

## Header Edit Requirements (ELN 000 - 099)

Revision: C-52, August 10, 2021

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

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

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

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

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

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025)</b>			
<b>VALIDITY EDITS</b>			
<b>0-025-01V</b>	MUST BE ALPHANUMERIC.		
<b>RELATIONAL EDITS</b>			
<b>0-025-01R</b>	IF HEADER TYPE INDICATOR =	0	BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>THEN</b> BATCH/VOUCHER ASAP ACCOUNT NUMBER MUST BE ALL ZEROS.			
<b>0-025-02R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER = ZERO			
<b>THEN</b> ASAP ACCOUNT NUMBER FOUND ON THE DHA DATABASE <sup>1</sup> MUST BE VALID <b>AND</b> ACTIVE <sup>2</sup> FOR THE CONTRACT NUMBER ON THE TED BATCH/VOUCHER RECORD.			
<b>0-025-05R</b>	IF BATCH/VOUCHER RESUBMISSION NUMBER > 00		
	<b>OR</b> HEADER TYPE INDICATOR =	0	BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>THEN</b> BYPASS THIS EDIT			
	<b>ELSE IF</b> HCDP PLAN COVERAGE CODE =	000	NO HEALTH CARE COVERAGE PLAN <b>OR</b>
		121	CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE <b>OR</b>
		122	CHCBP - NETWORK - FAMILY COVERAGE <b>OR</b>
		306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS <b>OR</b>
		307	TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS <b>OR</b>
		308	TRICARE SELECT - YOUNG ADULT <b>OR</b>
		330	TRICARE PRIME - YOUNG ADULT ACTIVE DUTY/TAMP <b>OR</b>
		331	TRICARE PRIME - YOUNG ADULT RETIRED <b>OR</b>
		332	TPR - YOUNG ADULT ACTIVE DUTY <b>OR</b>
		401	TRS TIER 1 MEMBER-ONLY <b>OR</b>
		402	TRS TIER 1 MEMBER AND FAMILY <b>OR</b>
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.			
<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>		
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM <b>OR</b>
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM <b>OR</b>
	405	TRS TIER 2 MEMBER-ONLY <b>OR</b>
	406	TRS TIER 2 MEMBER AND FAMILY <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY <b>OR</b>
	408	TRS TIER 3 MEMBER AND FAMILY <b>OR</b>
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE <b>OR</b>
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE <b>OR</b>
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
	412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
	413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
	414	TRS MEMBER AND FAMILY COVERAGE <b>OR</b>
	417	TRANSITIONAL CARE FOR SERVICE-RELATED CONDITIONS (TCSRC) <b>OR</b>
	418	TRR MEMBER-ONLY COVERAGE <b>OR</b>
	419	TRR MEMBER AND FAMILY COVERAGE <b>OR</b>
	420	TRR SURVIVOR INDIVIDUAL COVERAGE <b>OR</b>
	421	TRR SURVIVOR FAMILY COVERAGE <b>OR</b>
	422	TYA TRICARE STANDARD FOR ADFMs <b>OR</b>
	423	TYA TRICARE STANDARD FOR RETIRED AND MOH FAMILY MEMBERS <b>OR</b>
	424	TYA TRS <b>OR</b>
	425	TYA TRR <b>OR</b>
	426	TYA PRIME FOR ADFMs <b>OR</b>
	427	TYA TPR FOR ADFMs <b>OR</b>
	428	TYA PRIME FOR RETIRED AND MOH FAMILY MEMBERS <b>OR</b>
	429	TYA TRICARE OVERSEAS PRIME FOR ADFMs <b>OR</b>
	430	TYA TRICARE OVERSEAS PRIME REMOTE FOR ADFMs
<b>OR ENROLLMENT/HEALTH PLAN CODE =</b>	Y	CHCBP - NON-NETWORK - INDIVIDUAL COVERAGE <b>OR</b>
	AA	CHCBP - NETWORK - FAMILY COVERAGE <b>OR</b>
	SN	SHCP - NON-MTF/eMSM REFERRED CARE <b>OR</b>
	SR	SHCP - MTF/eMSM REFERRED CARE
<b>OR SPECIAL PROCESSING CODE =</b>	AN	SHCP - NON-MTF/eMSM REFERRED CARE <b>OR</b>
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <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>		
	AR	SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
	A2	ACO PILOT FOR PART A SERVICES RENDERED BY KP CONTRACTED PROVIDERS <b>OR</b>
	A3	ACO PILOT FOR PART A SERVICES RENDERED BY NON-KP PROVIDERS <b>OR</b>
	B2	ACO PILOT FOR PART B SERVICES RENDERED BY KP CONTRACTED PROVIDERS <b>OR</b>
	B3	ACO PILOT FOR PART B SERVICES RENDERED BY NON-KP PROVIDERS <b>OR</b>
	DC	DCPE-DVA/VHA <b>OR</b>
	DE	TDRL PHYSICAL EXAM <b>OR</b>
	D2	ACO PILOT FOR PART B SERVICES RENDERED BY NON-KP PHARMACIES <b>OR</b>
	MM	MMPCMHP <b>OR</b>
	PV	RETAIL PHARMACY FOR DVA/VHA
<b>OR HCC MEMBER CATEGORY CODE =</b>	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD ACTIVE > 30 DAYS; AGR CODE A-H <b>OR</b>
	J	ACADEMY STUDENT, NOT OCS <b>OR</b>
	N	NATIONAL GUARD NOT ACTIVE <b>OR</b> < 31 DAYS <b>OR</b>
	S	RESERVE MEMBER ACTIVE > 30 DAYS <b>OR</b>
	T	FOREIGN MILITARY <b>OR</b>
	V	RESERVE MEMBER NOT ACTIVE <b>OR</b> < 31 DAYS <b>OR</b>
	Y	SERVICE AFFILIATES (ROTC, MERCHANT MARINE)
<b>AND HCC MEMBER RELATIONSHIP CODE =</b>	A	SELF
<b>THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN DHA DATABASE<sup>1</sup> MUST ≠</b>	TF	TRUST/ACCRUAL FUND
<b>ELSE IF OGP TYPE CODE =</b>	A	MEDICARE PART A <b>OR</b>
	C	MEDICARE PART A & B <b>OR</b>
	I	MEDICARE PART A & D <b>OR</b>
	L	MEDICARE PART A, B AND D
<b>AND OGP BEGIN REASON CODE ≠</b>	N	NOT ELIGIBLE FOR MEDICARE
<b>AND HCDP PLAN COVERAGE CODE =</b>	004	DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <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>	
005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
016	DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
149	TRICARE PLUS COVERAGE WITH CHC COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. <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>		
	151	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS
<b>OR</b> ENROLLMENT/HEALTH PLAN CODE =	AS	TRICARE SELECT - ACTIVE DUTY SURVIVORS <b>OR</b>
	GS	TRICARE SELECT - GUARD/RESERVE SURVIVORS
<b>OR</b> HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER <b>OR</b>
	H	MOH RECIPIENT <b>OR</b>
	R	RETIRED <b>OR</b>
	W	FORMER SPOUSE
<b>THEN</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN DHA DATABASE <sup>1</sup> MUST =	TF	TRUST/ACCRUAL FUND
<b>ELSE</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN DHA DATABASE <sup>1</sup> MUST ≠	TF	TRUST/ACCRUAL FUND
<b>0-025-08R</b> <b>IF</b> ANY OCCURRENCE OF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>OR</b> BATCH/VOUCHER RESUBMISSION NUMBER > 00		
<b>OR</b> HEADER TYPE INDICATOR =	0	BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>THEN</b> BYPASS THIS EDIT		
<b>ELSE IF</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE <sup>1</sup> =	TD	TRICARE DOMESTIC
<b>AND</b> CONTRACT NUMBER =	T3 NORTH	
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT		
<b>OR</b> CONTRACT NUMBER =	T3 SOUTH	
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT		
<b>OR</b> CONTRACT NUMBER =	T3 WEST	
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. <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>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT	
<b>OR</b> CONTRACT NUMBER =	T2017 EAST
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ BEGIN DATE OF OLDEST OPEN OPTION PERIOD	
<b>OR</b> CONTRACT NUMBER =	T2017 WEST
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ BEGIN DATE OF OLDEST OPEN OPTION PERIOD	
<b>THEN</b> SPECIAL PROCESSING CODE (ANY OCCURRENCE) MUST =	AN SHCP - NON-MTF/eMSM REFERRED CARE <b>OR</b>
	AP ABA PILOT <b>OR</b>
	AR SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
	AS COMPREHENSIVE AUTISM CARE DEMONSTRATION <b>OR</b>
	AT AFL TREATMENTS FOR SYMPTOMATIC BURNS AND SCARS (EFFECTIVE 02/24/2021 THROUGH 02/23/2026) <b>OR</b>
	AU AUTISM DEMONSTRATION <b>OR</b>
	A2 ACO PILOT FOR PART A SERVICES RENDERED BY KP CONTRACTED PROVIDERS <b>OR</b>
	A3 ACO PILOT FOR PART A SERVICES RENDERED BY NON-KP PROVIDERS <b>OR</b>
	B2 ACO PILOT FOR PART B SERVICES RENDERED BY KP CONTRACTED PROVIDERS <b>OR</b>
	B3 ACO PILOT FOR PART B SERVICES RENDERED BY NON-KP PROVIDERS <b>OR</b>
	CE SHCP - CCEP <b>OR</b>
	CL CLINICAL TRIALS <b>OR</b>
	CM INDIVIDUAL CASE MANAGEMENT <b>OR</b>
	CT CUSTODIAL CARE <b>OR</b>
	DC DCPE-DVA/VHA <b>OR</b>
	DE TDRL PHYSICAL EXAM <b>OR</b>
	D2 ACO PILOT FOR PART B SERVICES RENDERED BY NON-KP PHARMACIES <b>OR</b>
	GU SERVICE MEMBER ENROLLED IN TPR <b>OR</b>
	G1 GOOD FAITH PAYMENT DEBT TRANSFER <sup>3</sup> <b>OR</b>
	G2 GOOD FAITH PAYMENT <b>OR</b>
	HH HHVBP <b>OR</b>
	LD LDTs DEMONSTRATION <b>OR</b>
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.	
<sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3. IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.	
<sup>3</sup> THIS CODE SHALL ONLY BE USED BY THE REGIONAL CONTRACTORS WHEN TRANSFERRING UNDERWRITTEN DEBT CREATED BY GOOD FAITH PAYMENTS TO NON-UNDERWRITTEN DEBT IN ACCORDANCE WITH THE TOM, CHAPTER 10, SECTION 3, PARAGRAPH 6.7.1.	

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>		
	L2	NON-FDA APPROVED LDTs DEMONSTRATION <b>OR</b>
	MC	PLATELET RICH PLASMA INJECTIONS FOR THE TREATMENT OF MUSCULOSKELETAL CONDITIONS (EFFECTIVE 10/01/2019) <b>OR</b>
	PC	PROVISIONAL COVERAGE FOR EMERGING SERVICES AND SUPPLIES <b>OR</b>
	PV	RETAIL PHARMACY FOR DVA/VHA <b>OR</b>
	RB	RESPIRE BENEFIT <b>OR</b>
	SC	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SE	SHCP - TRICARE ELIGIBLE <b>OR</b>
	SM	SHCP - EMERGENCY
<b>OR ENROLLMENT/HEALTH PLAN CODE MUST =</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 HCDP PLAN COVERAGE CODE MUST =</b>	000	CARE DELIVERED TO INELIGIBLES <b>OR</b>
	121	CHCBP - INDIVIDUAL COVERAGE <b>OR</b>
	122	CHCBP - FAMILY COVERAGE <b>OR</b>
	306	TRICARE SELECT - RESERVE SELECT SPONSORS AND FAMILY MEMBERS <b>OR</b>
	307	TRICARE SELECT - RETIRED RESERVE SPONSORS AND FAMILY MEMBERS <b>OR</b>
	308	TRICARE SELECT - YOUNG ADULT <b>OR</b>
	330	TRICARE PRIME - YOUNG ADULT ACTIVE DUTY/TAMP <b>OR</b>
	331	TRICARE PRIME - YOUNG ADULT RETIRED <b>OR</b>
	332	TPR - YOUNG ADULT ACTIVE DUTY <b>OR</b>
	401	TRS TIER 1 MEMBER-ONLY <b>OR</b>
	402	TRS TIER 1 MEMBER AND FAMILY <b>OR</b>
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM <b>OR</b>
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM <b>OR</b>
	405	TRS TIER 2 MEMBER-ONLY <b>OR</b>
	406	TRS TIER 2 MEMBER AND FAMILY <b>OR</b>
	407	TRS TIER 3 MEMBER-ONLY <b>OR</b>
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <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>		
	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 ADMSs <b>OR</b>
	423	TYA TRICARE STANDARD FOR RETIRED AND MOH FAMILY MEMBERS <b>OR</b>
	424	TYA TRS <b>OR</b>
	425	TYA TRR <b>OR</b>
	426	TYA PRIME FOR ADFMs <b>OR</b>
	427	TYA TPR FOR ADFMs <b>OR</b>
	428	TYA PRIME FOR RETIRED AND MOH FAMILY MEMBERS <b>OR</b>
	429	TYA TRICARE OVERSEAS PRIME FOR ADFMs <b>OR</b>
	430	TYA TRICARE OVERSEAS PRIME REMOTE FOR ADFMs <b>OR</b>
	999	UNVERIFIED NEWBORN
		<b>OR</b> PATIENT ZIP CODE IS IN ALASKA
		<b>OR</b> PCM DMIS-ID MUST =
	0005	BASSETT ACH-FT. WAINWRIGHT <b>OR</b>
	0006	3rd MED GRP-ELMENDORF <b>OR</b>
	0130	USCG CLINIC KODIAK <b>OR</b>
	0202	AHC-GREELY <b>OR</b>
	0203	354th MED GRP-EIELSON <b>OR</b>
	0204	TMC FT. RICHARDSON <b>OR</b>
	0417	USCG CLINIC KETCHIKAN <b>OR</b>
	1340	AF-C-673RD FLT MED-ELMENDORF <b>OR</b>
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <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>		
	6033	KAMISH CLINIC-FT. WAINWRIGHT <b>OR</b>
	6083	PREVENTIVE MEDICINE- BASSETT <b>OR</b>
	7044	USCG CLINIC JUNEAU <b>OR</b>
	7047	USCG CLINIC SITKA
<b>OR</b> HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY <b>OR</b>
	G	NATIONAL GUARD > 30 DAYS <b>OR</b>
	J	ACADEMY STUDENT <b>OR</b>
	N	NATIONAL GUARD < 30 DAYS <b>OR</b>
	S	RESERVE > 30 DAYS <b>OR</b>
	T	FOREIGN MILITARY MEMBER <b>OR</b>
	V	RESERVE < 30 DAYS <b>OR</b>
	Z	UNKNOWN
<b>AND</b> HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF <b>OR</b>
	Z	UNKNOWN
<b>0-025-09R</b> IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN</b> BYPASS THIS EDIT		
<b>ELSE IF</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE <sup>1</sup> =	TC	TRICARE CIVILIAN PRIME
<b>THEN</b> ENROLLMENT/HEALTH PLAN CODE MUST =	U	TRICARE PRIME CIVILIAN PCM
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START DATE OF HEALTH CARE DELIVERY FOR THE CONTRACT NUMBER.		
<b>0-025-10R</b> IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN</b> BYPASS THIS EDIT		
<b>ELSE IF</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE <sup>1</sup> =	TN	TRICARE NON-CIVILIAN PRIME
<b>THEN</b> ENROLLMENT/HEALTH PLAN CODE MUST =	T	TRICARE STANDARD PROGRAM <b>OR</b>
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <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>			
		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>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> BATCH/VOUCHER CLIN/ASP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE <sup>1</sup> =		
		TM	TRICARE MAIL ORDER PHARMACY
	<b>THEN</b> THE FIRST OCCURRENCE OF TYPE OF SERVICE (POSITION 2) MUST =		
		M	MOP
<b>0-025-12R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> THE FIRST OCCURRENCE OF TYPE OF SERVICE (POSITION 2) =		
		M	MOP
	<b>THEN</b> BATCH/VOUCHER CLIN/ASP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE <sup>1</sup> MUST =		
		TM	TRICARE MAIL ORDER PHARMACY
<b>0-025-13R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> BATCH/VOUCHER CLIN/ASP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE <sup>1</sup> =		
		TR	TRICARE RETAIL PHARMACY
	<b>THEN</b> THE FIRST OCCURRENCE OF TYPE OF SERVICE (POSITION 2) MUST =		
		B	RETAIL PHARMACY
<b>0-025-14R</b>	IF HCDP PLAN COVERAGE CODE =	018	TFL FOR RETIRED SPONSORS AND FAMILY MEMBERS AND MOH <b>OR</b>
		020	TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
		021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
		022	TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
		023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE.			
<sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <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>		
	029	TFL FOR MEDICALLY RETIRED SPONSORS AND FAMILY MEMBERS
<b>AND TYPE OF SUBMISSION =</b>	I	INITIAL SUBMISSION <b>OR</b>
	R	RESUBMISSION
<b>THEN OGP TYPE CODE MUST ≠</b>	N	NO MEDICARE <b>OR</b>
	V	CHAMPVA
<b>AND OGP BEGIN REASON CODE MUST ≠</b>	N	NOT ELIGIBLE FOR MEDICARE <b>OR</b>
	W	NOT APPLICABLE
<sup>1</sup> DHA DATABASE: CONTRACT INFORMATION PROVIDED TO THE TED FROM THE DHA ACCOUNTING SYSTEM VIA 'CORAMS' FILE. <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <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 DATE (0-030)</b>			
<b>VALIDITY EDITS</b>			
<b>0-030-01V</b>	MUST BE A VALID JULIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE.		
<b>0-030-02V</b>	BATCH/VOUCHER DATE MUST BE ≥ CONTRACT BEGIN DATE <sup>1</sup>		
	<b>AND</b> BATCH/VOUCHER DATE MUST BE ≤ CONTRACT END DATE <sup>1</sup>		
<b>RELATIONAL EDITS</b>			
<b>0-030-01R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER =	00	
	<b>AND</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE <sup>1</sup> =	TD	TRICARE DOMESTIC <b>OR</b>
		TF	TRICARE FOREIGN <b>OR</b>
		TT	TRICARE TARGET
	<b>AND</b> TYPE OF SUBMISSION =	D	COMPLETE DENIAL <b>OR</b>
		I	INITIAL SUBMISSION <b>OR</b>
		O	ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b>
		R	RESUBMISSION
	<b>THEN</b> BATCH/VOUCHER DATE IN HEADER MUST BE EQUAL TO <b>OR</b> WITHIN ASAP BEGIN AND END DATES ON THE DHA DATABASE.		
<b>0-030-02R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>THEN</b> BATCH/VOUCHER DATE IN HEADER MUST NOT BE LESS THAN THE ASAP BEGIN DATE ON THE DHA DATABASE.		
<b>0-030-03R</b>	IF BATCH/VOUCHER RESUBMISSION NUMBER =	00	
	<b>THEN</b> BATCH/VOUCHER DATE MUST ≠	09/29/XXXX <b>OR</b>	
		09/30/XXXX	
	<b>UNLESS</b> BATCH/VOUCHER IDENTIFIER =	3	PROVIDER (BATCH ONLY)
<b>0-030-04R</b>	IF BATCH/VOUCHER RESUBMISSION NUMBER =	00	
	<b>AND</b> TRANSMISSION FILE RECEIVED TIME/DATE STAMP > 10:00 AM 09/28/(CURRENT YEAR)		
	<b>AND</b> BATCH/VOUCHER IDENTIFIER =	5	INSTITUTIONAL/NON-INSTITUTIONAL (BATCH/VOUCHER)
	<b>THEN</b> BATCH/VOUCHER DATE MUST NOT BE < 10/01/(CURRENT YEAR)		
<b>0-030-05R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE <sup>1</sup> =	TC	TRICARE CIVILIAN PRIME <b>OR</b>

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



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

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

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

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

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

Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

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

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

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

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

Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

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

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