

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 AD SM
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
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)	
	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 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 =
	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

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)		
	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 AND EMERGENT CARE, AND ABUSED DEPENDENT, CLINICAL TRIALS AND CUSTODIAL CARE [ACTIVE DUTY FAMILY MEMBER OR 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 =	E	HHC/CM OR
	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
	CL	CLINICAL TRIALS OR
	CM	ICMP 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

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)		
	N	NAVY OR
	O	NOAA
AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	D	DISABLED AMERICAN VETERAN OR
	F	FORMER MEMBER OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	H	MEDAL OF HONOR RECIPIENT OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY 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))
1-060-10F	• CHCBP [EX-SERVICE MEMBER AND 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

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)

	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) [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 =	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

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)		
	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 AND 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 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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CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

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

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	OR
	SU	SHCP - REFERRAL DESIGNATION UNKNOWN	
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	
1-060-16F	• TFL [RETIREE AND FAMILY MEMBER]		
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 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 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
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
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

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 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 =

- 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

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**

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)	
	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 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: AGR SERVICE LEGAL AUTHORITY CODE (1-065)

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 5.1](#)

RELATIONAL EDITS

1-065-01F	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND HCC MEMBER CATEGORY CODE =	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN AGR SERVICE LEGAL AUTHORITY CODE MUST =	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) OR
		B	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) OR
		C	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) OR
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) OR
		E	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) OR
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) OR
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) OR
		H	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) OR
		I	AGR: 14 U.S.C. 276 OR
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) OR
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) OR
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) OR
		X	AGR: OTHER OR
		Z	UNKNOWN/NOT APPLICABLE

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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
	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 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)		
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
	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

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)		
	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 AND EMERGENT CARE, AND ABUSED DEPENDENT, CLINICAL TRIALS AND 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 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.

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

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
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 AND 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 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 =	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		
	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

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)

	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 AND 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 **OR**

SU SHCP - REFERRAL DESIGNATION
UNKNOWN

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

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

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 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 =	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
	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 CONTRACTOR ¹ > 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

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)		
	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 AND 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 =	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

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 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 AND 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		
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	

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)		
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
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 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 =	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)

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 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 ADMSM
	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 =	B SPOUSE OR
		C CHILD OR STEPCHILD OR
		D WARD (NOT COURT ORDERED) OR
		E WARD (COURT ORDERED)
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: AGR SERVICE LEGAL AUTHORITY CODE (2-056)

VALIDITY EDITS

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

RELATIONAL EDITS

2-056-01F	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND HCC MEMBER CATEGORY CODE =	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN AGR SERVICE LEGAL AUTHORITY CODE MUST =	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) OR
		B	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) OR
		C	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) OR
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) OR
		E	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) OR
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) OR
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) OR
		H	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) OR
		I	AGR: 14 U.S.C. 276 OR
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) OR
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) OR
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) OR
		X	AGR: OTHER OR
		Z	UNKNOWN/NOT APPLICABLE