

## Chapter 2

## Section 4.1

### Header Edit Requirements (ELN 000 - 099)

Revision: C-36, April 15, 2020

ELEMENT NAME: HEADER TYPE INDICATOR (0-001)			
VALIDITY EDITS			
<b>0-001-01V</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)
RELATIONAL EDITS			
<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
<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>
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.			

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Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: HEADER TYPE INDICATOR (0-001) (Continued)</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		
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.		

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Header Edit Requirements (ELN 000 - 099)

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 <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
0-010-02R	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

ELEMENT NAME: BATCH/VOUCHER IDENTIFIER (0-015)			
VALIDITY EDITS			
<b>0-015-01V</b>	MUST =	3	PROVIDER <b>OR</b>
		5	INSTITUTIONAL/NON-INSTITUTIONAL
RELATIONAL EDITS			
<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 THIS EDIT FAILS FOR ANY TED RECORD, THE ENTIRE BATCH/VOUCHER FAILS.</b>			

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### Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER NUMBER (0-020)		
VALIDITY EDITS		
NONE		
RELATIONAL EDITS		
<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 MUST BE A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER <b>AND</b> BATCH/VOUCHER NUMBER <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> 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> BATCH/VOUCHER NUMBER MUST <b>NOT</b> EXIST ON THE DHA DATABASE		
<b>AND</b> CONTRACT IDENTIFIER MUST BE A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER <b>AND</b> BATCH/VOUCHER NUMBER 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 MUST BE A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER <b>AND</b> BATCH/VOUCHER NUMBER WITHIN THIS DHA PROCESSING CYCLE.		
<sup>1</sup> 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) <b>OR</b>
		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 <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
AND BATCH/VOUCHER RESUBMISSION NUMBER = ZERO			
THEN ASAP ACCOUNT NUMBER MUST BE VALID <sup>1</sup> AND ACTIVE <sup>2</sup> 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) <b>OR</b>
		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 <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.			
<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 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. <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>		
	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 CORAMS 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>
	005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
<sup>1</sup> DHA DATABASE. <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)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	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>
	151	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS
<sup>1</sup> DHA DATABASE. <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>		
<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 CORAMS MUST =	TF	TRUST/ACCRUAL FUND
<b>ELSE</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF	TRUST/ACCRUAL FUND
<b>0-025-08R 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 CORAMS =	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	
<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		
<sup>1</sup> DHA DATABASE. <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)

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
	A2	ACO PILOT FOR PART A SERVICES RENDERED BY KP CONTRACTED PROVIDERS OR
	A3	ACO PILOT FOR PART A SERVICES RENDERED BY NON-KP PROVIDERS OR
	B2	ACO PILOT FOR PART B SERVICES RENDERED BY KP CONTRACTED PROVIDERS OR
	B3	ACO PILOT FOR PART B SERVICES RENDERED BY NON-KP PROVIDERS OR
	CE	SHCP - CCEP OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE OR
	DB	DBT (EFFECTIVE 01/01/2020) OR
	DC	DCPE-DVA/VHA OR
	DE	TDRL PHYSICAL EXAM OR
	D2	ACO PILOT FOR PART B SERVICES RENDERED BY NON-KP PHARMACIES OR
	GU	SERVICE MEMBER ENROLLED IN TPR OR
	G1	GOOD FAITH PAYMENT DEBT TRANSFER <sup>3</sup> 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/VHA OR
	RB	RESPIRE BENEFIT OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY

<sup>1</sup> DHA DATABASE.

<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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Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)			
OR ENROLLMENT/HEALTH PLAN CODE MUST =	Y	CHCBP - NON-NETWORK - <b>INDIVIDUAL COVERAGE OR</b>	
	AA	CHCBP - NETWORK - <b>FAMILY COVERAGE OR</b>	
	SN	SHCP - NON-MTF/eMSM REFERRED CARE <b>OR</b>	
	SR	SHCP - MTF/eMSM REFERRED CARE	
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES <b>OR</b>	
	121	CHCBP - NON-NETWORK - <b>INDIVIDUAL COVERAGE OR</b>	
	122	CHCBP - NETWORK - <b>FAMILY COVERAGE 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>	
	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>	
	<sup>1</sup> DHA DATABASE.		
<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>		
	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 ADMS <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>
	6033	KAMISH CLINIC-FT. WAINWRIGHT <b>OR</b>
	7044	USCG CLINIC JUNEAU <b>OR</b>
	7047	USCG CLINIC SITKA
<b>OR HCC MEMBER CATEGORY CODE MUST =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD > 30 DAYS <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD < 30 DAYS <b>OR</b>
	S	RESERVE > 30 DAYS <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE < 30 DAYS <b>OR</b>
	Z	UNKNOWN
<sup>1</sup> DHA DATABASE. <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> HCC MEMBER RELATIONSHIP CODE MUST =		A	SELF <b>OR</b>
		Z	UNKNOWN
<b>0-025-09R</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>THEN</b> BYPASS THIS EDIT			
<b>ELSE IF</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =		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>	<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>THEN</b> BYPASS THIS EDIT			
<b>ELSE IF</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =		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
<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>	<b>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> POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER = MIPR			
<b>THEN</b> ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =		M	MOP
<b>0-025-12R</b>	<b>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 SERVICE (POSITION 2) =		M	MOP
<sup>1</sup> DHA DATABASE. <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)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)			
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
		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
<sup>1</sup> DHA DATABASE.			
<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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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 <sup>1</sup>		
	AND BATCH/VOUCHER DATE MUST BE ≤ CONTRACT END DATE <sup>1</sup>		
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
<sup>1</sup> CONTRACT DATES ON THE DHA DATABASE. THESE DATES ARE TAKEN FROM THE DHA CONTRACTS.			

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Header Edit Requirements (ELN 000 - 099)

<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> CONTRACT DATES ON THE DHA DATABASE. THESE DATES ARE TAKEN FROM THE DHA CONTRACTS.	

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

<b>ELEMENT NAME: BATCH/VOUCHER RESUBMISSION NUMBER (0-040)</b>	
VALIDITY EDITS	
<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> .	
RELATIONAL EDITS	
NONE	
<sup>1</sup> DHA DATABASE.	

<b>ELEMENT NAME: TOTAL NUMBER OF RECORDS (0-045)</b>	
VALIDITY EDITS	
<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
RELATIONAL EDITS	
<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> 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 <sup>2</sup>	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 <sup>1</sup> .		
<sup>1</sup> DHA DATABASE (EXCLUDES CONTRACT NUMBER MDA906-02-C-0013 (TMOP)).		
<sup>2</sup> 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 <sup>2</sup>	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 <sup>1</sup> .	
0-065-03R <sup>3</sup>	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.	

<sup>1</sup> DHA DATABASE.

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

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

- END -