

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 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 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 OR
	Z	NOT PROVIDED FROM DEERS
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) =	3	APPROPRIATED FUND - FOREIGN
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 ENROLLMENT/HEALTH PLAN CODE = WA TPR FOREIGN AD SM OR
	WO TPR FOREIGN ADFM
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 OR
	Z NOT PROVIDED FROM DEERS
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) = 3 APPROPRIATED FUND - FOREIGN
	AND HCC MEMBER CATEGORY CODE = A ACTIVE DUTY 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)

	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE =		
	A	SELF OR
	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	PRE-ADOPTIVE CHILD OR
	E	WARD (COURT ORDERED)
1-060-08F	• 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 =		
	E	HHC/CM OR
	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
	CM	ICMP OR
	CT	CCTP 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		
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

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	NAVY OR
	O	NOAA OR
	Z	NOT PROVIDED FROM DEERS
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)
THEN HCC MEMBER RELATIONSHIP CODE \neq	A	SELF
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 ADSM - USA
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU	ADSM ENROLLED IN TPR
AND TYPE OF SUBMISSION \neq	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

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 OR
	Z	NOT PROVIDED FROM DEERS
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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
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
AND ENROLLMENT/HEALTH PLAN CODE =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
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 30 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 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) (1-060) (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 OR
	Z	NOT PROVIDED FROM DEERS
AND HCC MEMBER CATEGORY CODE =	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
AND OTHER GOVERNMENT PROGRAM TYPE CODE =	C	MEDICARE PART A & B
1-060-18F	• SHCP VOUCHER (ADSM CLAIMS ONLY)	
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
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
OR 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

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) (1-060) (CONTINUED)		
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA OR
	Z	NOT PROVIDED FROM DEERS
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
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 ADSM 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 CONTRACTOR ¹ > 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 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) (1-060) (CONTINUED)

	Z	NOT PROVIDED FROM DEERS
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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE =	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED)
1-060-20F		• TFL [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 =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
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 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.

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)		
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 RELATIONSHIP CODE ≠	A	SELF
AND OTHER GOVERNMENT PROGRAM TYPE CODE =	C	MEDICARE PART A & B
1-060-21F	• CONUS APPROPRIATED FUNDS BANK ACCOUNT VALIDATION	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	62	WEST REGION OR
	63	SOUTH REGION OR
	64	NORTH REGION
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) = 1		
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 ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA OR
	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	E	HHC/CM OR
	R	MEDICARE/TRICARE DUAL ENTITLEMENT FIRST PAYOR - NOT A MEDICARE BENEFIT 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	MEDICARE/TRICARE DUAL ENTITLEMENT (FORMALLY NORMAL COB PROCESSING) OR
	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
	CL	CLINICAL TRIALS OR
	CM	ICMP OR
	CT	CCTP OR
	FF	TFL (FIRST PAYOR - NOT A MEDICARE BENEFIT) OR
	FS	TFL (SECOND PAYOR) OR
	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM OR
	GU	ADSM ENROLLED IN TPR OR
	SP	SPECIAL AND EMERGENT CARE
1-060-22F	• CONUS APPROPRIATED FUNDS BANK ACCOUNT VALIDATION	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	63	SOUTH REGION
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) = 1		
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 ENROLLMENT/HEALTH PLAN CODE =	Y	CHCBP - STANDARD USA OR
	AA	CHCBP - EXTRA
1-060-23F	• CONUS ACCRUAL FUNDS BANK ACCOUNT VALIDATION	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) = 1, 2, 3 OR 4		
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 ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST ≠	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR
1-060-24F		• FOREIGN APPROPRIATED FUNDS BANK ACCOUNT VALIDATION
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) =	3	APPROPRIATED FUNDS - FOREIGN
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	63	SOUTH REGION
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 ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSM OR
	Y	CHCBP - EXTRA OR
	AA	CHCBP - STANDARD OR
	FE	TFL - EXTRA OR
	FS	TFL - STANDARD OR
	SN	SHCP - NON-MTF REFERRED OR
	SR	SHCP - REFERRED CARE OR
	WA	TPR FOREIGN ADSM OR
	WO	TPR FOREIGN ADFM
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT FIRST PAYOR - NOT A MEDICARE BENEFIT OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (FORMALLY NORMAL COB PROCESSING) 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)	
	AB		ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
	CE		SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	CL		CLINICAL TRIALS OR
	FF		TFL (FIRST PAYOR-NOT A MEDICARE BENEFIT) OR
	FS		TFL (SECOND PAYOR) OR
	NE		OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM OR
	SC		SHCP - NON-TRICARE ELIGIBLE OR
	SE		SHCP - TRICARE ELIGIBLE OR
	SM		SHCP - EMERGENCY OR
	SP		SPECIAL AND EMERGENCY CARE
1-060-25F			• FOREIGN ACCRUAL FUNDS BANK ACCOUNT VALIDATION
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) =	4	ACCRUAL FUNDS - FOREIGN
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	63	SOUTH REGION
	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 ENROLLMENT/HEALTH PLAN CODE =	BB	TSP OR
		FE	TFL - EXTRA OR
		FS	TFL - STANDARD OR
		TS	TSS DEMONSTRATION PROGRAM
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT FIRST PAYOR - NOT A MEDICARE BENEFIT 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) (1-060) (CONTINUED)

T	MEDICARE/TRICARE DUAL ENTITLEMENT (FORMALLY NORMAL COB PROCESSING) OR
AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
AD	FOREIGN ACTIVE DUTY CLAIMS OR
CL	CLINICAL TRIALS OR
FF	TFL (FIRST PAYOR - NOT A MEDICARE BENEFIT) OR
FS	TFL (SECOND PAYOR) OR
MS	TSP - NON-NETWORK OR
MN	TSP - NETWORK OR
SN	TSS - NON-NETWORK OR
SS	TSS - NETWORK 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.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

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

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 5.3](#)

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: ADMINISTRATIVE CLIN (1-283)

VALIDITY EDITS

REFER TO CHAPTER 2, SECTION 5.3

RELATIONAL EDITS¹

1-283-01F • ADMINISTRATIVE PAYMENT REQUESTED ON CLAIM RATE ELIGIBLE RECORDS

IF HEADER TYPE INDICATOR = 0 BATCH HEADER (USED ON ALL PROVIDER AND PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE TED RECORDS) **OR**

5 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS)

AND TYPE OF SUBMISSION = D COMPLETE DENIAL **OR**
 I INITIAL SUBMISSION **OR**
 O ZERO PAYMENT WITH 100% OHI/TPL **OR**
 R RESUBMISSION

THEN ALL OCCURRENCES OF ADMINISTRATIVE CLIN MUST = BLANK

1-283-02F • NO DUPLICATE CLINS ON TED RECORD

IF HEADER TYPE INDICATOR = 6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**

9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)

THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-5) MUST HAVE NO DUPLICATES IN ANY OF THE THREE OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)

1-283-03F • ALL ADMINISTRATIVE CLIN MUST BE IN THE SAME OPTION PERIOD

IF ADMINISTRATIVE CLIN (FIRST POSITION) ≠ BLANK

THEN ALL POPULATED ADMINISTRATIVE CLIN (FIRST & SECOND POSITIONS) OCCURRENCES MUST CONTAIN THE SAME VALUE

1-283-04F • CLIN VS. PAPER CLAIM FORM TYPE (TNEX & TDEFIC ONLY)

IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =

62 WEST REGION **OR**
 63 SOUTH REGION **OR**
 64 NORTH REGION **OR**
 65 TDEFIC

¹ IF ANY ADMINISTRATIVE CLIN FAILS THE RELATIONAL EDIT IT WILL NOT RECEIVE ADMINISTRATIVE PAYMENT.

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CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (1-283) (CONTINUED)

AND HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
AND ANY OCCURRENCE OF ADMINISTRATIVE CLIN (FIFTH & SIXTH POSITIONS) = AB		
THEN CLAIM FORM TYPE MUST =	B	DD FORM 2642 OR
	C	HCFA FORM 1500 OR
	F	UB-92 OR
	J	OTHER
1-283-05F	•	CLIN VS. CLAIM ELECTRONIC FORM TYPE
IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	62	WEST REGION OR
	63	SOUTH REGION OR
	64	NORTH REGION OR
	65	TDEFIC
AND HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
AND ANY OCCURRENCE OF ADMINISTRATIVE CLIN (FIFTH & SIXTH POSITIONS) = AA		
THEN CLAIM FORM TYPE MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR
	H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR
	I	ELECTRONIC DRUG CLAIM SUBMISSION
1-283-06F	•	ONLY ONE ADMINISTRATIVE PAYMENT PER RECORD
IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	62	WEST REGION OR

¹ IF ANY ADMINISTRATIVE CLIN FAILS THE RELATIONAL EDIT IT WILL NOT RECEIVE ADMINISTRATIVE PAYMENT.

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CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (1-283) (CONTINUED)	
	63 SOUTH REGION OR
	64 NORTH REGION OR
	65 TDEFIC
AND HEADER TYPE INDICATOR =	6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
	9 BATCH HEADER INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
THEN ONLY ONE ADMINISTRATIVE CLIN IS ALLOWED ON THE TED RECORD	
1-283-07F	• FOREIGN CLAIM RATE VALIDATION
IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	63 SOUTH REGION
AND HEADER TYPE INDICATOR =	6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
	9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
AND ANY OCCURRENCE OF ADMINISTRATIVE CLIN (FIFTH & SIXTH POSITIONS) = AC	
THEN FILING STATE AND COUNTRY CODE MUST = A FOREIGN COUNTRY CODE (REFER TO CHAPTER 2, ADDENDUM A)	
¹ IF ANY ADMINISTRATIVE CLIN FAILS THE RELATIONAL EDIT IT WILL NOT RECEIVE ADMINISTRATIVE PAYMENT.	

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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 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 OR
	Z	NOT PROVIDED FROM DEERS
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) =	3	APPROPRIATED FUND - FOREIGN
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)

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)

	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 ENROLLMENT/HEALTH PLAN CODE =	WA	TPR FOREIGN ADSM OR
		WO	TPR FOREIGN ADFM
	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 OR
		Z	NOT PROVIDED FROM DEERS
	AND BATCH/ VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) =	3	APPROPRIATED FUND - FOREIGN
	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
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF OR
		B	SPOUSE 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)

	D	PRE-ADOPTIVE CHILD OR
	E	WARD (COURT ORDERED) OR
	G	SURVIVING SPOUSE
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 =	E	HHC/CM OR
	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
	CM	ICMP OR
	CT	CCTP 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		
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 OR
	Z	NOT PROVIDED FROM DEERS
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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CHAPTER 2, SECTION 9.1

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)
		THEN HCC MEMBER RELATIONSHIP CODE \neq A SELF
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 ADSM - USA
		OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = GU ADSM ENROLLED IN TPR
AND TYPE OF SUBMISSION \neq	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 OR
	Z	NOT PROVIDED FROM DEERS
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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)

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)

	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 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 =	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 (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	THEN HCC MEMBER RELATIONSHIP CODE ≠	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)		
AND TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND OTHER GOVERNMENT PROGRAM TYPE CODE =	A	MEDICARE PART A OR
	C	MEDICARE PART A & B
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 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 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 HCC MEMBER CATEGORY CODE =	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)

AND TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
	M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
AND OTHER GOVERNMENT PROGRAM TYPE CODE =	A	MEDICARE A OR
	C	MEDICARE A & B
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 OR
	Z	NOT PROVIDED FROM DEERS
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 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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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 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 OR
	Z	NOT PROVIDED FROM DEERS
AND HHC MEMBER CATEGORY CODE =	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
AND OTHER GOVERNMENT PROGRAM TYPE CODE =	C	MEDICARE PART A & B
2-055-20F	• SHCP VOUCHERS (ADSM CLAIMS ONLY)	
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
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
OR ENROLLMENT/ HEALTH PLAN CODE =	SN	SHCP - NON-MTF REFERRED OR
	SU	SHCP - REFERRAL DESIGNATION UNKNOWN

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 OR
	Z	NOT PROVIDED FROM DEERS
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
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

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)

	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 OR
	Z	NOT PROVIDED FROM DEERS
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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
AND HCC MEMBER RELATIONSHIP CODE =	B	SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	PRE-ADOPTIVE CHILD OR
	E	WARD (COURT ORDERED)
2-055-22F		• TFL [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 =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
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 (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
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 OR
	Z	NOT PROVIDED FROM DEERS
AND HCC MEMBER RELATIONSHIP CODE ≠	A	SELF
AND OTHER GOVERNMENT PROGRAM TYPE CODE =	C	MEDICARE PART A & B
2-055-23F	• CONUS APPROPRIATED FUNDS BANK ACCOUNT VALIDATION	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	62	WEST REGION OR
	63	SOUTH REGION OR
	64	NORTH REGION
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) = 1		
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 ENROLLMENT/ HEALTH PLAN CODE =	W	TPR AD SM - USA OR
	FE	TFL - EXTRA OR
	FS	TFL - STANDARD OR
	PS	TSRx
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	E	HHC/CM OR
	R	MEDICARE/TRICARE DUAL ENTITLEMENT FIRST PAYOR - NOT A MEDICARE BENEFIT OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (FORMALLY NORMAL COB PROCESSING) OR
	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
	CL	CLINICAL TRIALS OR
	CM	ICMP OR
	CT	CCTP OR
	FF	TFL (FIRST PAYOR - NOT A MEDICARE BENEFIT) OR
	FS	TFL (SECOND PAYOR) OR
	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE AD SM OR
	GU	AD SM ENROLLED IN TPR OR
	SP	SPECIAL AND EMERGENT CARE
2-055-24F	• CONUS APPROPRIATED FUNDS BANK ACCOUNT VALIDATION	
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	63	SOUTH REGION
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) = 1		
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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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	THEN ENROLLMENT/ HEALTH PLAN CODE =	Y CHCBP - STANDARD USA OR AA CHCBP - EXTRA
2-055-25F	• CONUS ACCRUAL FUNDS BANK ACCOUNT VALIDATION	
	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR 6 VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) = 1, 2, 3 OR 4	
	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 ANY OCCURRENCE OF SPECIAL PROCESSING CODE ≠	V FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR
2-055-26F	• FOREIGN APPROPRIATED FUNDS BANK ACCOUNT VALIDATION	
	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR 6 VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) =	3 APPROPRIATED FUNDS - FOREIGN
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	63 SOUTH REGION
	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 ENROLLMENT/ HEALTH PLAN CODE =	X FOREIGN ADSM OR Y CHCBP - EXTRA OR AA CHCBP - STANDARD OR SN SHCP - NON-MTF REFERRED OR SR SHCP - REFERRED CARE OR WA TPR FOREIGN ADSM OR WO TPR FOREIGN ADFM

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)

	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		CL	CLINICAL TRIALS OR
		NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY OR
		SP	SPECIAL AND EMERGENT CARE
2-055-27F	• FOREIGN ACCRUAL FUNDS BANK ACCOUNT VALIDATION		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) =	4	ACCRUAL FUNDS - FOREIGN
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	63	SOUTH REGION
	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 ENROLLMENT/HEALTH PLAN CODE =	BB	TSP OR
		FE	TFL - EXTRA OR
		FS	TFL - STANDARD OR
		PS	TSRX OR
		TS	TSS DEMONSTRATION PROGRAM
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT FIRST PAYOR - NOT A MEDICARE BENEFIT OR
		T	MEDICARE/TRICARE DUAL ENTITLEMENT (FORMALLY NORMAL COB PROCESSING) 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)

AB ABUSED DEPENDENT OF DISCHARGED OR
DISMISSED MEMBER, NON-FINANCIALLY
UNDERWRITTEN PAYMENT OF MCS
CONTRACTOR OR

AD FOREIGN ACTIVE DUTY CLAIMS OR

CL CLINICAL TRIALS OR

FF TFL (FIRST PAYOR - NOT A MEDICARE
BENEFIT) OR

FS TFL (SECOND PAYOR) OR

MS TSP - NON-NETWORK OR

MN TSP - NETWORK OR

SN TSS - NON-NETWORK OR

SS TSS - NETWORK 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.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108)

VALIDITY EDITS

REFER TO CHAPTER 2, SECTION 5.2

RELATIONAL EDITS¹

2-108-01F • ADMINISTRATIVE PAYMENT REQUESTED ON CLAIM RATE ELIGIBLE RECORDS.

IF HEADER TYPE INDICATOR = 0 BATCH HEADER USED ON ALL PROVIDER AND PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE TED RECORDS) **OR**

5 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS)

AND TYPE OF SUBMISSION = D COMPLETE DENIAL **OR**
 I INITIAL SUBMISSION **OR**
 O ZERO PAYMENT WITH 100% OHI/TPL **OR**
 R RESUBMISSION

THEN ALL OCCURRENCES OF ADMINISTRATIVE CLIN MUST = BLANK

2-108-02F • NO DUPLICATE CLINS ON TED RECORD

IF HEADER TYPE INDICATOR = 6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**

9 BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)

THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-5) MUST HAVE NO DUPLICATES IN ANY OF THE THREE OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)

2-180-03F • ALL ADMINISTRATIVE CLIN MUST BE IN THE SAME OPTION PERIOD

IF ADMINISTRATIVE CLIN (FIRST POSITION) ≠ BLANK

THEN ALL POPULATED ADMINISTRATIVE CLIN (FIRST & SECOND POSITIONS) OCCURRENCES MUST CONTAIN THE SAME VALUE

2-108-04F • CLIN MATCHES ACCRUAL FUND

IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) = 61 RETAIL PHARMACY

AND HEADER TYPE INDICATOR = 6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**

¹ IF ANY ADMINISTRATIVE CLIN FAILS THE RELATIONAL EDITS IT WILL NOT RECEIVE ADMINISTRATIVE PAYMENT.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (CONTINUED)

		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) =	2	ACCRUAL FUND
	THEN ANY OCCURRENCES OF ADMINISTRATIVE CLIN (POSITIONS 2-5) MUST = 001A OR 003A OR ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 2-6) MUST = 005AA OR BLANK		
2-108-05F	• CLIN MATCHES APPROPRIATED FUND		
	IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	61	RETAIL PHARMACY
	AND HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER (EIGHTH POSITION) =	1	APPROPRIATED FUNDS
	THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 2-5) MUST = 002A OR 004A OR ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 2-6) MUST = 005AB OR BLANK		
2-108-06F	• CLIN VS. PAPER CLAIM FORM TYPE		
	IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	61	RETAIL PHARMACY
	AND HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	AND ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 2-6) = 001AB OR 002AB		
	THEN CLAIM FORM TYPE MUST =	B	DD FORM 2642 OR

¹ IF ANY ADMINISTRATIVE CLIN FAILS THE RELATIONAL EDITS IT WILL NOT RECEIVE ADMINISTRATIVE PAYMENT.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (CONTINUED)

		C	HCFA FORM 1500 OR
		F	UB-92 OR
		J	OTHER
2-108-07F	• CLIN VS. CLAIM ELECTRONIC FORM TYPE		
	IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	61	RETAIL PHARMACY
	AND HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON- INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	AND ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 2-6) = 001AA OR 002AA		
	THEN CLAIM FORM TYPE MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR
		H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR
		I	ELECTRONIC DRUG CLAIM SUBMISSION
2-108-08F	• NO BASE ELECTRONIC ADMINISTRATIVE PAYMENT FOR DENIAL OF SERVICES		
	IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	61	RETAIL PHARMACY
	AND HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON- INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	AND TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	AND CLAIM FORM TYPE MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR
		H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR
		I	ELECTRONIC DRUG CLAIM SUBMISSION

¹ IF ANY ADMINISTRATIVE CLIN FAILS THE RELATIONAL EDITS IT WILL NOT RECEIVE ADMINISTRATIVE PAYMENT.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (CONTINUED)

THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 2-6) MUST ≠ 001AA OR 002AA

2-108-09F • CLIN MATCHES ACCRUAL FUND

IF BATCH/VOUCHER ASAP
ACCOUNT NUMBER (SIXTH &
SEVENTH POSITIONS) =

02 TMOP PHARMACY

AND HEADER TYPE
INDICATOR =

6 VOUCHER HEADER (USED ONLY FOR
INSTITUTIONAL/NON-INSTITUTIONAL
NON-FINANCIALLY UNDERWRITTEN
ADMIN CLAIM RATE ELIGIBLE TED
RECORDS) OR

9 BATCH HEADER (INSTITUTIONAL/NON-
INSTITUTIONAL FINANCIALLY
UNDERWRITTEN ADMIN CLAIM RATE
ELIGIBLE TED RECORDS)

AND BATCH/VOUCHER ASAP
ACCOUNT NUMBER (EIGHTH
POSITION) =

2 ACCRUAL FUND

THEN ANY OCCURRENCES OF ADMINISTRATIVE CLIN (POSITIONS 2-6) MUST = 001AA OR 002AB OR 003AB OR BLANK

2-108-10F • CLIN MATCHES APPROPRIATED FUND

IF BATCH/VOUCHER ASAP
ACCOUNT NUMBER (SIXTH &
SEVENTH POSITIONS) =

02 TMOP PHARMACY

AND HEADER TYPE
INDICATOR =

6 VOUCHER HEADER (USED ONLY FOR
INSTITUTIONAL/NON-INSTITUTIONAL
NON-FINANCIALLY UNDERWRITTEN
ADMIN CLAIM RATE ELIGIBLE TED
RECORD) OR

9 BATCH HEADER (INSTITUTIONAL/NON-
INSTITUTIONAL FINANCIALLY
UNDERWRITTEN ADMIN CLAIM RATE
ELIGIBLE TED RECORDS)

AND BATCH/VOUCHER ASAP
ACCOUNT NUMBER (EIGHTH
POSITION) =

1 APPROPRIATED FUNDS

THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 2-6) MUST = 001AB OR 002AA OR 003AA OR 004AA OR BLANK

2-108-11F • NO BASE ADMINISTRATIVE PAYMENT FOR DENIAL OF SERVICES

IF BATCH/VOUCHER ASAP
ACCOUNT NUMBER (SIXTH &
SEVENTH POSITIONS) =

02 TMOP PHARMACY

¹ IF ANY ADMINISTRATIVE CLIN FAILS THE RELATIONAL EDITS IT WILL NOT RECEIVE ADMINISTRATIVE PAYMENT.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (CONTINUED)

	AND HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	AND TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 2-6) MUST ≠ 001AA OR 001AB		
2-108-12F	• CLIN VS. PAPER CLAIM FORM TYPE		
	IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	62	WEST REGION OR
		63	SOUTH REGION OR
		64	NORTH REGION OR
		65	TDEFIC
	AND HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	AND ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 5-6) = AB		
	THEN CLAIM FORM TYPE MUST =	B	DD FORM 2642 OR
		C	HCFA FORM 1500 OR
		F	UB-92 OR
		J	OTHER
2-108-13F	• CLIN VS. CLAIM ELECTRONIC FORM TYPE		
	IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	62	WEST REGION OR
		63	SOUTH REGION OR
		64	NORTH REGION OR
		65	TDEFIC

¹ IF ANY ADMINISTRATIVE CLIN FAILS THE RELATIONAL EDITS IT WILL NOT RECEIVE ADMINISTRATIVE PAYMENT.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (CONTINUED)

	AND HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	AND ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 5-6) = AA		
	THEN CLAIM FORM TYPE MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR
		H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR
		I	ELECTRONIC DRUG CLAIM SUBMISSION
2-108-14F	• ONLY ONE ADMINISTRATIVE PAYMENT PER RECORD		
	IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	62	WEST REGION OR
		63	SOUTH REGION OR
		64	NORTH REGION OR
		65	TDEFIC
	AND HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	THEN ONLY ONE ADMINISTRATIVE CLIN IS ALLOWED ON THE TED RECORD		
2-108-15F	• FOREIGN CLAIM RATE VALIDATION		
	IF BATCH/VOUCHER ASAP ACCOUNT NUMBER (SIXTH & SEVENTH POSITIONS) =	63	SOUTH REGION
	AND HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR

¹ IF ANY ADMINISTRATIVE CLIN FAILS THE RELATIONAL EDITS IT WILL NOT RECEIVE ADMINISTRATIVE PAYMENT.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (CONTINUED)

9 BATCH HEADER (INSTITUTIONAL/NON-
INSTITUTIONAL FINANCIALLY
UNDERWRITTEN ADMIN CLAIM RATE
ELIGIBLE TED RECORDS)

AND ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 5-6) = AC

THEN FILING STATE AND COUNTRY CODE MUST = A FOREIGN COUNTRY CODE
(REFER TO CHAPTER 2, ADDENDUM A)

¹ IF ANY ADMINISTRATIVE CLIN FAILS THE RELATIONAL EDITS IT WILL NOT RECEIVE
ADMINISTRATIVE PAYMENT.

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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