

## FINANCIAL EDIT REQUIREMENTS

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

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)**

|   |     |  |
|---|-----|--|
|   | 409 | TRS SURVIVOR CONTINUING INDIVIDUAL<br>COVERAGE <b>OR</b>   |
|   | 410 | TRS SURVIVOR CONTINUING FAMILY<br>COVERAGE <b>OR</b>       |
|   | 411 | TRS SURVIVOR NEW INDIVIDUAL<br>COVERAGE <b>OR</b>          |
|   | 412 | TRS SURVIVOR NEW FAMILY COVERAGE<br><b>OR</b>              |
|   | 413 | TRS MEMBER-ONLY COVERAGE <b>OR</b>                         |
|   | 414 | TRS MEMBER AND FAMILY COVERAGE                             |
| <b>OR ENROLLMENT/HEALTH<br/>PLAN CODE =</b>   | Y   | CHCBP STANDARD - INDIVIDUAL<br>COVERAGE <b>OR</b>          |
|   | AA  | CHCBP EXTRA - FAMILY COVERAGE <b>OR</b>                    |
|   | SN  | SHCP NON-REFERRED CARE <b>OR</b>                           |
|   | SR  | SHCP REFERRED CARE   |
| <b>OR SPECIAL PROCESSING<br/>CODE =</b>   | AN  | SHCP NON-MTF REFERRED CARE <b>OR</b>                       |
|   | AR  | SHCP MTF REFERRED CARE                                     |
| <b>OR HCC MEMBER CATEGORY<br/>CODE =</b>  | A   | ACTIVE DUTY <b>OR</b>                                      |
|   | G   | NATIONAL GUARD ACTIVE > 30 DAYS; AGR<br>CODE A - <b>OR</b> |
|   | J   | ACADEMY STUDENT, NOT OCS <b>OR</b>                         |
|   | N   | NATIONAL GUARD NOT ACTIVE OR < 31<br>DAYS <b>OR</b>        |
|   | S   | RESERVE MEMBER ACTIVE > 30 DAYS <b>OR</b>                  |
|   | T   | FOREIGN MILITARY <b>OR</b>                                 |
|   | V   | RESERVE MEMBER NOT ACTIVE OR < 31<br>DAYS <b>OR</b>        |
|   | Y   | SERVICE AFFILIATES (ROTC, MERCHANT<br>MARINE)              |
| <b>AND HCC MEMBER<br/>RELATIONSHIP CODE =</b>   | A   | SELF   |
| <b>THEN BATCH/<br/>VOUCHER CLIN/ASAP<br/>ACCOUNT NUMBER<br/>APPROPRIATION TYPE<br/>FOUND IN CORAMS<br/>MUST ≠</b> | TF  | TRUST/ACCRUAL FUND   |
| <b>ELSE IF OTHER GOVERNMENT<br/>PROGRAM TYPE CODE =</b>   | A   | MEDICARE PART A <b>OR</b>                                  |
|   | C   | MEDICARE PART A & B <b>OR</b>                              |
|   | I   | MEDICARE PART A & D <b>OR</b>                              |
|   | L   | MEDICARE PART A, B, & D                                    |

**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 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 <b>OR</b>                                     |
|  | 005 | TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>                                |
|  | 016 | DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>                                   |
|  | 017 | TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>                              |
|  | 021 | TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>   |
|  | 023 | TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>   |
|  | 110 | TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>           |
|  | 111 | TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>                   |
|  | 114 | TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>   |
|  | 115 | TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>       |
|  | 136 | TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>             |
|  | 137 | TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>                 |
|  | 138 | TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b> |
|  | 139 | TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>     |
|  | 143 | TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>                           |

**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)**

|  |     |  |
|--|-----|--|
|  | 144 | TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>                  |
|  | 148 | TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>                         |
|  | 149 | TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>                |
|  | 151 | TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS                                   |
| <b>OR</b> HCC MEMBER CATEGORY CODE =   | F   | FORMER MEMBER <b>OR</b>  |
|  | H   | MEDAL OF HONOR RECIPIENT <b>OR</b>   |
|  | R   | RETIRED <b>OR</b>  |
|  | W   | <b>FORMER SPOUSE</b>   |
| <b>THEN</b> BATCH/VOUCHER ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST =      | TF  | TRUST/ACCRUAL FUND   |
| <b>ELSE</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠ | TF  | TRUST/ACCRUAL FUND   |
| <b>1-000-02F</b>   |     | <b>• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - NORTH CONTRACT</b> |
| IF ANY OCCURRENCE OF OVERRIDE CODE =   | H1  | BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>          |
|  | H2  | BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR             |
| <b>OR</b> TYPE OF SUBMISSION =   | B   | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>   |
|  | E   | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA  |
| <b>OR</b> AMOUNT PAID BY GOVT CONTRACTOR (TOTAL) = ZERO                                      |     |  |
| <b>THEN</b> BYPASS THIS EDIT   |     |  |
| <b>ELSE</b> IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =     | TD  | TRICARE DOMESTIC   |
| <b>AND</b> CONTRACT NUMBER =   |     | MDA906-03-C-0011 (NORTH)   |

**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 BEGIN DATE OF CARE ≥ 09/01/2004

|   |     |  |
|---|-----|--|
| <b>THEN SPECIAL<br/>PROCESSING CODE MUST =</b>    | AR  | SHCP - REFERRED CARE <b>OR</b>   |
|   | AU  | AUTISM DEMONSTRATION <b>OR</b>   |
|   | CL  | CLINICAL TRIALS <b>OR</b>  |
|   | CM  | INDIVIDUAL CASE MANAGEMENT <b>OR</b>   |
|   | CT  | CUSTODIAL CARE   |
| <b>OR ENROLLMENT/<br/>HEALTH PLAN CODE =</b>      | SR  | SHCP - REFERRED CARE   |
| <b>OR HCDP PLAN<br/>COVERAGE CODE<br/>MUST =</b>  | 000 | CARE DELIVERED TO INELIGIBLES <b>OR</b>  |
|   | 401 | TRS TIER 1 MEMBER-ONLY COVERAGE<br>(CONTINGENCY OPERATIONS) <b>OR</b>            |
|   | 402 | TRS TIER 1 MEMBER AND FAMILY<br>COVERAGE (CONTINGENCY OPERATIONS)<br><b>OR</b>   |
|   | 405 | TRS TIER 2 MEMBER-ONLY COVERAGE<br>(CERTIFIED QUALIFICATIONS) <b>OR</b>          |
|   | 406 | TRS TIER 2 MEMBER AND FAMILY<br>COVERAGE (CERTIFIED QUALIFICATIONS)<br><b>OR</b> |
|   | 407 | TRS TIER 3 MEMBER-ONLY COVERAGE<br>(SERVICE AGREEMENT) <b>OR</b>                 |
|   | 408 | TRS TIER 3 MEMBER AND FAMILY<br>COVERAGE (SERVICE AGREEMENT) <b>OR</b>           |
|   | 409 | TRS SURVIVOR CONTINUING WITH<br>INDIVIDUAL COVERAGE <b>OR</b>                    |
|   | 410 | TRS SURVIVOR CONTINUING WITH FAMILY<br>COVERAGE <b>OR</b>                        |
|   | 411 | TRS SURVIVOR NEW INDIVIDUAL<br>COVERAGE <b>OR</b>                                |
|   | 412 | TRS SURVIVOR NEW FAMILY COVERAGE<br><b>OR</b>                                    |
|   | 413 | TRS MEMBER-ONLY COVERAGE <b>OR</b>   |
|   | 414 | TRS MEMBER AND FAMILY COVERAGE   |
| <b>OR HCC MEMBER<br/>CATEGORY CODE<br/>MUST =</b> | A   | ACTIVE DUTY <b>OR</b>  |
|   | G   | NATIONAL GUARD > 30 DAYS <b>OR</b>   |
|   | J   | ACADEMY STUDENT <b>OR</b>  |
|   | N   | NATIONAL GUARD < 30 DAYS <b>OR</b>   |
|   | S   | RESERVE > 30 DAYS <b>OR</b>  |
|   | T   | FOREIGN MILITARY MEMBER <b>OR</b>  |
|   | V   | RESERVE < 30 DAYS <b>OR</b>  |

**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)**

|   |     |  |
|---|-----|--|
|   | Z   | UNKNOWN  |
| AND HCC MEMBER<br>RELATIONSHIP<br>CODE MUST =   | A   | SELF OR  |
|   | Z   | UNKNOWN  |
| <b>1-000-03F</b>  |     | <b>• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT<br/>NUMBER VALIDATION - SOUTH CONTRACT</b> |
| IF ANY OCCURRENCE OF<br>OVERRIDE CODE =   | H1  | BENEFIT PAYMENT MADE USING<br>INCORRECT BATCH/VOUCHER CLIN/ASAP<br>NUMBER, CONTRACTOR ERROR OR               |
|   | H2  | BENEFIT PAYMENT MADE USING<br>INCORRECT BATCH/VOUCHER CLIN/ASAP<br>NUMBER, GOVERNMENT CAUSED ERROR           |
| OR TYPE OF SUBMISSION =   | B   | ADJUSTMENT TO NON-TED RECORD (HCSR)<br>DATA OR   |
|   | E   | COMPLETE CANCELLATION OF NON-TED<br>RECORD (HCSR) DATA   |
| OR AMOUNT PAID BY GOVT CONTRACTOR (TOTAL) = ZERO  |     |  |
| THEN BYPASS THIS EDIT   |     |  |
| ELSE IF BATCH/VOUCHER CLIN/<br>ASAP ACCOUNT NUMBER ASAP<br>DESCRIPTION FOUND IN<br>CORAMS = | TD  | TRICARE DOMESTIC   |
| AND CONTRACT NUMBER =   |     | MDA906-03-C-0010 (SOUTH)   |
| AND BEGIN DATE OF CARE ≥ 11/01/2004   |     |  |
| THEN ENROLLMENT<br>CODE/HEALTH PLAN<br>CODE MUST =  | Y   | CHCBP OR   |
|   | AA  | CHCBP - EXTRA OR   |
|   | SR  | SHCP - REFERRED CARE   |
| OR HCDP PLAN<br>COVERAGE CODE<br>MUST =   | 000 | CARE DELIVERED TO INELIGIBLES OR   |
|   | 121 | CHCBP STANDARD - INDIVIDUAL<br>COVERAGE OR   |
|   | 122 | CHCBP EXTRA - FAMILY COVERAGE OR   |
|   | 401 | TRS TIER 1 MEMBER-ONLY COVERAGE OR   |
|   | 402 | TRS TIER 1 MEMBER AND FAMILY<br>COVERAGE (CONTINGENCY OPERATIONS)<br>OR                                      |
|   | 405 | TRS TIER 2 MEMBER-ONLY COVERAGE<br>(CERTIFIED QUALIFICATIONS) OR   |
|   | 406 | TRS TIER 2 MEMBER AND FAMILY<br>COVERAGE (CERTIFIED QUALIFICATIONS)<br>OR                                    |

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

| <b>ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL<br/>(1-000) (CONTINUED)</b> |   |   |
|---|---|---|
|   | 407   | TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>                                   |
|   | 408   | TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>                             |
|   | 409   | TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>                                      |
|   | 410   | TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>  |
|   | 411   | TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>  |
|   | 412   | TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>  |
|   | 413   | TRS MEMBER-ONLY COVERAGE <b>OR</b>  |
|   | 414   | TRS MEMBER AND FAMILY COVERAGE  |
| <b>OR SPECIAL PROCESSING CODE MUST =</b>  | AR  | SHCP - REFERRED CARE <b>OR</b>  |
|   | AU  | AUTISM DEMONSTRATION <b>OR</b>  |
|   | CL  | CLINICAL TRIALS <b>OR</b>   |
|   | CM  | INDIVIDUAL CASE MANAGEMENT <b>OR</b>  |
|   | CT  | CUSTODIAL CARE  |
| <b>OR HCC MEMBER CATEGORY CODE MUST =</b>   | A   | ACTIVE DUTY <b>OR</b>   |
|   | G   | NATIONAL GUARD > 30 DAYS <b>OR</b>  |
|   | J   | ACADEMY STUDENT <b>OR</b>   |
|   | N   | NATIONAL GUARD < 30 DAYS <b>OR</b>  |
|   | S   | RESERVE > 30 DAYS <b>OR</b>   |
|   | T   | FOREIGN MILITARY MEMBER <b>OR</b>   |
|   | V   | RESERVE < 30 DAYS <b>OR</b>   |
|   | Z   | UNKNOWN   |
| <b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>  | A   | SELF <b>OR</b>  |
|   | Z   | UNKNOWN   |
| <b>1-000-04F</b>  | • <b>NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT</b> |   |
| <b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>   | H1  | BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b> |
|   | H2  | BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR    |

**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)**

|   |                         |  |
|---|-------------------------|--|
| <b>OR TYPE OF SUBMISSION =</b>  | B                       | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>                               |
|   | E                       | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA                              |
| <b>OR AMOUNT PAID BY GOVT CONTRACTOR (TOTAL) = ZERO</b>   |                         |  |
| <b>THEN BYPASS THIS EDIT</b>  |                         |  |
| <b>ELSE IF BATCH/VOUCHER CLIN/<br/>ASAP ACCOUNT NUMBER ASAP<br/>DESCRIPTION FOUND IN<br/>CORAMS =</b> | TD                      | TRICARE DOMESTIC   |
| <b>AND CONTRACT NUMBER =</b>  | MDA906-03-C-0009 (WEST) |  |
| <b>AND BEGIN DATE OF CARE ≥ 10/01/2004</b>  |                         |  |
| <b>THEN SPECIAL<br/>PROCESSING CODE MUST =</b>  | AR                      | SHCP - REFERRED CARE <b>OR</b>   |
|   | AU                      | AUTISM DEMONSTRATION <b>OR</b>   |
|   | CL                      | CLINICAL TRIALS <b>OR</b>  |
|   | CM                      | INDIVIDUAL CASE MANAGEMENT <b>OR</b>   |
|   | CT                      | CUSTODIAL CARE   |
| <b>OR ENROLLMENT/<br/>HEALTH PLAN CODE =</b>  | SR                      | SHCP - REFERRED CARE   |
| <b>OR HCDP PLAN<br/>COVERAGE CODE<br/>MUST =</b>  | 000                     | CARE DELIVERED TO INELIGIBLES <b>OR</b>  |
|   | 401                     | TRS TIER 1 MEMBER-ONLY COVERAGE <b>OR</b>  |
|   | 402                     | TRS TIER 1 MEMBER AND FAMILY<br>COVERAGE (CONTINGENCY OPERATIONS)<br><b>OR</b>   |
|   | 405                     | TRS TIER 2 MEMBER-ONLY COVERAGE<br>(CERTIFIED QUALIFICATIONS) <b>OR</b>          |
|   | 406                     | TRS TIER 2 MEMBER AND FAMILY<br>COVERAGE (CERTIFIED QUALIFICATIONS)<br><b>OR</b> |
|   | 407                     | TRS TIER 3 MEMBER-ONLY COVERAGE<br>(SERVICE AGREEMENT) <b>OR</b>                 |
|   | 408                     | TRS TIER 3 MEMBER AND FAMILY<br>COVERAGE (SERVICE AGREEMENT) <b>OR</b>           |
|   | 409                     | TRS SURVIVOR CONTINUING WITH<br>INDIVIDUAL COVERAGE <b>OR</b>                    |
|   | 410                     | TRS SURVIVOR CONTINUING WITH FAMILY<br>COVERAGE <b>OR</b>                        |
|   | 411                     | TRS SURVIVOR NEW INDIVIDUAL<br>COVERAGE <b>OR</b>                                |
|   | 412                     | TRS SURVIVOR NEW FAMILY COVERAGE<br><b>OR</b>                                    |
|   | 413                     | TRS MEMBER-ONLY COVERAGE <b>OR</b>   |



**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)**

414 TRS MEMBER AND 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) (1-060)**

**VALIDITY EDITS**

REFER TO [SECTION 5.1](#)

**RELATIONAL EDITS**

|  |  |
|--|--|
| <b>1-060-01F</b>   | <b>• FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]</b>  |
| IF ANY OCCURRENCE OF<br>OVERRIDE CODE =  | H1 BENEFIT PAYMENT MADE USING<br>INCORRECT BATCH/VOUCHER CLIN/ASAP<br>NUMBER, CONTRACTOR ERROR <b>OR</b> |
|  | H2 BENEFIT PAYMENT MADE USING<br>INCORRECT BATCH/VOUCHER CLIN/ASAP<br>NUMBER, GOVERNMENT CAUSED ERROR    |
| <b>OR TYPE OF SUBMISSION =</b>   | <b>B ADJUSTMENT TO NON-TED RECORD (HCSR)<br/>DATA <b>OR</b></b>  |
|  | <b>E COMPLETE CANCELLATION OF NON-TED<br/>RECORD (HCSR) DATA</b>   |
| <b>OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO</b>  |  |
| <b>THEN BYPASS THIS EDIT</b>   |  |
| <b>ELSE IF HEADER TYPE<br/>INDICATOR =</b>   | 5 VOUCHER HEADER NON-ADMIN CLAIM<br>RATE-ELIGIBLE <b>OR</b>  |
|  | 6 VOUCHER HEADER ADMIN CLAIM RATE-<br>ELIGIBLE   |
| <b>AND ENROLLMENT/HEALTH<br/>PLAN CODE =</b>   | X FOREIGN ADMS   |
| <b>THEN BATCH/VOUCHER<br/>CLIN/ASAP ACCOUNT<br/>NUMBER ASAP<br/>DESCRIPTION IN THE TMA<br/>DATABASE MUST =</b> | TF TRICARE FOREIGN   |
| <b>AND SERVICE BRANCH<br/>CLASSIFICATION CODE<br/>(SPONSOR) MUST =</b>   | A ARMY <b>OR</b>   |
|  | C COAST GUARD <b>OR</b>  |
|  | F AIR FORCE <b>OR</b>  |
|  | H PUBLIC HEALTH SERVICE <b>OR</b>  |
|  | M MARINES <b>OR</b>  |
|  | N NAVY <b>OR</b>   |
|  | O NOAA <b>OR</b>   |
|  | Z NOT PROVIDED FROM DEERS  |
| <b>AND HCC MEMBER<br/>CATEGORY CODE<br/>MUST =</b>   | A ACTIVE DUTY <b>OR</b>  |
|  | G NATIONAL GUARD MEMBER (MOBILIZED<br>OR ON ACTIVE DUTY FOR 31 DAYS OR<br>MORE) <b>OR</b>                |
|  | J ACADEMY STUDENT <b>OR</b>  |

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

| <b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)</b>          |   |
|--|---|
| N  | NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>             |
| S  | RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>                      |
| T  | FOREIGN MILITARY MEMBER <b>OR</b>   |
| V  | RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>             |
| Z  | UNKNOWN   |
| <b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>   |   |
| A  | SELF <b>OR</b>  |
| Z  | UNKNOWN   |
| <b>1-060-02F</b>   | <b>• TPR FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]</b>   |
| <b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>  |   |
| H1   | BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b> |
| H2   | BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR    |
| <b>OR TYPE OF SUBMISSION =</b>   | <b>B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b></b>                                     |
|  | <b>E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA</b>                                    |
| <b>OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO</b>                                  |   |
| <b>THEN BYPASS THIS EDIT</b>   |   |
| <b>ELSE IF HEADER TYPE INDICATOR =</b>   |   |
| 5  | VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>  |
| 6  | VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE  |
| <b>AND ENROLLMENT/HEALTH PLAN CODE =</b>   |   |
| WA   | TPR FOREIGN ADSM  |
| <b>THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION IN THE TMA DATABASE MUST =</b> |   |
| TF   | TRICARE FOREIGN   |
| <b>AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>                                 |   |
| A  | ARMY <b>OR</b>  |
| C  | COAST GUARD <b>OR</b>   |
| F  | AIR FORCE <b>OR</b>   |
| H  | PUBLIC HEALTH SERVICE <b>OR</b>   |
| M  | MARINES <b>OR</b>   |

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) |  |
|--|--|
|  | N NAVY OR  |
|  | O NOAA OR  |
|  | Z NOT PROVIDED FROM DEERS  |
| AND HCC MEMBER<br>CATEGORY CODE<br>MUST =                                      | A ACTIVE DUTY OR   |
|  | G NATIONAL GUARD MEMBER (MOBILIZED<br>OR ON ACTIVE DUTY FOR 31 DAYS OR<br>MORE) OR |
|  | J ACADEMY STUDENT OR   |
|  | S RESERVE MEMBER (MOBILIZED OR ON<br>ACTIVE DUTY FOR 31 DAYS OR MORE) OR           |
|  | Z UNKNOWN  |
| AND HCC MEMBER<br>RELATIONSHIP CODE<br>MUST =                                  | A SELF OR  |
|  | Z UNKNOWN  |
| <b>1-060-11F</b>   | <b><sup>2</sup> TRICARE PRIME REMOTE (TPR) [ACTIVE DUTY SERVICE MEMBER]</b>        |
| IF HEADER TYPE INDICATOR =   | 5 VOUCHER HEADER NON-ADMIN CLAIM<br>RATE-ELIGIBLE OR                               |
|  | 6 VOUCHER HEADER ADMIN CLAIM RATE-<br>ELIGIBLE                                     |
| AND ENROLLMENT/HEALTH<br>PLAN CODE =   | W TPR ADSM - USA   |
| OR ANY OCCURRENCE OF<br>SPECIAL PROCESSING<br>CODE =                           | GU ADSM ENROLLED IN TPR  |
| AND TYPE OF SUBMISSION ≠   | B ADJUSTMENT TO NON-TED RECORD (HCSR)<br>DATA OR                                   |
|  | E COMPLETE CANCELLATION OF NON-TED<br>RECORD (HCSR) DATA                           |
| <b>AND AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) ≠ ZERO</b>                 |  |
| THEN SERVICE BRANCH<br>CLASSIFICATION CODE<br>(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<br>CATEGORY CODE<br>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          |
| 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  |
| <b>1-060-18F</b>   | <b>• SHCP VOUCHER (ADSM CLAIMS ONLY)</b>                                     |
|  | 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 =  |
| 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   |

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)**

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**
- 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

**1-060-23F • 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**
- H2 BENEFIT PAYMENT MADE USING  
INCORRECT BATCH/VOUCHER CLIN/ASAP  
NUMBER, GOVERNMENT CAUSED ERROR

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

| <b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)</b>                |                       |   |
|--|-----------------------|---|
| <b>OR TYPE OF SUBMISSION =</b>   | <b>B</b>              | <b>ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR</b>  |
|  | <b>E</b>              | <b>COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA</b>  |
| <b>OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO</b>  |                       |   |
| <b>THEN BYPASS THIS EDIT</b>   |                       |   |
| <b>ELSE IF HEADER TYPE INDICATOR =</b>   | <b>5</b>              | <b>VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR</b>  |
|  | <b>6</b>              | <b>VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE</b>   |
| <b>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>   | <b>V</b>              | <b>FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR</b>   |
| <b>THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST ≠</b> | <b>AS</b>             | <b>ARMY SHCP CLIN OR</b>  |
|  | <b>FS</b>             | <b>AIR FORCE SHCP CLIN OR</b>   |
|  | <b>NS</b>             | <b>NAVY SHCP CLIN OR</b>  |
|  | <b>TD</b>             | <b>TRICARE DOMESTIC ASAP OR</b>   |
|  | <b>TF</b>             | <b>TRICARE FOREIGN ASAP</b>   |
| <b>1-060-26F</b>   | <b>• FOREIGN ADFM</b> |   |
| <b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>  | <b>H1</b>             | <b>BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR</b>     |
|  | <b>H2</b>             | <b>BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR</b> |
| <b>OR TYPE OF SUBMISSION =</b>   | <b>B</b>              | <b>ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR</b>  |
|  | <b>E</b>              | <b>COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA</b>  |
| <b>OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO</b>  |                       |   |
| <b>THEN BYPASS THIS EDIT</b>   |                       |   |
| <b>ELSE IF HEADER TYPE INDICATOR =</b>   | <b>5</b>              | <b>NON-CLAIM RATE VOUCHER OR</b>  |
|  | <b>6</b>              | <b>CLAIM RATE VOUCHER</b>   |
| <b>AND ENROLLMENT CODE/ HEALTH PLAN CODE =</b>   | <b>XF</b>             | <b>FOREIGN ADFM</b>   |

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)                               |                                   |  |
|--|-----------------------------------|--|
| THEN BATCH/VOUCHER<br>CLIN/ASAP ACCOUNT<br>NUMBER ASAP<br>DESCRIPTION FOUND IN<br>THE TMA DATABASE<br>MUST = | TF                                | TRICARE FOREIGN  |
| AND SERVICE BRANCH<br>CLASSIFICATION CODE<br>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<br>CATEGORY CODE<br>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<br>RELATIONSHIP CODE<br>MUST ≠  | A                                 | SELF   |
| <b>1-060-27F</b>   | • <b>TPR FOREIGN EDITS (ADFM)</b> |  |
| IF ANY OCCURRENCE OF<br>OVERRIDE CODE =  | H1                                | BENEFIT PAYMENT MADE USING<br>INCORRECT BATCH/VOUCHER CLIN/ASAP<br>NUMBER, CONTRACTOR ERROR OR     |
|  | H2                                | BENEFIT PAYMENT MADE USING<br>INCORRECT BATCH/VOUCHER CLIN/ASAP<br>NUMBER, GOVERNMENT CAUSED ERROR |
| <b>OR TYPE OF SUBMISSION =</b>   | B                                 | <b>ADJUSTMENT TO NON-TED RECORD (HCSR)<br/>DATA OR</b>   |
|  | E                                 | <b>COMPLETE CANCELLATION OF NON-TED<br/>RECORD (HCSR) DATA</b>                                     |
| <b>OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO</b>  |                                   |  |
| THEN BYPASS THIS EDIT  |                                   |  |
| ELSE IF HEADER TYPE<br>INDICATOR =   | 5                                 | NON-CLAIM RATE VOUCHER OR  |
|  | 6                                 | CLAIM RATE VOUCHER   |



**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 ENROLLMENT CODE/<br>HEALTH PLAN CODE =   | WO       | TPR FOREIGN ADFM   |
| THEN BATCH/VOUCHER<br>CLIN/ASAP ACCOUNT<br>NUMBER ASAP<br>DESCRIPTION FOUND IN<br>THE TMA DATABASE<br>MUST = | TF       | TRICARE FOREIGN  |
| AND SERVICE BRANCH<br>CLASSIFICATION CODE<br>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<br>CATEGORY CODE<br>MUST =  | A        | ACTIVE DUTY OR   |
|  | G        | NATIONAL GUARD > 30 DAYS OR  |
|  | J        | ACADEMY STUDENT OR   |
|  | S        | RESERVE > 30 DAYS OR   |
|  | Z        | UNKNOWN  |
| AND HCC MEMBER<br>RELATIONSHIP CODE<br>MUST =  | B        | SPOUSE OR  |
|  | C        | CHILD OR   |
|  | D        | PRE-ADOPTIVE CHILD OR  |
|  | E        | WARD OR  |
|  | Z        | UNKNOWN  |
| <b>1-060-28F</b>   | <b>•</b> | <b>NAVY LINE OF DUTY CLAIMS</b>  |
| IF ANY OCCURRENCE OF<br>OVERRIDE CODE =  | H1       | BENEFIT PAYMENT MADE USING<br>INCORRECT BATCH/VOUCHER CLIN/ASAP<br>NUMBER, CONTRACTOR ERROR OR     |
|  | H2       | BENEFIT PAYMENT MADE USING<br>INCORRECT BATCH/VOUCHER CLIN/ASAP<br>NUMBER, GOVERNMENT CAUSED ERROR |
| THEN BYPASS THIS EDIT  |          |  |
| ELSE IF HEADER TYPE<br>INDICATOR =   | 5        | NON-CLAIM RATE VOUCHER OR  |
|  | 6        | CLAIM RATE VOUCHER   |
| AND CONTRACTOR<br>NUMBER =   |          | MDA906-03-C-0010 (SOUTH)   |

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

| <b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)</b> |  |
|---|--|
| AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 5                                  |  |
| THEN BRANCH CLASSIFICATION CODE MUST =  | N NAVY <b>OR</b>   |
|   | Z UNKNOWN  |
| <b>1-060-29F</b>  | <b>• MARINE LINE OF DUTY CLAIMS</b>  |
| IF ANY OCCURRENCE OF OVERRIDE CODE =  | H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b> |
|   | H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR    |
| THEN BYPASS THIS EDIT   |  |
| ELSE IF HEADER TYPE INDICATOR =   | 5 NON-CLAIM RATE VOUCHER <b>OR</b>   |
|   | 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 <b>OR</b>   |
|   | 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 [SECTION 5.3](#).

**RELATIONAL EDITS**

|                  |  |   |   |
|------------------|--|---|---|
| <b>1-065-01F</b> | IF HEADER TYPE INDICATOR =                                     | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>                  |
|                  |  | 6 | VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE                                |
|                  | <b>AND HCC MEMBER CATEGORY CODE =</b>                          | G | NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) |
|                  | <b>AND TYPE OF SUBMISSION ≠</b>                                | B | ADJUSTMENT NON-TED RECORD (HCSR) DATA <b>OR</b>                         |
|                  |  | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA                     |
|                  | <b>AND AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) ≠ ZERO</b> |   |   |
|                  | <b>THEN AGR SERVICE LEGAL AUTHORITY CODE MUST =</b>            | A | AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) <b>OR</b>                     |
|                  |  | B | AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) <b>OR</b>                     |
|                  |  | C | AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) <b>OR</b>                  |
|                  |  | D | AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) <b>OR</b>                     |
|                  |  | E | AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) <b>OR</b>                     |
|                  |  | F | AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) <b>OR</b>            |
|                  |  | G | AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) <b>OR</b>                 |
|                  |  | H | AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) <b>OR</b>                 |
|                  |  | I | AGR: 14 U.S.C. 276 <b>OR</b>  |
|                  |  | J | AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) <b>OR</b>                    |
|                  |  | K | AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) <b>OR</b>                       |
|                  |  | L | AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) <b>OR</b>                       |
|                  |  | X | AGR: OTHER <b>OR</b>  |
|                  |  | 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 [SECTION 5.3](#).

**RELATIONAL EDITS**

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

**IF 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-0015 (TDEFIC) **OR**  
 MDA906-03-C-0019 (TRRx)

**THEN BYPASS THIS EDIT**

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

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

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

**IF CONTRACT NUMBER ≠** 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**  
**AND TYPE OF SUBMISSION =** A ADJUSTMENT **OR**  
 B ADJUSTMENT TO NON-TED RECORD **OR**

**ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.**

<sup>1</sup> BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-08F.  
 BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-08F OR 1-283-09F.

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

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

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

IF 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-0015 (TDEFIC) OR  
 MDA906-03-C-0019 (TRRx)

THEN BYPASS THIS EDIT

ELSE IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER OR

9 CLAIM RATE BATCH

AND CLIN FIELD ON TED RECORD NOT = BLANK

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

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

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

IF CONTRACT NUMBER ≠ 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

**ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.**

<sup>1</sup> BYPASS EDIT 1-283-09F IF RECORD FAILS 1-283-08F.  
 BYPASS EDIT 1-283-10F IF RECORD FAILS 1-283-08F OR 1-283-09F.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

|  |  |  |
|--|--|--|
| 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     |
|  | 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 FORM 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/<br>VOUCHER ASAP<br>ACCOUNT NUMBER ASAP<br>DESCRIPTION FOUND IN<br>THE TMA DATABASE<br>MUST = | BA   | BATCH OR   |
|  | TF   | TRICARE FOREIGN                                  |
| <b>1-283-11F</b>   | <b>• CLAIM SUBMITTED UNDER WRONG HEADER TYPE INDICATOR</b> |  |
| IF 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-0015 (TDEFIC) OR                               |  |
|  | MDA906-03-C-0019 (TRRx)                                    |  |

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

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

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

**THEN BYPASS THIS EDIT**

|  |   |                              |
|--|---|------------------------------|
| <b>ELSE</b> IF HEADER TYPE INDICATOR = | 6 | CLAIM RATE VOUCHER <b>OR</b> |
|  | 9 | CLAIM RATE BATCH             |

**THEN AT LEAST ONE OCCURRENCE OF ADMINISTRATIVE CLIN ≠ BLANK**

**ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTOR'S PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.**

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

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

TRICARE SYSTEMS MANUAL 7950.1-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 ≠ MDA906-02-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 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**



**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)**

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

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)**

|     |   |
|-----|---|
| 016 | DIRECT CARE FOR SURVIVORS OF GUARD/<br>RESERVE DECEASED SPONSORS <b>OR</b>                                      |
| 017 | TRICARE STANDARD FOR SURVIVORS OF<br>GUARD/RESERVE DECEASED SPONSORS<br><b>OR</b>                               |
| 021 | TFL FOR SURVIVORS OF ACTIVE DUTY<br>DECEASED SPONSORS <b>OR</b>   |
| 023 | TFL FOR SURVIVORS OF GUARD/RESERVE<br>DECEASED SPONSORS <b>OR</b>   |
| 110 | TRICARE PRIME FOR INDIVIDUAL<br>COVERAGE FOR SURVIVORS OF ACTIVE<br>DUTY DECEASED SPONSORS <b>OR</b>            |
| 111 | TRICARE PRIME FAMILY COVERAGE FOR<br>SURVIVORS OF ACTIVE DUTY DECEASED<br>SPONSORS <b>OR</b>                    |
| 114 | TRICARE USFHP DIRECT CARE INDIVIDUAL<br>COVERAGE FOR SURVIVORS OF ACTIVE<br>DUTY DECEASED SPONSORS <b>OR</b>    |
| 115 | TRICARE USFHP DIRECT CARE FAMILY<br>COVERAGE FOR SURVIVORS OF ACTIVE<br>DUTY DECEASED SPONSORS <b>OR</b>        |
| 131 | TRICARE PRIME INDIVIDUAL COVERAGE<br>FOR TRANSITIONAL SURVIVORS OF ACTIVE<br>DUTY DECEASED SPONSORS <b>OR</b>   |
| 136 | TRICARE PRIME INDIVIDUAL COVERAGE<br>FOR SURVIVORS OF GUARD/RESERVE<br>DECEASED SPONSORS <b>OR</b>              |
| 137 | TRICARE PRIME FAMILY COVERAGE FOR<br>SURVIVORS OF GUARD/RESERVE<br>DECEASED SPONSORS <b>OR</b>                  |
| 138 | TRICARE USFHP DIRECT CARE INDIVIDUAL<br>COVERAGE FOR SURVIVORS OF GUARD/<br>RESERVE DECEASED SPONSORS <b>OR</b> |
| 139 | TRICARE USFHP DIRECT CARE FAMILY<br>COVERAGE FOR SURVIVORS OF GUARD/<br>RESERVE DECEASED SPONSORS <b>OR</b>     |
| 143 | <b>TRICARE PLUS COVERAGE FOR SURVIVORS<br/>OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b></b>                       |
| 144 | TRICARE PLUS WITH CHC COVERAGE FOR<br>SURVIVORS OF ACTIVE DUTY DECEASED<br>SPONSORS <b>OR</b>                   |
| 148 | TRICARE PLUS COVERAGE FOR SURVIVORS<br>OF GUARD/RESERVE DECEASED SPONSORS<br><b>OR</b>                          |

**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)**

|  |     |  |
|--|-----|--|
|  | 149 | TRICARE PLUS COVERAGE WITH CHC COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>       |
|  | 151 | TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS                                   |
| <b>OR HCC MEMBER CATEGORY CODE =</b>   | F   | FORMER MEMBER <b>OR</b>  |
|  | H   | MEDAL OF HONOR RECIPIENT <b>OR</b>   |
|  | R   | RETIRED <b>OR</b>  |
|  | W   | FORMER SPOUSE  |
| <b>THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST =</b>                 | TF  | TRUST/ACCRUAL FUND   |
| <b>ELSE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠</b>                 | TF  | TRUST/ACCRUAL FUND   |
| <b>2-000-02F</b>   |     | <b>• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - NORTH CONTRACT</b> |
| <b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>  | H1  | BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>          |
|  | H2  | BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR             |
| <b>OR TYPE OF SUBMISSION =</b>   | B   | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>   |
|  | E   | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA  |
| <b>OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVT CONTRACTOR BY PROCEDURE CODE = ZERO</b> |     |  |
| <b>THEN BYPASS THIS EDIT</b>   |     |  |
| <b>ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =</b>                     | TD  | TRICARE DOMESTIC)  |
| <b>AND CONTRACT NUMBER =</b>   |     | MDA906-03-C-0011 (NORTH)   |
| <b>AND BEGIN DATE OF CARE ≥ 09/01/2004</b>   |     |  |
| <b>THEN SPECIAL PROCESSING CODE MUST =</b>   | AR  | SHCP - REFERRED CARE <b>OR</b>   |
|  | AU  | AUTISM DEMONSTRATION <b>OR</b>   |
|  | CL  | CLINICAL TRIALS <b>OR</b>  |
|  | CM  | INDIVIDUAL CASE MANAGEMENT <b>OR</b>   |

**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)**

|  |     |  |
|--|-----|--|
|  | CT  | CUSTODIAL CARE   |
| <b>OR</b> ENROLLMENT/<br>HEALTH PLAN CODE =          | SR  | SHCP - REFERRED CARE   |
| <b>OR</b> HCDP PLAN<br>COVERAGE CODE<br>MUST =       | 000 | CARE DELIVERED TO INELIGIBLES <b>OR</b>  |
|  | 401 | TRS TIER 1 MEMBER-ONLY COVERAGE<br>(CONTINGENCY OPERATIONS) <b>OR</b>            |
|  | 402 | TRS TIER 1 MEMBER AND FAMILY<br>COVERAGE (CONTINGENCY OPERATIONS)<br><b>OR</b>   |
|  | 405 | TRS TIER 2 MEMBER-ONLY COVERAGE<br>(CERTIFIED QUALIFICATIONS) <b>OR</b>          |
|  | 406 | TRS TIER 2 MEMBER AND FAMILY<br>COVERAGE (CERTIFIED QUALIFICATIONS)<br><b>OR</b> |
|  | 407 | TRS TIER 3 MEMBER-ONLY COVERAGE<br>(SERVICE AGREEMENT) <b>OR</b>                 |
|  | 408 | TRS TIER 3 MEMBER AND FAMILY<br>COVERAGE (SERVICE AGREEMENT) <b>OR</b>           |
|  | 409 | TRS SURVIVOR CONTINUING WITH<br>INDIVIDUAL COVERAGE <b>OR</b>                    |
|  | 410 | TRS SURVIVOR CONTINUING WITH FAMILY<br>COVERAGE <b>OR</b>                        |
|  | 411 | TRS SURVIVOR NEW INDIVIDUAL<br>COVERAGE <b>OR</b>                                |
|  | 412 | TRS SURVIVOR NEW FAMILY COVERAGE<br><b>OR</b>                                    |
|  | 413 | TRS MEMBER-ONLY COVERAGE <b>OR</b>   |
|  | 414 | TRS MEMBER AND FAMILY COVERAGE   |
| <b>OR</b> HCC MEMBER<br>CATEGORY CODE<br>MUST =      | A   | ACTIVE DUTY <b>OR</b>  |
|  | G   | NATIONAL GUARD > 30 DAYS <b>OR</b>   |
|  | J   | ACADEMY STUDENT <b>OR</b>  |
|  | N   | NATIONAL GUARD < 30 DAYS <b>OR</b>   |
|  | S   | RESERVE > 30 DAYS <b>OR</b>  |
|  | T   | FOREIGN MILITARY MEMBER <b>OR</b>  |
|  | V   | RESERVE < 30 DAYS <b>OR</b>  |
|  | Z   | UNKNOWN  |
| <b>AND</b> HCC MEMBER<br>RELATIONSHIP<br>CODE MUST = | A   | SELF <b>OR</b>   |
|  | Z   | UNKNOWN  |

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

|  |  |
|--|--|
| 2-000-03F  | • 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 <b>OR</b> |
|  | H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR    |
| <b>OR</b> TYPE OF SUBMISSION =   | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>   |
|  | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA  |
| <b>OR</b> THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVT CONTRACTOR BY PROCEDURE CODE = ZERO |  |
| <b>THEN BYPASS THIS EDIT</b>   |  |
| <b>ELSE</b> IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =                     | TD TRICARE DOMESTIC)   |
| <b>AND</b> CONTRACT NUMBER =   | MDA906-03-C-0010 (SOUTH)   |
| <b>AND</b> BEGIN DATE OF CARE ≥ 11/01/2004   |  |
| <b>THEN</b> ENROLLMENT CODE/HEALTH PLAN CODE MUST =  | Y CHCBP <b>OR</b>  |
|  | AA CHCBP - EXTRA <b>OR</b>   |
|  | SR SHCP - REFERRED CARE  |
| <b>OR</b> HCDP PLAN COVERAGE CODE MUST =   | 000 CARE DELIVERED TO INELIGIBLES <b>OR</b>  |
|  | 121 CHCBP STANDARD - INDIVIDUAL COVERAGE <b>OR</b>   |
|  | 122 CHCBP EXTRA - FAMILY COVERAGE <b>OR</b>  |
|  | 401 TRS TIER 1 MEMBER-ONLY COVERAGE <b>OR</b>  |
|  | 402 TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) <b>OR</b>                       |
|  | 405 TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>                           |
|  | 406 TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) <b>OR</b>                     |
|  | 407 TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) <b>OR</b>                                  |
|  | 408 TRS TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) <b>OR</b>                            |

**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)**

|  |     |   |
|--|-----|---|
|  | 409 | TRS SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE <b>OR</b>  |
|  | 410 | TRS SURVIVOR CONTINUING WITH FAMILY COVERAGE <b>OR</b>  |
|  | 411 | TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>  |
|  | 412 | TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>  |
|  | 413 | TRS MEMBER-ONLY COVERAGE <b>OR</b>  |
|  | 414 | TRS MEMBER AND FAMILY COVERAGE  |
| <b>OR SPECIAL PROCESSING CODE MUST =</b>       | AR  | SHCP - REFERRED CARE <b>OR</b>  |
|  | AU  | AUTISM DEMONSTRATION <b>OR</b>  |
|  | CL  | CLINICAL TRIALS <b>OR</b>   |
|  | CM  | INDIVIDUAL CASE MANAGEMENT <b>OR</b>  |
|  | CT  | CUSTODIAL CARE  |
| <b>OR HCC MEMBER CATEGORY CODE MUST =</b>      | A   | ACTIVE DUTY <b>OR</b>   |
|  | G   | NATIONAL GUARD > 30 DAYS <b>OR</b>  |
|  | J   | ACADEMY STUDENT <b>OR</b>   |
|  | N   | NATIONAL GUARD < 30 DAYS <b>OR</b>  |
|  | S   | RESERVE > 30 DAYS <b>OR</b>   |
|  | T   | FOREIGN MILITARY MEMBER <b>OR</b>   |
|  | V   | RESERVE < 30 DAYS <b>OR</b>   |
|  | Z   | UNKNOWN   |
| <b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b> | A   | SELF <b>OR</b>  |
|  | Z   | UNKNOWN   |
| <b>2-000-04F</b>                               |     | <b>• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT</b> |
| <b>IF ANY OCCURRENCE OF OVERRIDE CODE =</b>    | H1  | BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR <b>OR</b>         |
|  | H2  | BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR            |
| <b>OR TYPE OF SUBMISSION =</b>                 | B   | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>  |
|  | E   | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA   |

**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 THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVT CONTRACTOR BY PROCEDURE CODE = ZERO**

**THEN BYPASS THIS EDIT**

**ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =**

**TD TRICARE DOMESTIC)**

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

**AND BEGIN DATE OF CARE ≥ 10/01/2004**

**THEN SPECIAL**

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

**AU AUTISM DEMONSTRATION OR**

**CL CLINICAL TRIALS OR**

**CM INDIVIDUAL CASE MANAGEMENT OR**

**CT CUSTODIAL CARE**

**OR ENROLLMENT/HEALTH PLAN CODE =**

**SR SHCP - REFERRED CARE**

**OR HCDP PLAN COVERAGE CODE MUST =**

**000 CARE DELIVERED TO INELIGIBLES OR**

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

**402 TRS TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR**

**405 TRS TIER 2 MEMBER-ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR**

**406 TRS TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR**

**407 TRS TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR**

**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 PATIENT ZIP CODE IS IN ALASKA**

**OR PCM DMIS ID STATE = ALASKA**

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 HCC MEMBER<br>CATEGORY CODE<br>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<br>RELATIONSHIP<br>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 [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

**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 HEADER TYPE  
INDICATOR =**

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

6 VOUCHER HEADER ADMIN CLAIM RATE-  
ELIGIBLE

**AND ENROLLMENT/HEALTH  
PLAN CODE =**

X FOREIGN ADSM

**THEN BATCH/VOUCHER  
CLIN/ASAP ACCOUNT  
NUMBER ASAP  
DESCRIPTION FOUND 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

| <b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>                       |  |
|---|--|
|   | G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>                |
|   | J ACADEMY STUDENT <b>OR</b>  |
|   | N NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>              |
|   | S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>                       |
|   | T FOREIGN MILITARY MEMBER <b>OR</b>  |
|   | V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b>              |
|   | Z UNKNOWN  |
| AND HCC MEMBER RELATIONSHIP CODE MUST =   | A SELF <b>OR</b>   |
|   | Z UNKNOWN  |
| <b>2-055-02F • TPR FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]</b>   |  |
| IF CONTRACT NUMBER =  | MDA 906-02-C-0013 (TMOP) <b>OR</b>   |
|   | 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 <b>OR</b> |
|   | 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 <b>OR</b>   |
|   | 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 HEADER TYPE INDICATOR =   | 5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>   |
|   | 6 VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE   |
| AND ENROLLMENT/HEALTH PLAN CODE =   | WA TPR FOREIGN ADSM  |
| THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER CLIN/ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =               | TF TRICARE FOREIGN   |

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

| <b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b> |   |   |
|---|---|---|
|   | H   | PUBLIC HEALTH SERVICE <b>OR</b>   |
|   | M   | MARINES <b>OR</b>   |
|   | N   | NAVY <b>OR</b>  |
|   | O   | NOAA <b>OR</b>  |
|   | Z   | NOT PROVIDED FROM DEERS   |
| <b>AND HCC MEMBER<br/>CATEGORY CODE<br/>MUST =</b>                                    | A   | ACTIVE DUTY <b>OR</b>   |
|   | G   | NATIONAL GUARD MEMBER (MOBILIZED<br>OR ON ACTIVE DUTY FOR 31 DAYS OR<br>MORE) <b>OR</b>   |
|   | J   | ACADEMY STUDENT <b>OR</b>   |
|   | N   | NATIONAL GUARD (NOT ON ACTIVE DUTY<br>OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)<br><b>OR</b> |
|   | S   | RESERVE MEMBER (MOBILIZED OR ON<br>ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>             |
|   | V   | RESERVE MEMBER (NOT ON ACTIVE DUTY<br>OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)<br><b>OR</b> |
|   | Z   | UNKNOWN   |
| <b>AND HCC MEMBER<br/>RELATIONSHIP CODE<br/>MUST =</b>                                | A   | SELF <b>OR</b>  |
|   | Z   | UNKNOWN   |
| <b>2-055-16F</b>  | <b>• TRICARE SENIOR PHARMACY (TSRx) [ACTIVE DUTY FAMILY MEMBER]</b> |   |
| IF HEADER TYPE INDICATOR =  | 5   | VOUCHER HEADER NON-ADMIN CLAIM<br>RATE-ELIGIBLE <b>OR</b>                                 |
|   | 6   | VOUCHER HEADER ADMIN CLAIM RATE-<br>ELIGIBLE  |
| <b>AND ENROLLMENT/HEALTH<br/>PLAN CODE =</b>  | PS  | TSRx  |
| <b>AND HCC MEMBER<br/>CATEGORY CODE =</b>   | A   | ACTIVE DUTY <b>OR</b>   |
|   | G   | NATIONAL GUARD MEMBER (MOBILIZED<br>OR ON ACTIVE DUTY FOR 31 DAYS OR<br>MORE) <b>OR</b>   |
|   | J   | ACADEMY STUDENT <b>OR</b>   |
|   | N   | NATIONAL GUARD (NOT ON ACTIVE DUTY<br>OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)<br><b>OR</b> |
|   | S   | RESERVE MEMBER (MOBILIZED OR ON<br>ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>             |
|   | T   | FOREIGN MILITARY MEMBER <b>OR</b>   |
|   | V   | RESERVE MEMBER (MOBILIZED OR ON<br>ACTIVE DUTY FOR 31 DAYS OR MORE)                       |

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

| <b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>                               |   |   |
|---|---|---|
| AND TYPE OF SUBMISSION ≠  | B   | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>                            |
|   | E   | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA <b>A</b>                  |
| <b>AND THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE ≠ ZERO</b> |   |   |
| <b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>   | A   | ARMY <b>OR</b>  |
|   | C   | COAST GUARD <b>OR</b>   |
|   | F   | AIR FORCE <b>OR</b>   |
|   | H   | PUBLIC HEALTH SERVICE <b>OR</b>   |
|   | M   | MARINES <b>OR</b>   |
|   | N   | NAVY <b>OR</b>  |
|   | O   | NOAA <b>OR</b>  |
|   | Z   | NOT PROVIDED FROM DEERS   |
| <b>AND TYPE OF SERVICE (SECOND POSITION) MUST =</b>   | B   | RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS <b>OR</b>    |
|   | M   | MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS |
| <b>AND HCC MEMBER RELATIONSHIP CODE MUST ≠</b>  | A   | SELF  |
| <b>2-055-20F</b>  | <b>• SHCP VOUCHERS (ADSM CLAIMS ONLY)</b> |   |
| <b>IF ENROLLMENT/HEALTH PLAN CODE =</b>   | SR  | SHCP - REFERRED CARE (EFFECTIVE 10/01/1999)                                   |
| <b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>   | AR  | SHCP REFERRED   |
| <b>OR TYPE OF SUBMISSION =</b>  | B   | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>                            |
|   | E   | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA                           |
| <b>OR AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO</b>   |   |   |
| <b>THEN BYPASS THIS EDIT</b>  |   |   |
| <b>ELSE IF HEADER TYPE INDICATOR =</b>  | 5   | VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>                        |
|   | 6   | VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE                                      |
| <b>AND ENROLLMENT/HEALTH PLAN CODE =</b>  | SN  | SHCP - NON-MTF REFERRED <b>OR</b>   |

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

| <b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b> |   |
|---|---|
|   | SO SHCP - NON-TRICARE ELIGIBLE <b>OR</b>  |
|   | ST SHCP - TRICARE ELIGIBLE <b>OR</b>  |
|   | SU SHCP - REFERRAL DESIGNATION UNKNOWN  |
| <b>OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>                                 | AN SHCP - NON-REFERRED CARE <b>OR</b>   |
|   | CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>                         |
|   | SC SHCP - NON-TRICARE ELIGIBLE <b>OR</b>  |
|   | SE SHCP - TRICARE ELIGIBLE <b>OR</b>  |
|   | SM SHCP - EMERGENCY   |
| <b>THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =</b>                       | A ARMY <b>OR</b>  |
|   | C COAST GUARD <b>OR</b>   |
|   | F AIR FORCE <b>OR</b>   |
|   | H PUBLIC HEALTH SERVICE <b>OR</b>   |
|   | M MARINES <b>OR</b>   |
|   | N NAVY <b>OR</b>  |
|   | O NOAA <b>OR</b>  |
|   | Z NOT PROVIDED FROM DEERS <b>OR</b>   |
|   | 1 FOREIGN ARMY <b>OR</b>  |
|   | 2 FOREIGN NAVY <b>OR</b>  |
|   | 3 FOREIGN MARINE CORPS <b>OR</b>  |
|   | 4 FOREIGN AIR FORCE   |
| <b>AND HCC MEMBER CATEGORY CODE MUST =</b>  | A ACTIVE DUTY <b>OR</b>   |
|   | G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>   |
|   | J ACADEMY STUDENT <b>OR</b>   |
|   | N NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b> |
|   | S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) <b>OR</b>          |
|   | T FOREIGN MILITARY MEMBER <b>OR</b>   |
|   | V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) <b>OR</b> |
|   | Z UNKNOWN   |
| <b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>  | A SELF <b>OR</b>  |

**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 UNKNOWN**

**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

**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 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 =**

V FINANCIALLY UNDERWRITTEN PAYMENT  
BY CLAIMS PROCESSOR

**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

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

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

**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)**

**OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY  
GOVERNMENT CONTRACTOR BY PROCEDURE CODE = ZERO**

**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

**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**

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**



**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

| <b>ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)</b>                              |   |
|--|---|
|  | H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR |
| <b>OR TYPE OF SUBMISSION =</b>   | B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>  |
|  | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA   |
| <b>OR THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE = ZERO</b> |   |
| <b>THEN BYPASS THIS EDIT</b>   |   |
| <b>ELSE IF HEADER TYPE INDICATOR =</b>   | 5 NON-CLAIM RATE VOUCHER <b>OR</b>  |
|  | 6 CLAIM RATE VOUCHER  |
| <b>AND ENROLLMENT CODE/ HEALTH PLAN CODE =</b>   | WO TPR FOREIGN ADFM   |
| <b>THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =</b>               | TF TRICARE FOREIGN  |
| <b>OR CONTRACT NUMBER =</b>  | MDA906-02-C-0013 (TMOP) <b>OR</b><br>MDA906-03-C-0019 (TRRx)                                    |
| <b>AND SERVICE BRANCH CLASSIFICATION CODE MUST =</b>   | A ARMY <b>OR</b>  |
|  | C COAST GUARD <b>OR</b>   |
|  | F AIR FORCE <b>OR</b>   |
|  | H PUBLIC HEALTH SERVICE <b>OR</b>   |
|  | M MARINES <b>OR</b>   |
|  | N NAVY <b>OR</b>  |
|  | O NOAA <b>OR</b>  |
|  | Z UNKNOWN   |
| <b>AND HCC MEMBER CATEGORY CODE MUST =</b>   | A ACTIVE DUTY <b>OR</b>   |
|  | G NATIONAL GUARD > 30 DAYS <b>OR</b>  |
|  | J ACADEMY STUDENT <b>OR</b>   |
|  | S RESERVE > 30 DAYS <b>OR</b>   |
|  | Z UNKNOWN   |
| <b>AND HCC MEMBER RELATIONSHIP CODE MUST =</b>   | B SPOUSE <b>OR</b>  |
|  | C CHILD <b>OR</b>   |
|  | D PRE-ADOPTIVE CHILD <b>OR</b>  |

**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 | WARD <b>OR</b> |
|  | Z | UNKNOWN        |

**2-055-30F • NAVY LINE OF DUTY CLAIMS**

|   |    |   |
|---|----|---|
| IF ANY OCCURRENCE OF<br>OVERRIDE CODE = | H1 | BENEFIT PAYMENT MADE USING<br>INCORRECT BATCH/VOUCHER CLIN/ASAP<br>NUMBER, CONTRACTOR ERROR <b>OR</b> |
|   | H2 | BENEFIT PAYMENT MADE USING<br>INCORRECT BATCH/VOUCHER CLIN/ASAP<br>NUMBER, GOVERNMENT CAUSED ERROR    |

**THEN BYPASS THIS EDIT**

|  |   |                                  |
|--|---|----------------------------------|
| <b>ELSE IF HEADER TYPE<br/>INDICATOR =</b> | 5 | NON-CLAIM RATE VOUCHER <b>OR</b> |
|  | 6 | CLAIM RATE VOUCHER               |

**AND CONTRACT NUMBER =** MDA906-03-0010 (SOUTH)

**AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 =** 5

|   |   |                |
|---|---|----------------|
| <b>THEN SERVICE BRANCH<br/>CLASSIFICATION CODE<br/>MUST =</b> | N | NAVY <b>OR</b> |
|   | Z | UNKNOWN        |

**2-055-31F • MARINE LINE OF DUTY CLAIMS**

|   |    |   |
|---|----|---|
| IF ANY OCCURRENCE OF<br>OVERRIDE CODE = | H1 | BENEFIT PAYMENT MADE USING<br>INCORRECT BATCH/VOUCHER CLIN/ASAP<br>NUMBER, CONTRACTOR ERROR <b>OR</b> |
|   | H2 | BENEFIT PAYMENT MADE USING<br>INCORRECT BATCH/VOUCHER CLIN/ASAP<br>NUMBER, GOVERNMENT CAUSED ERROR    |

**THEN BYPASS THIS EDIT**

|  |   |                                  |
|--|---|----------------------------------|
| <b>ELSE IF HEADER TYPE<br/>INDICATOR =</b> | 5 | NON-CLAIM RATE VOUCHER <b>OR</b> |
|  | 6 | CLAIM RATE VOUCHER               |

**AND CONTRACT NUMBER =** MDA906-03-0010 (SOUTH)

**AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 =** 6

|   |   |                  |
|---|---|------------------|
| <b>THEN SERVICE BRANCH<br/>CLASSIFICATION CODE<br/>MUST =</b> | M | MARINE <b>OR</b> |
|   | 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 [SECTION 6.1](#)

**RELATIONAL EDITS**

|  |   |   |   |
|--|---|---|---|
| <b>2-056-01F</b>   | IF HEADER TYPE INDICATOR =                          | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>                  |
|  |   | 6 | VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE                                |
|  | <b>AND HCC MEMBER CATEGORY CODE =</b>               | G | NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) |
|  | <b>AND TYPE OF SUBMISSION ≠</b>                     | B | ADJUSTMENT NON-TED RECORD (HCSR) DATA <b>OR</b>                         |
|  |   | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA                     |
| <b>AND THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE &gt; ZERO</b> |   |   |   |
|  | <b>THEN AGR SERVICE LEGAL AUTHORITY CODE MUST =</b> | A | AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) <b>OR</b>                     |
|  |   | B | AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) <b>OR</b>                     |
|  |   | C | AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) <b>OR</b>                  |
|  |   | D | AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) <b>OR</b>                     |
|  |   | E | AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) <b>OR</b>                     |
|  |   | F | AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) <b>OR</b>            |
|  |   | G | AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) <b>OR</b>                 |
|  |   | H | AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) <b>OR</b>                 |
|  |   | I | AGR: 14 U.S.C. 276 <b>OR</b>  |
|  |   | J | AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) <b>OR</b>                    |
|  |   | K | AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) <b>OR</b>                       |
|  |   | L | AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) <b>OR</b>                       |
|  |   | X | AGR: OTHER <b>OR</b>  |
|  |   | 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 [SECTION 5.2](#)

**RELATIONAL EDITS**

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

- IF CONTRACT NUMBER  $\neq$  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  $\neq$  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**

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

<sup>1</sup> BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.  
BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

|   |          |   |
|---|----------|---|
|   | 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  |
| <b>2-108-16F<sup>1</sup></b>  | <b>•</b> | <b>OPTION PERIOD</b>  |
| <b>IF CONTRACT NUMBER ≠</b>   |          | <b>MDA906-02-C-0013 (TMOP) OR</b>   |
|   |          | <b>MDA906-03-C-0009 (WEST) OR</b>   |
|   |          | <b>MDA906-03-C-0010 (SOUTH) OR</b>  |
|   |          | <b>MDA906-03-C-0011 (NORTH) OR</b>  |
|   |          | <b>MDA906-03-C-0015 (TDEFIC) OR</b>   |
|   |          | <b>MDA906-03-C-0019 (TRRx)</b>  |
| <b>THEN BYPASS THIS EDIT</b>  |          |   |
| <b>ELSE IF HEADER TYPE INDICATOR =</b>  | 6        | <b>CLAIM RATE VOUCHER OR</b>  |
|   | 9        | <b>CLAIM RATE BATCH</b>   |
| 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.         |          |   |
| <b>2-108-17F<sup>1</sup></b>  | <b>•</b> | <b>CLIN MATCHES APPROPRIATION TYPE</b>  |
| <b>IF CONTRACT NUMBER ≠</b>   |          | <b>MDA906-02-C-0013 (TMOP) OR</b>   |
|   |          | <b>MDA906-03-C-0009 (WEST) OR</b>   |
|   |          | <b>MDA906-03-C-0010 (SOUTH) OR</b>  |
|   |          | <b>MDA906-03-C-0011 (NORTH) OR</b>  |
|   |          | <b>MDA906-03-C-0015 (TDEFIC) OR</b>   |
|   |          | <b>MDA906-03-C-0019 (TRRx)</b>  |

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

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

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

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

**THEN BYPASS THIS EDIT**

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

9 CLAIM RATE BATCH

**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.

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

**IF 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-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**

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

<sup>1</sup> BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.  
 BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

|   |    |   |
|---|----|---|
|   | H  | ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION <b>OR</b>           |
|   | I  | ELECTRONIC DRUG CLAIM SUBMISSION                                  |
| <b>OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =</b>  | P  | PAPER   |
| <b>THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =</b>                              | B  | DD FORM 2642 <b>OR</b>  |
|   | C  | HCFA/CMS 1500 <b>OR</b>   |
|   | F  | UB-04/UB 92 <b>OR</b>   |
|   | J  | OTHER   |
| <b>OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =</b>  | F  | FOREIGN   |
| <b>THEN THE BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST =</b> | BA | <b>BATCH OR</b>   |
|   | TF | <b>TRICARE FOREIGN</b>  |
| <b>2-108-19F</b>  |    | <b>• ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE</b> |
| <b>IF CONTRACT NUMBER ≠</b>   |    | <b>MDA906-02-C-0013 (TMOP) OR</b>                                 |
|   |    | <b>MDA906-03-C-0009 (WEST) OR</b>                                 |
|   |    | <b>MDA906-03-C-0010 (SOUTH) OR</b>                                |
|   |    | <b>MDA906-03-C-0011 (NORTH) OR</b>                                |
|   |    | <b>MDA906-03-C-0015 (TDEFIC) OR</b>                               |
|   |    | <b>MDA906-03-C-0019 (TRRx)</b>                                    |
|   |    | <b>THEN BYPASS THIS EDIT</b>                                      |
| <b>ELSE IF CONTRACT NUMBER =</b>  |    | <b>MDA906-02-C-0013 (TMOP) OR</b>                                 |
|   |    | <b>MDA906-03-C-0019 (TRRx)</b>                                    |
| <b>AND HEADER TYPE INDICATOR =</b>  | 9  | <b>CLAIM RATE ELIGIBLE BATCH</b>                                  |
| <b>AND CLIN NOT = BLANK</b>   |    |   |
| <b>THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST ≠</b>                                      | D  | <b>DISPENSING FEE OR</b>  |
|   | E  | <b>ELECTRONIC OR</b>  |

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

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

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

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1  
FINANCIAL EDIT REQUIREMENTS

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

P PAPER

2-108-20F • ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE

IF 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-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 ≠

S SINGLE RATE

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

IF 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-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 MUST NOT =  
BLANK

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

<sup>1</sup> BYPASS EDIT 2-108-17F IF RECORD FAILS 2-108-16F.  
BYPASS EDIT 2-108-18F IF RECORD FAILS 2-108-16F.



TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1

FINANCIAL EDIT REQUIREMENTS

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

**VALIDITY EDITS**

REFER TO [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 [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**

