



DEFENSE  
HEALTH AGENCY

**HPOD**

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS  
16401 EAST CENTRETECH PARKWAY  
AURORA, CO 80011-9066**

**CHANGE 37  
7950.3-M  
JUNE 12, 2020**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL FOR  
TRICARE SYSTEMS MANUAL (TSM), APRIL 2015**

**The Defense Health Agency has authorized the following addition(s)/revision(s).**

**CHANGE TITLE: HEADER EDIT UPDATE FOR MILITARY INTERDEPARTMENTAL PURCHASE  
REQUEST (MIPR) & ALASKA (AK)**

**CONREQ: 20897**

**SUMMARY OF CHANGE(S): This change revised the CLIN/ASAP Account Numbers from MIPR to  
MPR and added two new DMIS ID for Alaska.**

**EFFECTIVE DATE: October 25, 2019.**

**IMPLEMENTATION DATE: July 13, 2020.**

**ARENDALE.J** Digitally signed by  
**OHN.LOUIS.I** ARENDALE.JOHN.LO  
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**John L. Arendale  
Chief, Health Plan Operations  
Support Section (HPOSS)  
Defense Health Agency (DHA)**



TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.8

Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SPECIAL PROCESSING CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Institutional	1-185	4	Yes <sup>1</sup>
Non-Institutional	2-305	4/Up to 99	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b> Four occurrences of two (2) alphanumeric characters per occurrence/line item for non-institutional.			
<b>DEFINITION</b> Code indicating care that requires special processing.			
<b>CODE/VALUE SPECIFICATIONS</b>	0	Hospice non-affiliated provider	
	1	Medicaid	
	3	Allogeneic bone marrow recipient (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)	
	4	Allogeneic bone marrow donor (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)	
	5	Liver transplant (effective for care before 03/01/1997, or between 02/20/1998 and 08/31/1999 and after 05/31/2003)	
	6	HHC (non-institutional only)	
	7	Heart Transplant	
	10	Active duty cost-share ambulatory surgery taken from professional claim	
	11	Hospice	
	12	Capitated Arrangements	
	14	BMTs - DHA approved	
	16	Ambulatory Surgery Facility charge	
	17	VHA medical provider claim (care rendered by a VHA provider)	
	49	Hospital reimbursement reduced by manufacturer credit/replacement of device during warranty period	
	50	Hospital reimbursement reduced by manufacturer credit/recalled device	
	A	Partnership Program (internal providers with signed agreements)	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.			
<sup>2</sup> Whenever SPECIAL PROCESSING CODE = <b>E</b> (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE <b>CM</b> must be present.			
<sup>3</sup> Whenever SPECIAL PROCESSING CODE = <b>AU</b> (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE <b>PF</b> (ECHO) must be present.			
<sup>4</sup> Whenever SPECIAL PROCESSING CODE = <b>RB</b> (Respite Benefit for Seriously Injured or Ill Service Member) is coded, SPECIAL PROCESSING CODE <b>SE</b> (SHCP-TRICARE Eligible) must be present.			
<sup>5</sup> 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 TRICARE Operations Manual (TOM), <a href="#">Chapter 10, Section 3, paragraph 6.7.1</a> .			
<sup>6</sup> Required for all claims paid under the ACO demonstration, except claims for beneficiaries who are enrolled in the ACO demonstration but who receive care overseas. These claims will be processed by TOP.			

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.8

Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)</b>	
E	HHC/CM Demonstration (After 03/15/1999, grandfathered into the Individual Case Management Program (ICMP)) <sup>2</sup>
Q	Active Duty Delayed Deductible
R	Medicare/TRICARE Dual Entitlement First Payer - Not a Medicare Benefit (Effective 10/01/2001)
S	Resource Sharing - External
T	Medicare/TRICARE Dual Entitlement (formally normal COB processing (Effective 10/01/2001 process as Second Payer))
U	BRAC Medicare Pharmacy (Section 702) claim (Terminated 04/01/2001)
V	Financially underwritten payment by contractor
W	Non-financially underwritten payment by financially underwritten contractor
X	Partial hospitalization - provider not contracted with or employed by the PHP billing for psychotherapy services in a PHP
Y	Heart-lung transplant
Z	Kidney transplant
AB	Abused dependent of discharged or dismissed member (Effective 07/28/1999)
AC	Access To Care (ATC) Demonstration (South Region only)
AD	Foreign active duty claims (Effective 06/30/1996)
AE	Abortion performed due to rape
AF	Abortion performed due to incest
AG	Abortion performed due to life endangering physical condition
AN	SHCP - Non-MTF/eMSM-Referred Care (Effective 10/01/1999 through 05/31/2004)
AP	Applied Behavior Analysis (ABA) Pilot
AR	SHCP - MTF/eMSM Referred Care (Effective 10/01/1999 through 05/31/2004)
AS	Comprehensive Autism Care Demonstration

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.
- <sup>2</sup> Whenever SPECIAL PROCESSING CODE = **E** (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE **CM** must be present.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = **AU** (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE **PF** (ECHO) must be present.
- <sup>4</sup> Whenever SPECIAL PROCESSING CODE = **RB** (Respite Benefit for Seriously Injured or Ill Service Member) is coded, SPECIAL PROCESSING CODE **SE** (SHCP-TRICARE Eligible) must be present.
- <sup>5</sup> 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 TRICARE Operations Manual (TOM), [Chapter 10, Section 3, paragraph 6.7.1](#).
- <sup>6</sup> Required for all claims paid under the ACO demonstration, except claims for beneficiaries who are enrolled in the ACO demonstration but who receive care overseas. These claims will be processed by TOP.

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

Chapter 2, Section 2.8

Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)</b>	
AU	Autism Demonstration (Effective 03/15/2008) <sup>3</sup>
A1	ACO Pilot for Part A services rendered by KP owned providers
A2	ACO Pilot for Part A services rendered by KP contracted providers
A3	ACO Pilot for Part A services rendered by non-KP providers (HGB Network and other providers) <sup>6</sup>
BA	Applied Behavior Analysis (ABA) (Interim Benefit)
BD	Bosnia Deductible (Effective 12/08/1995)
B1	ACO Pilot for Part B services rendered by KP owned providers
B2	ACO Pilot for Part B services rendered by KP contracted providers
B3	ACO Pilot for Part B services rendered by non-KP providers (HGB Network and other providers) <sup>6</sup>
CA	Civil Action Payment (Effective 07/01/1999)
CE	SHCP - CCEP (Effective 10/01/1999)
CL	Clinical Trials Demonstration (Enrollment Effective 03/17/2003 through 03/31/2008)
CM	ICMP claims (Effective 03/15/1999)
CP	Cancer Clinical Trials (Enrollment Effective on or after 04/01/2008)
CT	CCTP (Effective 12/28/2001)
DB	Digital Breast Tomosynthesis (DBT)
DC	DCPE-DVA/VHA - C&P exams used to determine fit for duty
DE	TDRL physical exams (Effective 03/30/2009)
D1	ACO Pilot for Part D services rendered by KP Pharmacies
D2	ACO Pilot for Part D services rendered by non-KP Pharmacies <sup>6</sup>
EF	TRICARE Reserve and National Guard Family Member Benefits (Reservists and National Guard members called to active duty for more than 30 days in support of a contingency operation) (Effective 11/01/2009)
EU	Emergency services rendered by an unauthorized provider (Effective 06/01/1999)

**NOTES AND SPECIAL INSTRUCTIONS:**

- <sup>1</sup> Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.
- <sup>2</sup> Whenever SPECIAL PROCESSING CODE = **E** (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE **CM** must be present.
- <sup>3</sup> Whenever SPECIAL PROCESSING CODE = **AU** (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE **PF** (ECHO) must be present.
- <sup>4</sup> Whenever SPECIAL PROCESSING CODE = **RB** (Respite Benefit for Seriously Injured or Ill Service Member) is coded, SPECIAL PROCESSING CODE **SE** (SHCP-TRICARE Eligible) must be present.
- <sup>5</sup> 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 TRICARE Operations Manual (TOM), [Chapter 10, Section 3, paragraph 6.7.1](#).
- <sup>6</sup> Required for all claims paid under the ACO demonstration, except claims for beneficiaries who are enrolled in the ACO demonstration but who receive care overseas. These claims will be processed by TOP.

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 2.8

Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)</b>	
FF	TFL (First Payer - Not A Medicare Benefit) (Effective 10/01/2001)
FG	TFL (First Payer - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)
FS	TFL (Second Payer) (Effective 10/01/2001)
GF	TPR for eligible ADFM residing with a TPR Eligible Service Member (Effective 10/30/2000 through 08/31/2002)
GU	Service member enrolled in TPR (Effective 10/01/1999)
G1	Good Faith Payment Debt Transfer <sup>5</sup>
G2	Good Faith Payment
KO	Allied Forces - Kosovo (Effective 06/01/1999)
LD	Laboratory Developed Tests (LDTs) Demonstration
L2	Non-FDA Approved LDTs Demonstration
MC	Platelet Rich Plasma Injections for the treatment of Musculoskeletal Conditions (Effective 10/01/2019)
MH	Mental Health Active Duty Cost- Share
MM	Maryland Multi-Payer Patient-Centered Medical Home Program (MMPCMHP)
MN	TSP (Non-Network) (Effective 01/01/1998 through 12/31/2001)
MS	TSP (Network) (Effective 01/01/1998 through 12/31/2001)
NE	Operation Noble Eagle/Operation Enduring Freedom Demonstration (Reservists called to active duty under Executive Order 13223) (Effective 09/14/2001 through 10/31/2009)
PC	Provisional Coverage for Emerging Services and Supplies
PD	Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001)
PF	ECHO (formerly PFPWD)
PH	Philippines Demonstration Project (Expired)
PO	TRICARE Prime - Point of Service (POS)
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>	
<sup>1</sup> Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.	
<sup>2</sup> Whenever SPECIAL PROCESSING CODE = <b>E</b> (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE <b>CM</b> must be present.	
<sup>3</sup> Whenever SPECIAL PROCESSING CODE = <b>AU</b> (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE <b>PF</b> (ECHO) must be present.	
<sup>4</sup> Whenever SPECIAL PROCESSING CODE = <b>RB</b> (Respite Benefit for Seriously Injured or Ill Service Member) is coded, SPECIAL PROCESSING CODE <b>SE</b> (SHCP-TRICARE Eligible) must be present.	
<sup>5</sup> 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 TRICARE Operations Manual (TOM), <a href="#">Chapter 10, Section 3, paragraph 6.7.1</a> .	
<sup>6</sup> Required for all claims paid under the ACO demonstration, except claims for beneficiaries who are enrolled in the ACO demonstration but who receive care overseas. These claims will be processed by TOP.	

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

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Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)</b>		
PS		Specialty Pharmacy Service (MOP Only)
PV		Retail Network Pharmacy Services for DVA/VHA Beneficiaries (TPharm Retail Pharmacies Only)
RB		Respite Benefit for Seriously Injured or Ill ADSMs <sup>4</sup>
RD		Rare Diseases
RI		Resource Sharing - Internal
RS		Medicare/TRICARE Dual Entitlement (First Payer - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)
SA		SHCP Gamete Handling/Transportation
SB		SHCP Portable CPAP Device
SC		SHCP - Non-TRICARE Eligible (Effective 10/01/1999)
SE		SHCP - TRICARE Eligible (Effective 10/01/1999)
SM		SHCP - Emergency (Effective 10/01/1999)
SN		TSS (Non-Network) (Effective 04/01/2000 through 12/31/2002)
SP		Special/Emergent Care (Effective 06/01/1999)
SS		TSS (Network) (Effective 04/01/2000 through 12/31/2002)
ST		Specialized Treatment (Effective 03/01/1997 through 05/31/2003)
UC		Urgent Care Pilot (Expired)
WR		Mental Health Wraparound Demonstration (Effective 01/01/1998 through 06/30/2001)
<b>ALGORITHM</b> N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>		
<b>SUBORDINATE</b>		<b>GROUP</b>
N/A		PROCESSING INFORMATION
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>		
<sup>1</sup> Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.		
<sup>2</sup> Whenever SPECIAL PROCESSING CODE = <b>E</b> (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE <b>CM</b> must be present.		
<sup>3</sup> Whenever SPECIAL PROCESSING CODE = <b>AU</b> (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE <b>PF</b> (ECHO) must be present.		
<sup>4</sup> Whenever SPECIAL PROCESSING CODE = <b>RB</b> (Respite Benefit for Seriously Injured or Ill Service Member) is coded, SPECIAL PROCESSING CODE <b>SE</b> (SHCP-TRICARE Eligible) must be present.		
<sup>5</sup> 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 TRICARE Operations Manual (TOM), <a href="#">Chapter 10, Section 3, paragraph 6.7.1</a> .		
<sup>6</sup> Required for all claims paid under the ACO demonstration, except claims for beneficiaries who are enrolled in the ACO demonstration but who receive care overseas. These claims will be processed by TOP.		

- END -





## Header Edit Requirements (ELN 000 - 099)

Revision: C-37, June 12, 2020

<b>ELEMENT NAME: HEADER TYPE INDICATOR (0-001)</b>			
<b>VALIDITY EDITS</b>			
<b>0-001-01V<sup>1</sup></b>	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) <b>OR</b>
		5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>RELATIONAL EDITS</b>			
<b>0-001-01R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	<b>THEN</b> BATCH/VOUCHER IDENTIFIER MUST =	5	INSTITUTIONAL/NON-INSTITUTIONAL (BATCH/VOUCHER)
<b>0-001-02R</b>	IF CONTRACT NUMBER = H94002-10-D-0001		
	<b>THEN</b> BYPASS THIS EDIT		
	<b>ELSE IF</b> HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	<b>AND</b> TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>THEN</b> ADJUSTMENT KEY MUST =	5	VOUCHER
<sup>1</sup> IF THE FIRST POSITION OF EACH BATCH/VOUCHER HEADER RECORD IS NOT A <b>0, 5, 6, OR 9</b> . <b>THEN</b> THE ENTIRE BATCH/VOUCHER WILL BE REJECTED.			
<sup>2</sup> <b>IDHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.</b>			

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: HEADER TYPE INDICATOR (0-001) (Continued)</b>			
<b>0-001-03R</b>	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) <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	<b>AND</b> TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>AND</b> BATCH/VOUCHER IDENTIFIER =	5	INSTITUTIONAL/NON-INSTITUTIONAL
	<b>THEN</b> ADJUSTMENT KEY MUST =	0	BATCH
<b>0-001-04R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> TYPE OF SUBMISSION =	D	COMPLETE DENIAL <b>OR</b>
		O	ZERO PAYMENT TED RECORD DUE TO 100% OHI
	<b>THEN</b> AMOUNT INTEREST PAYMENT MUST =		ZERO
	<b>AND FOR INSTITUTIONAL RECORDS</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) MUST =		ZERO
	<b>FOR NON-INSTITUTIONAL RECORDS</b> THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST =		ZERO
<b>0-001-05R</b>	IF DRG NUMBER IS NOT BLANK <b>OR</b>		
	TYPE OF INSTITUTION =	70	HHA
	<b>THEN</b> BYPASS THIS EDIT		
	<b>ELSE IF</b> FILING DATE IS ≥ 03/01/2012		
	<b>AND</b> FREQUENCY CODE ON ANY INSTITUTIONAL RECORD =	3	INTERIM-INTERIM <b>OR</b>
		4	INTERIM-FINAL
	<b>THEN</b> 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) <b>OR</b>
		5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE
<b>0-001-06R</b>	IF HEADER TYPE INDICATOR =	6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	<b>THEN</b> AN ADMINISTRATIVE CLIN MUST BE FOUND IN DHA DATABASE <sup>2</sup>		
<sup>1</sup> IF THE FIRST POSITION OF EACH BATCH/VOUCHER HEADER RECORD IS NOT A <b>0, 5, 6, OR 9</b> . <b>THEN</b> THE ENTIRE BATCH/VOUCHER WILL BE REJECTED.			
<sup>2</sup> <b>IDHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.</b>			

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: CONTRACT NUMBER (0-010)</b>			
<b>VALIDITY EDITS</b>			
<b>0-010-01V</b>	MUST BE A VALID VALUE FOUND ON THE DHA DATABASE <sup>1</sup> .		
<b>RELATIONAL EDITS</b>			
<b>0-010-01R</b>	IF CONTRACT NUMBER =	H94002-08-C-0003 TPHARM <b>OR</b>	
		HT9402-14-D-0002 TPHARM	
	<b>AND</b> BATCH/VOUCHER INDICATOR =	5	INSTITUTIONAL/NON-INSTITUTIONAL
	<b>THEN</b> ALL OCCURRENCES OF RECORD TYPE INDICATOR MUST =	2	NON-INSTITUTIONAL
	<b>AND</b> ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	M	MOP
	<b>OR</b> ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	B	RETAIL PHARMACY
<b>0-010-02R</b>	IF CONTRACT NUMBER ≠	HT9402-14-D-0002 TPHARM <b>OR</b>	
		HT9402-16-C-0001 T17 EAST	
	<b>THEN</b> NO OCCURRENCE OF ENROLLMENT/HEALTH PLAN CODE CAN =	Y	CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE <b>OR</b>
		AA	CHCBP - NETWORK - FAMILY COVERAGE
	<b>AND</b> NO OCCURRENCE OF HEALTH CARE PLAN COVERAGE CAN =	121	CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE <b>OR</b>
		122	CHCBP - NETWORK - FAMILY COVERAGE
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.			

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

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: BATCH/VOUCHER NUMBER (0-020)</b>			
<b>VALIDITY EDITS</b>			
NONE			
<b>RELATIONAL EDITS</b>			
<b>0-020-01R</b>	IF BATCH/VOUCHER IDENTIFIER =	5	INSTITUTIONAL/NON-INSTITUTIONAL
<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER > 0			
<b>THEN</b> CONTRACT IDENTIFIER <sup>2</sup> MUST BE <b>ON THE DHA DATABASE</b> <sup>1</sup> .			
<b>0-020-02R</b>	IF BATCH/VOUCHER IDENTIFIER =	5	INSTITUTIONAL/NON-INSTITUTIONAL
<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER > 0			
<b>THEN</b> <b>CONTRACT NUMBER AND</b> BATCH/VOUCHER NUMBER <b>AND</b> HEADER TYPE INDICATOR MUST BE ON THE DHA DATABASE.			
<b>0-020-03R</b>	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) <b>OR</b>
		5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER = 0			
<b>THEN</b> <b>CONTRACT NUMBER AND</b> BATCH/VOUCHER NUMBER MUST <b>NOT</b> EXIST ON THE DHA DATABASE			
<b>AND</b> CONTRACT IDENTIFIER <sup>2</sup> MUST BE UNIQUE WITHIN THIS DHA PROCESSING CYCLE.			
<b>0-020-04R</b>	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) <b>OR</b>
		5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER > 0			
<b>THEN</b> CONTRACT IDENTIFIER <sup>2</sup> MUST BE UNIQUE WITHIN THIS DHA PROCESSING CYCLE.			
<sup>1</sup> DHADATABASE: <b>CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS FILE.</b>			
<sup>2</sup> <b>CONTRACT IDENTIFIER: A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER AND BATCH/VOUCHER NUMBER.</b>			

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025)</b>			
<b>VALIDITY EDITS</b>			
<b>0-025-01V</b>	MUST BE ALPHANUMERIC.		
<b>RELATIONAL EDITS</b>			
<b>0-025-01R</b>	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) <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>THEN</b> BATCH/VOUCHER ASAP ACCOUNT NUMBER MUST BE <b>ALL ZEROS</b> .			
<b>0-025-02R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER = ZERO			
<b>THEN</b> ASAP ACCOUNT NUMBER <b>FOUND ON THE DHA DATABASE<sup>1</sup></b> MUST BE VALID <b>AND</b> ACTIVE <sup>2</sup> FOR THE CONTRACT NUMBER ON THE TED BATCH/VOUCHER RECORD.			
<b>0-025-05R</b>	IF BATCH/VOUCHER RESUBMISSION NUMBER > 00		
	<b>OR</b> 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) <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>THEN</b> BYPASS THIS EDIT			
	<b>ELSE IF</b> HCDP PLAN COVERAGE CODE =	000	NO HEALTH CARE COVERAGE PLAN <b>OR</b>
		121	CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE <b>OR</b>
		122	CHCBP - NETWORK - FAMILY COVERAGE <b>OR</b>
		306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS <b>OR</b>
		307	TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS <b>OR</b>
		308	TRICARE SELECT - YOUNG ADULT <b>OR</b>
		330	TRICARE PRIME - YOUNG ADULT ACTIVE DUTY/TAMP <b>OR</b>
		331	TRICARE PRIME - YOUNG ADULT RETIRED <b>OR</b>
		332	TPR - YOUNG ADULT ACTIVE DUTY <b>OR</b>
		401	TRS TIER 1 MEMBER-ONLY <b>OR</b>
		402	TRS TIER 1 MEMBER AND FAMILY <b>OR</b>
<sup>1</sup> DHA DATABASE: <b>CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.</b> <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <b>CHAPTER 3</b> . 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. <sup>3</sup> 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, <b>CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1.</b>			

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>		
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM <b>OR</b>
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM <b>OR</b>
	405	TRS TIER 2 MEMBER-ONLY <b>OR</b>
	406	TRS TIER 2 MEMBER AND FAMILY <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY <b>OR</b>
	408	TRS TIER 3 MEMBER AND FAMILY <b>OR</b>
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE <b>OR</b>
	417	TRANSITIONAL CARE FOR SERVICE-RELATED CONDITIONS (TCSRC) <b>OR</b>
	418	TRR MEMBER-ONLY COVERAGE <b>OR</b>
	419	TRR MEMBER AND FAMILY COVERAGE <b>OR</b>
	420	TRR SURVIVOR INDIVIDUAL COVERAGE <b>OR</b>
	421	TRR SURVIVOR FAMILY COVERAGE <b>OR</b>
	422	TYA TRICARE STANDARD FOR ADFMs <b>OR</b>
	423	TYA TRICARE STANDARD FOR RETIRED AND MOH FAMILY MEMBERS <b>OR</b>
	424	TYA TRS <b>OR</b>
	425	TYA TRR <b>OR</b>
	426	TYA PRIME FOR ADFMs <b>OR</b>
	427	TYA TPR FOR ADFMs <b>OR</b>
	428	TYA PRIME FOR RETIRED AND MOH FAMILY MEMBERS <b>OR</b>
	429	TYA TRICARE OVERSEAS PRIME FOR ADFMs <b>OR</b>
	430	TYA TRICARE OVERSEAS PRIME REMOTE FOR ADFMs
<b>OR ENROLLMENT/HEALTH PLAN CODE =</b>	Y	CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE <b>OR</b>
	AA	CHCBP - NETWORK - FAMILY COVERAGE <b>OR</b>
	SN	SHCP - NON-MTF/eMSM REFERRED CARE <b>OR</b>
	SR	SHCP - MTF/eMSM REFERRED CARE
<b>OR SPECIAL PROCESSING CODE =</b>	AN	SHCP - NON-MTF/eMSM REFERRED CARE <b>OR</b>

<sup>1</sup> DHA DATABASE: **CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.**

<sup>2</sup> 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.

<sup>3</sup> 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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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>		
	AR	SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
	A2	ACO PILOT FOR PART A SERVICES RENDERED BY KP CONTRACTED PROVIDERS <b>OR</b>
	A3	ACO PILOT FOR PART A SERVICES RENDERED BY NON-KP PROVIDERS <b>OR</b>
	B2	ACO PILOT FOR PART B SERVICES RENDERED BY KP CONTRACTED PROVIDERS <b>OR</b>
	B3	ACO PILOT FOR PART B SERVICES RENDERED BY NON-KP PROVIDERS <b>OR</b>
	DC	DCPE-DVA/VHA <b>OR</b>
	DE	TDRL PHYSICAL EXAM <b>OR</b>
	D2	ACO PILOT FOR PART B SERVICES RENDERED BY NON-KP PHARMACIES <b>OR</b>
	MM	MMPCMHP <b>OR</b>
	PV	RETAIL PHARMACY FOR DVA/VHA
<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 DHA DATABASE<sup>1</sup> MUST ≠</b>	TF	TRUST/ACCRUAL FUND
<b>ELSE IF OGP 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 AND D
<b>AND OGP 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>

<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.

<sup>2</sup> 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.

<sup>3</sup> 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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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</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>
144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
149	TRICARE PLUS COVERAGE WITH CHC COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
<sup>1</sup> DHA DATABASE: <b>CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.</b> <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <a href="#">CHAPTER 3</a> . 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. <sup>3</sup> 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, <a href="#">CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1.</a>	



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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>		
	151	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS
<b>OR</b> ENROLLMENT/HEALTH PLAN CODE =	AS	TRICARE SELECT - ACTIVE DUTY SURVIVORS <b>OR</b>
	GS	TRICARE SELECT - GUARD/RESERVE SURVIVORS
<b>OR</b> HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER <b>OR</b>
	H	MOH RECIPIENT <b>OR</b>
	R	RETIRED <b>OR</b>
	W	FORMER SPOUSE
<b>THEN</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN <b>DHA DATABASE<sup>1</sup></b> MUST =	TF	TRUST/ACCRUAL FUND
<b>ELSE</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN <b>DHA DATABASE<sup>1</sup></b> MUST ≠	TF	TRUST/ACCRUAL FUND
<b>0-025-08R</b> <b>IF</b> ANY OCCURRENCE OF 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> BATCH/VOUCHER RESUBMISSION NUMBER > 00		
<b>OR</b> 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) <b>OR</b>
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>THEN</b> BYPASS THIS EDIT		
<b>ELSE IF</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN <b>DHA DATABASE<sup>1</sup></b> =	TD	TRICARE DOMESTIC
<b>AND</b> CONTRACT NUMBER =	T3 NORTH	
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT		
<b>OR</b> CONTRACT NUMBER =	T3 SOUTH	
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT		
<b>OR</b> CONTRACT NUMBER =	T3 WEST	
<sup>1</sup> DHA DATABASE: <b>CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.</b> <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <a href="#">CHAPTER 3</a> . 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. <sup>3</sup> 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, <a href="#">CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1</a> .		

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>	
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT	
<b>OR</b> CONTRACT NUMBER =	T2017 EAST
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ BEGIN DATE OF OLDEST OPEN OPTION PERIOD	
<b>OR</b> CONTRACT NUMBER =	T2017 WEST
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ BEGIN DATE OF OLDEST OPEN OPTION PERIOD	
<b>THEN</b> SPECIAL PROCESSING CODE (ANY OCCURRENCE) MUST =	AN SHCP - NON-MTF/eMSM REFERRED CARE <b>OR</b>
	AP ABA PILOT <b>OR</b>
	AR SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
	AS COMPREHENSIVE AUTISM CARE DEMONSTRATION <b>OR</b>
	AU AUTISM DEMONSTRATION <b>OR</b>
	A2 ACO PILOT FOR PART A SERVICES RENDERED BY KP CONTRACTED PROVIDERS <b>OR</b>
	A3 ACO PILOT FOR PART A SERVICES RENDERED BY NON-KP PROVIDERS <b>OR</b>
	B2 ACO PILOT FOR PART B SERVICES RENDERED BY KP CONTRACTED PROVIDERS <b>OR</b>
	B3 ACO PILOT FOR PART B SERVICES RENDERED BY NON-KP PROVIDERS <b>OR</b>
	CE SHCP - CCEP <b>OR</b>
	CL CLINICAL TRIALS <b>OR</b>
	CM INDIVIDUAL CASE MANAGEMENT <b>OR</b>
	CT CUSTODIAL CARE <b>OR</b>
	DC DCPE-DVA/VHA <b>OR</b>
	DE TDRL PHYSICAL EXAM <b>OR</b>
	D2 ACO PILOT FOR PART B SERVICES RENDERED BY NON-KP PHARMACIES <b>OR</b>
	GU SERVICE MEMBER ENROLLED IN TPR <b>OR</b>
	G1 GOOD FAITH PAYMENT DEBT TRANSFER <sup>3</sup> <b>OR</b>
	G2 GOOD FAITH PAYMENT <b>OR</b>
	LD LDTs DEMONSTRATION <b>OR</b>
	L2 NON-FDA APPROVED LDTs DEMONSTRATION <b>OR</b>
	MC PLATELET RICH PLASMA INJECTIONS FOR THE TREATMENT OF MUSCULOSKELETAL CONDITIONS (EFFECTIVE 10/01/2019) <b>OR</b>

<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.

<sup>2</sup> 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.

<sup>3</sup> 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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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>		
	PC	PROVISIONAL COVERAGE FOR EMERGING SERVICES AND SUPPLIES <b>OR</b>
	PV	RETAIL PHARMACY FOR DVA/VHA <b>OR</b>
	RB	RESPIRE BENEFIT <b>OR</b>
	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
	SM	SHCP - EMERGENCY
<b>OR</b> ENROLLMENT/HEALTH PLAN CODE MUST =	Y	CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE <b>OR</b>
	AA	CHCBP - NETWORK - FAMILY COVERAGE <b>OR</b>
	SN	SHCP - NON-MTF/eMSM REFERRED CARE <b>OR</b>
	SR	SHCP - MTF/eMSM REFERRED CARE
<b>OR</b> HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES <b>OR</b>
	121	CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE <b>OR</b>
	122	CHCBP - NETWORK - FAMILY COVERAGE <b>OR</b>
	306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS <b>OR</b>
	307	TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS <b>OR</b>
	308	TRICARE SELECT - YOUNG ADULT <b>OR</b>
	330	TRICARE PRIME - YOUNG ADULT ACTIVE DUTY/TAMP <b>OR</b>
	331	TRICARE PRIME - YOUNG ADULT RETIRED <b>OR</b>
	332	TPR - YOUNG ADULT ACTIVE DUTY <b>OR</b>
	401	TRS TIER 1 MEMBER-ONLY <b>OR</b>
	402	TRS TIER 1 MEMBER AND FAMILY <b>OR</b>
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM <b>OR</b>
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM <b>OR</b>
	405	TRS TIER 2 MEMBER-ONLY <b>OR</b>
	406	TRS TIER 2 MEMBER AND FAMILY <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY <b>OR</b>
	408	TRS TIER 3 MEMBER AND FAMILY <b>OR</b>
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE <b>OR</b>
<sup>1</sup> DHA DATABASE: <b>CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.</b> <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <a href="#">CHAPTER 3</a> . 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. <sup>3</sup> 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, <a href="#">CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1.</a>		

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>		
410	TRS SURVIVOR CONTINUING FAMILY COVERAGE	<b>OR</b>
411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE	<b>OR</b>
412	TRS SURVIVOR NEW FAMILY COVERAGE	<b>OR</b>
413	TRS MEMBER-ONLY COVERAGE	<b>OR</b>
414	TRS MEMBER AND FAMILY COVERAGE	<b>OR</b>
417	TRANSITIONAL CARE FOR SERVICE-RELATED CONDITIONS (TCSRC)	<b>OR</b>
418	TRR MEMBER-ONLY COVERAGE	<b>OR</b>
419	TRR MEMBER AND FAMILY COVERAGE	<b>OR</b>
420	TRR SURVIVOR INDIVIDUAL COVERAGE	<b>OR</b>
421	TRR SURVIVOR FAMILY COVERAGE	<b>OR</b>
422	TYA TRICARE STANDARD FOR ADMSs	<b>OR</b>
423	TYA TRICARE STANDARD FOR RETIRED AND MOH FAMILY MEMBERS	<b>OR</b>
424	TYA TRS	<b>OR</b>
425	TYA TRR	<b>OR</b>
426	TYA PRIME FOR ADFMs	<b>OR</b>
427	TYA TPR FOR ADFMs	<b>OR</b>
428	TYA PRIME FOR RETIRED AND MOH FAMILY MEMBERS	<b>OR</b>
429	TYA TRICARE OVERSEAS PRIME FOR ADFMs	<b>OR</b>
430	TYA TRICARE OVERSEAS PRIME REMOTE FOR ADFMs	<b>OR</b>
999	UNVERIFIED NEWBORN	
<b>OR PATIENT ZIP CODE IS IN ALASKA</b>		
<b>OR PCM DMIS-ID MUST =</b>		
0005	BASSETT ACH-FT. WAINWRIGHT	<b>OR</b>
0006	3rd MED GRP-ELMENDORF	<b>OR</b>
0130	USCG CLINIC KODIAK	<b>OR</b>
0202	AHC-GREELY	<b>OR</b>
0203	354th MED GRP-EIELSON	<b>OR</b>
0204	TMC FT. RICHARDSON	<b>OR</b>
0417	USCG CLINIC KETCHIKAN	<b>OR</b>
1340	AF-C-673RD FLT MED-ELMENDORF	<b>OR</b>
6033	KAMISH CLINIC-FT. WAINWRIGHT	<b>OR</b>
6083	PREVENTIVE MEDICINE- BASSETT	<b>OR</b>
7044	USCG CLINIC JUNEAU	<b>OR</b>
<sup>1</sup> DHA DATABASE: <b>CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.</b> <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <a href="#">CHAPTER 3</a> . 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. <sup>3</sup> 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, <a href="#">CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1.</a>		

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Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>		
	7047	USCG CLINIC SITKA
<b>OR</b> HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD > 30 DAYS <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD < 30 DAYS <b>OR</b>
	S	RESERVE > 30 DAYS <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE < 30 DAYS <b>OR</b>
	Z	UNKNOWN
<b>AND</b> HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF <b>OR</b>
	Z	UNKNOWN
<b>0-025-09R</b> IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN</b> BYPASS THIS EDIT		
<b>ELSE IF</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN <b>DHA DATABASE</b> <sup>1</sup> =	TC	TRICARE CIVILIAN PRIME
<b>THEN</b> ENROLLMENT/HEALTH PLAN CODE MUST =	U	TRICARE PRIME CIVILIAN PCM
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START DATE OF HEALTH CARE DELIVERY FOR THE CONTRACT NUMBER.		
<b>0-025-10R</b> IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN</b> BYPASS THIS EDIT		
<b>ELSE IF</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN <b>DHA DATABASE</b> <sup>1</sup> =	TN	TRICARE NON-CIVILIAN PRIME
<b>THEN</b> ENROLLMENT/HEALTH PLAN CODE MUST =	T	TRICARE STANDARD PROGRAM <b>OR</b>
	V	TRICARE EXTRA <b>OR</b>
	Z	TRICARE PRIME, MTF/eMSM/PCM <b>OR</b>
	WF	TRICARE PRIME REMOTE ADFM
<sup>1</sup> DHA DATABASE: <b>CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.</b> <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <b>CHAPTER 3</b> . 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. <sup>3</sup> 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, <b>CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1.</b>		

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Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>			
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START DATE OF HEALTH CARE DELIVERY FOR THE CONTRACT NUMBER.			
<b>0-025-11R</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 BATCH/VOUCHER CLIN/ASP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE<sup>1</sup> =</b>			
		TM	TRICARE MAIL ORDER PHARMACY
<b>THEN THE FIRST OCCURRENCE</b> OF TYPE OF SERVICE (POSITION 2) <b>MUST =</b>			
		M	MOP
<b>0-025-12R</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 THE FIRST OCCURRENCE</b> OF TYPE OF SERVICE (POSITION 2) <b>=</b>			
		M	MOP
<b>THEN BATCH/VOUCHER CLIN/ASP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE<sup>1</sup> MUST =</b>			
		TM	TRICARE MAIL ORDER PHARMACY
<b>0-025-13R</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 BATCH/VOUCHER CLIN/ASP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE<sup>1</sup> =</b>			
		TR	TRICARE RETAIL PHARMACY
<b>THEN THE FIRST OCCURRENCE</b> OF TYPE OF SERVICE (POSITION 2) <b>MUST =</b>			
		B	RETAIL PHARMACY
<b>0-025-14R</b>	IF HCDP PLAN COVERAGE CODE =	018	TFL FOR RETIRED SPONSORS AND FAMILY MEMBERS AND MOH <b>OR</b>
		020	TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
		021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
		022	TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
		023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
		029	TFL FOR MEDICALLY RETIRED SPONSORS AND FAMILY MEMBERS
	<b>AND TYPE OF SUBMISSION =</b>	I	INITIAL SUBMISSION <b>OR</b>
	R	RESUBMISSION	
<sup>1</sup> DHA DATABASE: <b>CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.</b>			
<sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <a href="#">CHAPTER 3</a> . 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.			
<sup>3</sup> 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, <a href="#">CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1</a> .			

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Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>		
<b>THEN</b> OGP TYPE CODE MUST ≠	N	NO MEDICARE <b>OR</b>
	V	CHAMPVA
<b>AND</b> OGP BEGIN REASON CODE MUST ≠	N	NOT ELIGIBLE FOR MEDICARE <b>OR</b>
	W	NOT APPLICABLE

<sup>1</sup> DHA DATABASE: **CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.**

<sup>2</sup> 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.

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

<sup>1</sup> **DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.**



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<b>ELEMENT NAME: BATCH/VOUCHER DATE (0-030) (Continued)</b>
TN TRICARE NON-CIVILIAN PRIME
<b>THEN</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) MUST BE EQUAL TO <b>OR</b> WITHIN ASAP BEGIN <b>AND</b> END DATES ON THE DHA DATABASE
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.

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

<b>ELEMENT NAME: BATCH/VOUCHER RESUBMISSION NUMBER (0-040)</b>
<b>VALIDITY EDITS</b>
<b>0-040-01V</b> MUST BE NUMERIC
<b>AND</b> IF BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL
<b>THEN</b> MUST BE 1 GREATER THAN THE PRIOR SUBMISSION NUMBER UNDER THE SAME CONTRACT IDENTIFIER <sup>1</sup> .
<b>RELATIONAL EDITS</b>
NONE
<sup>1</sup> CONTRACT IDENTIFIER: A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER AND BATCH/VOUCHER NUMBER.

<b>ELEMENT NAME: TOTAL NUMBER OF RECORDS (0-045)</b>
<b>VALIDITY EDITS</b>
<b>0-045-01V</b> MUST BE NUMERIC.
<b>0-045-02V</b> MUST EQUAL NUMBER OF TED RECORDS IN THE BATCH/VOUCHER.
<b>0-045-03V</b> TOTAL RECORDS MUST > 0
<b>RELATIONAL EDITS</b>
<b>0-045-01R</b> IF BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL
<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER > ZERO
<b>THEN</b> NUMBER OF RECORDS IN THE BATCH/VOUCHER MUST = NUMBER OUTSTANDING RECORDS <sup>1</sup> .
<sup>1</sup> CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.

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<b>ELEMENT NAME: TOTAL AMOUNT PAID (0-050)</b>		
<b>VALIDITY EDITS</b>		
<b>0-050-01V</b>	MUST BE NUMERIC.	
<b>RELATIONAL EDITS</b>		
<b>0-050-01R</b>	IF BATCH/VOUCHER IDENTIFIER =	5 INSTITUTIONAL/NON-INSTITUTIONAL
	<b>THEN</b> TOTAL AMOUNT PAID MUST = THE ACCUMULATED TOTAL OF AMOUNTS PAID BY GOVERNMENT CONTRACTOR <b>AND</b> AMOUNT OF INTEREST PAYMENT FOR ALL TED RECORDS IN THE BATCH/VOUCHER.	
<b>0-050-02R</b>	IF BATCH/VOUCHER IDENTIFIER =	3 PROVIDER
	<b>THEN</b> TOTAL AMOUNT PAID MUST EQUAL ZERO.	
<b>0-050-03R</b>	IF <b>BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE<sup>1</sup></b> =	
	<b>TM</b>	<b>TRICARE MAIL ORDER PHARMACY</b>
	<b>THEN</b> BYPASS THIS EDIT	
	<b>ELSE IF</b> HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE
		<b>OR</b>
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> BATCH/VOUCHER IDENTIFIER =	5 INSTITUTIONAL/NON-INSTITUTIONAL
	<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER > ZERO	
	<b>THEN</b> TOTAL AMOUNT PAID MUST BE EQUAL TO THE VOUCHER BALANCE <sup>1</sup> .	
<sup>1</sup> DHA DATABASE <b>CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.</b>		

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

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

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<b>ELEMENT NAME: FUND ACCOUNTING (0-065)</b>		
<b>VALIDITY EDITS</b>		
<b>0-065-01V</b>	MUST BE NUMERIC.	
<b>RELATIONAL EDITS</b>		
<b>0-065-02R</b>	IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER <b>ASAP DESCRIPTION FOUND IN DHA DATABASE<sup>1</sup></b> =	
	<b>TM</b>	<b>TRICARE MAIL ORDER PHARMACY</b>
	<b>AND</b> HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> BATCH/VOUCHER IDENTIFIER =	5 INSTITUTIONAL/NON-INSTITUTIONAL
	<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER > ZERO	
	<b>THEN</b> THE FUND ACCOUNTING MUST BE EQUAL TO THE VOUCHER BALANCE <sup>1</sup> .	
<b>0-065-03R</b>	IF POSITION 1 THRU 4 OF THE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER = MIPR	
	<b>AND</b> BATCH/VOUCHER DATE ≥ 07/14/2011	
	<b>THEN</b> THE FUND ACCOUNTING MUST = THE ACCUMULATED TOTAL OF AMOUNT ALLOWED BY PROCEDURE CODE FOR ALL TED RECORDS IN THIS VOUCHER.	
<sup>1</sup> DHA DATABASE: <b>CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.</b>		

- END -

