

Chapter 2

Section 4.1

Header Edit Requirements (ELN 000 - 099)

Revision: C-16, June 22, 2018

ELEMENT NAME: HEADER TYPE INDICATOR (0-001)			
VALIDITY EDITS			
0-001-01V	HEADER TYPE INDICATOR MUST =	0	BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
RELATIONAL EDITS			
0-001-01R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	THEN BATCH/VOUCHER IDENTIFIER MUST =	5	INSTITUTIONAL/NON-INSTITUTIONAL (BATCH/VOUCHER)
0-001-02R	IF CONTRACT NUMBER = H94002-10-D-0001		
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN ADJUSTMENT KEY MUST =	5	VOUCHER
0-001-03R	IF HEADER TYPE INDICATOR =	0	BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
IF THE FIRST POSITION OF EACH BATCH/VOUCHER HEADER RECORD IS NOT A 0, 5, 6, OR 9 . THEN THE ENTIRE BATCH/VOUCHER WILL BE REJECTED.			

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ELEMENT NAME: HEADER TYPE INDICATOR (0-001) (Continued)		
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND BATCH/VOUCHER IDENTIFIER =	5	INSTITUTIONAL/NON-INSTITUTIONAL
THEN ADJUSTMENT KEY MUST =	0	BATCH
0-001-04R IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
AND TYPE OF SUBMISSION =	D	COMPLETE DENIAL OR
	O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
THEN AMOUNT INTEREST PAYMENT MUST = ZERO		
AND FOR INSTITUTIONAL RECORDS AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) MUST = ZERO		
FOR NON-INSTITUTIONAL RECORDS THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO		
0-001-05R IF DRG NUMBER IS NOT BLANK OR		
TYPE OF INSTITUTION =	70	HHA
THEN BYPASS THIS EDIT		
ELSE IF FILING DATE IS ≥ 03/01/2012		
AND FREQUENCY CODE ON ANY INSTITUTIONAL RECORD =	3	INTERIM-INTERIM OR
	4	INTERIM-FINAL
THEN HEADER TYPE INDICATOR MUST =	0	BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE
0-001-06R IF HEADER TYPE INDICATOR =	6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE OR
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
THEN AN ADMINISTRATIVE CLIN MUST BE FOUND IN DHA DATABASE		
IF THE FIRST POSITION OF EACH BATCH/VOUCHER HEADER RECORD IS NOT A 0, 5, 6, OR 9 . THEN THE ENTIRE BATCH/VOUCHER WILL BE REJECTED.		

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ELEMENT NAME: CONTRACT NUMBER (0-010)			
VALIDITY EDITS			
0-010-01V	MUST BE A VALID VALUE FOUND ON THE DHA DATABASE.		
RELATIONAL EDITS			
0-010-01R	IF CONTRACT NUMBER =	H94002-08-C-0003 TPHARM OR	
		HT9402-14-D-0002 TPHARM	
	AND BATCH/VOUCHER INDICATOR =	5	INSTITUTIONAL/NON-INSTITUTIONAL
	THEN ALL OCCURRENCES OF RECORD TYPE INDICATOR MUST =	2	NON-INSTITUTIONAL
	AND ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	M	MOP
	OR ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	B	RETAIL PHARMACY

ELEMENT NAME: BATCH/VOUCHER IDENTIFIER (0-015)			
VALIDITY EDITS			
0-015-01V	MUST =	3	PROVIDER OR
		5	INSTITUTIONAL/NON-INSTITUTIONAL
RELATIONAL EDITS			
0-015-01R	IF BATCH/VOUCHER IDENTIFIER =	5	INSTITUTIONAL/NON-INSTITUTIONAL
	THEN RECORD TYPE (FOR EVERY TED RECORD IN THE BATCH/VOUCHER) MUST =	1	INSTITUTIONAL OR
		2	NON-INSTITUTIONAL
0-015-02R	IF BATCH/VOUCHER IDENTIFIER =	3	PROVIDER
	THEN RECORD TYPE (FOR EVERY TED RECORD IN THE BATCH/VOUCHER) MUST =	3	PROVIDER
NOTE: IF THIS EDIT FAILS FOR ANY TED RECORD, THE ENTIRE BATCH/VOUCHER FAILS.			

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ELEMENT NAME: BATCH/VOUCHER NUMBER (0-020)		
VALIDITY EDITS		
NONE		
RELATIONAL EDITS		
0-020-01R	IF BATCH/VOUCHER IDENTIFIER = 5	INSTITUTIONAL/NON-INSTITUTIONAL
AND BATCH/VOUCHER RESUBMISSION NUMBER > 0		
THEN CONTRACT IDENTIFIER MUST BE A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER AND BATCH/VOUCHER NUMBER ¹ .		
0-020-02R	IF BATCH/VOUCHER IDENTIFIER = 5	INSTITUTIONAL/NON-INSTITUTIONAL
AND BATCH/VOUCHER RESUBMISSION NUMBER > 0		
THEN BATCH/VOUCHER NUMBER AND HEADER TYPE INDICATOR MUST BE ON THE DHA DATABASE.		
0-020-03R	IF HEADER TYPE INDICATOR = 0	BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE OR
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
AND BATCH/VOUCHER RESUBMISSION NUMBER = 0		
THEN BATCH/VOUCHER NUMBER MUST NOT EXIST ON THE DHA DATABASE		
AND CONTRACT IDENTIFIER MUST BE A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER AND BATCH/VOUCHER NUMBER WITHIN THIS DHA PROCESSING CYCLE.		
0-020-04R	IF HEADER TYPE INDICATOR = 0	BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE OR
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
AND BATCH/VOUCHER RESUBMISSION NUMBER > 0		
THEN CONTRACT IDENTIFIER MUST BE A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER AND BATCH/VOUCHER NUMBER WITHIN THIS DHA PROCESSING CYCLE.		
¹ DHA DATABASE.		

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025)			
VALIDITY EDITS			
0-025-01V MUST BE ALPHANUMERIC.			
RELATIONAL EDITS			
0-025-01R	IF HEADER TYPE INDICATOR =	0	BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER MUST BE ZERO.			
0-025-02R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
AND BATCH/VOUCHER RESUBMISSION NUMBER = ZERO			
THEN ASAP ACCOUNT NUMBER MUST BE VALID ¹ AND ACTIVE ² FOR THE CONTRACT NUMBER ON THE TED BATCH/VOUCHER RECORD.			
0-025-05R	IF BATCH/VOUCHER RESUBMISSION NUMBER > 00		
	OR HEADER TYPE INDICATOR =	0	BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
THEN BYPASS THIS EDIT			
	ELSE IF HCDP PLAN COVERAGE CODE =	000	NO HEALTH CARE COVERAGE PLAN OR
		121	CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE OR
		122	CHCBP - NETWORK - FAMILY COVERAGE OR
		306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS OR
		307	TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS OR
		308	TRICARE SELECT - YOUNG ADULT OR
		330	TRICARE PRIME - YOUNG ADULT ACTIVE DUTY/TAMP OR
		331	TRICARE PRIME - YOUNG ADULT RETIRED OR
		332	TPR - YOUNG ADULT ACTIVE DUTY OR
		401	TRS TIER 1 MEMBER-ONLY OR
		402	TRS TIER 1 MEMBER AND FAMILY OR
¹ DHA DATABASE.			
² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3. IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.			
³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1.			

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM OR
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR
	405	TRS TIER 2 MEMBER-ONLY OR
	406	TRS TIER 2 MEMBER AND FAMILY OR
	407	TRS TIER 3 MEMBER-ONLY OR
	408	TRS TIER 3 MEMBER AND FAMILY OR
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR
	417	TRANSITIONAL CARE FOR SERVICE-RELATED CONDITIONS (TCSRC) OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE OR
	422	TYA TRICARE STANDARD FOR ADFMs OR
	423	TYA TRICARE STANDARD FOR RETIRED AND MOH FAMILY MEMBERS OR
	424	TYA TRS OR
	425	TYA TRR OR
	426	TYA PRIME FOR ADFMs OR
	427	TY TPR FOR ADFMs OR
	428	TYA PRIME FOR RETIRED AND MOH FAMILY MEMBERS OR
	429	TYA TRICARE OVERSEAS PRIME FOR ADFMs OR
	430	TYA TRICARE OVERSEAS PRIME REMOTE FOR ADFMs
OR ENROLLMENT/HEALTH PLAN CODE =	Y	CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE OR
	AA	CHCBP - NETWORK - FAMILY COVERAGE OR
	SN	SHCP - NON-MTF/eMSM REFERRED CARE OR
	SR	SHCP - MTF/eMSM REFERRED CARE
OR SPECIAL PROCESSING CODE =	AN	SHCP - NON-MTF/eMSM REFERRED CARE OR
¹ DHA DATABASE. ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 .		

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	AR	SHCP - MTF/eMSM REFERRED CARE OR
	DC	DCPE-DVA OR
	DE	TDRL PHYSICAL EXAM OR
	MM	MMPCMHP OR
	PV	RETAIL PHARMACY FOR DVA
OR HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD ACTIVE > 30 DAYS; AGR CODE A-H OR
	J	ACADEMY STUDENT, NOT OCS OR
	N	NATIONAL GUARD NOT ACTIVE OR < 31 DAYS OR
	S	RESERVE MEMBER ACTIVE > 30 DAYS OR
	T	FOREIGN MILITARY OR
	V	RESERVE MEMBER NOT ACTIVE OR < 31 DAYS OR
	Y	SERVICE AFFILIATES (ROTC, MERCHANT MARINE)
AND HCC MEMBER RELATIONSHIP CODE =	A	SELF
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF	TRUST/ACCRUAL FUND
ELSE IF OGP TYPE CODE =	A	MEDICARE PART A OR
	C	MEDICARE PART A & B OR
	I	MEDICARE PART A & D OR
	L	MEDICARE PART A, B AND D
AND OGP BEGIN REASON CODE ≠	N	NOT ELIGIBLE FOR MEDICARE
AND HCDP PLAN COVERAGE CODE =	004	DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	016	DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
¹ DHA DATABASE. ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 .		

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	149	TRICARE PLUS COVERAGE WITH CHC COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	151	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS
OR ENROLLMENT/HEALTH PLAN CODE =	AS	TRICARE SELECT - ACTIVE DUTY SURVIVORS OR
	GS	TRICARE SELECT - GUARD/RESERVE SURVIVORS
OR HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER OR
	H	MOH RECIPIENT OR
	R	RETIRED OR
	W	FORMER SPOUSE
THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST =	TF	TRUST/ACCRUAL FUND
¹ DHA DATABASE. ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 .		

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)			
ELSE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠		TF	TRUST/ACCRUAL FUND
0-025-08R	IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR BATCH/VOUCHER RESUBMISSION NUMBER > 00			
	OR HEADER TYPE INDICATOR MUST =	0	BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
THEN BYPASS THIS EDIT			
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =		TD	TRICARE DOMESTIC
	AND CONTRACT NUMBER =	T3 NORTH	
	AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT		
	OR CONTRACT NUMBER =	T3 SOUTH	
	AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT		
	OR CONTRACT NUMBER =	T3 WEST	
	AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT		
	OR CONTRACT NUMBER =	T2017 EAST	
	AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) ≥ BEGIN DATE OF OLDEST OPEN OPTION PERIOD		
	OR CONTRACT NUMBER =	T2017 WEST	
	AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) ≥ BEGIN DATE OF OLDEST OPEN OPTION PERIOD		
	THEN SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-MTF/eMSM REFERRED CARE OR
		AP	ABA PILOT OR
		AR	SHCP - MTF/eMSM REFERRED CARE OR
		AS	COMPREHENSIVE AUTISM CARE DEMONSTRATION OR
		AU	AUTISM DEMONSTRATION OR
¹ DHA DATABASE.			
² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.			
³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 .			

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	CE	SHCP - CCEP OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE OR
	DC	DCPE-DVA OR
	DE	TDRL PHYSICAL EXAM OR
	GU	SERVICE MEMBER ENROLLED IN TPR OR
	G1	GOOD FAITH PAYMENT DEBT TRANSFER ³ OR
	G2	GOOD FAITH PAYMENT OR
	LD	LDTs DEMONSTRATION OR
	L2	NON-FDA APPROVED LDTs DEMONSTRATION OR
	PC	PROVISIONAL COVERAGE FOR EMERGING SERVICES AND SUPPLIES OR
	PV	RETAIL PHARMACY FOR DVA OR
	RB	RESPIRE BENEFIT OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
OR ENROLLMENT/HEALTH PLAN CODE MUST =	Y	CHCBP - NON-NETWORK OR
	AA	CHCBP - NETWORK OR
	SN	SHCP - NON-MTF/eMSM REFERRED CARE OR
	SR	SHCP - MTF/eMSM REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DLEIVIER TO INELIGIBLES OR
	121	CHCBP - NON-NETWORK INDIVIDUAL COVERAGE OR
	122	CHCBP - NETWORK FAMILY COVERAGE OR
	306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS OR
	307	TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS OR
	308	TRICARE SELECT - YOUNG ADULT OR
	330	TRICARE PRIME - YOUNG ADULT ACTIVE DUTY/TAMP OR
	331	TRICARE PRIME - YOUNG ADULT RETIRED OR
	332	TPR - YOUNG ADULT ACTIVE DUTY OR
	401	TRS TIER 1 MEMBER-ONLY OR
¹ DHA DATABASE. ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 .		

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	402	TRS TIER 1 MEMBER AND FAMILY OR
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM OR
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR
	405	TRS TIER 2 MEMBER-ONLY OR
	406	TRS TIER 2 MEMBER AND FAMILY OR
	407	TRS TIER 3 MEMBER-ONLY OR
	408	TRS TIER 3 MEMBER AND FAMILY OR
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR
	417	TRANSITIONAL CARE FOR SERVICE-RELATED CONDITIONS (TCSRC) OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE OR
	422	TYA TRICARE STANDARD FOR ADSMs OR
	423	TYA TRICARE STANDARD FOR RETIRED AND MOH FAMILY MEMBERS OR
	424	TYA TRS OR
	425	TYA TRR OR
	426	TYA PRIME FOR ADFMs OR
	427	TYA TPR FOR ADFMs OR
	428	TYA PRIME FOR RETIRED AND MOH FAMILY MEMBERS OR
	429	TYA TRICARE OVERSEAS PRIME FOR ADFMs OR
	430	TYA TRICARE OVERSEAS PRIME REMOTE FOR ADFMs OR
	999	UNVERIFIED NEWBORN
OR PATIENT ZIP CODE IS IN ALASKA		
OR PCM DMIS-ID MUST =	0005	BASSETT ACH-FT. WAINWRIGHT OR
	0006	3rd MED GRP-ELMENDORF OR
¹ DHA DATABASE. ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 .		

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	0130	USCG CLINIC KODIAK OR
	0202	AHC-GREELY OR
	0203	354th MED GRP-EIELSON OR
	0204	TMC FT. RICHARDSON OR
	0417	USCG CLINIC KETCHIKAN OR
	6033	KAMISH CLINIC-FT. WAINWRIGHT OR
	7044	USCG CLINIC JUNEAU OR
	7047	USCG CLINIC SITKA
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN
0-025-09R IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TC	TRICARE CIVILIAN PRIME
THEN ENROLLMENT/HEALTH PLAN CODE MUST =	U	TRICARE PRIME CIVILIAN PCM
AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) ≥ START DATE OF HEALTH CARE DELIVERY FOR THE CONTRACT NUMBER.		
0-025-10R IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN BYPASS THIS EDIT		
¹ DHA DATABASE.		
² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.		
³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 .		

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)			
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =		TN	TRICARE NON-CIVILIAN PRIME
THEN ENROLLMENT/HEALTH PLAN CODE MUST =		T	TRICARE STANDARD PROGRAM OR
		V	TRICARE EXTRA OR
		Z	TRICARE PRIME, MTF/eMSM/PCM OR
		WF	TRICARE PRIME REMOTE ADFM
AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) ≥ START DATE OF HEALTH CARE DELIVERY FOR THE CONTRACT NUMBER.			
0-025-11R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
AND POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER = MIPR			
THEN ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =		M	MOP
0-025-12R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
AND TYPE OF SERVICE (POSITION 2) =		M	MOP
THEN POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER MUST = MIPR			
0-025-13R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
AND CONTRACT NUMBER =		H94002-08-C-0003 TPHARM OR	
		HT9402-14-D-0002 TPHARM	
AND POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER ≠ MIPR			
THEN ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =		B	RETAIL PHARMACY
0-025-14R	IF HCDP PLAN COVERAGE CODE =	018	TFL FOR RETIRED SPONSORS AND FAMILY MEMBERS AND MOH OR
		020	TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		022	TFL FOR TRANSITIONAL SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS OR
		023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
1 DHA DATABASE.			
2 DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3. IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.			
3 THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1.			

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	029	TFL FOR MEDICALLY RETIRED SPONSORS AND FAMILY MEMBERS
AND TYPE OF SUBMISSION =	I	INITIAL SUBMISSION OR
	R	RESUBMISSION
THEN OGP TYPE CODE MUST ≠	N	NO MEDICARE OR
	V	CHAMPVA
AND OGP BEGIN REASON CODE MUST ≠	N	NOT ELIGIBLE FOR MEDICARE OR
	W	NOT APPLICABLE
¹ DHA DATABASE. ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 .		

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Header Edit Requirements (ELN 000 - 099)

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

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER DATE (0-030) (Continued)	
TN	TRICARE NON-CIVILIAN PRIME
THEN BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) MUST BE EQUAL TO OR WITHIN ASAP BEGIN AND END DATES ON THE DHA DATABASE	
¹ CONTRACT DATES ON THE DHA DATABASE. THESE DATES ARE TAKEN FROM THE DHA CONTRACTS.	

ELEMENT NAME: BATCH/VOUCHER SEQUENCE NUMBER (0-035)	
VALIDITY EDITS	
0-035-01V	MUST BE NUMERIC AND > ZERO.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: BATCH/VOUCHER RESUBMISSION NUMBER (0-040)	
VALIDITY EDITS	
0-040-01V	MUST BE NUMERIC
AND IF BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL	
THEN MUST BE 1 GREATER THAN THE PRIOR SUBMISSION NUMBER UNDER THE SAME CONTRACT IDENTIFIER ¹ .	
RELATIONAL EDITS	
NONE	
¹ DHA DATABASE.	

ELEMENT NAME: TOTAL NUMBER OF RECORDS (0-045)	
VALIDITY EDITS	
0-045-01V	MUST BE NUMERIC.
0-045-02V	MUST EQUAL NUMBER OF TED RECORDS IN THE BATCH/VOUCHER.
0-045-03V	TOTAL RECORDS MUST > 0
RELATIONAL EDITS	
0-045-01R	IF BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL
AND BATCH/VOUCHER RESUBMISSION NUMBER > ZERO	
THEN NUMBER OF RECORDS IN THE BATCH/VOUCHER MUST = NUMBER OUTSTANDING RECORDS ¹ .	
¹ DHA DATABASE.	

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: TOTAL AMOUNT PAID (0-050)		
VALIDITY EDITS		
0-050-01V	MUST BE NUMERIC.	
RELATIONAL EDITS		
0-050-01R	IF BATCH/VOUCHER IDENTIFIER =	5 INSTITUTIONAL/NON-INSTITUTIONAL
THEN TOTAL AMOUNT PAID MUST = THE ACCUMULATED TOTAL OF AMOUNTS PAID BY GOVERNMENT CONTRACTOR AND AMOUNT OF INTEREST PAYMENT FOR ALL TED RECORDS IN THE BATCH/VOUCHER.		
0-050-02R	IF BATCH/VOUCHER IDENTIFIER =	3 PROVIDER
THEN TOTAL AMOUNT PAID MUST EQUAL ZERO.		
0-050-03R ²	IF POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER = MIPR	
AND BATCH/VOUCHER DATE ≥ 07/14/2011		
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 BATCH/VOUCHER IDENTIFIER =		5 INSTITUTIONAL/NON-INSTITUTIONAL
AND BATCH/VOUCHER RESUBMISSION NUMBER > ZERO		
THEN TOTAL AMOUNT PAID MUST BE EQUAL TO THE VOUCHER BALANCE ¹ .		
¹ DHA DATABASE (EXCLUDES CONTRACT NUMBER MDA906-02-C-0013 (TMOP)).		
² ALL TMOP BATCH/VOUCHERS WITH A MIPR CLIN/ASAP NUMBER AND BATCH/VOUCHER DATE ≥ 07/14/2011 WILL BYPASS THIS EDIT.		

ELEMENT NAME: INITIAL TRANSMISSION DATE (DHA DERIVED) (0-055)		
VALIDITY EDITS		
NONE		
RELATIONAL EDITS		
NONE		

ELEMENT NAME: DHA BATCH/VOUCHER PROCESSING DATE (DHA DERIVED) (0-060)		
VALIDITY EDITS		
NONE		
RELATIONAL EDITS		
NONE		

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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: FUND ACCOUNTING (0-065)		
VALIDITY EDITS		
0-065-01V	MUST BE NUMERIC.	
RELATIONAL EDITS		
0-065-02R ²	IF POSITION 1 THRU 4 OF THE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER = MIPR	
	AND BATCH/VOUCHER DATE ≥ 07/14/2011	
	AND HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND BATCH/VOUCHER IDENTIFIER =	5 INSTITUTIONAL/NON-INSTITUTIONAL
	AND BATCH/VOUCHER RESUBMISSION NUMBER > ZERO	
	THEN THE FUND ACCOUNTING MUST BE EQUAL TO THE VOUCHER BALANCE ¹ .	
0-065-03R ³	IF POSITION 1 THRU 4 OF THE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER = MIPR	
	AND BATCH/VOUCHER DATE ≥ 07/14/2011	
	THEN THE FUND ACCOUNTING MUST = THE ACCUMULATED TOTAL OF AMOUNT ALLOWED BY PROCEDURE CODE FOR ALL TED RECORDS IN THIS VOUCHER.	

¹ DHA DATABASE.

² THIS EDIT IS PERFORMED FOR ALL MAIL ORDER BATCH/VOUCHERS ONLY.

³ THIS EDIT IS PERFORMED FOR TPHARM MAIL ORDER BATCH/VOUCHERS.

- END -