

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 =	MDA906-03-C-0015 (TDEFIC)
OR TYPE OF SUBMISSION =	D COMPLETE DENIAL OR
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN BYPASS THIS EDIT	
ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =	A MEDICARE PART A OR
	C MEDICARE PART A & B OR
	H MEDICARE HMO
AND HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE =	005 TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	010 TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSOR OR
	015 TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	017 TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	020 TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	021 TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

022	TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE 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
131	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
132	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
134	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
135	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE 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
141	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
142	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY 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
147	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

	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
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =		MDA906-03-C-0011 (NORTH)
AND BEGIN DATE OF CARE ≥ 09/01/2004		
THEN SPECIAL PROCESSING CODE MUST =	AR	SHCP - REFERRED CARE OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

OR ENROLLMENT/ HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	401	TRICARE RESERVE SELECT TIER 1 MEMBER- ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
	402	TRICARE RESERVE SELECT TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRICARE RESERVE SELECT TIER 2 MEMBER- ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRICARE RESERVE SELECT TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRICARE RESERVE SELECT TIER 3 MEMBER- ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRICARE RESERVE SELECT TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW FAMILY COVERAGE
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

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 GOVT CONTRACTOR (TOTAL) = ZERO	
THEN BYPASS THIS EDIT	
ELSE IF BATCH/VOUCHER CLIN/ ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD TRICARE DOMESTIC
AND CONTRACT NUMBER =	MDA906-03-C-0010 (SOUTH)
AND BEGIN DATE OF CARE ≥ 11/01/2004	
THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	Y CHCBP OR
	AA CHCBP - EXTRA OR
	SR SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	401 TRICARE RESERVE SELECT TIER 1 MEMBER- ONLY COVERAGE OR
	402 TRICARE RESERVE SELECT TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405 TRICARE RESERVE SELECT TIER 2 MEMBER- ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406 TRICARE RESERVE SELECT TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407 TRICARE RESERVE SELECT TIER 3 MEMBER- ONLY COVERAGE (SERVICE AGREEMENT) OR
	408 TRICARE RESERVE SELECT TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409 TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

	410	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW FAMILY COVERAGE
OR SPECIAL PROCESSING CODE MUST =	AR	SHCP - REFERRED CARE OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN
1-000-04F		• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR AMOUNT PAID BY GOVT CONTRACTOR (TOTAL) = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

AND CONTRACT NUMBER = MDA906-03-C-0009 (WEST)

AND BEGIN DATE OF CARE ≥ 10/01/2004

THEN SPECIAL

PROCESSING CODE MUST = AR SHCP - REFERRED CARE **OR**

CL CLINICAL TRIALS **OR**

CM INDIVIDUAL CASE MANAGEMENT **OR**

CT CUSTODIAL CARE

OR ENROLLMENT/
HEALTH PLAN CODE =

SR SHCP - REFERRED CARE

OR HCDP PLAN
COVERAGE CODE
MUST =

401 TRICARE RESERVE SELECT TIER 1 MEMBER-
ONLY COVERAGE **OR**

402 TRICARE RESERVE SELECT TIER 1 MEMBER
AND FAMILY COVERAGE (CONTINGENCY
OPERATIONS) **OR**

405 TRICARE RESERVE SELECT TIER 2 MEMBER-
ONLY COVERAGE (CERTIFIED
QUALIFICATIONS) **OR**

406 TRICARE RESERVE SELECT TIER 2 MEMBER
AND FAMILY COVERAGE (CERTIFIED
QUALIFICATIONS) **OR**

407 TRICARE RESERVE SELECT TIER 3 MEMBER-
ONLY COVERAGE (SERVICE AGREEMENT)
OR

408 TRICARE RESERVE SELECT TIER 3 MEMBER
AND FAMILY COVERAGE (SERVICE
AGREEMENT) **OR**

409 TRICARE RESERVE SELECT TIER 1 SURVIVOR
CONTINUING WITH INDIVIDUAL
COVERAGE **OR**

410 TRICARE RESERVE SELECT TIER 1 SURVIVOR
CONTINUING WITH FAMILY COVERAGE
OR

411 TRICARE RESERVE SELECT TIER 1 SURVIVOR
NEW INDIVIDUAL COVERAGE **OR**

412 TRICARE RESERVE SELECT TIER 1 SURVIVOR
NEW FAMILY COVERAGE

OR PATIENT ZIP CODE IS IN ALASKA

OR PCM DMIS ID STATE = ALASKA

OR HCC MEMBER
CATEGORY CODE
MUST =

A ACTIVE DUTY **OR**

G NATIONAL GUARD > 30 DAYS **OR**

J ACADEMY STUDENT **OR**

N NATIONAL GUARD < 30 DAYS **OR**

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 5.1](#)

RELATIONAL EDITS

1-060-01F	• FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]		
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN /ASAP NUMBER, CONTRACTOR ERROR OR	
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN /ASAP NUMBER, GOVERNMENT CAUSED ERROR	
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	
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR	
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR	
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR	
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI	
THEN BATCH/VOUCHER CLIN /ASAP ACCOUNT NUMBER ASAP DESCRIPTION IN THE TMA DATABASE MUST =	TF	TRICARE FOREIGN	
AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR	
	C	COAST GUARD OR	
	F	AIR FORCE OR	
	H	PUBLIC HEALTH SERVICE OR	
	M	MARINES OR	
	N	NAVY OR	
	O	NOAA OR	
	Z	NOT PROVIDED FROM DEERS	
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)	
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J ACADEMY STUDENT OR
	N NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T FOREIGN MILITARY MEMBER OR
	V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE MUST = A SELF
1-060-02F	• TPR FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN /ASAP NUMBER, CONTRACTOR ERROR OR
	H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN /ASAP NUMBER, GOVERNMENT CAUSED ERROR
	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 =	WA TPR FOREIGN ADSM
AND TYPE OF SUBMISSION ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN BATCH/VOUCHER CLIN /ASAP ACCOUNT NUMBER ASAP DESCRIPTION IN THE TMA DATABASE MUST =	TF TRICARE FOREIGN
AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A ARMY OR
	C COAST GUARD OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)	
	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
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A SELF
1-060-11F	² TRICARE PRIME REMOTE (TPR) [ACTIVE DUTY SERVICE MEMBER]
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 ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU ADSM ENROLLED IN TPR
AND TYPE OF SUBMISSION ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI
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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
1-060-16F	• TFL [RETIREE AND FAMILY MEMBER]	
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 =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR OR
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
AND HCC MEMBER CATEGORY CODE ≠	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 30 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)
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
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 =	F	FORMER MEMBER (RESERVE SERVICE) OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR
	W	FORMER SPOUSE
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	C	MEDICARE PART A & B OR
	H	MEDICARE HMO
1-060-18F	• SHCP VOUCHER (ADSM CLAIMS ONLY)	
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 OR
	SO	SHCP - NON-TRICARE ELIGIBLE OR
	ST	SHCP - TRICARE ELIGIBLE
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-REFERRED CARE OR
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
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
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
1-060-19F	• TPR ADFM INTERIM	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN SERVICE BRANCH CLASSIFICATION CODE 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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED)
1-060-20F	• TFL [ACTIVE DUTY FAMILY MEMBER]	
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 =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR OR
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
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 RELATIONSHIP CODE MUST ≠	A	SELF
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A	MEDICARE PART A OR
	C	MEDICARE PART A & B OR
	H	MEDICARE HMO
1-060-23F	• CONUS NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT VALIDATION	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN /ASAP NUMBER, CONTRACTOR ERROR OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN /ASAP NUMBER, GOVERNMENT CAUSED ERROR
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 TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR
THEN BATCH/VOUCHER CLIN /ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST ≠	AS	ARMY SHCP CLIN OR
	FS	AIR FORCE SHCP CLIN OR
	NS	NAVY SHCP CLIN OR
	TD	TRICARE DOMESTIC ASAP OR
	TF	TRICARE FOREIGN ASAP
1-060-26F	• FOREIGN ADFM	
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 ENROLLMENT CODE/ HEALTH PLAN CODE =	XF	FOREIGN ADFM
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)	
	E COMPLETE CANCELLATION NON-TED RECORD OR
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =	TF TRICARE FOREIGN
AND SERVICE BRANCH CLASSIFICATION CODE 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 UNKNOWN
AND 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
AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A SELF
1-060-27F	• TPR FOREIGN EDITS (ADFM)
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 ENROLLMENT CODE/ HEALTH PLAN CODE =	WO TPR FOREIGN ADFM

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E	COMPLETE CANCELLATION NON-TED RECORD OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =	TF	TRICARE FOREIGN
AND SERVICE BRANCH CLASSIFICATION CODE 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	UNKNOWN
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	S	RESERVE > 30 DAYS
AND HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE OR
	C	CHILD OR
	D	PRE-ADOPTIVE CHILD OR
	E	WARD
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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

		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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (1-065)

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 5.3](#).

RELATIONAL EDITS

1-065-01F	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND HCC MEMBER CATEGORY CODE =	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT NON-TED RECORD (HCSR) DATA OR
		D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
		O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
	THEN AGR SERVICE LEGAL AUTHORITY CODE MUST =	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) OR
		B	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) OR
		C	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) OR
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) OR
		E	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) OR
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) OR
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) OR
		H	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) OR
		I	AGR: 14 U.S.C. 276 OR
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) OR
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) OR
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) OR
		X	AGR: OTHER OR
		Z	UNKNOWN/NOT APPLICABLE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (1-283)

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 5.3](#).

RELATIONAL EDITS

1-283-02F • NO DUPLICATE CLINS ON TED RECORD

IF HEADER TYPE INDICATOR = 6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**

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

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

1-283-08F¹ • OPTION PERIOD

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

9 CLAIM RATE BATCH

AND CLIN FIELD ON TED RECORD NOT = BLANK

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

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

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

E COMPLETE CANCELLATION NON-TED RECORD

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

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

1-283-09F¹ • CLIN MATCHES APPROPRIATION TYPE

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

9 CLAIM RATE BATCH

AND CLIN FIELD ON TED RECORD NOT = BLANK

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

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS 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 1-283-08F IF RECORD FAILS 1-283-02F.

BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-02F OR 1-283-08F OR 1-283-10F.

BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-02F OR 1-283-08F.

ALL 1-283-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION OF A TED RECORD'

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

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

1-283-10F¹

• **CLIN MATCHES APPROPRIATION TYPE**

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

9 CLAIM RATE BATCH

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

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

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

D SINGLE **OR**

S DISPENSING FEE

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

E ELECTRONIC

THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =

G ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION **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 FORM 1500 **OR**

F UB 92 **OR**

J OTHER

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

F FOREIGN

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS 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 1-283-08F IF RECORD FAILS 1-283-02F.

BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-02F OR 1-283-08F OR 1-283-10F.

BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-02F OR 1-283-08F.

ALL 1-283-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION OF A TED RECORD'

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE
TED ≠ A SPACE

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

IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER OR

9 CLAIM RATE BATCH

THEN AT LEAST ONE OCCURRENCE OF ADMINISTRATIVE CLIN ≠ BLANK

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS
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 1-283-08F IF RECORD FAILS 1-283-02F.**

BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-02F OR 1-283-08F OR 1-283-10F.

BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-02F OR 1-283-08F.

**ALL 1-283-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION
OF A TED RECORD'**

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

VALIDITY EDITS

NONE

RELATIONAL EDITS

2-000-01F	• BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - ACCRUAL FUND CHECK	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR CONTRACT NUMBER =	MDA906-03-C-0015 (TDEFIC)	
OR TYPE OF SUBMISSION =	D	COMPLETE DENIAL OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN BYPASS THIS EDIT		
ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =	A	MEDICARE PART A OR
	C	MEDICARE PART A & B OR
	H	MEDICARE HMO
AND HEALTH CARE PROGRAM PLAN COVERAGE CODE =	005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	010	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSOR OR
	015	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS
	020	TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	022	TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE 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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
131	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
132	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
134	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
135	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE 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
141	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
142	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
147	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE 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 HCC MEMBER CATEGORY CODE =
F	FORMER MEMBER OR
H	MEDAL OF HONOR RECIPIENT OR
R	RETIRED OR
W	DoD BENEFICIARY

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

	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
	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 OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVT CONTRACTOR BY PROCEDURE CODE = ZERO		
	THEN BYPASS THIS EDIT		
	ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC)
	AND CONTRACT NUMBER =	MDA906-03-C-0011 (NORTH)	
	AND BEGIN DATE OF CARE ≥ 09/01/2004		
	THEN SPECIAL PROCESSING CODE MUST =	AR	SHCP - REFERRED CARE OR
		CL	CLINICAL TRIALS OR
		CM	INDIVIDUAL CASE MANAGEMENT OR
		CT	CUSTODIAL CARE
	OR ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE
	OR HCDP PLAN COVERAGE CODE MUST =	401	TRICARE RESERVE SELECT TIER 1 MEMBER-ONLY COVERAGE (CONTINGENCY OPERATIONS) OR
		402	TRICARE RESERVE SELECT TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

	405	TRICARE RESERVE SELECT TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRICARE RESERVE SELECT TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRICARE RESERVE SELECT TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRICARE RESERVE SELECT TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW FAMILY COVERAGE
		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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVT CONTRACTOR BY PROCEDURE CODE = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC)
AND CONTRACT NUMBER =	MDA906-03-C-0010 (SOUTH)	
AND BEGIN DATE OF CARE ≥ 11/01/2004		
THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	Y	CHCBP OR
	AA	CHCBP - EXTRA OR
	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	401	TRICARE RESERVE SELECT TIER 1 MEMBER-ONLY COVERAGE OR
	402	TRICARE RESERVE SELECT TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRICARE RESERVE SELECT TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRICARE RESERVE SELECT TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRICARE RESERVE SELECT TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRICARE RESERVE SELECT TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW FAMILY COVERAGE
OR SPECIAL PROCESSING CODE MUST =	AR	SHCP - REFERRED CARE OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN
2-000-04F		• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT
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 OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVT CONTRACTOR BY PROCEDURE CODE = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC)
AND CONTRACT NUMBER =		MDA906-03-C-0009 (WEST)
AND BEGIN DATE OF CARE ≥ 10/01/2004		
THEN SPECIAL PROCESSING CODE MUST =	AR	SHCP - REFERRED CARE OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

OR ENROLLMENT/ HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	401	TRICARE RESERVE SELECT TIER 1 MEMBER- ONLY COVERAGE OR
	402	TRICARE RESERVE SELECT TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRICARE RESERVE SELECT TIER 2 MEMBER- ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRICARE RESERVE SELECT TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRICARE RESERVE SELECT TIER 3 MEMBER- ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRICARE RESERVE SELECT TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW FAMILY COVERAGE
OR PATIENT ZIP CODE IS IN ALASKA		
OR PCM DMIS ID STATE = ALASKA		
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 6.1](#).

RELATIONAL EDITS

2-055-01F • FOREIGN EDITS [ACTIVE DUTY MEMBER]

IF CONTRACT NUMBER = MDA 906-02-C-0013 (TMOP) **OR**

MDA 906-03-C-0019 (TRRx)

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

6 VOUCHER HEADER ADMIN CLAIM RATE-
ELIGIBLE

**AND ENROLLMENT/HEALTH
PLAN CODE =**

X FOREIGN ADSM

AND TYPE OF SUBMISSION ≠

B ADJUSTMENT TO NON-TED RECORD (HCSR)
DATA **OR**

**D COMPLETE DENIAL INITIAL TED RECORD
SUBMISSION OR**

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

**O ZERO PAYMENT TED RECORD DUE TO 100%
OHI**

**THEN BATCH/VOUCHER
CLIN/ASAP ACCOUNT
NUMBER ASAP
DESCRIPTION FOUND IN
THE TMA DATABASE
MUST =**

TF TRICARE FOREIGN

**OR CONTRACT
NUMBER =**

MDA906-02-C-0013 (TMOP) OR

MDA906-03-C-0019

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

A ARMY **OR**

C COAST GUARD **OR**

F AIR FORCE **OR**

H PUBLIC HEALTH SERVICE **OR**

M MARINES **OR**

N NAVY **OR**

O NOAA **OR**

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)	
	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
	T FOREIGN MILITARY MEMBER OR
	V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A SELF
2-055-02F	• TPR FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]
IF CONTRACT NUMBER =	MDA 906-02-C-0013 (TMOP) OR MDA 906-03-C-0019 (TRRx)
OR 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 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6 VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	WA TPR FOREIGN ADSM
AND TYPE OF SUBMISSION ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

THEN BATCH/VOUCHER
ASAP ACCOUNT NUMBER
CLIN/ASAP DESCRIPTION
FOUND IN THE TMA
DATABASE MUST = TF TRICARE FOREIGN

OR CONTRACT
NUMBER = MDA906-02-C-0013 (TMOP) OR
MDA906-03-C-0019 (TRRx)

AND SERVICE BRANCH
CLASSIFICATION CODE
(SPONSOR) MUST = A ARMY OR
C COAST GUARD OR
F AIR FORCE OR
H PUBLIC HEALTH SERVICE OR
M MARINES OR
N NAVY OR
O NOAA OR
Z NOT PROVIDED FROM DEERS

AND HCC MEMBER
CATEGORY CODE
MUST = A ACTIVE DUTY OR
J ACADEMY STUDENT OR
G NATIONAL GUARD MEMBER (MOBILIZED
OR ON ACTIVE DUTY FOR 31 DAYS OR
MORE) OR
S RESERVE MEMBER (MOBILIZED OR ON
ACTIVE DUTY FOR 31 DAYS OR MORE)

AND HCC MEMBER
RELATIONSHIP CODE
MUST = A SELF

2-055-11F • TPR [ACTIVE DUTY SERVICE MEMBER]

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 ANY OCCURRENCE OF
SPECIAL PROCESSING
CODE = GU ADSM ENROLLED IN TPR

AND TYPE OF SUBMISSION ≠ B ADJUSTMENT TO NON-TED RECORD (HCSR)
DATA OR

D COMPLETE DENIAL INITIAL TED RECORD
SUBMISSION OR

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

O ZERO PAYMENT TED RECORD DUE TO 100%
OHI

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-16F	• TRICARE SENIOR PHARMACY (TSRx) [ACTIVE DUTY FAMILY MEMBER]	
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 =	PS	TSRx
AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)	
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI
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 TYPE OF SERVICE (SECOND POSITION) MUST =	B RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
	M MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A SELF
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A MEDICARE PART A OR
	C MEDICARE PART A & B OR
	H MEDICARE HMO
2-055-17F • TRICARE SENIOR PHARMACY (TSRx) [RETIREE AND FAMILY MEMBER]	
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 =	PS TSRx
AND HCC MEMBER CATEGORY CODE ≠	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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
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 TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND HCC MEMBER CATEGORY CODE MUST =	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR
	W	FORMER SPOUSE
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A	MEDICARE A OR
	C	MEDICARE A & B OR
	H	MEDICARE HMO
2-055-18F • TFL [RETIREE AND FAMILY MEMBER]		
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
AND ENROLLMENT/HEALTH PLAN CODE =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR OR
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
AND HCC MEMBER CATEGORY CODE ≠	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
AND HHC MEMBER CATEGORY CODE MUST =	N	NAVY OR
	O	NOAA OR
	Z	NOT PROVIDED FROM DEERS
	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR
	W	FORMER SPOUSE
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	C	MEDICARE PART A & B OR
	H	MEDICARE HMO
2-055-20F • SHCP VOUCHERS (ADSM CLAIMS ONLY)		
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 OR
	SO	SHCP - NON-TRICARE ELIGIBLE OR
	ST	SHCP - TRICARE ELIGIBLE OR
	SU	SHCP - REFERRAL DESIGNATION UNKNOWN
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-REFERRED CARE OR
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
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
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-21F	• TPR ADFM INTERIM	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	PRE-ADOPTIVE CHILD OR
	E	WARD (COURT ORDERED)
2-055-22F	• TFL [ACTIVE DUTY FAMILY MEMBER]	
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 =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR OR
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

		O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
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 RELATIONSHIP CODE MUST ¼	A	SELF	
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A	MEDICARE PART A OR	
	C	MEDICARE PART A & B OR	
	H	MEDICARE HMO	
2-055-25F			• NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT VALIDATION
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	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR	
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE	
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR	
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR	
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR	
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI	
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER HEADER TYPE FOUND IN THE TMA DATABASE MUST ≠		AS ARMY SHCP CLIN OR FS AIR FORCE SHCP CLIN OR NS NAVY SHCP CLIN OR TD TRICARE DOMESTIC ASAP OR TF TRICARE FOREIGN ASAP
2-055-28F	• FOREIGN ADFM	
OR 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 ENROLLMENT CODE/ HEALTH PLAN CODE =	XF	FOREIGN ADFM
AND TYPE OF SUBMISSION NOT =	B	ADJUSTMENT TO NON-TED RECORD OR
	D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E	COMPLETE CANCELLATION NON-TED RECORD OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =	TF	TRICARE FOREIGN
OR CONTRACT NUMBER =		MDA906-02-C-0013 (TMOP) OR MDA906-03-C-0019 (TRRx)
AND SERVICE BRANCH CLASSIFICATION CODE MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)	
	N NAVY OR
	O NOAA OR
	Z UNKNOWN
AND 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
AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A SELF
2-055-29F • TPR FOREIGN EDITS (ADFM)	
OR 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 ENROLLMENT CODE/ HEALTH PLAN CODE =	WO TPR FOREIGN ADFM
AND TYPE OF SUBMISSION NOT =	B ADJUSTMENT TO NON-TED RECORD OR
	D COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
	E COMPLETE CANCELLATION NON-TED RECORD OR
	O ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN BATCH/VOUCHER CLIN /ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =	TF TRICARE FOREIGN
OR CONTRACT NUMBER =	MDA906-02-C-0013 (TMOP) OR MDA906-03-C-0019 (TRRx)

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

AND SERVICE BRANCH CLASSIFICATION CODE 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	UNKNOWN
AND HCC MEMBER CATEGORY CODE MUST =		A	ACTIVE DUTY OR
		G	NATIONAL GUARD > 30 DAYS OR
		J	ACADEMY STUDENT OR
		S	RESERVE > 30 DAYS
AND HCC MEMBER RELATIONSHIP CODE MUST =		B	SPOUSE OR
		C	CHILD OR
		D	PRE-ADOPTIVE CHILD OR
		E	WARD
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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 6.1](#)

RELATIONAL EDITS

2-056-01F	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND HCC MEMBER CATEGORY CODE =	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT NON-TED RECORD (HCSR) DATA OR
		D	COMPLETE DENIAL INITIAL TED RECORD SUBMISSION OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA OR
		O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
	THEN AGR SERVICE LEGAL AUTHORITY CODE MUST =	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) OR
		B	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) OR
		C	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) OR
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) OR
		E	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) OR
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) OR
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) OR
		H	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) OR
		I	AGR: 14 U.S.C. 276 OR
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) OR
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) OR
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) OR
		X	AGR: OTHER OR
		Z	UNKNOWN/NOT APPLICABLE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108)

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 5.2](#)

RELATIONAL EDITS

2-108-02F	• NO DUPLICATE CLINS ON TED RECORD
IF HEADER TYPE INDICATOR =	6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
	9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-6) MUST HAVE NO DUPLICATE IN ANY OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)	
2-108-11F	• NO BASE ADMINISTRATIVE PAYMENT FOR DENIAL OF SERVICES
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
2-108-16F¹	• OPTION PERIOD
IF HEADER TYPE INDICATOR =	6 CLAIM RATE VOUCHER OR
	9 CLAIM RATE BATCH
AND CLIN FIELD ON TED RECORD NOT = BLANK	
AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0	
THEN IF TYPE OF SUBMISSION =	A ADJUSTMENT OR

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

**¹ BYPASS EDIT 2-108-16F IF RECORD FAILS 2-108-02F.
 BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-02F OR 2-108-16F OR 2-108-18F.
 BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-02F OR 2-108-16F.
 ALL 2-108-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION OF A TED RECORD'**

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

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.

2-108-17F¹ • CLIN MATCHES APPROPRIATION TYPE

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

9 CLAIM RATE BATCH

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

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

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

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

2-108-18F¹ • CLIN vs. CLAIM FORM TYPE

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

9 CLAIM RATE BATCH

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

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

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

S SINGLE

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

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

¹ **BYPASS EDIT 2-108-16F IF RECORD FAILS 2-108-02F.**

BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-02F OR 2-108-16F OR 2-108-18F.

BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-02F OR 2-108-16F.

ALL 2-108-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION OF A TED RECORD'

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

	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 FORM 1500 OR
		F	UB 92 OR
		J	OTHER
	OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =	F	FOREIGN
	THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED MUST ≠ A SPACE.		
2-108-19F	• ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE		
	IF CONTRACT NUMBER =	MDA906-02-C-0002 (TMOP) OR MDA906-03-C-0019 (TRRx)	
	AND HEADER TYPE INDICATOR =	9	CLAIM RATE ELIGIBLE BATCH
	AND CLIN NOT = BLANK		
	THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST ≠	D	DISPENSING FEE OR
		E	ELECTRONIC OR
		P	PAPER
2-108-20F	• ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE		
	IF CONTRACT NUMBER =	MDA906-02-C-0002 (TMOP) OR	

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

**¹ BYPASS EDIT 2-108-16F IF RECORD FAILS 2-108-02F.
 BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-02F OR 2-108-16F OR 2-108-18F.
 BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-02F OR 2-108-16F.
 ALL 2-108-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION OF A TED RECORD'**

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

MDA906-03-C-0019 (TRRx)

AND HEADER TYPE
INDICATOR =

6

CLAIM RATE ELIGIBLE VOUCHER

THEN RATE TYPE FOR
THAT CLIN IN THE TMA
DATABASE ≠

S

SINGLE RATE

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

¹ **BYPASS EDIT 2-108-16F IF RECORD FAILS 2-108-02F.**

BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-02F OR 2-108-16F OR 2-108-18F.

BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-02F OR 2-108-16F.

ALL 2-108-XXF EDITS ARE BYPASSED FOR TYPE OF SUBMISSION 'C - COMPLETE CANCELLATION OF A TED RECORD'

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

ELEMENT NAME: AMOUNT INTEREST PAYMENT (2-112)

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 2.4](#).

RELATIONAL EDITS

2-112-01F • INTEREST VALIDATION ON PHARMACY BATCHES

IF CONTRACT NUMBER = MDA906-02-C-0002 (TMOP) **OR**
MDA906-03-C-0019 (TRRx)

AND HEADER TYPE
INDICATOR = 0 NON-CLAIM RATE BATCH **OR**
9 CLAIM RATE BATCH

THEN AMOUNT INTEREST PAYMENT MUST = ZERO

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

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 2.4](#).

RELATIONAL EDITS

2-200-01F • COST-SHARE VALIDATION ON PHARMACY BATCHES

IF CONTRACT NUMBER = MDA906-02-C-0002 (TMOP) **OR**
MDA906-03-C-0019 (TRRx)

AND HEADER TYPE
INDICATOR = 0 NON-CLAIM RATE BATCH **OR**
9 CLAIM RATE BATCH

THEN AMOUNT PATIENT COST-SHARE MUST = ZERO