# Chapter 2　　　　　　　　　　　　　　　　　Section 8.1

# Financial Edit Requirements

Revision:

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| ELEMENT NAME:  SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) | | | |
|---|---|---|---|
| **VALIDITY EDITS** | | | |
| REFER TO SECTION 5.1. | | | |
| **RELATIONAL EDITS** | | | |
| **1-060-11F** | • **TPR [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 SERVICE MEMBER - USA **OR** |
| | | WA | TPR FOREIGN SERVICE MEMBER |
| | **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | GU | SERVICE MEMBER ENROLLED IN TPR |
| | **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 (TOTAL) ≠ 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 **OR** |
| | | Z | NOT PROVIDED FROM DEERS |
| | **AND** HCC MEMBER CATEGORY CODE MUST = | 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** |

| ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (Continued) | | |
|---|---|---|
| | V | RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR** |
| | Z | UNKNOWN |
| **AND** HCC MEMBER RELATIONSHIP CODE MUST = | A | SELF **OR** |
| | Z | UNKNOWN |
| **1-060-18F** • **SHCP VOUCHER (SERVICE MEMBER CLAIMS ONLY)** | | |
| **IF** ENROLLMENT/HEALTH PLAN CODE = | SR | SHCP - MTF/eMSM REFERRED CARE (EFFECTIVE 10/01/1999) |
| **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AR | SHCP - MTF/eMSM REFERRED CARE |
| **OR** TYPE OF SUBMISSION = | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| **OR** AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO | | |
| **THEN** BYPASS THIS EDIT | | |
| **ELSE IF** HEADER TYPE INDICATOR = | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR** |
| | 6 | VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE |
| **AND** ENROLLMENT/HEALTH PLAN CODE = | X | FOREIGN SERVICE MEMBER **OR** |
| | SO | SHCP - NON-TRICARE ELIGIBLE **OR** |
| | ST | SHCP - TRICARE ELIGIBLE |
| **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AD | FOREIGN ACTIVE DUTY CLAIMS (EFFECTIVE 06/30/1996) **OR** |
| | CE | SHCP - CCEP **OR** |
| | SC | SHCP - NON-TRICARE ELIGIBLE **OR** |
| | SE | SHCP - TRICARE ELIGIBLE **OR** |
| | SM | SHCP - EMERGENCY |
| **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 **OR** |
| | Z | NOT PROVIDED FROM DEERS **OR** |
| | 1 | FOREIGN ARMY OR |
| | 2 | FOREIGN NAVY OR |
| | 3 | FOREIGN MARINE CORPS OR |
| | 4 | FOREIGN AIR FORCE |

| ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (Continued) | | | |
|---|---|---|---|
| **AND** HCC MEMBER CATEGORY CODE MUST = | | 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) OR |
| | | Z | UNKNOWN |
| **AND** HCC MEMBER RELATIONSHIP CODE MUST = | | A | SELF **OR** |
| | | Z | UNKNOWN |
| **1-060-30F** | • **SHCP - NON-MTF/eMSM REFERRED VOUCHER (SERVICE MEMBER CLAIMS ONLY)** | | |
| **IF** TYPE OF SUBMISSION = | | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR** |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| **OR** AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO | | | |
| **THEN** BYPASS THIS EDIT | | | |
| **ELSE IF** HEADER TYPE INDICATOR = | | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE **OR** |
| | | 6 | VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE |
| **AND** ENROLLMENT/HEALTH PLAN CODE = | | SN | SHCP - NON-MTF/eMSM REFERRED CARE |
| **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | | AN | SHCP - NON-MTF/eMSM REFERRED CARE |
| **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 **OR** |
| | | Z | NOT PROVIDED FROM DEERS **OR** |
| | | 1 | FOREIGN ARMY **OR** |
| | | 2 | FOREIGN NAVY **OR** |
| | | 3 | FOREIGN MARINE CORPS **OR** |
| | | 4 | FOREIGN AIR FORCE |
| **AND** HCC MEMBER RELATIONSHIP CODE MUST = | | A | SELF **OR** |

| ELEMENT NAME:   SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (Continued) |
|---|
| Z        UNKNOWN |

| ELEMENT NAME:   SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) | | | |
|---|---|---|---|
| **VALIDITY EDITS** | | | |
| REFER TO SECTION 6.1. | | | |
| **RELATIONAL EDITS** | | | |
| **2-055-11F** | • **TPR [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 SERVICE MEMBER - USA OR |
| | | WA | TPR FOREIGN SERVICE MEMBER |
| | **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | GU | SERVICE MEMBER ENROLLED IN TPR |
| | **AND** TYPE OF SUBMISSION ≠ | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR** |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | **AND** THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE ≠ 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 **OR** |
| | | Z | NOT PROVIDED FROM DEERS |
| | **AND** HCC MEMBER CATEGORY CODE MUST = | 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) **OR** |
| | | Z | UNKNOWN |
| | **AND** HCC MEMBER RELATIONSHIP CODE MUST = | A | SELF **OR** |
| | | Z | UNKNOWN |

| ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (Continued) | | |
|---|---|---|
| **2-055-20F** • SHCP VOUCHERS (SERVICE MEMBER CLAIMS ONLY) | | |
| **IF** ENROLLMENT/HEALTH PLAN CODE = | SR | SHCP - MTF/eMSM REFERRED CARE (EFFECTIVE 10/01/1999) |
| **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AR | SHCP - MTF/eMSM REFERRED CARE |
| **OR** TYPE OF SUBMISSION = | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR** |
| | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| **OR** AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO | | |
| **THEN** BYPASS THIS EDIT | | |
| **ELSE IF** HEADER TYPE INDICATOR = | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR** |
| | 6 | VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE |
| **AND** ENROLLMENT/HEALTH PLAN CODE = | X | FOREIGN SERVICE MEMBER **OR** |
| | SO | SHCP - NON-TRICARE ELIGIBLE **OR** |
| | ST | SHCP - TRICARE ELIGIBLE **OR** |
| | SU | SHCP - REFERRAL DESIGNATION UNKNOWN |
| **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AD | FOREIGN ACTIVE DUTY CLAIMS (EFFECTIVE 06/30/1996) **OR** |
| | CE | SHCP - CCEP **OR** |
| | SC | SHCP - NON-TRICARE ELIGIBLE **OR** |
| | SE | SHCP - TRICARE ELIGIBLE **OR** |
| | SM | SHCP - EMERGENCY |
| **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 **OR** |
| | Z | NOT PROVIDED FROM DEERS OR |
| | 1 | FOREIGN ARMY OR |
| | 2 | FOREIGN NAVY OR |
| | 3 | FOREIGN MARINE CORPS OR |
| | 4 | FOREIGN AIR FORCE |
| **AND** HCC MEMBER CATEGORY CODE MUST = | A | ACTIVE DUTY **OR** |
| | G | NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR** |
| | J | ACADEMY STUDENT **OR** |

| 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 (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR |
| | | Z | UNKNOWN |
| | **AND** HCC MEMBER RELATIONSHIP CODE MUST = | A | SELF **OR** |
| | | Z | UNKNOWN |
| 2-055-32F | • **SHCP - NON-MTF/eMSM REFERRED VOUCHER (SERVICE MEMBER CLAIMS ONLY)** | | |
| | **IF** TYPE OF SUBMISSION = | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | **OR** AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) = ZERO | | |
| | **THEN** BYPASS THIS EDIT | | |
| | **ELSE IF** HEADER TYPE INDICATOR = | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR** |
| | | 6 | VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE |
| | **AND** ENROLLMENT/HEALTH PLAN CODE = | SN | SHCP - NON-MTF/eMSM REFERRED CARE |
| | **OR** ANY OCCURRENCE OF SPECIAL PROCESING CODE = | AN | SHCP - NON-MTF/eMSM REFERRED CARE |
| | **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 **OR** |
| | | Z | NOT PROVIDED FROM DEERS **OR** |
| | | 1 | FOREGIN ARMY **OR** |
| | | 2 | FOREIGN NAVY **OR** |
| | | 3 | FOREIGN MARINE CORPS **OR** |
| | | 4 | FOREIGN AIR FORCE |
| | **AND** HCC MEMBER RELATIONSHIP CODE MUST = | A | SELF **OR** |
| | | Z | UNKNOWN |

| ELEMENT NAME:   AGR SERVICE LEGAL AUTHORITY CODE (2-056) |
| --- |
| **VALIDITY EDITS** |
| REFER TO SECTION 6.1 |
| **RELATIONAL EDITS** |
| NONE |

- END -