Chapter 2   Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: HEADER TYPE INDICATOR (0-001)		
VALIDITY EDITS		
0-001-01V[1] HEADER TYPE INDICATOR MUST =	0	BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**
	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE **OR**
	6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE **OR**
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
RELATIONAL EDITS		
0-001-01R IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE **OR**
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
THEN BATCH/VOUCHER IDENTIFIER MUST =	5	INSTITUTIONAL/NON-INSTITUTIONAL (BATCH/ VOUCHER)
0-001-02R IF CONTRACT NUMBER = H94002-10-D-0001		
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN ADJUSTMENT KEY MUST =	5	VOUCHER
0-001-03R IF HEADER TYPE INDICATOR =	0	BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**

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

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

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 IS ≠		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.

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[1].		
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[1]		
	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 MUST BE UNIQUE WITHIN THIS DHA PROCESSING CYCLE.		
[1] DHA DATABASE: 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.			

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 IN 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 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 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**

[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.

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

	332	TRICARE PRIME REMOTE - 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**
	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**

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[2] DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3. IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.
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ELEMENT NAME:	BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)	
	AA	CHCBP NETWORK - FAMILY COVERAGE **OR**
	SN	SHCP - NON-MTF REFERRED CARE **OR**
	SR	SHCP - MTF REFERRED CARE
OR SPECIAL PROCESSING CODE =	AN	SHCP - NON-MTF REFERRED CARE **OR**
	AR	SHCP - MTF 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 D 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 DATABASE[1] 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

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[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.

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
AND OGP BEGIN REASON CODE ≠	N	NOT ELIGIBLE FOR MEDICARE
AND HCDP PLAN COVERAGE CODE =	004	DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	016	DIRECT CARE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	017	TRICARE STANDARD FOR SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS **OR**
	021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	114	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	115	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**

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[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.

	ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)			
		149	TRICARE PLUS COVERAGE WITH CHC COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**	
		151	TRICARE PLUS COVERAGE FOR 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	MEDAL OR HONOR 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 =	HT9402-12-C-0001 (T3 NORTH)		
	AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) **OR** ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT			
	OR CONTRACT NUMBER =	T3 SOUTH		

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[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.

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 =	T3 WEST	
	AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) **OR** ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT		
	OR CONTRACT NUMBER =	T2017 EAST	
	AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) **OR** ADMISSION DATE (INSTITUTIONAL) ≥ BEGIN DATE OF OLDEST OPEN OPTION PERIOD		
	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 REFERRED CARE **OR**
		AP	ABA PILOT **OR**
		AR	SHCP - MTF 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 D 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**
		LD	LDTs DEMONSTRATION **OR**

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[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.

ELEMENT NAME:	BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
		L2	NON-FDA APPROVED LDTs DEMONSTRATION
		MC	PLATELET RICH PLASMA INJECTIONS FOR THE TREATMENT OF MUSCULOSKELETAL CONDITIONS (EFFECTIVE 10/01/2019)
		PC	PROVISIONAL COVERAGE FOR EMERGING SERVICES AND SUPPLIES **OR**
		PV	RETAIL PHARMACY FOR DVA/VHA **OR**
		RB	RESPITE 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 **OR**
		AA	CHCBP - NETWORK **OR**
		SN	SHCP - NON-MTF REFERRED CARE **OR**
		SR	SHCP - MTF 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	TRICARE PRIME REMOTE-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**

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

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)			
		1340	AF-C-673RD FLT MED-ELMENDORF **OR**
		6033	KAMISH CLINIC-FT. WAINWRIGHT **OR**
		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

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ELEMENT NAME:	BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	THEN ENROLLMENT/HEALTH PLAN CODE MUST =	T	TRICARE STANDARD PROGRAM **OR**
		V	TRICARE EXTRA **OR**
		Z	TRICARE PRIME, MTF/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/ASAP 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/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE[1] =	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/ASAP 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 MEDAL OF HONOR **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**

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	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 OTHER GOVERNMENT PROGRAM TYPE CODE MUST ≠	N	NO MEDICARE **OR**
	V	CHAMPVA
AND OTHER GOVERNMENT PROGRAM BEGIN REASON CODE MUST ≠	N	NOT ELIGIBLE FOR MEDICARE **OR**
	W	NOT APPLICABLE

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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[1].		
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[1].		
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**
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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]

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

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

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 BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN DHA DATABASE[1] =	TM	TRICARE MAIL ORDER PHARMACY
THEN THE FUND ACCOUNTING MUST = THE ACCUMULATED TOTAL OF AMOUNT ALLOWED BY PROCEDURE CODE FOR ALL TED RECORDS IN THIS VOUCHER.		

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- END -