<b>2-055-11F</b>	<b>• TPR [ADSM]</b>	
<b>IF</b> HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND</b> ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA <b>OR</b>
	WA	TPR FOREIGN ADSM
<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU	ADSM ENROLLED IN TPR
<b>AND</b> TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>AND</b> THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE ≠ ZERO		
<b>THEN</b> SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS
<b>AND</b> HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	Z	UNKNOWN
<b>AND</b> HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF <b>OR</b>
	Z	UNKNOWN

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

**2-055-20F • SHCP VOUCHERS (ADSM CLAIMS ONLY)**

<b>IF</b> ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE (EFFECTIVE 10/01/1999)
<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AR	SHCP REFERRED
<b>OR</b> TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>OR</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
<b>THEN</b> BYPASS THIS EDIT		
<b>ELSE</b> IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
<b>AND</b> ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSM <b>OR</b>
	SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
	SU	SHCP - REFERRAL DESIGNATION UNKNOWN
<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	FOREIGN ACTIVE DUTY CLAIMS (EFFECTIVE 06/30/1996) <b>OR</b>
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
	SM	SHCP - EMERGENCY
<b>THEN</b> SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY <b>OR</b>
	C	COAST GUARD <b>OR</b>
	F	AIR FORCE <b>OR</b>
	H	PUBLIC HEALTH SERVICE <b>OR</b>
	M	MARINES <b>OR</b>
	N	NAVY <b>OR</b>
	O	NOAA <b>OR</b>
	Z	NOT PROVIDED FROM DEERS <b>OR</b>
	1	FOREIGN ARMY <b>OR</b>
	2	FOREIGN NAVY <b>OR</b>
	3	FOREIGN MARINE CORPS <b>OR</b>
	4	FOREIGN AIR FORCE
<b>AND</b> HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

<b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (Continued)</b>		
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>
	Z	UNKNOWN
<b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>	A	SELF <b>OR</b>
	Z	UNKNOWN
<b>2-055-30F • NAVY LINE OF DUTY CLAIMS</b>		
<b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF HEADER TYPE INDICATOR =</b>	5	NON-CLAIM RATE VOUCHER <b>OR</b>
	6	CLAIM RATE VOUCHER
<b>AND CONTRACT NUMBER =</b>	MDA906-03-0010 (SOUTH)	
<b>AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 5</b>		
<b>THEN SERVICE BRANCH CLASSIFICATION CODE MUST =</b>	N	NAVY <b>OR</b>
	Z	UNKNOWN
<b>2-055-31F • MARINE LINE OF DUTY CLAIMS</b>		
<b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF HEADER TYPE INDICATOR =</b>	5	NON-CLAIM RATE VOUCHER <b>OR</b>
	6	CLAIM RATE VOUCHER
<b>AND CONTRACT NUMBER =</b>	MDA906-03-0010 (SOUTH)	
<b>AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 6</b>		
<b>THEN SERVICE BRANCH CLASSIFICATION CODE MUST =</b>	M	MARINE <b>OR</b>
	Z	UNKNOWN
<b>2-055-32F • SHCP NON-MTF REFERRED VOUCHER (ADSM CLAIMS ONLY)</b>		
<b>IF TYPE OF SUBMISSION =</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

**OR** AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO

**THEN** BYPASS THIS EDIT

**ELSE IF** HEADER TYPE INDICATOR = 5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**  
6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE

**AND** ENROLLMENT/HEALTH PLAN CODE = SN SHCP NON-MTF REFERRED CARE

**OR** ANY OCCURRENCE OF SPECIAL PROCESING CODE = AN SHCP NON-MTF REFERRED CARE

**THEN** SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =

A	ARMY <b>OR</b>
C	COAST GUARD <b>OR</b>
F	AIR FORCE <b>OR</b>
H	PUBLIC HEALTH SERVICE <b>OR</b>
M	MARINES <b>OR</b>
N	NAVY <b>OR</b>
O	NOAA <b>OR</b>
Z	NOT PROVIDED FROM DEERS <b>OR</b>
1	FOREGIN ARMY <b>OR</b>
2	FOREIGN NAVY <b>OR</b>
3	FOREIGN MARINE CORPS <b>OR</b>
4	FOREIGN AIR FORCE

**AND** HCC MEMBER RELATIONSHIP CODE MUST =

A	SELF <b>OR</b>
Z	UNKNOWN

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

**VALIDITY EDITS**

REFER TO [SECTION 6.1](#)

**RELATIONAL EDITS**

NONE

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

**VALIDITY EDITS**

REFER TO [SECTION 5.2](#)

**RELATIONAL EDITS**

**2-108-02F • NO DUPLICATE CLINs ON TED RECORD**

**IF CONTRACT NUMBER NOT =** 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** HEADER TYPE INDICATOR = 6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/  
 NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**  
 9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)

**THEN** ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-6) MUST HAVE NO DUPLICATE IN ANY OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)

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

**IF CONTRACT NUMBER NOT =** 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** HEADER TYPE INDICATOR = 6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/  
 NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**  
 9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)

**AND** CONTRACT NUMBER = MDA906-02-C-0002 (TMOP)

**AND** TYPE OF SUBMISSION = D COMPLETE DENIAL

**THEN** RATE TYPE FOR CLIN IN THE TMA DATABASE MUST ≠ D DISPENSING FEE

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 AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

**2-108-16F<sup>1</sup> • OPTION PERIOD**

<b>IF CONTRACT NUMBER NOT =</b>	MDA906-02-C-0013 (TMOP) <b>OR</b>
	MDA906-03-C-0009 (WEST) <b>OR</b>
	MDA906-03-C-0010 (SOUTH) <b>OR</b>
	MDA906-03-C-0011 (NORTH) <b>OR</b>
	MDA906-03-C-0015 (TDEFIC) <b>OR</b>
	MDA906-03-C-0019 (TRRx)
<b>THEN BYPASS THIS EDIT</b>	
<b>ELSE IF HEADER TYPE INDICATOR =</b>	6 CLAIM RATE VOUCHER <b>OR</b>
	9 CLAIM RATE BATCH
<b>AND CLIN FIELD ON TED RECORD NOT = BLANK</b>	
<b>AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0</b>	
<b>THEN IF TYPE OF SUBMISSION =</b>	A ADJUSTMENT <b>OR</b>
	B ADJUSTMENT NON-TED RECORD (HCSR) DATA <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN THE CLIN MUST BE VALID IN THE CURRENT OR PRIOR OPTION PERIOD FOR THAT CONTRACT ON THE TMA DATABASE</b>	
<b>ELSE THE CLIN MUST BE VALID IN THE CURRENT OPTION PERIOD FOR THAT CONTRACT ON THE TMA DATABASE.</b>	

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

<b>IF CONTRACT NUMBER NOT =</b>	MDA906-02-C-0013 (TMOP) <b>OR</b>
	MDA906-03-C-0009 (WEST) <b>OR</b>
	MDA906-03-C-0010 (SOUTH) <b>OR</b>
	MDA906-03-C-0011 (NORTH) <b>OR</b>
	MDA906-03-C-0015 (TDEFIC) <b>OR</b>
	MDA906-03-C-0019 (TRRx)
<b>THEN BYPASS THIS EDIT</b>	
<b>ELSE IF HEADER TYPE INDICATOR =</b>	6 CLAIM RATE VOUCHER <b>OR</b>
	9 CLAIM RATE BATCH
<b>AND CLIN FIELD ON TED RECORD NOT = BLANK</b>	
<b>AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0</b>	
<b>THEN THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.</b>	
THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.	

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 AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

**2-108-18F<sup>1</sup> • CLIN VS. CLAIM FORM TYPE**

<b>IF CONTRACT NUMBER NOT =</b>	MDA906-02-C-0013 (TMOP) <b>OR</b>
	MDA906-03-C-0009 (WEST) <b>OR</b>
	MDA906-03-C-0010 (SOUTH) <b>OR</b>
	MDA906-03-C-0011 (NORTH) <b>OR</b>
	MDA906-03-C-0015 (TDEFIC) <b>OR</b>
	MDA906-03-C-0019 (TRRx)
<b>THEN BYPASS THIS EDIT</b>	
<b>ELSE IF HEADER TYPE INDICATOR =</b>	6 CLAIM RATE VOUCHER <b>OR</b>
	9 CLAIM RATE BATCH
<b>AND CLIN FIELD ON TED RECORD NOT = BLANK</b>	
<b>AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0</b>	
<b>THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =</b>	D DISPENSING FEE <b>OR</b>
	S SINGLE
<b>OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =</b>	E ELECTRONIC
<b>THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =</b>	G ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION <b>OR</b>
	H ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION <b>OR</b>
	I ELECTRONIC DRUG CLAIM SUBMISSION
<b>OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =</b>	P PAPER
<b>THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =</b>	B DD FORM 2642 <b>OR</b>
	C HCFA/CMS 1500 <b>OR</b>
	F UB-04/UB-92 <b>OR</b>
	J OTHER
<b>OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =</b>	F FOREIGN
<b>THEN THE BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATA BASE MUST =</b>	BA BATCH <b>OR</b>
	TF TRICARE FOREIGN

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 AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

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

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

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 8.1

Financial Edit Requirements

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

**2-108-19F • ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE (EOC)**

<b>IF CONTRACT NUMBER NOT =</b>	MDA906-02-C-0013 (TMOP) <b>OR</b>
	MDA906-03-C-0009 (WEST) <b>OR</b>
	MDA906-03-C-0010 (SOUTH) <b>OR</b>
	MDA906-03-C-0011 (NORTH) <b>OR</b>
	MDA906-03-C-0015 (TDEFIC) <b>OR</b>
	MDA906-03-C-0019 (TRRx)
<b>THEN BYPASS THIS EDIT</b>	
<b>ELSE IF CONTRACT NUMBER =</b>	MDA906-02-C-0013 (TMOP) <b>OR</b>
	MDA906-03-C-0019 (TRRx)
<b>AND HEADER TYPE INDICATOR =</b>	9 CLAIM RATE ELIGIBLE BATCH
<b>AND CLIN NOT = BLANK</b>	
<b>THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST ≠</b>	D DISPENSING FEE <b>OR</b>
	E ELECTRONIC <b>OR</b>
	P PAPER

**2-108-20F • ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EOC**

<b>IF CONTRACT NUMBER NOT =</b>	MDA906-02-C-0013 (TMOP) <b>OR</b>
	MDA906-03-C-0009 (WEST) <b>OR</b>
	MDA906-03-C-0010 (SOUTH) <b>OR</b>
	MDA906-03-C-0011 (NORTH) <b>OR</b>
	MDA906-03-C-0015 (TDEFIC) <b>OR</b>
	MDA906-03-C-0019 (TRRx)
<b>THEN BYPASS THIS EDIT</b>	
<b>ELSE IF CONTRACT NUMBER =</b>	MDA906-02-C-0013 (TMOP) <b>OR</b>
	MDA906-03-C-0019 (TRRx)
<b>AND HEADER TYPE INDICATOR =</b>	6 CLAIM RATE ELIGIBLE VOUCHER
<b>THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST ≠</b>	S SINGLE RATE

**2-108-21F • CLAIM SUBMITTED UNDER WRONG HEADER TYPE INDICATOR**

<b>IF CONTRACT NUMBER NOT =</b>	MDA906-02-C-0013 (TMOP) <b>OR</b>
	MDA906-03-C-0009 (WEST) <b>OR</b>
	MDA906-03-C-0010 (SOUTH) <b>OR</b>
	MDA906-03-C-0011 (NORTH) <b>OR</b>
	MDA906-03-C-0015 (TDEFIC) <b>OR</b>
	MDA906-03-C-0019 (TRRx)

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 AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

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

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

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 8.1

Financial Edit Requirements

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

**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 MUST **NOT** = 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 AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

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

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

**ELEMENT NAME: AMOUNT INTEREST PAYMENT (2-112)**

**VALIDITY EDITS**

REFER TO [SECTION 2.4](#).

**RELATIONAL EDITS**

NONE

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

**VALIDITY EDITS**

REFER TO [SECTION 2.4](#).

**RELATIONAL EDITS**

NONE

- END -