

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060)		
VALIDITY EDITS		
REFER TO CHAPTER 2, SECTION 5.1		
RELATIONAL EDITS		
1-060-01F	• FOREIGN EDITS-ACTIVE DUTY MEMBER	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADISM
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND REGION INDICATOR =		
	SC	SOUTH CONTRACT
AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME:		SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)	
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
1-060-02F	• TPR FOREIGN EDITS-ACTIVE DUTY AND ACTIVE DUTY FAMILY MEMBER		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND REGION INDICATOR =		
		SC	SOUTH CONTRACT
	AND ENROLLMENT/HEALTH PLAN CODE =		
		WO	TPR FOREIGN
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		H	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		O	NOAA

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)

AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)

AND HCC MEMBER RELATIONSHIP CODE =	A	SELF OR
	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED) OR
	G	SURVIVING SPOUSE OR
	H	FORMER SPOUSE (20/20/20) OR
	I	FORMER SPOUSE (20/20/15) OR
	J	FORMER SPOUSE (10/20/10) OR
	K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))

1-060-08F • SPECIAL & EMERGENT CARE, & ABUSED DEPENDENT, CLINICAL TRIALS & CUSTODIAL CARE [ACTIVE DUTY FAMILY MEMBER]

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

AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
	CL	CLINICAL TRIALS OR
	CM	ICMP OR
	E	HHC/CM OR
	SP	SPECIAL AND EMERGENT CARE

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE =	A	SELF OR
	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED) OR
	G	SURVIVING SPOUSE OR
	H	FORMER SPOUSE (20/20/20) OR
	I	FORMER SPOUSE (20/20/15) OR
	J	FORMER SPOUSE (10/20/10) OR
	K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
1-060-09F	• SPECIAL & EMERGENT CARE, & ABUSED DEPENDENT, CLINICAL TRIALS & CUSTODIAL CARE [RETIREE AND FAMILY MEMBER]	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
	CL	CLINICAL TRIALS OR
	CM	ICMP OR
	E	HHC/CM OR
	SP	SPECIAL AND EMERGENT CARE
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR
	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
AND HCC MEMBER RELATIONSHIP CODE =	A	SELF OR
	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED) OR
	G	SURVIVING SPOUSE OR
	H	FORMER SPOUSE (20/20/20) OR
	I	FORMER SPOUSE (20/20/15) OR
	J	FORMER SPOUSE (10/20/10) OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)

		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
1-060-10F	• CHCBP - EX-SERVICE MEMBER & FAMILY		
IF HEADER TYPE INDICATOR =	5		VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6		VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	Y		CHCBP STANDARD OR
	AA		CHCBP EXTRA
AND TYPE OF SUBMISSION ≠	B		ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E		COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO			
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST ≠	A		ARMY OR
	C		COAST GUARD OR
	F		AIR FORCE OR
	H		PUBLIC HEALTH SERVICE OR
	M		MARINES OR
	N		NAVY OR
	O		NOAA
AND HCC MEMBER CATEGORY CODE =	F		FORMER MEMBER
AND HCC MEMBER RELATIONSHIP CODE =	A		SELF OR
	B		SPOUSE OR
	C		CHILD OR STEPCHILD OR
	D		WARD (NOT COURT ORDERED) OR
	E		WARD (COURT ORDERED) OR
	G		SURVIVING SPOUSE OR
	H		FORMER SPOUSE (20/20/20) OR
	I		FORMER SPOUSE (20/20/15) OR
	J		FORMER SPOUSE (10/20/10) OR
	K		FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
1-060-11F	• TRICARE PRIME REMOTE [TPR] FOR ACTIVE DUTY MEMBER		
IF HEADER TYPE INDICATOR =	5		VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	W	TPR ACTIVE DUTY CLAIMS-USA
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE=	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
1-060-12F	• SHCP-REFERRED CARE [ACTIVE DUTY MEMBER & FAMILY]	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP-REFERRED CARE
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
1-060-13F	• SHCP-NON-REFERRED CARE [ACTIVE DUTY SERVICE MEMBER]	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP-NON-MTF REFERRED
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE MUST =	
	A	SELF
1-060-16F	• TFL [RETIREE & FAMILY]	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	
	FE	TFL-EXTRA OR
	FS	TFL-STANDARD
	AND TYPE OF SUBMISSION ≠	
	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVERNMENT CONTRACTOR¹ > ZERO	
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	
	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
	AND HCC MEMBER CATEGORY CODE =	
	D	DISABLED AMERICAN VETERAN OR
	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
1-060-18F	• SHCP VOUCHER	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	CE	SHCP-COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU	ADSM ENROLLED IN TPR OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
OR ENROLLMENT/HEALTH PLAN CODE =	SO	SUPPLEMENTAL HEALTH CARE NON-TRICARE OR
	ST	SUPPLEMENTAL HEALTH CARE TRICARE
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE =	A	SELF

1-060-19F • 'TPR ADFM INTERIM

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE AD SM OR
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE =	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED)
1-115-01F	IF HEADER TYPE INDICATOR = 5 OR 6	
AND ENROLLMENT/HEALTH PLAN CODE =	Z	TRICARE PRIME, MTF/CLINIC OR
	SR	SHCP REFERRED CARE

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN PCM LOCATION DMIS-ID MUST ≠ VALID CODE AND CANNOT = 6501, 6901-6915, 7901-7912, 7916, 8000-8099, OR BLANK		
1-185-01F	• MAKING SURE THAT THE CLAIM IS NON-FINANCIALLY UNDERWRITTEN	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR
¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.		

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CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055)

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 6.1](#)

RELATIONAL EDITS

2-055-01F	• FOREIGN EDITS-ACTIVE DUTY MEMBER
IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6 VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	X FOREIGN ACTIVE DUTY SERVICE MEMBER
AND TYPE OF SUBMISSION ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR¹ > ZERO	
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A ARMY OR
	C COAST GUARD OR
	F AIR FORCE OR
	H PUBLIC HEALTH SERVICE OR
	M MARINES OR
	N NAVY OR
	O NOAA
AND REGION INDICATOR =	
	SC SOUTH CONTRACT
AND HCC MEMBER CATEGORY CODE =	A ACTIVE DUTY OR
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J ACADEMY STUDENT OR
	N NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T FOREIGN MILITARY MEMBER OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)

	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE MUST =		
	A	SELF
2-055-02F	• TPR FOREIGN EDITS-ACTIVE DUTY AND ACTIVE DUTY FAMILY MEMBER	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND REGION INDICATOR =		
	SC	SOUTH CONTRACT
AND ENROLLMENT/HEALTH PLAN CODE =		
	WO	TPR FOREIGN
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =		
	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =		
	A	ACTIVE DUTY OR
	J	ACADEMY STUDENT OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE =	
	A	SELF OR
	B	SPOUSE OR
	G	SURVIVING SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED) OR
	H	FORMER SPOUSE (20/20/20) OR
	I	FORMER SPOUSE (20/20/15) OR
	J	FORMER SPOUSE (10/20/10) OR
	K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
2-055-08F • SPECIAL & EMERGENT CARE, & ABUSED DEPENDENT, CLINICAL TRIALS & CUSTODIAL CARE [ACTIVE DUTY FAMILY MEMBER]		
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
	CL	CLINICAL TRIALS OR
	CM	ICMP OR
	E	HHC/CM OR
	SP	SPECIAL AND EMERGENT CARE
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE =	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED) OR
	G	SURVIVING SPOUSE OR
	H	FORMER SPOUSE (20/20/20) OR
	I	FORMER SPOUSE (20/20/15) OR
	J	FORMER SPOUSE (10/20/10) OR
	K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
2-055-09F	• SPECIAL & EMERGENT CARE, & ABUSED DEPENDENT, CLINICAL TRIALS & CUSTODIAL CARE [RETIREE AND FAMILY MEMBER]	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
	CL	CLINICAL TRIALS OR
	CM	ICMP OR
	E	HHC/CM OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	SP	SPECIAL AND EMERGENT CARE
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR
	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
AND HCC MEMBER RELATIONSHIP CODE =	A	SELF OR
	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED) OR
	G	SURVIVING SPOUSE OR
	H	FORMER SPOUSE (20/20/20) OR
	I	FORMER SPOUSE (20/20/15) OR
	J	FORMER SPOUSE (10/20/10) OR
	K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
2-055-10F	• CHCBP - EX-SERVICE MEMBER & FAMILY	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	Y	CHCBP STANDARD OR
	AA	CHCBP EXTRA

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER
AND HCC MEMBER RELATIONSHIP CODE =	A	SELF OR
	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED)
	G	SURVIVING SPOUSE OR
	H	FORMER SPOUSE (20/20/20) OR
	I	FORMER SPOUSE (20/20/15) OR
	J	FORMER SPOUSE (10/20/10) OR
	K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
2-055-11F	• TPR [ACTIVE DUTY SERVICE MEMBER]	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	W	TPR ACTIVE DUTY CLAIMS-USA
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)

THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-12F	• SHCP-REFERRED CARE [ACTIVE DUTY SERVICE MEMBER & FAMILY]	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP-REFERRED CARE
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	M	MARINES OR
	N	NAVY OR
	O	NOAA
2-055-13F	• SHCP-NON-REFERRED CARE [ACTIVE DUTY SERVICE MEMBER]	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP-NON-MTF REFERRED
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-16F	• TRICARE SENIOR PHARMACY [TSRx]-ACTIVE DUTY FAMILY MEMBER	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	PS	TSRx
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR¹ > ZERO		
AND HCC MEMBER CATEGORY CODE ≠	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS OR
	M	MAIL ORDER PHARMACY DRUGS
AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER RELATIONSHIP CODE =	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED) OR
	F	DEPENDENT PARENT, DEPENDENT STEPPARENT, DEPENDENT PARENT-IN-LAW, OR DEPENDENT STEPPARENT-IN-LAW

2-055-17F • TRICARE SENIOR PHARMACY [TSRx] - RETIREE & FAMILY MEMBER

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	PS	TSRx
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR¹ > ZERO		
THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS OR
	M	MAIL ORDER PHARMACY DRUGS
AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR
	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
2-055-18F	• TFL - RETIREE & FAMILY MEMBER	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	FE	TFL-EXTRA OR
	FS	TFL-STANDARD
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR¹ > ZERO		

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)

THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA
AND HHC MEMBER CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR
	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
2-055-20F • SHCP VOUCHERS		
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TPR OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	O	NOAA
OR ENROLLMENT/HEALTH PLAN CODE =	SO	SUPPLEMENTAL HEALTH CARE NON-TRICARE OR
	ST	SUPPLEMENTAL HEALTH CARE TRICARE
AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-21F		• TPR ADFM INTERIM
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERNMENT CONTRACTOR¹ > ZERO		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)

AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
AND HCC MEMBER RELATIONSHIP CODE =	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED)
2-110-01F	IF HEADER TYPE INDICATOR = 5 OR 6	
AND ENROLLMENT/HEALTH PLAN CODE =	Z	TRICARE PRIME, MTF/CLINIC OR
	SR	SHCP REFERRED CARE
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN PCM LOCATION DMIS-ID MUST ≠ VALID CODE AND CANNOT = 6501, 6901-6915, 7901-7912, 7916, 8000-8099, OR BLANK		
2-305-01F	• MAKING SURE THAT THE CLAIM IS NON-FINANCIALLY UNDERWRITTEN	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

