

Header Edit Requirements (ELN 000 - 099)

Revision: C-40, October 14, 2020

| ELEMENT NAME: HEADER TYPE INDICATOR (0-001) | | | |
|---|---|---|---|
| VALIDITY EDITS | | | |
| 0-001-01V¹ | 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 |
| ¹ 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. | | | |
| ² IDHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. | | | |

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

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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 ¹ . | | |
| 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 |
| 0-010-02R | IF CONTRACT NUMBER ≠ | HT9402-14-D-0002 TPHARM OR | |
| | | HT9402-16-C-0001 T17 EAST | |
| | THEN NO OCCURRENCE OF ENROLLMENT/HEALTH PLAN CODE CAN = | Y | CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE OR |
| | | AA | CHCBP - NETWORK - FAMILY COVERAGE |
| | AND NO OCCURRENCE OF HEALTH CARE PLAN COVERAGE CAN = | 121 | CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE OR |
| | | 122 | CHCBP - NETWORK - FAMILY COVERAGE |
| ¹ DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. | | | |

| 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 ANY TED RECORD FAILS A HEADER EDIT, THE ENTIRE BATCH/VOUCHER FAILS. | | | |

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Header Edit Requirements (ELN 000 - 099)

| 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 ² MUST BE ON THE DHA DATABASE ¹ . | | | |
| 0-020-02R | IF BATCH/VOUCHER IDENTIFIER = | 5 | INSTITUTIONAL/NON-INSTITUTIONAL |
| AND BATCH/VOUCHER RESUBMISSION NUMBER > 0 | | | |
| THEN CONTRACT NUMBER AND 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 CONTRACT NUMBER AND BATCH/VOUCHER NUMBER MUST NOT EXIST ON THE DHA DATABASE | | | |
| AND CONTRACT IDENTIFIER ² MUST BE UNIQUE 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 ² MUST BE UNIQUE WITHIN THIS DHA PROCESSING CYCLE. | | | |
| ¹ DHADATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS FILE. | | | |
| ² CONTRACT IDENTIFIER: A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER AND BATCH/VOUCHER NUMBER. | | | |

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

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

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| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | | |
|--|-----|---|
| | AR | SHCP - MTF/eMSM REFERRED CARE 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 |
| | DC | DCPE-DVA/VHA OR |
| | DE | TDRL PHYSICAL EXAM OR |
| | D2 | ACO PILOT FOR PART B SERVICES RENDERED BY NON-KP PHARMACIES OR |
| | MM | MMPCMHP OR |
| | PV | RETAIL PHARMACY FOR DVA/VHA |
| 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 DHA DATABASE¹ MUST ≠ | TF | TRUST/ACCRUAL FUND |
| ELSE IF OGP TYPE CODE = | A | MEDICARE PART A OR |
| | C | MEDICARE PART A & B OR |
| | I | MEDICARE PART A & D OR |
| | L | MEDICARE PART A, B AND D |
| AND OGP BEGIN REASON CODE ≠ | N | NOT ELIGIBLE FOR MEDICARE |
| AND HCDP PLAN COVERAGE CODE = | 004 | DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR |

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

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, [CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1](#).

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| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | |
|---|--|
| 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 |
| 149 | TRICARE PLUS COVERAGE WITH CHC COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR |
| ¹ DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 . | |

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|---|----------|---|
| | 151 | TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS |
| OR ENROLLMENT/HEALTH PLAN CODE = | AS | TRICARE SELECT - ACTIVE DUTY SURVIVORS OR |
| | GS | TRICARE SELECT - GUARD/RESERVE SURVIVORS |
| OR HCC MEMBER CATEGORY CODE = | F | FORMER MEMBER OR |
| | H | MOH RECIPIENT OR |
| | R | RETIRED OR |
| | W | FORMER SPOUSE |
| THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN DHA DATABASE ¹ MUST = | TF | TRUST/ACCRUAL FUND |
| ELSE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN DHA DATABASE ¹ 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 = | 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 DHA DATABASE ¹ = | 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 | |
| ¹ DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 . | | |

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| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | |
|--|--|
| AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT | |
| OR CONTRACT NUMBER = | T2017 EAST |
| AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) ≥ BEGIN DATE OF OLDEST OPEN OPTION PERIOD | |
| OR CONTRACT NUMBER = | T2017 WEST |
| AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) ≥ BEGIN DATE OF OLDEST OPEN OPTION PERIOD | |
| THEN SPECIAL PROCESSING CODE (ANY OCCURRENCE) 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 |
| | 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 ³ OR |
| | G2 GOOD FAITH PAYMENT OR |
| | HH HHVBP OR |
| | LD LDTs DEMONSTRATION OR |
| | L2 NON-FDA APPROVED LDTs DEMONSTRATION OR |
| ¹ DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. | |
| ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. | |
| ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 . | |

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Header Edit Requirements (ELN 000 - 099)

| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | | |
|---|-----|--|
| | MC | PLATELET RICH PLASMA INJECTIONS FOR THE TREATMENT OF MUSCULOSKELETAL CONDITIONS (EFFECTIVE 10/01/2019) 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 |
| OR ENROLLMENT/HEALTH PLAN CODE MUST = | Y | CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE OR |
| | AA | CHCBP - NETWORK - FAMILY COVERAGE OR |
| | SN | SHCP - NON-MTF/eMSM REFERRED CARE OR |
| | SR | SHCP - MTF/eMSM REFERRED CARE |
| OR HCDP PLAN COVERAGE CODE MUST = | 000 | CARE DELIVERED TO INELIGIBLES OR |
| | 121 | CHCBP - INDIVIDUAL COVERAGE OR |
| | 122 | CHCBP - FAMILY COVERAGE OR |
| | 306 | TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS OR |
| | 307 | TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS OR |
| | 308 | TRICARE SELECT - YOUNG ADULT OR |
| | 330 | TRICARE PRIME - YOUNG ADULT ACTIVE DUTY/TAMP OR |
| | 331 | TRICARE PRIME - YOUNG ADULT RETIRED OR |
| | 332 | TPR - YOUNG ADULT ACTIVE DUTY OR |
| | 401 | TRS TIER 1 MEMBER-ONLY OR |
| | 402 | TRS TIER 1 MEMBER AND FAMILY OR |
| | 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 |
| ¹ DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 . | | |

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Header Edit Requirements (ELN 000 - 099)

| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | | |
|---|------|---|
| | 409 | TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR |
| | 410 | TRS SURVIVOR CONTINUING FAMILY COVERAGE OR |
| | 411 | TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR |
| | 412 | TRS SURVIVOR NEW FAMILY COVERAGE OR |
| | 413 | TRS MEMBER-ONLY COVERAGE OR |
| | 414 | TRS MEMBER AND FAMILY COVERAGE OR |
| | 417 | TRANSITIONAL CARE FOR SERVICE-RELATED CONDITIONS (TCSRC) OR |
| | 418 | TRR MEMBER-ONLY COVERAGE OR |
| | 419 | TRR MEMBER AND FAMILY COVERAGE OR |
| | 420 | TRR SURVIVOR INDIVIDUAL COVERAGE OR |
| | 421 | TRR SURVIVOR FAMILY COVERAGE OR |
| | 422 | TYA TRICARE STANDARD FOR ADMSs OR |
| | 423 | TYA TRICARE STANDARD FOR RETIRED AND MOH FAMILY MEMBERS OR |
| | 424 | TYA TRS OR |
| | 425 | TYA TRR OR |
| | 426 | TYA PRIME FOR ADFMs OR |
| | 427 | TYA TPR FOR ADFMs OR |
| | 428 | TYA PRIME FOR RETIRED AND MOH FAMILY MEMBERS OR |
| | 429 | TYA TRICARE OVERSEAS PRIME FOR ADFMs OR |
| | 430 | TYA TRICARE OVERSEAS PRIME REMOTE FOR ADFMs OR |
| | 999 | UNVERIFIED NEWBORN |
| | | OR PATIENT ZIP CODE IS IN ALASKA |
| | | OR PCM DMIS-ID MUST = |
| | 0005 | BASSETT ACH-FT. WAINWRIGHT OR |
| | 0006 | 3rd MED GRP-ELMENDORF OR |
| | 0130 | USCG CLINIC KODIAK OR |
| | 0202 | AHC-GREELY OR |
| | 0203 | 354th MED GRP-EIELSON OR |
| | 0204 | TMC FT. RICHARDSON OR |
| | 0417 | USCG CLINIC KETCHIKAN OR |
| | 1340 | AF-C-673RD FLT MED-ELMENDORF OR |
| | 6033 | KAMISH CLINIC-FT. WAINWRIGHT OR |
| ¹ DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 . | | |

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| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | | |
|---|------|--|
| | 6083 | PREVENTIVE MEDICINE- BASSETT OR |
| | 7044 | USCG CLINIC JUNEAU OR |
| | 7047 | USCG CLINIC SITKA |
| OR HCC MEMBER CATEGORY CODE MUST = | A | ACTIVE DUTY OR |
| | G | NATIONAL GUARD > 30 DAYS OR |
| | J | ACADEMY STUDENT OR |
| | N | NATIONAL GUARD < 30 DAYS OR |
| | S | RESERVE > 30 DAYS OR |
| | T | FOREIGN MILITARY MEMBER OR |
| | V | RESERVE < 30 DAYS OR |
| | Z | UNKNOWN |
| AND HCC MEMBER RELATIONSHIP CODE MUST = | A | SELF OR |
| | Z | UNKNOWN |
| 0-025-09R IF ANY OCCURRENCE OF TYPE OF SUBMISSION = | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| THEN BYPASS THIS EDIT | | |
| ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE ¹ = | TC | TRICARE CIVILIAN PRIME |
| THEN ENROLLMENT/HEALTH PLAN CODE MUST = | U | TRICARE PRIME CIVILIAN PCM |
| AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) ≥ START DATE OF HEALTH CARE DELIVERY FOR THE CONTRACT NUMBER. | | |
| 0-025-10R IF ANY OCCURRENCE OF TYPE OF SUBMISSION = | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| THEN BYPASS THIS EDIT | | |
| ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE ¹ = | TN | TRICARE NON-CIVILIAN PRIME |
| THEN ENROLLMENT/HEALTH PLAN CODE MUST = | T | TRICARE STANDARD PROGRAM OR |
| | V | TRICARE EXTRA OR |
| ¹ DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 . | | |

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Header Edit Requirements (ELN 000 - 099)

| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | | | |
|--|--|-----|---|
| | | 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 BATCH/VOUCHER CLIN/ASP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE ¹ = | | |
| | | TM | TRICARE MAIL ORDER PHARMACY |
| | THEN THE FIRST OCCURRENCE 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 THE FIRST OCCURRENCE OF TYPE OF SERVICE (POSITION 2) = | | |
| | | M | MOP |
| | THEN BATCH/VOUCHER CLIN/ASP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE ¹ MUST = | | |
| | | TM | TRICARE MAIL ORDER PHARMACY |
| 0-025-13R | IF HEADER TYPE INDICATOR = | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR |
| | | 6 | VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE |
| | AND BATCH/VOUCHER CLIN/ASP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE ¹ = | | |
| | | TR | TRICARE RETAIL PHARMACY |
| | THEN THE FIRST OCCURRENCE 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 |
| ¹ DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. | | | |
| ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. | | | |
| ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 . | | | |

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Header Edit Requirements (ELN 000 - 099)

| ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued) | | |
|---|---|-------------------------------------|
| 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: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. ² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3 . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED. ³ THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1 . | | |

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Header Edit Requirements (ELN 000 - 099)

| ELEMENT NAME: BATCH/VOUCHER DATE (0-030) | | | |
|---|--|----------------------|---|
| VALIDITY EDITS | | | |
| 0-030-01V | MUST BE A VALID JULIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE. | | |
| 0-030-02V | BATCH/VOUCHER DATE MUST BE ≥ CONTRACT BEGIN DATE ¹ | | |
| | AND BATCH/VOUCHER DATE MUST BE ≤ CONTRACT END DATE ¹ | | |
| RELATIONAL EDITS | | | |
| 0-030-01R | IF HEADER TYPE INDICATOR = | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR |
| | | 6 | VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE |
| | AND BATCH/VOUCHER RESUBMISSION NUMBER = | 00 | |
| | AND BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE ¹ = | 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 DHA DATABASE ¹ = | TC | TRICARE CIVILIAN PRIME OR |

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

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

| |
|--|
| 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 CONTRACT IDENTIFIER: A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER AND BATCH/VOUCHER NUMBER. |

| |
|---|
| 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 CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. |

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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 | IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE ¹ = | |
| | TM | TRICARE MAIL ORDER PHARMACY |
| | 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 CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. | | |

| | | |
|--|------|--|
| 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 | IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE ¹ = | |
| | TM | TRICARE MAIL ORDER PHARMACY |
| | AND HEADER TYPE INDICATOR = | 5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR |
| | | 6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE |
| | AND BATCH/VOUCHER IDENTIFIER = | 5 INSTITUTIONAL/NON-INSTITUTIONAL |
| | AND BATCH/VOUCHER RESUBMISSION NUMBER > ZERO | |
| | THEN THE FUND ACCOUNTING MUST BE EQUAL TO THE VOUCHER BALANCE ¹ . | |
| 0-065-03R | 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: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. | | |

- END -

