

## Header Edit Requirements (ELN 000 - 099)

Revision:

<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 = H94002-10-D-0001		
	<b>THEN</b> BYPASS THIS EDIT		
	<b>ELSE IF</b> HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	<b>AND</b> TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>THEN</b> ADJUSTMENT KEY MUST =	5	VOUCHER
<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>
IF THE FIRST POSITION OF EACH BATCH/VOUCHER HEADER RECORD IS NOT A <b>0, 5, 6, OR 9</b> . <b>THEN</b> THE ENTIRE BATCH/VOUCHER WILL BE REJECTED.			

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

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<b>ELEMENT NAME: CONTRACT NUMBER (0-010)</b>			
<b>VALIDITY EDITS</b>			
<b>0-010-01V</b>	MUST BE A VALID VALUE FOUND ON THE DHA DATABASE.		
<b>RELATIONAL EDITS</b>			
<b>0-010-01R</b>	IF CONTRACT NUMBER =	H94002-08-C-0003 TPHARM <b>OR</b>	
		HT9402-14-D-0002 TPHARM	
	<b>AND</b> BATCH/VOUCHER INDICATOR =	5	INSTITUTIONAL/NON-INSTITUTIONAL
	<b>THEN</b> ALL OCCURRENCES OF RECORD TYPE INDICATOR MUST =	2	NON-INSTITUTIONAL
	<b>AND</b> ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	M	MOP
	<b>OR</b> ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	B	RETAIL PHARMACY

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

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025)</b>			
<b>VALIDITY EDITS</b>			
<b>0-025-01V</b>	MUST BE ALPHANUMERIC.		
<b>RELATIONAL EDITS</b>			
<b>0-025-01R</b>	IF HEADER TYPE INDICATOR =	0	BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) <b>OR</b>
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>THEN</b> BATCH/VOUCHER ASAP ACCOUNT NUMBER MUST BE ZERO.			
<b>0-025-02R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER = ZERO			
<b>THEN</b> ASAP ACCOUNT NUMBER MUST BE VALID <sup>1</sup> <b>AND</b> ACTIVE <sup>2</sup> FOR THE CONTRACT NUMBER ON THE TED BATCH/VOUCHER RECORD.			
<b>0-025-05R</b>	IF CONTRACT NUMBER =	H94002-07-0001 (TDEFIC)	
<b>THEN</b> BYPASS THIS EDIT			
<b>ELSE IF</b> HCDP PLAN COVERAGE CODE =	000	NO HEALTH CARE COVERAGE PLAN <b>OR</b>	
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE <b>OR</b>	
	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>	
<sup>1</sup> DHA DATABASE.			
<sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <a href="#">CHAPTER 3</a> . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.			

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</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	TY 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/eMSM REFERRED CARE <b>OR</b>
	SR	SHCP - MTF/eMSM REFERRED CARE
<b>OR SPECIAL PROCESSING CODE =</b>	AN	SHCP - NON-MTF/eMSM REFERRED CARE <b>OR</b>
	AR	SHCP - MTF/eMSM 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 <b>OR</b> < 31 DAYS <b>OR</b>
	S	RESERVE MEMBER ACTIVE > 30 DAYS <b>OR</b>
	T	FOREIGN MILITARY <b>OR</b>
	V	RESERVE MEMBER NOT ACTIVE <b>OR</b> < 31 DAYS <b>OR</b>
	Y	SERVICE AFFILIATES (ROTC, MERCHANT MARINE)
<b>AND HCC MEMBER RELATIONSHIP CODE =</b>	A	SELF
<b>THEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠</b>	TF	TRUST/ACCRUAL FUND
<b>ELSE IF OGP TYPE CODE =</b>	A	MEDICARE PART A <b>OR</b>
	C	MEDICARE PART A & B <b>OR</b>

<sup>1</sup> DHA 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 DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</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 <b>OR</b>
	136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
	137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
	138	TRICARE USFHP DIRECT CARE INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
	139	TRICARE USFHP DIRECT CARE FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
	143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
	148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
<sup>1</sup> DHA DATABASE. <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <a href="#">CHAPTER 3</a> . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.		

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</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</b> HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER <b>OR</b>
	H	MOH RECIPIENT <b>OR</b>
	R	RETIRED <b>OR</b>
	W	FORMER SPOUSE
<b>THEN</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST =	TF	TRUST/ACCRUAL FUND
<b>ELSE</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN CORAMS MUST ≠	TF	TRUST/ACCRUAL FUND
<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>OR</b> BATCH/VOUCHER RESUBMISSION NUMBER > 00		
<b>OR</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>
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
<b>THEN</b> BYPASS THIS EDIT		
<b>ELSE IF</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
<b>AND</b> CONTRACT NUMBER =	T3 NORTH	
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT		
<b>OR</b> CONTRACT NUMBER =	T3 SOUTH	
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT		
<b>OR</b> CONTRACT NUMBER =	T3 WEST	
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START OF CONTRACT		
<b>OR</b> CONTRACT NUMBER =	T2017 EAST	
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ BEGIN DATE OF OLDEST OPEN OPTION PERIOD		
<sup>1</sup> DHA 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 DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.		

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<b>OR</b> CONTRACT NUMBER =	T2017 WEST	
<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ BEGIN DATE OF OLDEST OPEN OPTION PERIOD		
<b>THEN</b> SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-MTF/eMSM REFERRED CARE <b>OR</b>
	AP	ABA PILOT <b>OR</b>
	AR	SHCP - MTF/eMSM REFERRED CARE <b>OR</b>
	AS	COMPREHENSIVE AUTISM CARE DEMONSTRATION <b>OR</b>
	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>
	LD	LDTs DEMONSTRATION <b>OR</b>
	L2	NON-FDA APPROVED LDTs DEMONSTRATION
<b>OR</b> ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF/eMSM REFERRED CARE <b>OR</b>
	SR	SHCP - MTF/eMSM REFERRED CARE
<b>OR</b> HCDP PLAN COVERAGE CODE MUST =	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 ADMSs <b>OR</b>
<sup>1</sup> DHA DATABASE.		
<sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <a href="#">CHAPTER 3</a> . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.		

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>	
	423 TYA TRICARE STANDARD FOR RETIRED AND MOH FAMILY MEMBERS <b>OR</b>
	424 TYA TRS <b>OR</b>
	425 TYA TRR <b>OR</b>
	426 TYA PRIME FOR ADFMs <b>OR</b>
	427 TYA TPR FOR ADFMs <b>OR</b>
	428 TYA PRIME FOR RETIRED AND MOH FAMILY MEMBERS <b>OR</b>
	429 TYA TRICARE OVERSEAS PRIME FOR ADFMs <b>OR</b>
	430 TYA TRICARE OVERSEAS PRIME REMOTE FOR ADFMs <b>OR</b>
	999 UNVERIFIED NEWBORN
	<b>OR</b> PATIENT ZIP CODE IS IN ALASKA
	<b>OR</b> PCM DMIS-ID 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 IF</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =
	TC TRICARE CIVILIAN PRIME
	<b>THEN</b> ENROLLMENT CODE/HEALTH PLAN CODE MUST =
	U TRICARE PRIME CIVILIAN PCM
	<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START DATE OF HEALTH CARE DELIVERY FOR THE CONTRACT NUMBER.
<b>0-025-10R</b>	<b>IF</b> ANY OCCURRENCE OF TYPE OF SUBMISSION =
	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA <b>OR</b>
<sup>1</sup> DHA 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 DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.	

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>			
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	<b>THEN</b> BYPASS THIS EDIT		
	<b>ELSE IF</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TN	TRICARE NON-CIVILIAN PRIME
	<b>THEN</b> ENROLLMENT CODE/HEALTH PLAN CODE MUST =	T	TRICARE STANDARD PROGRAM <b>OR</b>
		V	TRICARE EXTRA <b>OR</b>
		Z	TRICARE PRIME, MTF/eMSM/PCM <b>OR</b>
		WF	TRICARE PRIME REMOTE ADFM
	<b>AND</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) ≥ START DATE OF HEALTH CARE DELIVERY FOR THE CONTRACT NUMBER.		
<b>0-025-11R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER = MIPR		
	<b>THEN</b> ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	M	MOP
<b>0-025-12R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> TYPE OF SERVICE (POSITION 2) =	M	MOP
	<b>THEN</b> POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER MUST = MIPR		
<b>0-025-13R</b>	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE <b>OR</b>
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> CONTRACT NUMBER =	H94002-08-C-0003 TPHARM <b>OR</b>	
		HT9402-14-D-0002 TPHARM	
	<b>AND</b> POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER ≠ MIPR		
	<b>THEN</b> ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	B	RETAIL PHARMACY
<b>0-025-14R</b>	IF HCDP PLAN COVERAGE CODE =	018	TFL FOR RETIRED SPONSORS AND FAMILY MEMBERS AND MOH <b>OR</b>
		020	TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
		021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS <b>OR</b>
		022	TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
		023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS <b>OR</b>
<sup>1</sup> DHA DATABASE.			
<sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <a href="#">CHAPTER 3</a> . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.			

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<b>ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)</b>		
	029	TFL FOR MEDICALLY RETIRED SPONSORS AND FAMILY MEMBERS
<b>AND TYPE OF SUBMISSION =</b>	I	INITIAL SUBMISSION <b>OR</b>
	R	RESUBMISSION
<b>THEN OGP TYPE CODE MUST ≠</b>	N	NO MEDICARE <b>OR</b>
	V	CHAMPVA
<b>AND OGP BEGIN REASON CODE MUST ≠</b>	N	NOT ELIGIBLE FOR MEDICARE <b>OR</b>
	W	NOT APPLICABLE
<sup>1</sup> DHA DATABASE. <sup>2</sup> DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), <a href="#">CHAPTER 3</a> . IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT DHA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.		

<b>ELEMENT NAME: BATCH/VOUCHER DATE (0-030)</b>		
<b>VALIDITY EDITS</b>		
<b>0-030-01V</b>	MUST BE A VALID JULIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE.	
<b>0-030-02V</b>	BATCH/VOUCHER DATE MUST BE ≥ CONTRACT BEGIN DATE <sup>1</sup>	
	<b>AND</b> BATCH/VOUCHER DATE MUST BE ≤ CONTRACT END DATE <sup>1</sup>	
<b>RELATIONAL EDITS</b>		
<b>0-030-01R</b>	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER =	00
	<b>AND</b> BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN 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</b> BATCH/VOUCHER DATE IN HEADER MUST BE EQUAL TO <b>OR</b> WITHIN ASAP BEGIN AND END DATES ON THE DHA DATABASE.	
<b>0-030-02R</b>	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
		6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>THEN</b> BATCH/VOUCHER DATE IN HEADER MUST NOT BE LESS THAN THE ASAP BEGIN DATE ON THE DHA DATABASE.	
<b>0-030-03R</b>	IF BATCH/VOUCHER RESUBMISSION NUMBER =	00
	<b>THEN</b> BATCH/VOUCHER DATE MUST ≠	09/29/XXXX <b>OR</b>
<sup>1</sup> CONTRACT DATES ON THE DHA DATABASE. THESE DATES ARE TAKEN FROM THE DHA CONTRACTS.		

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<b>ELEMENT NAME: BATCH/VOUCHER DATE (0-030) (Continued)</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>
	TN TRICARE NON-CIVILIAN PRIME
	<b>THEN</b> BEGIN DATE OF CARE (NON-INSTITUTIONAL) <b>OR</b> ADMISSION DATE (INSTITUTIONAL) MUST BE EQUAL TO <b>OR</b> WITHIN ASAP BEGIN <b>AND</b> END DATES ON THE DHA DATABASE
<sup>1</sup> CONTRACT DATES ON THE DHA DATABASE. THESE DATES ARE TAKEN FROM THE DHA CONTRACTS.	

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

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

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

<b>ELEMENT NAME: TOTAL AMOUNT PAID (0-050)</b>	
<b>VALIDITY EDITS</b>	
<b>0-050-01V</b>	MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
<b>0-050-01R</b>	IF BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL <b>THEN</b> TOTAL AMOUNT PAID MUST = THE ACCUMULATED TOTAL OF AMOUNTS PAID BY GOVERNMENT CONTRACTOR <b>AND</b> AMOUNT OF INTEREST PAYMENT FOR ALL TED RECORDS IN THE BATCH/VOUCHER.
<b>0-050-02R</b>	IF BATCH/VOUCHER IDENTIFIER = 3 PROVIDER <b>THEN</b> TOTAL AMOUNT PAID MUST EQUAL ZERO.
<b>0-050-03R<sup>2</sup></b>	IF POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER = MIPR <b>AND</b> BATCH/VOUCHER DATE ≥ 07/14/2011 <b>THEN</b> BYPASS THIS EDIT <b>ELSE IF</b> HEADER TYPE INDICATOR = 5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b> 6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE <b>AND</b> BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL <b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER > ZERO <b>THEN</b> TOTAL AMOUNT PAID MUST BE EQUAL TO THE VOUCHER BALANCE <sup>1</sup> .
<sup>1</sup> DHA DATABASE (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.	

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

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

<b>ELEMENT NAME: FUND ACCOUNTING (0-065)</b>	
<b>VALIDITY EDITS</b>	
<b>0-065-01V</b>	MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
<b>0-065-02R<sup>2</sup></b>	IF POSITION 1 THRU 4 OF THE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER = MIPR
	<b>AND</b> BATCH/VOUCHER DATE ≥ 07/14/2011
	<b>AND</b> HEADER TYPE INDICATOR = 5 VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE <b>OR</b>
	6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	<b>AND</b> BATCH/VOUCHER IDENTIFIER = 5 INSTITUTIONAL/NON-INSTITUTIONAL
	<b>AND</b> BATCH/VOUCHER RESUBMISSION NUMBER > ZERO
	<b>THEN</b> THE FUND ACCOUNTING MUST BE EQUAL TO THE VOUCHER BALANCE <sup>1</sup> .
<b>0-065-03R<sup>3</sup></b>	IF POSITION 1 THRU 4 OF THE BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER = MIPR
	<b>AND</b> BATCH/VOUCHER DATE ≥ 07/14/2011
	<b>THEN</b> THE FUND ACCOUNTING MUST = THE ACCUMULATED TOTAL OF AMOUNT ALLOWED BY PROCEDURE CODE FOR ALL TED RECORDS IN THIS VOUCHER.
<sup>1</sup> DHA DATABASE.	
<sup>2</sup> THIS EDIT IS PERFORMED FOR ALL MAIL ORDER BATCH/VOUCHERS ONLY.	
<sup>3</sup> THIS EDIT IS PERFORMED FOR TPHARM MAIL ORDER BATCH/VOUCHERS.	

- END -

