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**

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-REFFERED 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**

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**		

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**

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**

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**
		LD	LDTs DEMONSTRATION **OR**
		L2	NON-FDA APPROVED LDTs DEMONSTRATION
	OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD > 30 DAYS **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD < 30 DAYS **OR**
		S	RESERVE > 30 DAYS **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE < 30 DAYS **OR**
		Z	UNKNOWN

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (Continued)			
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF **OR**
		Z	UNKNOWN
1-000-04F	• **NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
	OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	OR AMOUNT PAID BY 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**
		LD	LDTs DEMONSTRATION **OR**
		L2	NON-FDA APPROVED LDTs DEMONSTRATION
	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**

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

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060)			
	VALIDITY EDITS		
	REFER TO SECTION 5.1.		
	RELATIONAL EDITS		
1-060-11F	• **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 AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) ≠ 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
1-060-18F	• **SHCP VOUCHER (ADSM CLAIMS ONLY)**		
	IF ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE (EFFECTIVE 10/01/1999)

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (Continued)		
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AR	SHCP - REFERRED
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSM **OR**
	SO	SHCP - NON-TRICARE ELIGIBLE **OR**
	ST	SHCP - TRICARE ELIGIBLE
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	FOREIGN ACTIVE DUTY CLAIMS (EFFECTIVE 06/30/1996) **OR**
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
	SC	SHCP - NON-TRICARE ELIGIBLE **OR**
	SE	SHCP - TRICARE ELIGIBLE **OR**
	SM	SHCP - EMERGENCY
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 **OR**
	1	FOREIGN ARMY **OR**
	2	FOREIGN NAVY **OR**
	3	FOREIGN MARINE CORPS **OR**
	4	FOREIGN AIR FORCE
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**

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (Continued)			
		T	FOREIGN MILITARY MEMBER **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
1-060-28F	• **NAVY LINE OF DUTY CLAIMS**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER **OR**
		6	CLAIM RATE VOUCHER
	AND CONTRACTOR NUMBER =	MDA906-03-C-0010 (SOUTH)	
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 5		
	THEN BRANCH CLASSIFICATION CODE MUST =	N	NAVY **OR**
		Z	UNKNOWN
1-060-29F	• **MARINE LINE OF DUTY CLAIMS**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER **OR**
		6	CLAIM RATE VOUCHER
	AND CONTRACTOR NUMBER =	MDA906-03-C-0010 (SOUTH)	
	AND BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER POSITION 8 = 6		
	THEN BRANCH CLASSIFICATION CODE MUST =	M	MARINE **OR**
		Z	UNKNOWN
1-060-30F	• **SHCP NON-MTF REFERRED VOUCHER (ADSM CLAIMS ONLY)**		
	IF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE **OR**

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (Continued)		
	6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP NON-MTF REFERRED CARE
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP NON-MTF REFERRED CARE
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 **OR**
	1	FOREIGN ARMY **OR**
	2	FOREIGN NAVY **OR**
	3	FOREIGN MARINE CORPS **OR**
	4	FOREIGN AIR FORCE
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF **OR**
	Z	UNKNOWN

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (1-065)
VALIDITY EDITS
REFER TO SECTION 5.3.
RELATIONAL EDITS
NONE

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[1]	• **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.

[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.

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[1]	• **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[1]	• **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.

[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.

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.

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**

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**

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

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**

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**

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**
		LD	LDTs DEMONSTRATION **OR**
		L2	NON-FDA APPROVED LDTs DEMONSTRATION
	OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD > 30 DAYS **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD < 30 DAYS **OR**
		S	RESERVE > 30 DAYS **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE < 30 DAYS **OR**
		Z	UNKNOWN
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF **OR**
		Z	UNKNOWN

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (Continued)			
2-000-04F	• **NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
	OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY 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**
		LD	LDTs DEMONSTRATION **OR**
		L2	NON-FDA APPROVED LDTs DEMONSTRATION
	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**

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

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

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (Continued)			
2-055-20F	• **SHCP VOUCHERS (ADSM CLAIMS ONLY)**		
	IF ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE (EFFECTIVE 10/01/1999)
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AR	SHCP REFERRED
	OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO		
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSM **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		ST	SHCP - TRICARE ELIGIBLE **OR**
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	FOREIGN ACTIVE DUTY CLAIMS (EFFECTIVE 06/30/1996) **OR**
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SE	SHCP - TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY
	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 **OR**
		1	FOREIGN ARMY **OR**
		2	FOREIGN NAVY **OR**
		3	FOREIGN MARINE CORPS **OR**
		4	FOREIGN AIR FORCE
	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**

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (Continued)			
		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) **OR**
		Z	UNKNOWN
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF **OR**
		Z	UNKNOWN
2-055-30F	• **NAVY LINE OF DUTY CLAIMS**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER **OR**
		6	CLAIM RATE VOUCHER
	AND CONTRACT NUMBER =	MDA906-03-0010 (SOUTH)	
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 5		
	THEN SERVICE BRANCH CLASSIFICATION CODE MUST =	N	NAVY **OR**
		Z	UNKNOWN
2-055-31F	• **MARINE LINE OF DUTY CLAIMS**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/ VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER **OR**
		6	CLAIM RATE VOUCHER
	AND CONTRACT NUMBER =	MDA906-03-0010 (SOUTH)	
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 6		
	THEN SERVICE BRANCH CLASSIFICATION CODE MUST =	M	MARINE **OR**
		Z	UNKNOWN
2-055-32F	• **SHCP NON-MTF REFERRED VOUCHER (ADSM CLAIMS ONLY)**		
	IF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

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 **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 **OR**
	1	FOREGIN ARMY **OR**
	2	FOREIGN NAVY **OR**
	3	FOREIGN MARINE CORPS **OR**
	4	FOREIGN AIR FORCE
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF **OR**
	Z	UNKNOWN

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (2-056)
VALIDITY EDITS
REFER TO SECTION 6.1
RELATIONAL EDITS
NONE

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.
[1] BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.
BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (Continued)			
2-108-16F[1]	• **OPTION PERIOD**		
	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	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 NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN THE CLIN MUST BE VALID IN THE CURRENT OR PRIOR OPTION PERIOD FOR THAT CONTRACT ON THE TMA DATABASE		
	ELSE THE CLIN MUST BE VALID IN THE CURRENT OPTION PERIOD FOR THAT CONTRACT ON THE TMA DATABASE.		
2-108-17F[1]	• **CLIN MATCHES APPROPRIATION TYPE**		
	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	CLAIM RATE VOUCHER **OR**
		9	CLAIM RATE BATCH
	AND CLIN FIELD ON TED RECORD **NOT** = BLANK		
	AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0		
	THEN THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.		
	THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.		

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.

[1] BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.
BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (Continued)			
2-108-18F[1]	• **CLIN VS. CLAIM FORM TYPE**		
	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	CLAIM RATE VOUCHER **OR**
		9	CLAIM RATE BATCH
	AND CLIN FIELD ON TED RECORD **NOT** = BLANK		
	AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0		
	THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =	D	DISPENSING FEE **OR**
		S	SINGLE
	OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =	E	ELECTRONIC
	THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION **OR**
		H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION **OR**
		I	ELECTRONIC DRUG CLAIM SUBMISSION
	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 DATA BASE MUST =	BA	BATCH **OR**
		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.

[1] BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.
BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (Continued)			
2-108-19F	• **ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE (EOC)**		
	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 CONTRACT NUMBER =	MDA906-02-C-0013 (TMOP) **OR**	
		MDA906-03-C-0019 (TRRx)	
	AND HEADER TYPE INDICATOR =	9	CLAIM RATE ELIGIBLE BATCH
	AND CLIN **NOT** = BLANK		
	THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST ≠	D	DISPENSING FEE **OR**
		E	ELECTRONIC **OR**
		P	PAPER
2-108-20F	• **ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EOC**		
	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 CONTRACT NUMBER =	MDA906-02-C-0013 (TMOP) **OR**	
		MDA906-03-C-0019 (TRRx)	
	AND HEADER TYPE INDICATOR =	6	CLAIM RATE ELIGIBLE VOUCHER
	THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST ≠	S	SINGLE RATE
2-108-21F	• **CLAIM SUBMITTED UNDER WRONG HEADER TYPE INDICATOR**		
	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)	

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.
[1] BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.
BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

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.
[1] 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 -