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HEALTH AGENCY

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**CHANGE 62
7950.2-M
JUNE 27, 2014**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM), FEBRUARY 2008**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: TRUST FUND HEADER EDIT

CONREQ: 16870

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change is to ensure contractor compliance with existing contract terms. A new header edit is being added to the TRICARE Encounter Data (TED) to ensure TED data submitted by the contractor is grouped under the correct appropriation/fund for funds check and claims payment.

EFFECTIVE DATE: July 28, 2014.

IMPLEMENTATION DATE: July 28, 2014.

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DN: c=US, o=U.S. Government,
ou=DoD, ou=PKI, ou=TMA,
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Date: 2014.06.24 07:38:05 -06'00'

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**ATTACHMENT(S): 6 PAGES
DISTRIBUTION: 7950.2-M**

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

CHANGE 62
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REMOVE PAGE(S)

CHAPTER 2

Section 4.1, pages 13 through 17

INSERT PAGE(S)

Section 4.1, pages 13 through 18

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

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

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.

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

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

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.

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER DATE (0-030)			
VALIDITY EDITS			
0-030-01V	MUST BE A VALID JULIAN DATE AND CANNOT BE > 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.			

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

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 IDENTIFIER¹.

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 RECORDS¹.

¹ TMA DATABASE.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 4.1

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 **OR**

THEN TOTAL AMOUNT PAID MUST EQUAL ZERO.

0-050-03R² 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 BALANCE¹.

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

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

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.

0-065-02R² 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 BALANCE¹.

0-065-03R³ 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 -