Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: HEADER TYPE INDICATOR (0-001)			
	VALIDITY EDITS		
0-001-01V	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 = (NEW FOREIGN CONTRACT)		
	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**
		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', **OR** '9' THEN THE ENTIRE BATCH/VOUCHER WILL BE REJECTED.			

ELEMENT NAME: HEADER TYPE INDICATOR (0-001) (Continued)			
	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
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.			

ELEMENT NAME: CONTRACT NUMBER (0-010)			
	VALIDITY EDITS		
0-010-01V	MUST BE A VALID VALUE FOUND ON THE TMA DATABASE.		
	RELATIONAL EDITS		
0-010-01R	IF CONTRACT NUMBER =	TBD	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

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

[1] TMA DATABASE.

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[1] **AND** ACTIVE[2] 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**

[1] TMA DATABASE.
[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 TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	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**
	418	TRICARE RETIRED RESERVE (TRR) MEMBER-ONLY COVERAGE **OR**
	419	TRR MEMBER AND FAMILY COVERAGE **OR**
	420	TRR SURVIVOR INDIVIDUAL COVERAGE **OR**
	421	TRR SURVIVOR FAMILY COVERAGE
OR ENROLLMENT/HEALTH PLAN CODE =	Y	CHCBP STANDARD - INDIVIDUAL COVERAGE **OR**
	AA	CHCBP EXTRA - 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**
	MM	MMPCMHP
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 CORAMS MUST ≠	TF	TRUST/ACCRUAL FUND
ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =	A	MEDICARE PART A **OR**
	C	MEDICARE PART A & B **OR**
	I	MEDICARE PART A & D **OR**
	L	MEDICARE PART A, B AND D
AND OTHER GOVERNMENT PROGRAM BEGIN REASON CODE ≠	N	NOT ELIGIBLE FOR MEDICARE

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
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**
	149	TRICARE PLUS COVERAGE WITH CHC COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	151	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS

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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 TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

ELEMENT NAME:	**BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)**		
	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 CORAMS MUST =	TF	TRUST/ACCRUAL FUND
	ELSE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF	TRUST/ACCRUAL FUND
0-025-06R	**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 CORAMS =	TD	TRICARE DOMESTIC
	AND CONTRACT NUMBER =		*T3 NORTH*
	AND BEGIN DATE OF CARE ≥		*START OF CONTRACT*
	THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	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 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 DEMONTRATION 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**

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)			
		412	TRS SURVIVOR NEW FAMILY COVERAGE **OR**
		413	TRS MEMBER-ONLY COVERAGE **OR**
		414	TRS MEMBER AND FAMILY COVERAGE **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**
		999	UNVERIFIED NEWBORN
	OR SPECIAL PROCESSING CODE MUST =	AN	SHCP NON-MTF REFERRED CARE **OR**
		AP	ABA PILOT **OR**
		AR	SHCP REFERRED CARE **OR**
		AS	COMPREHENSIVE AUTISM CARE DEMONSTRATION **OR**
		AU	AUTISM DEMONSTRATION **OR**
		CL	CLINICAL TRIALS **OR**
		CM	INDIVIDUAL CASE MANAGEMENT **OR**
		CT	CUSTODIAL CARE **OR**
		LD	LDTs DEMONSTRATION **OR**
		L2	NON-FDA APPROVED LDTs DEMONSTRATION
	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
0-025-07R	**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 CORAMS =	TD	TRICARE DOMESTIC

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
AND CONTRACT NUMBER =		*T3 SOUTH*
AND BEGIN DATE OF CARE ≥		*START OF CONTRACT*
THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	Y	CHCBP **OR**
	AA	CHCBP - EXTRA **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 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 DEMONTRATION 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**
	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**
	999	UNVERIFIED NEWBORN
OR SPECIAL PROCESSING CODE 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**

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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 TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)			
		CL	CLINICAL TRIALS **OR**
		CM	INDIVIDUAL CASE MANAGEMENT **OR**
		CT	CUSTODIAL CARE **OR**
		LD	LDTs DEMONSTRATION **OR**
		L2	NON-FDA APPROVED LDTs DEMONSTRATION
	OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD > 30 DAYS **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GARD < 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
0-025-08R	**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
	THEN BYPASS THIS EDIT		
	ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
	AND CONTRACT NUMBER =		*T3 WEST*
	AND BEGIN DATE OF CARE ≥		*START OF CONTRACT*
	THEN SPECIAL PROCESSING CODE 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**
		CL	CLINICAL TRIALS **OR**
		CM	INDIVIDUAL CASE MANAGEMENT **OR**
		CT	CUSTODIAL CARE **OR**
		LD	LDTs DEMONSTRATION **OR**
		L2	NON-FDA APPROVED LDTs DEMONSTRATION

[1] TMA DATABASE.
[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 TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)			
	OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF REFERRED CARE **OR**
		SR	SHCP - MTF REFERRED CARE
	OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DLEIVIER TO INELIGIBLES **OR**
		401	TRS TIER 1 MEMBER-ONLY **OR**
		402	TRS TIER 1 MEMBER AND FAMILY **OR**
		403	TOBACCO CESSATION DEMONTRATION 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**
		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**
		999	UNVERIFIED NEWBORN
	OR PATIENT ZIP CODE IS IN ALASKA		
	OR PCM DMIS ID STATE = ALASKA		
	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**

[1] TMA DATABASE.
[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 TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)			
		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 CORAMS =	TC	TRICARE CIVILIAN PRIME
	AND CONTRACT NUMBER =		*T3 NORTH, SOUTH & WEST*
	THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	U	TRICARE PRIME CIVILIAN PCM
	AND BEGIN DATE OF CARE MUST BE ≥ START DATE OF HEALTH CARE DELIVERY		
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 CORAMS =	TN	TRICARE NON-CIVILIAN PRIME
	AND CONTRACT NUMBER =		*T3 NORTH, SOUTH & WEST*
	THEN ENROLLMENT CODE/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 MUST BE ≥ START DATE OF HEALTHCARE DELIVERY		
0-025-11R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND CONTRACT NUMBER =	TBD	TPHARM
	AND POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER = 'MIPR'		
	THEN ALL OCCURRENCES 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 TYPE OF SERVICE (POSITION 2) =	M	MOP
	THEN POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER MUST = 'MIPR'		
0-025-13R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**

[1] TMA DATABASE.
[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 TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)			
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND CONTRACT NUMBER =	TBD	TPHARM
	AND POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER ≠'MIPR'		
	THEN ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	B	RETAIL PHARMACY
0-025-14R	IF HCDP PLAN COVERAGE CODE =	018	TFL FOR RETIRED SPONSORS AND FAMILY MEMBERS AND 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**
		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

[1] TMA DATABASE.
[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 TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

ELEMENT NAME: BATCH/VOUCHER DATE (0-030)			
	VALIDITY EDITS		
0-030-01V	MUST BE A VALID JULIAN DATE AND CANNOT BE > TMA 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 CORAMS =	TD	TRICARE DOMESTIC **OR**
		TF	TRICARE FOREIGN **OR**
		TT	TRICARE TARGET
	AND TYPE OF SUBMISSION =	D	COMPLETE DENIAL **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION
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 TMA DATABASE.		
0-030-03R	IF BATCH/VOUCHER RESUBMISSION NUMBER =	00	
	THEN BATCH/VOUCHER DATE MUST ≠	09/29/XXXX **OR**	
		09/30/XXXX	
	UNLESS BATCH/VOUCHER IDENTIFIER =	3	PROVIDER (BATCH ONLY)
0-030-04R	IF BATCH/VOUCHER RESUBMISSION NUMBER =	00	
	AND TRANSMISSION FILE RECEIVED TIME/DATE STAMP > 10:00 AM 09/28/(CURRENT YEAR)		
	AND BATCH/VOUCHER IDENTIFIER =	5	INSTITUTIONAL/NON-INSTITUTIONAL (BATCH/VOUCHER)
	THEN BATCH/VOUCHER DATE MUST NOT BE < 10/01/(CURRENT YEAR)		
0-030-05R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TC	TRICARE CIVILIAN PRIME **OR**
		TN	TRICARE NON-CIVILIAN PRIME

[1] CONTRACT DATES ON THE TMA DATABASE. THESE DATES ARE TAKEN FROM THE TMA CONTRACTS.

ELEMENT NAME:	**BATCH/VOUCHER DATE (0-030) (Continued)**
	THEN BEGIN DATE OF CARE MUST BE EQUAL TO OR WITHIN ASAP BEGIN AND END DATES ON THE TMA DATABASE
[1] 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[1].
	RELATIONAL EDITS
	NONE
[1] 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[1].
[1] TMA DATABASE.	

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 **OR**
	THEN TOTAL AMOUNT PAID MUST EQUAL ZERO.		
0-050-03R[2]	IF CONTRACT NUMBER = MDA906-02-C-0013 (TMOP)		
	OR CONTRACT NUMBER = H94002-08-C-0003 (TPHARM)		
	AND 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[1].		

[1] TMA DATABASE.
[2] ALL TMOP BATCH/VOUCHERS AND ALL TPHARM 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

ELEMENT NAME: FUND ACCOUNTING (0-065)			
	VALIDITY EDITS		
0-065-01V	MUST BE NUMERIC.		
	RELATIONAL EDITS		
0-065-01R	IF CONTRACT NUMBER = MDA906-02-C-0013 (TMOP)		
	AND BATCH/VOUCHER IDENTIFIER =	5	INSTITUTIONAL/NON-INSTITUTIONAL
	THEN THE FUND ACCOUNTING MUST = THE ACCUMULATED TOTALS OF AMOUNT ALLOWED BY PROCEDURE CODE MINUS AMOUNT BILLED BY PROCEDURE CODE FOR ALL TED RECORDS IN THIS VOUCHER.		
0-065-02R[2]	IF CONTRACT NUMBER = MDA906-02-C-0013 (TMOP)		
	OR CONTRACT NUMBER = H94002-08-C-0003 (TPHARM)		
	AND POSITION 1 THRU 4 OF THE CLIN/ASAP 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[1].		
0-065-03R[3]	IF CONTRACT NUMBER = H94002-08-C-0003 (TPHARM)		
	AND POSITION 1 THRU 4 OF THE BATCH/VOUCHER CLIN/ASAP = 'MIPR'		
	AND BATCH/VOUCHER DATE ≥ 07/14/2011		
	THEN THE FUND ACCOUNTING MUST = THE ACCUMULATED TOTAL OF AMOUNT ALLOWED BY PROCEDURE CODE FOR ALL TED RECORDS IN THIS VOUCHER.		

[1] TMA DATABASE.
[2] THIS EDIT IS PERFORMED FOR ALL MAIL ORDER BATCH/VOUCHERS ONLY (CONTRACT NUMBERS MDA906-02-C-0013 (TMOP) AND H94002-08-C-0003 (TPHARM)).
[3] THIS EDIT IS PERFORMED FOR TPHARM MAIL ORDER BATCH/VOUCHERS ONLY (CONTRACT NUMBER H94002-08-C-0003 (TPHARM)).

- END -