

Header Edit Requirements (ELN 000 - 099)

Revision:

| 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 RED 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 |
| 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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Header Edit Requirements (ELN 000 - 099)

| 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 CONTRACT NUMBER = | H94002-07-0001 (TDEFIC) | |
| THEN BYPASS THIS EDIT | | | |
| ELSE IF HCDP PLAN COVERAGE CODE = | 000 | NO HEALTH CARE COVERAGE PLAN OR | |
| | 121 | CHCBP STANDARD - INDIVIDUAL COVERAGE OR | |
| | 122 | CHCBP EXTRA - FAMILY COVERAGE OR | |
| | 401 | TRS TIER 1 MEMBER-ONLY OR | |
| | 402 | TRS TIER 1 MEMBER AND FAMILY OR | |
| | 403 | TOBACCO CESSATION DEMONSTRATION PROGRAM OR | |
| | 404 | WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR | |
| | 405 | TRS TIER 2 MEMBER-ONLY OR | |
| | 406 | TRS TIER 2 MEMBER AND FAMILY OR | |
| | 407 | TRS TIER 3 MEMBER-ONLY OR | |
| | 408 | TRS TIER 3 MEMBER AND FAMILY OR | |
| | 409 | TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR | |
| | 410 | TRS SURVIVOR CONTINUING FAMILY COVERAGE OR | |
| | 411 | TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR | |
| | 412 | TRS SURVIVOR NEW FAMILY COVERAGE OR | |
| | 413 | TRS MEMBER-ONLY COVERAGE OR | |
| | 414 | TRS MEMBER AND FAMILY COVERAGE OR | |
| | 418 | TRR MEMBER-ONLY COVERAGE OR | |
| 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. | | | |

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| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | | |
|--|-----|---|
| | 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 STANDARD - INDIVIDUAL COVERAGE OR |
| | AA | CHCBP EXTRA - 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 |
| | 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 |

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.

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| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | | |
|--|-----|--|
| | 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 |
| | 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 |
| 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. | | |

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| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | | |
|---|------------|---|
| | 149 | TRICARE PLUS COVERAGE WITH CHC COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR |
| | 151 | TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS |
| OR HCC MEMBER CATEGORY CODE = | F | FORMER MEMBER OR |
| | H | 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 |
| 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 | | |
| 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. | | |

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| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | | |
|---|-----|---|
| 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 |
| | CL | CLINICAL TRIALS OR |
| | CM | INDIVIDUAL CASE MANAGEMENT OR |
| | CT | CUSTODIAL CARE OR |
| | LD | LDTs DEMONSTRATION OR |
| | L2 | NON-FDA APPROVED LDTs DEMONSTRATION |
| OR ENROLLMENT/HEALTH PLAN CODE MUST = | SN | SHCP - NON-MTF/eMSM REFERRED CARE OR |
| | SR | SHCP - MTF/eMSM REFERRED CARE |
| OR HCDP PLAN COVERAGE CODE MUST = | 000 | CARE DLEIVIER TO INELIGIBLES OR |
| | 401 | TRS TIER 1 MEMBER-ONLY OR |
| | 402 | TRS TIER 1 MEMBER AND FAMILY OR |
| | 403 | TOBACCO CESSATION DEMONSTRATION PROGRAM OR |
| | 404 | WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR |
| | 405 | TRS TIER 2 MEMBER-ONLY OR |
| | 406 | TRS TIER 2 MEMBER AND FAMILY OR |
| | 407 | TRS TIER 3 MEMBER-ONLY OR |
| | 408 | TRS TIER 3 MEMBER AND FAMILY OR |
| | 409 | TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR |
| | 410 | TRS SURVIVOR CONTINUING FAMILY COVERAGE OR |
| | 411 | TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR |
| | 412 | TRS SURVIVOR NEW FAMILY COVERAGE OR |
| | 413 | TRS MEMBER-ONLY COVERAGE OR |
| | 414 | TRS MEMBER AND FAMILY COVERAGE OR |
| | 418 | TRR MEMBER-ONLY COVERAGE OR |
| | 419 | TRR MEMBER AND FAMILY COVERAGE OR |
| | 420 | TRR SURVIVOR INDIVIDUAL COVERAGE OR |
| | 421 | TRR SURVIVOR FAMILY COVERAGE OR |
| | 422 | TYA TRICARE STANDARD FOR ADMSs 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. | | |

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| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | | |
|--|-----|--|
| | 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 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 |
| 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 CODE/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 |
| 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. | | |

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| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | | | |
|--|--|-----------------------------------|---|
| | | 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 = | TN | TRICARE NON-CIVILIAN PRIME |
| | THEN ENROLLMENT CODE/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. | | |

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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. | | |

| 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 |
| 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) | |
|--|---|
| | 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 |
| | 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. | |

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Header Edit Requirements (ELN 000 - 099)

| 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. | |

| 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. |
| 0-050-03R² | 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 | |

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Header Edit Requirements (ELN 000 - 099)

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

| | |
|---|--|
| ELEMENT NAME: FUND ACCOUNTING (0-065) | |
| VALIDITY EDITS | |
| 0-065-01V | MUST BE NUMERIC. |
| RELATIONAL EDITS | |
| 0-065-02R² | 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 . |
| 0-065-03R³ | 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 -

