

## Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: HEADER TYPE INDICATOR (0-001)</b>			
<b>VALIDITY EDITS</b>			
<b>0-001-01V</b>	HEADER TYPE INDICATOR MUST =	0	BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>
		5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<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 = <b>H94002-10-D-0001</b>		
	<b>THEN</b> BYPASS THIS EDIT		
	<b>ELSE IF</b> HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	<b>AND</b> TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>THEN</b> ADJUSTMENT KEY MUST =	5	VOUCHER
<b>0-001-03R</b>	IF HEADER TYPE INDICATOR =	0	BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK ADMIN CLAIM RATE ELIGIBLE RED RECORDS)
IF THE FIRST POSITION OF EACH BATCH/VOUCHER HEADER RECORD IS NOT A '0', '5', '6', <b>OR</b> '9' THEN THE ENTIRE BATCH/VOUCHER WILL BE REJECTED.			

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

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.

<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 TMA DATABASE.	
<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

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<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 THIS EDIT FAILS FOR ANY TED RECORD, 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 MUST BE A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER <b>AND</b> BATCH/VOUCHER NUMBER <sup>1</sup> .		
<b>0-020-02R</b>	IF BATCH/VOUCHER IDENTIFIER =	5 INSTITUTIONAL/NON-INSTITUTIONAL
<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER > 0		
<b>THEN</b> BATCH/VOUCHER NUMBER <b>AND</b> HEADER TYPE INDICATOR MUST BE ON THE TMA DATABASE.		
<b>0-020-03R</b>	IF HEADER TYPE INDICATOR =	0 BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>
		5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER = 0		
<b>THEN</b> BATCH/VOUCHER NUMBER MUST <b>NOT</b> EXIST ON THE TMA DATABASE		
<b>AND</b> CONTRACT IDENTIFIER MUST BE A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER <b>AND</b> BATCH/VOUCHER NUMBER WITHIN THIS TMA PROCESSING CYCLE.		
<b>0-020-04R</b>	IF HEADER TYPE INDICATOR =	0 BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>
		5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER > 0		
<b>THEN</b> CONTRACT IDENTIFIER MUST BE A UNIQUE (KEY) COMBINATION OF CONTRACT NUMBER, BATCH/VOUCHER IDENTIFIER <b>AND</b> BATCH/VOUCHER NUMBER WITHIN THIS TMA PROCESSING CYCLE.		
<sup>1</sup> TMA DATABASE.		

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

**VALIDITY EDITS**

**0-025-01V** MUST BE ALPHANUMERIC.

**RELATIONAL EDITS**

**0-025-01R** IF HEADER TYPE INDICATOR = 0 BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**

9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)

**THEN** BATCH/VOUCHER ASAP ACCOUNT NUMBER MUST BE ZERO.

**0-025-02R** IF HEADER TYPE INDICATOR = 5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE **OR**

6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE

**AND** BATCH/VOUCHER RESUBMISSION NUMBER = ZERO

**THEN** ASAP ACCOUNT NUMBER MUST BE VALID<sup>1</sup> **AND** ACTIVE<sup>2</sup> FOR THE CONTRACT NUMBER ON THE TED BATCH/VOUCHER RECORD.

**0-025-05R** IF CONTRACT NUMBER = (NEW TDEFIC CONTRACT) **OR**

MDA906-02-C-0013 (TMOP) **OR**

MDA906-03-C-0009 (WEST) **OR**

MDA906-03-C-0010 (SOUTH) **OR**

MDA906-03-C-0011 (NORTH) **OR**

MDA906-03-C-0015 (TDEFIC) **OR**

MDA906-03-C-0019 (TRRx)

**THEN** BYPASS THIS EDIT

**ELSE IF** HCDP PLAN COVERAGE CODE = 000 NO HEALTH CARE COVERAGE PLAN **OR**

121 CHCBP STANDARD - INDIVIDUAL COVERAGE **OR**

122 CHCBP EXTRA - FAMILY COVERAGE **OR**

401 TRS TIER 1 MEMBER-ONLY **OR**

402 TRS TIER 1 MEMBER AND FAMILY **OR**

403 TOBACCO CESSATION **DEMONSTRATION** PROGRAM **OR**

404 WEIGHT MANAGEMENT **DEMONSTRATION** PROGRAM **OR**

405 TRS TIER 2 MEMBER-ONLY **OR**

406 TRS TIER 2 MEMBER AND FAMILY **OR**

407 TRS TIER 3 MEMBER-ONLY **OR**

408 TRS TIER 3 MEMBER AND FAMILY **OR**

409 TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE **OR**

<sup>1</sup> TMA DATABASE.

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

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</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>
	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 STANDARD - INDIVIDUAL COVERAGE <b>OR</b>
	AA	CHCBP EXTRA - FAMILY COVERAGE <b>OR</b>
	SN	SHCP - NON-MTF REFERRED CARE <b>OR</b>
	SR	SHCP - MTF REFERRED CARE
<b>OR SPECIAL PROCESSING CODE =</b>	AN	SHCP - NON-MTF REFERRED CARE <b>OR</b>
	AR	SHCP - MTF REFERRED CARE <b>OR</b>
	DC	DCPE-DVA <b>OR</b>
	DE	TDRL PHYSICAL EXAM <b>OR</b>
	MM	MMPCMHP <b>OR</b>
	PV	RETAIL PHARMACY FOR DVA
<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 OR < 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 OR < 31 DAYS <b>OR</b>
	Y	SERVICE AFFILIATES (ROTC, MERCHANT MARINE)

<sup>1</sup> TMA DATABASE.  
<sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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

<b>AND</b> HCC MEMBER RELATIONSHIP CODE =	A	SELF
<b>THEN</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF	TRUST/ACCRUAL FUND
<b>ELSE IF</b> OGP TYPE CODE =	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</b> OGP BEGIN REASON CODE ≠	N	NOT ELIGIBLE FOR MEDICARE
<b>AND</b> HCDP PLAN COVERAGE CODE =	004	DIRECT CARE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	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 OR
	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>

<sup>1</sup> TMA DATABASE.

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

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>		
	139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
	143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
	149	TRICARE PLUS COVERAGE WITH CHC COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
	151	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS
<b>OR HCC MEMBER CATEGORY CODE =</b>	F	FORMER MEMBER <b>OR</b>
	H	MEDAL OR HONOR RECIPIENT <b>OR</b>
	R	RETIRED <b>OR</b>
	W	FORMER SPOUSE
<b>THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST =</b>	TF	TRUST/ACCRUAL FUND
<b>ELSE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠</b>	TF	TRUST/ACCRUAL FUND
<b>0-025-06R IF ANY OCCURRENCE OF TYPE OF SUBMISSION =</b>	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN BYPASS THIS EDIT</b>		
<b>ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =</b>	TD	TRICARE DOMESTIC
<b>AND CONTRACT NUMBER =</b>		HT9402-10-C-0002 (T3 NORTH)
<b>AND BEGIN DATE OF CARE (NON-INSTITUTIONAL) OR ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT (04/01/2011)</b>		
<b>THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =</b>	SN	SHCP - NON-MTF REFERRED CARE <b>OR</b>
	SR	SHCP - MTF REFERRED CARE
<b>OR HCDP PLAN COVERAGE CODE MUST=</b>	000	CARE DELIVERED TO INELIGIBLES <b>OR</b>
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE <b>OR</b>
	122	CHCBP EXTRA - FAMILY COVERAGE <b>OR</b>

<sup>1</sup> TMA DATABASE.

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

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>	
401	TRS TIER 1 MEMBER-ONLY <b>OR</b>
402	TRS TIER 1 MEMBER AND FAMILY <b>OR</b>
403	TOBACCO CESSATION DEMONSTRATION PROGRAM <b>OR</b>
404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM <b>OR</b>
405	TRS TIER 2 MEMBER-ONLY <b>OR</b>
406	TRS TIER 2 MEMBER AND FAMILY <b>OR</b>
407	TRS TIER 3 MEMBER-ONLY <b>OR</b>
408	TRS TIER 3 MEMBER AND FAMILY <b>OR</b>
409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE <b>OR</b>
410	TRS SURVIVOR CONTINUING FAMILY COVERAGE <b>OR</b>
411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
414	TRS MEMBER AND FAMILY COVERAGE <b>OR</b>
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</b>
999	UNVERIFIED NEWBORN
<b>OR SPECIAL PROCESSING CODE MUST =</b>	
AN	SHCP - NON-MTF REFERRED CARE <b>OR</b>
AP	ABA PILOT <b>OR</b>
AR	SHCP REFERRED CARE <b>OR</b>
AS	COMPREHENSIVE AUTISM CARE DEMONSTRATION <b>OR</b>

<sup>1</sup> TMA DATABASE.

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

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>	
	AU AUTISM DEMONSTRATION <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 <b>OR</b>
	DE TDRL PHYSICAL EXAM <b>OR</b>
	LD LDTs DEMONSTRATION <b>OR</b>
	L2 NON-FDA APPROVED LDTs DEMONSTRATION <b>OR</b>
	PV RETAIL PHARMACY FOR DVA
<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>0-025-07R</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</b> IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD TRICARE DOMESTIC
<b>AND</b> CONTRACT NUMBER =	HT9402-11-C-0003 (T3 SOUTH)
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT (04/01/2012)	
<b>THEN</b> ENROLLMENT CODE/HEALTH PLAN CODE MUST =	Y CHCBP <b>OR</b>
	AA CHCBP - EXTRA <b>OR</b>
	SN SHCP - NON-MTF REFERRED CARE <b>OR</b>
	SR SHCP - MTF REFERRED CARE
<b>OR</b> HCDP PLAN COVERAGE CODE MUST =	000 CARE DELIVERED TO INELIGIBLES <b>OR</b>
	121 CHCBP STANDARD - INDIVIDUAL COVERAGE <b>OR</b>

<sup>1</sup> TMA DATABASE.  
<sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), CHAPTER 3. IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Header Edit Requirements (ELN 000 - 099)

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

122	CHCBP EXTRA - FAMILY COVERAGE <b>OR</b>
401	TRS TIER 1 MEMBER-ONLY <b>OR</b>
402	TRS TIER 1 MEMBER AND FAMILY <b>OR</b>
403	TOBACCO CESSATION DEMONSTRATION PROGRAM <b>OR</b>
404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM <b>OR</b>
405	TRS TIER 2 MEMBER-ONLY <b>OR</b>
406	TRS TIER 2 MEMBER AND FAMILY <b>OR</b>
407	TRS TIER 3 MEMBER-ONLY <b>OR</b>
408	TRS TIER 3 MEMBER AND FAMILY <b>OR</b>
409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE <b>OR</b>
410	TRS SURVIVOR CONTINUING FAMILY COVERAGE <b>OR</b>
411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE <b>OR</b>
412	TRS SURVIVOR NEW FAMILY COVERAGE <b>OR</b>
413	TRS MEMBER-ONLY COVERAGE <b>OR</b>
414	TRS MEMBER AND FAMILY COVERAGE <b>OR</b>
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</b>
999	UNVERIFIED NEWBORN
<b>OR</b>	<b>SPECIAL PROCESSING CODE</b>
<b>MUST =</b>	
AN	SHCP - NON-MTF REFERRED CARE <b>OR</b>
AP	ABA PILOT <b>OR</b>
AR	SHCP - MTF REFERRED CARE <b>OR</b>

<sup>1</sup> TMA DATABASE.

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

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Header Edit Requirements (ELN 000 - 099)

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

	AS	COMPREHENSIVE AUTISM CARE DEMONSTRATION <b>OR</b>
	AU	AUTISM DEMONSTRATION <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 <b>OR</b>
	DE	TDRL PHYSICAL EXAM <b>OR</b>
	LD	LDTs DEMONSTRATION <b>OR</b>
	L2	NON-FDA APPROVED LDTs DEMONSTRATION <b>OR</b>
	PV	RETAIL PHARMACY FOR DVA
<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 GARD < 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>0-025-08R</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</b> IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
<b>AND</b> CONTRACT NUMBER =		HT9402-12-C-0001 (T3 WEST)
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT (04/01/2013)		
<b>THEN</b> SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-MTF REFERRED CARE <b>OR</b>
	AP	ABA PILOT <b>OR</b>
	AR	SHCP - MTF REFERRED CARE <b>OR</b>
	AS	COMPREHENSIVE AUTISM CARE DEMONSTRATION <b>OR</b>
	AU	AUTISM DEMONSTRATION <b>OR</b>

<sup>1</sup> TMA DATABASE.

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

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Header Edit Requirements (ELN 000 - 099)

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

<sup>1</sup> TMA DATABASE.

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

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</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 STATE = ALASKA	
<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>	<b>IF</b> ANY OCCURRENCE OF TYPE OF SUBMISSION =
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN</b> BYPASS THIS EDIT	
<b>ELSE</b> IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	
TC	TRICARE CIVILIAN PRIME
<b>AND</b> CONTRACT NUMBER =	
	<i>T3 NORTH, SOUTH &amp; WEST</i>
<b>THEN</b> ENROLLMENT CODE/HEALTH PLAN CODE MUST =	
U	TRICARE PRIME CIVILIAN PCM
<b>AND</b> BEGIN DATE OF CARE MUST BE ≥ START DATE OF HEALTH CARE DELIVERY	
<b>0-025-10R</b>	<b>IF</b> ANY OCCURRENCE OF TYPE OF SUBMISSION =
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
<b>THEN</b> BYPASS THIS EDIT	
<b>ELSE</b> IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	
TN	TRICARE NON-CIVILIAN PRIME
<b>AND</b> CONTRACT NUMBER =	
	<i>T3 NORTH, SOUTH &amp; WEST</i>
<b>THEN</b> ENROLLMENT CODE/HEALTH PLAN CODE MUST =	
T	TRICARE STANDARD PROGRAM <b>OR</b>

<sup>1</sup> TMA DATABASE.  
<sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Header Edit Requirements (ELN 000 - 099)

<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>			
		V	TRICARE EXTRA <b>OR</b>
		Z	TRICARE PRIME, MTF/PCM <b>OR</b>
		WF	TRICARE PRIME REMOTE ADFM
<b>AND BEGIN DATE OF CARE MUST BE ≥ START DATE OF HEALTHCARE DELIVERY</b>			
<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 POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER = 'MIPR'</b>			
<b>THEN ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =</b>			
		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 TYPE OF SERVICE (POSITION 2) =</b>			
		M	MOP
<b>THEN POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER MUST = 'MIPR'</b>			
<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 CONTRACT NUMBER =</b>			
			H94002-08-C-0003 TPHARM <b>OR</b>
			HT9402-14-D-0002 TPHARM
<b>AND POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER ≠ 'MIPR'</b>			
<b>THEN ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =</b>			
		B	RETAIL PHARMACY
<b>0-025-14R</b>	IF HCDP PLAN COVERAGE CODE =	018	TFL FOR RETIRED SPONSORS AND FAMILY MEMBERS AND MEDAL OF HONOR <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>
		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 OTHER GOVERNMENT PROGRAM TYPE CODE MUST ≠</b>			
		N	NO MEDICARE <b>OR</b>
		V	CHAMPVA

<sup>1</sup> TMA DATABASE.  
<sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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

**AND** OTHER GOVERNMENT PROGRAM

BEGIN REASON CODE MUST ≠

N

NOT ELIGIBLE FOR MEDICARE **OR**

W

NOT APPLICABLE

<sup>1</sup> TMA DATABASE.

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

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Header Edit Requirements (ELN 000 - 099)

<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 > TMA 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 CORAMS =	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 BATCH/VOUCHER DATE IN HEADER MUST BE EQUAL TO OR WITHIN ASAP BEGIN AND END DATES ON THE TMA DATABASE.</b>		
<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 TMA 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 CORAMS =	TC	TRICARE CIVILIAN PRIME <b>OR</b>
<sup>1</sup> CONTRACT DATES ON THE TMA DATABASE. THESE DATES ARE TAKEN FROM THE TMA CONTRACTS.			

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Header Edit Requirements (ELN 000 - 099)

**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 TMA DATABASE

<sup>1</sup> CONTRACT DATES ON THE TMA DATABASE. THESE DATES ARE TAKEN FROM THE TMA CONTRACTS.

**ELEMENT NAME: BATCH/VOUCHER SEQUENCE NUMBER (0-035)**

**VALIDITY EDITS**

**0-035-01V** MUST BE NUMERIC **AND** > ZERO.

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: BATCH/VOUCHER RESUBMISSION NUMBER (0-040)**

**VALIDITY EDITS**

**0-040-01V** MUST BE NUMERIC

**AND** IF BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL

**THEN** MUST BE 1 GREATER THAN THE PRIOR SUBMISSION NUMBER UNDER THE SAME CONTRACT IDENTIFIER<sup>1</sup>.

**RELATIONAL EDITS**

NONE

<sup>1</sup> TMA DATABASE.

**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<sup>1</sup>.

<sup>1</sup> TMA DATABASE.

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Header Edit Requirements (ELN 000 - 099)

**ELEMENT NAME: TOTAL AMOUNT PAID (0-050)**

**VALIDITY EDITS**

**0-050-01V** MUST BE NUMERIC.

**RELATIONAL EDITS**

**0-050-01R** IF BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL

**THEN** TOTAL AMOUNT PAID MUST = THE ACCUMULATED TOTAL OF AMOUNTS PAID BY GOVERNMENT CONTRACTOR **AND** AMOUNT OF INTEREST PAYMENT FOR ALL TED RECORDS IN THE BATCH/VOUCHER.

**0-050-02R** IF BATCH/VOUCHER IDENTIFIER = 3 PROVIDER

**THEN** TOTAL AMOUNT PAID MUST EQUAL ZERO.

**0-050-03R<sup>2</sup>** IF POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER = 'MIPR'

**AND** BATCH/VOUCHER DATE ≥ 07/14/2011

**THEN** BYPASS THIS EDIT

**ELSE** IF HEADER TYPE INDICATOR = 5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE **OR**

6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE

**AND** BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL

**AND** BATCH/VOUCHER RESUBMISSION NUMBER > ZERO

**THEN** TOTAL AMOUNT PAID MUST BE EQUAL TO THE VOUCHER BALANCE<sup>1</sup>.

<sup>1</sup> TMA DATABASE (EXCLUDES CONTRACT NUMBER MDA906-02-C-0013(TMOP).

<sup>2</sup> ALL TMOP BATCH/VOUCHERS WITH A 'MIPR' CLIN/ASAP NUMBER AND BATCH/VOUCHER DATE ≥ 07/14/2011 WILL BYPASS THIS EDIT.

**ELEMENT NAME: INITIAL TRANSMISSION DATE (TMA DERIVED) (0-055)**

**VALIDITY EDITS**

NONE

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: TMA BATCH/VOUCHER PROCESSING DATE (TMA DERIVED) (0-060)**

**VALIDITY EDITS**

NONE

**RELATIONAL EDITS**

NONE

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Header Edit Requirements (ELN 000 - 099)

**ELEMENT NAME: FUND ACCOUNTING (0-065)**

**VALIDITY EDITS**

**0-065-01V** MUST BE NUMERIC.

**RELATIONAL EDITS**

**0-065-02R<sup>2</sup>** IF POSITION 1 THRU 4 OF THE **BATCH/VOUCHER** CLIN/ASAP **ACCOUNT NUMBER** = 'MIPR'

**AND** BATCH/VOUCHER DATE ≥ 07/14/2011

**AND** HEADER TYPE INDICATOR = 5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE **OR**

6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE

**AND** BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL

**AND** BATCH/VOUCHER RESUBMISSION NUMBER > ZERO

**THEN** THE FUND ACCOUNTING MUST BE EQUAL TO THE VOUCHER BALANCE<sup>1</sup>.

**0-065-03R<sup>3</sup>** IF POSITION 1 THRU 4 OF THE **BATCH/VOUCHER** CLIN/ASAP **ACCOUNT NUMBER** = 'MIPR'

**AND** BATCH/VOUCHER DATE ≥ 07/14/2011

**THEN** THE FUND ACCOUNTING MUST = THE ACCUMULATED TOTAL OF AMOUNT ALLOWED BY PROCEDURE CODE FOR ALL TED RECORDS IN THIS VOUCHER.

<sup>1</sup> TMA DATABASE.

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

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

- END -