

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025)		
VALIDITY EDITS		
REFER TO CHAPTER 2, SECTION 2.3.		
RELATIONAL EDITS		
0-025-01F	• BATCH/VOUCHER ASAP ACCOUNT NUMBER VALIDATION - ACCRUAL FUND CHECK	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT USING INCORRECT BATCH/VOUCHER ASAP NUMBER GOVERNMENT CAUSED ERROR
OR CONTRACT NUMBER = MDA906-03-C-0015 (TDEFIC)		
THEN BYPASS THIS EDIT		
ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =	A	MEDICARE PART A OR
	C	MEDICARE PART A & B
AND HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE =	005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	010	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSOR OR
	015	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	020	TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	022	TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (CONTINUED)

110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
131	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
132	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
134	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
135	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS OR
136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
141	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
142	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
147	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS OR
148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
149	TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
151	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS

**OR HEALTH CARE
COVERAGE MEMBER
CATEGORY CODE =**

F FORMER MEMBER OR

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	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR
	W	FORMER SPOUSE
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN THE TMA DATABASE MUST = TRUST/ACCRUAL FUND		
0-025-02F	• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER ASAP ACCOUNT NUMBER VALIDATION - NORTH CONTRACT	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT		
ELSE IF CONTRACT NUMBER =	MDA906-03-C-0011 (NORTH)	
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN TMA DATABASE = TRICARE DOMESTIC		
THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	CL	CLINICAL TRIALS
OR HCDP PLAN COVERAGE CODE =	401	TRICARE RESERVE SELECT MEMBER-ONLY COVERAGE OR
	402	TRICARE RESERVE SELECT MEMBER AND FAMILY COVERAGE
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
0-025-03F	• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER ASAP ACCOUNT NUMBER VALIDATION - SOUTH CONTRACT	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (CONTINUED)

H2 BENEFIT PAYMENT MADE USING
INCORRECT BATCH/VOUCHER ASAP
NUMBER, GOVERNMENT CAUSED ERROR

THEN BYPASS THIS EDIT

**ELSE IF CONTRACT
NUMBER =** MDA906-03-C-0010 (SOUTH)

**AND BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN
TMA DATABASE = TRICARE DOMESTIC OR TRICARE FOREIGN**

**THEN ENROLLMENT
CODE/HEALTH PLAN
CODE MUST =** Y CHCBP - STANDARD **OR**
AA CHCBP - EXTRA

**OR ANY OCCURRENCE
OF SPECIAL
PROCESSING CODE
MUST =** CL CLINICAL TRIALS

**OR HCDP PLAN
COVERAGE CODE =** 401 TRICARE RESERVE SELECT MEMBER-ONLY
COVERAGE **OR**

402 TRICARE RESERVE SELECT MEMBER AND
FAMILY COVERAGE

**OR HCC MEMBER
CATEGORY CODE
MUST =** A ACTIVE DUTY **OR**
G NATIONAL GUARD > 30 DAYS **OR**
J ACADEMY STUDENT **OR**
N NATIONAL GUARD < 30 DAYS **OR**
S RESERVE > 30 DAYS **OR**
T FOREIGN MILITARY MEMBER **OR**
V RESERVE < 30 DAYS

**AND HCC MEMBER
RELATIONSHIP CODE
MUST =** A SELF

**0-025-04F • NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER ASAP ACCOUNT
NUMBER VALIDATION - WEST CONTRACT**

**IF ANY OCCURRENCE OF
OVERRIDE CODE =** H1 BENEFIT PAYMENT MADE USING
INCORRECT BATCH/VOUCHER ASAP
NUMBER, CONTRACTOR ERROR **OR**

H2 BENEFIT PAYMENT MADE USING
INCORRECT BATCH/VOUCHER ASAP
NUMBER, GOVERNMENT CAUSED ERROR

THEN BYPASS THIS EDIT

**ELSE IF CONTRACT
NUMBER =** MDA906-03-C-0009 (WEST)

**AND BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN
TMA DATABASE = TRICARE DOMESTIC**

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ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (CONTINUED)

THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	CL	CLINICAL TRIALS
OR PATIENT ZIP CODE IS IN ALASKA		
OR HCDP PLAN COVERAGE CODE =	401	TRICARE RESERVE SELECT MEMBER-ONLY COVERAGE OR
	402	TRICARE RESERVE SELECT MEMBER AND FAMILY COVERAGE
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000)

VALIDITY EDITS

NONE

RELATIONAL EDITS

1-000-02F • NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - NORTH CONTRACT

IF ANY OCCURRENCE OF
OVERRIDE CODE = H1 BENEFIT PAYMENT MADE USING
INCORRECT BATCH/VOUCHER CLIN/ASAP
NUMBER, CONTRACTOR ERROR **OR**

H2 BENEFIT PAYMENT MADE USING
INCORRECT BATCH/VOUCHER CLIN/ASAP
NUMBER, GOVERNMENT CAUSED ERROR

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 GOVT CONTRACTOR (TOTAL) = ZERO

THEN BYPASS THIS EDIT

**ELSE IF BATCH/VOUCHER CLIN/
ASAP ACCOUNT NUMBER ASAP
DESCRIPTION FOUND IN
CORAMS = TD TRICARE DOMESTIC**

AND CONTRACT NUMBER = MDA906-03-C-0011 (NORTH)

AND BEGIN DATE OF CARE ≥ 09/01/2004

**THEN SPECIAL
PROCESSING CODE MUST = AR SHCP - REFERRED CARE **OR****

CL CLINICAL TRIALS **OR**

CM INDIVIDUAL CASE MANAGEMENT **OR**

CT CUSTODIAL CARE

**OR ENROLLMENT/
HEALTH PLAN CODE = SR SHCP - REFERRED CARE**

**OR HCDP PLAN
COVERAGE CODE
MUST = 401 TRICARE RESERVE SELECT TIER 1 MEMBER-
ONLY COVERAGE (CONTINGENCY
OPERATIONS) **OR****

402 TRICARE RESERVE SELECT TIER 1 MEMBER
AND FAMILY COVERAGE (CONTINGENCY
OPERATIONS) **OR**

405 TRICARE RESERVE SELECT TIER 2 MEMBER-
ONLY COVERAGE (CERTIFIED
QUALIFICATIONS) **OR**

406 TRICARE RESERVE SELECT TIER 2 MEMBER
AND FAMILY COVERAGE (CERTIFIED
QUALIFICATIONS) **OR**

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ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL (1-000) (CONTINUED)

	407	TRICARE RESERVE SELECT TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRICARE RESERVE SELECT TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW FAMILY COVERAGE
		OR HCC MEMBER CATEGORY CODE MUST =
	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
		AND HCC MEMBER RELATIONSHIP CODE MUST =
	A	SELF OR
	Z	UNKNOWN
1-000-03F		• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - SOUTH CONTRACT
		IF ANY OCCURRENCE OF OVERRIDE CODE =
	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
		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 GOVT CONTRACTOR (TOTAL) = ZERO
		THEN BYPASS THIS EDIT

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**ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL
(1-000) (CONTINUED)**

ELSE IF BATCH/VOUCHER CLIN/
ASAP ACCOUNT NUMBER ASAP
DESCRIPTION FOUND IN
CORAMS =

TD TRICARE DOMESTIC

AND CONTRACT NUMBER = MDA906-03-C-0010 (SOUTH)

AND BEGIN DATE OF CARE ≥ 11/01/2004

THEN ENROLLMENT
CODE/HEALTH PLAN
CODE MUST =

Y CHCBP OR

AA CHCBP - EXTRA OR

SR SHCP - REFERRED CARE

OR HCDP PLAN
COVERAGE CODE
MUST =

401 TRICARE RESERVE SELECT TIER 1 MEMBER-
ONLY COVERAGE OR

402 TRICARE RESERVE SELECT TIER 1 MEMBER
AND FAMILY COVERAGE (CONTINGENCY
OPERATIONS) OR

405 TRICARE RESERVE SELECT TIER 2 MEMBER-
ONLY COVERAGE (CERTIFIED
QUALIFICATIONS) OR

406 TRICARE RESERVE SELECT TIER 2 MEMBER
AND FAMILY COVERAGE (CERTIFIED
QUALIFICATIONS) OR

407 TRICARE RESERVE SELECT TIER 3 MEMBER-
ONLY COVERAGE (SERVICE AGREEMENT)
OR

408 TRICARE RESERVE SELECT TIER 3 MEMBER
AND FAMILY COVERAGE (SERVICE
AGREEMENT) OR

409 TRICARE RESERVE SELECT TIER 1 SURVIVOR
CONTINUING WITH INDIVIDUAL
COVERAGE OR

410 TRICARE RESERVE SELECT TIER 1 SURVIVOR
CONTINUING WITH FAMILY COVERAGE
OR

411 TRICARE RESERVE SELECT TIER 1 SURVIVOR
NEW INDIVIDUAL COVERAGE OR

412 TRICARE RESERVE SELECT TIER 1 SURVIVOR
NEW FAMILY COVERAGE

OR SPECIAL
PROCESSING CODE
MUST =

AR SHCP - REFERRED CARE OR

CL CLINICAL TRIALS OR

CM INDIVIDUAL CASE MANAGEMENT OR

CT CUSTODIAL CARE

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**ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL
(1-000) (CONTINUED)**

OR HCC MEMBER CATEGORY CODE MUST =		A	ACTIVE DUTY OR
		G	NATIONAL GUARD > 30 DAYS OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD < 30 DAYS OR
		S	RESERVE > 30 DAYS OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE < 30 DAYS OR
		Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =		A	SELF OR
		Z	UNKNOWN
1-000-04F	• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT		
IF ANY OCCURRENCE OF OVERRIDE CODE =		H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
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 GOVT CONTRACTOR (TOTAL) = ZERO			
THEN BYPASS THIS EDIT			
ELSE IF BATCH/VOUCHER CLIN/ ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =		TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =		MDA906-03-C-0009 (WEST)	
AND BEGIN DATE OF CARE ≥ 10/01/2004			
THEN SPECIAL PROCESSING CODE MUST =		AR	SHCP - REFERRED CARE OR
		CL	CLINICAL TRIALS OR
		CM	INDIVIDUAL CASE MANAGEMENT OR
		CT	CUSTODIAL CARE
OR ENROLLMENT/ HEALTH PLAN CODE =		SR	SHCP - REFERRED CARE

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**ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - INSTITUTIONAL
(1-000) (CONTINUED)**

OR HCDP PLAN COVERAGE CODE MUST =	401	TRICARE RESERVE SELECT TIER 1 MEMBER- ONLY COVERAGE OR
	402	TRICARE RESERVE SELECT TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRICARE RESERVE SELECT TIER 2 MEMBER- ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRICARE RESERVE SELECT TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRICARE RESERVE SELECT TIER 3 MEMBER- ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRICARE RESERVE SELECT TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW FAMILY COVERAGE
OR PATIENT ZIP CODE IS IN ALASKA		
OR PCM DMIS ID STATE = ALASKA		
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

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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 SERVICE MEMBER]
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
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 ADSM
AND TYPE OF SUBMISSION \neq	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION IN THE TMA DATABASE MUST = TRICARE FOREIGN	
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 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

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ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)	
	S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T FOREIGN MILITARY MEMBER OR
	V RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE MUST =
	A SELF
1-060-02F	• TPR FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	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 =	WA TPR FOREIGN ADSM
AND TYPE OF SUBMISSION ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION IN THE TMA DATABASE MUST = TRICARE FOREIGN
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 MUST =	A ACTIVE DUTY OR
	G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J ACADEMY STUDENT OR

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ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND HCC MEMBER RELATIONSHIP CODE MUST =	
	A	SELF
1-060-11F	2	TRICARE PRIME REMOTE (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 ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	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
		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

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ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)			
	FS	TFL - STANDARD	
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR OR	
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR OR	
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION	
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
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 =	F	FORMER MEMBER (RESERVE SERVICE) OR	
	H	MEDAL OF HONOR RECIPIENT OR	
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR	
	W	FORMER SPOUSE	

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CHAPTER 2, SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

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

		AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	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 ENROLLMENT/HEALTH PLAN CODE =		SN	SHCP - NON-MTF REFERRED OR
			SO	SHCP - NON-TRICARE ELIGIBLE OR
			ST	SHCP - TRICARE ELIGIBLE
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =		AN	SHCP - NON-REFERRED CARE OR
			CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
			SC	SHCP - NON-TRICARE ELIGIBLE OR
			SE	SHCP - TRICARE ELIGIBLE OR
			SM	SHCP - EMERGENCY
	AND TYPE OF SUBMISSION ≠		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
			E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	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

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	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
1-060-19F	• 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
	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
	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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND HCC MEMBER RELATIONSHIP CODE MUST =	
	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]	

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CHAPTER 2, SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR OR
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
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
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 MUST ≠	A	SELF

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

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

	AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A	MEDICARE PART A OR
		C	MEDICARE PART A & B
1-060-23F	• CONUS NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT VALIDATION		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	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 TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST ≠		ARMY SHCP CLIN OR
			AIR FORCE SHCP CLIN OR
			NAVY SHCP CLIN OR
			TRICARE DOMESTIC ASAP OR
			TRICARE FOREIGN ASAP
1-060-26F	• FOREIGN ADFM		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
		6	CLAIM RATE VOUCHER

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CHAPTER 2, SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
AND ENROLLMENT CODE/ HEALTH PLAN CODE =	XF	FOREIGN ADFM
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD OR
	E	COMPLETE CANCELLATION NON-TED RECORD
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST = TRICARE FOREIGN		
AND 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
	Z	UNKNOWN
	AND HCC MEMBER CATEGORY CODE MUST =	A
G		NATIONAL GUARD > 30 DAYS OR
J		ACADEMY STUDENT OR
N		NATIONAL GUARD > 30 DAYS OR
S		RESERVE > 30 DAYS OR
T		FOREIGN MILITARY MEMBER OR
AND HCC MEMBER RELATIONSHIP CODE MUST ≠	V	RESERVE < 30 DAYS
	A	SELF
1-060-27F	• TPR FOREIGN EDITS (ADFM)	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
	6	CLAIM RATE VOUCHER
AND ENROLLMENT CODE/ HEALTH PLAN CODE =	WO	TPR FOREIGN ADFM
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD OR
	E	COMPLETE CANCELLATION NON-TED RECORD

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CHAPTER 2, SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)	
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST = TRICARE FOREIGN	
AND 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
	Z UNKNOWN
AND HCC MEMBER CATEGORY CODE MUST =	A ACTIVE DUTY OR
	G NATIONAL GUARD > 30 DAYS OR
	J ACADEMY STUDENT OR
	S RESERVE > 30 DAYS
AND HCC MEMBER RELATIONSHIP CODE MUST =	B SPOUSE OR
	C CHILD OR
	D PRE-ADOPTIVE CHILD OR
	E WARD
1-060-28F	• NAVY LINE OF DUTY CLAIMS
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT	
ELSE IF HEADER TYPE INDICATOR =	5 NON-CLAIM RATE VOUCHER OR
	6 CLAIM RATE VOUCHER
AND CONTRACTOR NUMBER =	MDA906-03-C-0010 (SOUTH)
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 5	
THEN BRANCH CLASSIFICATION CODE MUST =	N NAVY OR
	Z UNKNOWN
1-060-29F	• MARINE LINE OF DUTY CLAIMS

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

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

IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
	6	CLAIM RATE VOUCHER
AND CONTRACTOR NUMBER =	MDA906-03-C-0010 (SOUTH)	
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 6		
THEN BRANCH CLASSIFICATION CODE MUST =	M	MARINE OR
	Z	UNKNOWN

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CHAPTER 2, SECTION 8.1

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 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (1-283)

VALIDITY EDITS

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

RELATIONAL EDITS

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 3-6) MUST HAVE NO DUPLICATE IN ANY OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)

1-283-08F • OPTION PERIOD

IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER **OR**

9 CLAIM RATE BATCH

AND CLIN FIELD ON TED RECORD NOT = BLANK

AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0

AND TYPE OF SUBMISSION = A ADJUSTMENT

THEN THE CLIN MUST BE VALID IN THE CURRENT OR PRIOR OPTION PERIOD FOR THAT CLIN ON THE TMA DATABASE

ELSE THE CLIN MUST BE VALID IN THE CURRENT OPTION PERIOD FOR THAT CLIN ON THE TMA DATABASE

1-283-09F • CLIN MATCHES APPROPRIATION TYPE

IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER **OR**

9 CLAIM RATE BATCH

AND CLIN FIELD ON TED RECORD NOT = BLANK

AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0

AND TYPE OF SUBMISSION = A ADJUSTMENT

THEN IF THE CLIN IS VALID FOR THE CURRENT OR PRIOR OPTION PERIOD IN THE TMA DATABASE

THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.

ELSE IF THE CLIN IS VALID FOR THE CURRENT OPTION PERIOD IN THE TMA DATABASE

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

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

THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.

1-283-10F • CLIN MATCHES APPROPRIATION TYPE

IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER **OR**
9 CLAIM RATE BATCH

AND CLIN FIELD ON TED RECORD **NOT** = BLANK

AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0

AND TYPE OF SUBMISSION = A ADJUSTMENT

THEN IF THE CLIN IS VALID FOR THE CURRENT OR PRIOR OPTION PERIOD IN THE TMA DATABASE

THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST = SINGLE **OR**

DISPENSING FEE

OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE = ELECTRONIC

THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST = G ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION **OR**

H ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION **OR**

I ELECTRONIC DRUG CLAIM SUBMISSION

OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE = PAPER

THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST = B DD FORM 2642 **OR**

C HCFA FORM 1500 **OR**

F UB 92 **OR**

J OTHER

OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE = FOREIGN

THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED MUST **NOT** = A SPACE

ELSE IF THE CLIN IS VALID FOR THE CURRENT OR PRIOR OPTION PERIOD IN THE TMA DATABASE

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

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

THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =		SINGLE OR DISPENSING FEE
OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		ELECTRONIC
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR
	H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR
	I	ELECTRONIC DRUG CLAIM SUBMISSION
OR IF RATE TYPE FOR THE CLIN IN THE TMA DATABASE =		PAPER
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	B	DD FORM 2642 OR
	C	HCFA FOR 1500 OR
	F	UB 92 OR
	J	OTHER
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		FOREIGN
THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED MUST NOT = A SPACE.		

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

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CHAPTER 2, SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000)

VALIDITY EDITS

NONE

RELATIONAL EDITS

2-000-02F • NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - NORTH CONTRACT

IF ANY OCCURRENCE OF
OVERRIDE CODE = H1 BENEFIT PAYMENT MADE USING
INCORRECT BATCH/VOUCHER CLIN/ASAP
NUMBER, CONTRACTOR ERROR **OR**

H2 BENEFIT PAYMENT MADE USING
INCORRECT BATCH/VOUCHER CLIN/ASAP
NUMBER, GOVERNMENT CAUSED ERROR

OR TYPE OF SUBMISSION = B ADJUSTMENT TO NON-TED RECORD (HCSR)
DATA **OR**

E COMPLETE CANCELLATION OF NON-TED
RECORD (HCSR) DATA

OR THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVT
CONTRACTOR BY PROCEDURE CODE = ZERO

THEN BYPASS THIS EDIT

**ELSE IF BATCH/VOUCHER CLIN/
ASAP ACCOUNT NUMBER ASAP
DESCRIPTION FOUND IN
CORAMS = TD TRICARE DOMESTIC)**

AND CONTRACT NUMBER = MDA906-03-C-0011 (NORTH)

AND BEGIN DATE OF CARE ≥ 09/01/2004

**THEN SPECIAL
PROCESSING CODE MUST = AR SHCP - REFERRED CARE **OR****

CL CLINICAL TRIALS **OR**

CM INDIVIDUAL CASE MANAGEMENT **OR**

CT CUSTODIAL CARE

**OR ENROLLMENT/
HEALTH PLAN CODE = SR SHCP - REFERRED CARE**

**OR HCDP PLAN
COVERAGE CODE
MUST = 401 TRICARE RESERVE SELECT TIER 1 MEMBER-
ONLY COVERAGE (CONTINGENCY
OPERATIONS) **OR****

402 TRICARE RESERVE SELECT TIER 1 MEMBER
AND FAMILY COVERAGE (CONTINGENCY
OPERATIONS) **OR**

405 TRICARE RESERVE SELECT TIER 2 MEMBER-
ONLY COVERAGE (CERTIFIED
QUALIFICATIONS) **OR**

406 TRICARE RESERVE SELECT TIER 2 MEMBER
AND FAMILY COVERAGE (CERTIFIED
QUALIFICATIONS) **OR**

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (CONTINUED)

	407	TRICARE RESERVE SELECT TIER 3 MEMBER-ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRICARE RESERVE SELECT TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW FAMILY COVERAGE
		OR HCC MEMBER CATEGORY CODE MUST =
	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
		AND HCC MEMBER RELATIONSHIP CODE MUST =
	A	SELF OR
	Z	UNKNOWN
2-000-03F		• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - SOUTH CONTRACT
		IF ANY OCCURRENCE OF OVERRIDE CODE =
	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
		OR TYPE OF SUBMISSION =
	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
		OR THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVT CONTRACTOR BY PROCEDURE CODE = ZERO
		THEN BYPASS THIS EDIT

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (CONTINUED)

ELSE IF BATCH/VOUCHER CLIN/
ASAP ACCOUNT NUMBER ASAP
DESCRIPTION FOUND IN
CORAMS = TD TRICARE DOMESTIC)

AND CONTRACT NUMBER = MDA906-03-C-0010 (SOUTH)

AND BEGIN DATE OF CARE ≥ 11/01/2004

THEN ENROLLMENT
CODE/HEALTH PLAN
CODE MUST = Y CHCBP OR

AA CHCBP - EXTRA OR

SR SHCP - REFERRED CARE

OR HCDP PLAN
COVERAGE CODE
MUST =

401 TRICARE RESERVE SELECT TIER 1 MEMBER-
ONLY COVERAGE OR

402 TRICARE RESERVE SELECT TIER 1 MEMBER
AND FAMILY COVERAGE (CONTINGENCY
OPERATIONS) OR

405 TRICARE RESERVE SELECT TIER 2 MEMBER-
ONLY COVERAGE (CERTIFIED
QUALIFICATIONS) OR

406 TRICARE RESERVE SELECT TIER 2 MEMBER
AND FAMILY COVERAGE (CERTIFIED
QUALIFICATIONS) OR

407 TRICARE RESERVE SELECT TIER 3 MEMBER-
ONLY COVERAGE (SERVICE AGREEMENT)
OR

408 TRICARE RESERVE SELECT TIER 3 MEMBER
AND FAMILY COVERAGE (SERVICE
AGREEMENT) OR

409 TRICARE RESERVE SELECT TIER 1 SURVIVOR
CONTINUING WITH INDIVIDUAL
COVERAGE OR

410 TRICARE RESERVE SELECT TIER 1 SURVIVOR
CONTINUING WITH FAMILY COVERAGE
OR

411 TRICARE RESERVE SELECT TIER 1 SURVIVOR
NEW INDIVIDUAL COVERAGE OR

412 TRICARE RESERVE SELECT TIER 1 SURVIVOR
NEW FAMILY COVERAGE

OR SPECIAL
PROCESSING CODE
MUST =

AR SHCP - REFERRED CARE OR

CL CLINICAL TRIALS OR

CM INDIVIDUAL CASE MANAGEMENT OR

CT CUSTODIAL CARE

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (CONTINUED)

OR HCC MEMBER CATEGORY CODE MUST =		A ACTIVE DUTY OR
		G NATIONAL GUARD > 30 DAYS OR
		J ACADEMY STUDENT OR
		N NATIONAL GUARD < 30 DAYS OR
		S RESERVE > 30 DAYS OR
		T FOREIGN MILITARY MEMBER OR
		V RESERVE < 30 DAYS OR
		Z UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =		A SELF OR
		Z UNKNOWN
2-000-04F	• NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER CLIN/ASAP NUMBER, GOVERNMENT CAUSED ERROR
OR TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
OR THE TOTAL OF ALL OCCURRENCE/LINE ITEMS OF AMOUNT PAID BY GOVT CONTRACTOR BY PROCEDURE CODE = ZERO		
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC)
AND CONTRACT NUMBER =	MDA906-03-C-0009 (WEST)	
AND BEGIN DATE OF CARE ≥ 10/01/2004		
THEN SPECIAL PROCESSING CODE MUST =	AR	SHCP - REFERRED CARE OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE
OR ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER - NON-INSTITUTIONAL (2-000) (CONTINUED)

OR HCDP PLAN COVERAGE CODE MUST =	401	TRICARE RESERVE SELECT TIER 1 MEMBER- ONLY COVERAGE OR
	402	TRICARE RESERVE SELECT TIER 1 MEMBER AND FAMILY COVERAGE (CONTINGENCY OPERATIONS) OR
	405	TRICARE RESERVE SELECT TIER 2 MEMBER- ONLY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	406	TRICARE RESERVE SELECT TIER 2 MEMBER AND FAMILY COVERAGE (CERTIFIED QUALIFICATIONS) OR
	407	TRICARE RESERVE SELECT TIER 3 MEMBER- ONLY COVERAGE (SERVICE AGREEMENT) OR
	408	TRICARE RESERVE SELECT TIER 3 MEMBER AND FAMILY COVERAGE (SERVICE AGREEMENT) OR
	409	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH INDIVIDUAL COVERAGE OR
	410	TRICARE RESERVE SELECT TIER 1 SURVIVOR CONTINUING WITH FAMILY COVERAGE OR
	411	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRICARE RESERVE SELECT TIER 1 SURVIVOR NEW FAMILY COVERAGE
OR PATIENT ZIP CODE IS IN ALASKA		
OR PCM DMIS ID STATE = ALASKA		
OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN

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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 CONTRACT NUMBER = MDA 906-02-C-0013 (TMOP) **OR**
MDA 906-03-C-0019 (TRRx)

**OR IF ANY OCCURRENCE OF
OVERRIDE CODE =**

H1 BENEFIT PAYMENT MADE USING
INCORRECT BATCH/VOUCHER ASAP
NUMBER, CONTRACTOR ERROR **OR**

H2 BENEFIT PAYMENT MADE USING
INCORRECT BATCH/VOUCHER ASAP
NUMBER, GOVERNMENT CAUSED ERROR

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 ADSM

AND TYPE OF SUBMISSION ≠

B ADJUSTMENT TO NON-TED RECORD (HCSR)
DATA **OR**

E COMPLETE CANCELLATION OF NON-TED
RECORD (HCSR) DATA

**THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND
IN THE TMA DATABASE MUST = TRICARE FOREIGN**

**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
MUST =**

A ACTIVE DUTY **OR**

G NATIONAL GUARD MEMBER (MOBILIZED
OR ON ACTIVE DUTY FOR 31 DAYS OR
MORE) **OR**

J ACADEMY STUDENT **OR**

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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 HCC MEMBER RELATIONSHIP CODE MUST =
	A SELF
2-055-02F	• TPR FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]
IF CONTRACT NUMBER =	MDA 906-02-C-0013 (TMOP) OR
	MDA 906-03-C-0019 (TRRx)
	OR IF ANY OCCURRENCE OF OVERRIDE CODE =
	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	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 =	WA TPR 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
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST = TRICARE FOREIGN
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

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
AND HCC MEMBER CATEGORY CODE MUST =	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 MUST =	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 ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
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 HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
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 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 HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	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
	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 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

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	AND HCC MEMBER CATEGORY CODE MUST =	F FORMER MEMBER OR
		H MEDAL OF HONOR RECIPIENT OR
		R RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR
		W FORMER SPOUSE
	AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A MEDICARE A OR
		C MEDICARE A & B
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
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR OR
		T MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR OR
		RS MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
	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

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	O	NOAA OR
	Z	NOT PROVIDED FROM DEERS
AND HHC MEMBER CATEGORY CODE MUST =	F	FORMER MEMBER OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR
	W	FORMER SPOUSE
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	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 ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP - NON-MTF REFERRED OR
	SO	SHCP - NON-TRICARE ELIGIBLE OR
	ST	SHCP - TRICARE ELIGIBLE OR
	SU	SHCP - REFERRAL DESIGNATION UNKNOWN
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-REFERRED CARE OR
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	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
	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
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
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

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	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
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
AND HCC MEMBER RELATIONSHIP CODE MUST =	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
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR OR
	RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
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

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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
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 MUST ¼	A SELF
AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A MEDICARE PART A OR
	C MEDICARE PART A & B
2-055-25F • CONUS NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT VALIDATION	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
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 TYPE OF SUBMISSION ≠	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	V FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER HEADER TYPE FOUND IN THE TMA DATABASE MUST ≠	ARMY SHCP CLIN OR
	AIR FORCE SHCP CLIN OR
	NAVY SHCP CLIN OR

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

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

		TRICARE DOMESTIC ASAP OR
		TRICARE FOREIGN ASAP
2-055-28F	• FOREIGN ADFM	
IF CONTRACT NUMBER =		MDA 906-02-C-0013 (TMOP) OR
		MDA 906-03-C-0019 (TRRX)
OR IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
	6	CLAIM RATE VOUCHER
AND ENROLLMENT CODE/ HEALTH PLAN CODE =	XF	FOREIGN ADFM
AND TYPE OF SUBMISSION NOT =	B	ADJUSTMENT TO NON-TED RECORD OR
	E	COMPLETE CANCELLATION NON-TED RECORD
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST = TRICARE FOREIGN		
AND 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
	Z	UNKNOWN
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS
AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)	
2-055-29F	• TPR FOREIGN EDITS (ADFM)
IF CONTRACT NUMBER =	MDA 906-02-C-0013 (TMOP) OR MDA 906-03-C-0019 (TRRX)
OR IF ANY OCCURRENCE OF OVERRIDE CODE =	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT	
ELSE IF HEADER TYPE INDICATOR =	5 NON-CLAIM RATE VOUCHER OR 6 CLAIM RATE VOUCHER
AND ENROLLMENT CODE/ HEALTH PLAN CODE =	WO TPR FOREIGN ADFM
AND TYPE OF SUBMISSION NOT =	B ADJUSTMENT TO NON-TED RECORD OR E COMPLETE CANCELLATION NON-TED RECORD
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST = TRICARE FOREIGN	
AND 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 Z UNKNOWN
AND HCC MEMBER CATEGORY CODE MUST =	A ACTIVE DUTY OR G NATIONAL GUARD > 30 DAYS OR J ACADEMY STUDENT OR S RESERVE > 30 DAYS
AND HCC MEMBER RELATIONSHIP CODE MUST =	B SPOUSE OR C CHILD OR D PRE-ADOPTIVE CHILD OR E WARD
2-055-30F	• NAVY LINE OF DUTY CLAIMS

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

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

IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
	6	CLAIM RATE VOUCHER
AND CONTRACT NUMBER =	MDA906-03-0010 (SOUTH)	
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 =	5	
THEN SERVICE BRANCH CLASSIFICATION CODE MUST =	N	NAVY OR
	Z	UNKNOWN
2-055-31F	• MARINE LINE OF DUTY CLAIMS	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
	6	CLAIM RATE VOUCHER
AND CONTRACT NUMBER =	MDA906-03-0010 (SOUTH)	
AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 =	6	
THEN SERVICE BRANCH CLASSIFICATION CODE MUST =	M	MARINE OR
	Z	UNKNOWN

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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

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CHAPTER 2, SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108)

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 5.2](#)

RELATIONAL EDITS

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 3-6) MUST HAVE NO DUPLICATE IN ANY OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)

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

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)

AND CONTRACT NUMBER = MDA906-02-C-0002 (TMOP)

AND TYPE OF SUBMISSION = D COMPLETE DENIAL

THEN RATE TYPE FOR CLIN IN THE TMA DATABASE MUST ≠ DISPENSING FEE

2-108-16F • OPTION PERIOD

IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER **OR**

9 CLAIM RATE BATCH

AND CLIN FIELD ON TED RECORD NOT = BLANK

AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0

AND TYPE OF SUBMISSION = A ADJUSTMENT

THEN THE CLIN MUST BE VALID IN THE CURRENT OR PRIOR OPTION PERIOD FOR THAT CLIN ON THE TMA DATABASE

ELSE THE CLIN MUST BE VALID IN THE CURRENT OPTION PERIOD FOR THAT CLIN ON THE TMA DATABASE.

2-108-17F • CLIN MATCHES APPROPRIATION TYPE

IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER **OR**

ADMINISTRATIVE CLIN EDIT FAILURES ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTORS WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

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

	9	CLAIM RATE BATCH
AND CLIN FIELD ON TED RECORD NOT = BLANK		
AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0		
AND TYPE OF SUBMISSION =	A	ADJUSTMENT
THEN IF THE CLIN IS VALID FOR THE CURRENT OR PRIOR OPTION PERIOD IN THE TMA DATABASE		
THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.		
ELSE IF THE CLIN IS VALID FOR THE CURRENT OPTION PERIOD IN THE TMA DATABASE		
THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.		
2-108-18F	• CLIN vs. CLAIM FORM TYPE	
IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER OR
	9	CLAIM RATE BATCH
AND CLIN FIELD ON TED RECORD NOT = BLANK		
AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0		
AND TYPE OF SUBMISSION =	A	ADJUSTMENT
THEN IF THE CLIN IS VALID FOR THE CURRENT OR PRIOR OPTION PERIOD IN THE TMA DATABASE		
THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =		SINGLE OR
		DISPENSING FEE
OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE = ELECTRONIC		
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR
	H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR
	I	ELECTRONIC DRUG CLAIM SUBMISSION
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		PAPER
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	B	DD FORM 2642 OR
	C	HCFA FORM 1500 OR

ADMINISTRATIVE CLIN EDIT FAILURES ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTORS WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

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

	F	UB 92 OR
	J	OTHER
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		FOREIGN
THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED MUST NOT = A SPACE.		
ELSE IF THE CLIN IS VALID FOR THE CURRENT OPTION PERIOD IN THE TMA DATABASE		
THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =		SINGLE OR DISPENSING FEE
OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		ELECTRONIC
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR
	H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR
	I	ELECTRONIC DRUG CLAIM SUBMISSION
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		PAPER
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	B	DD FORM 2642 OR
	C	HCFA FORM 1500 OR
	F	UB 92 OR
	J	OTHER
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		FOREIGN
THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED MUST NOT = A SPACE.		
2-108-19F	• ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE	
IF CONTRACT NUMBER =	MDA906-02-C-0002 (TMOP) OR	
	MDA906-03-C-0019 (TRRx)	
AND HEADER TYPE INDICATOR =	9	CLAIM RATE ELIGIBLE BATCH

ADMINISTRATIVE CLIN EDIT FAILURES ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTORS WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

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

AND CLIN NOT = BLANK

THEN RATE TYPE FOR
THAT CLIN IN THE TMA
DATABASE MUST NOT =

DISPENSING FEE OR

ELECTRONIC OR

PAPER

2-108-20F • **ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE**

IF CONTRACT NUMBER = MDA906-02-C-0002 (TMOP) OR

MDA906-03-C-0019 (TRRx)

AND HEADER TYPE

INDICATOR =

6 CLAIM RATE ELIGIBLE VOUCHER

THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST NOT = SINGLE RATE

ADMINISTRATIVE CLIN EDIT FAILURES ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTORS WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

ELEMENT NAME: AMOUNT INTEREST PAYMENT (2-112)

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 2.4](#).

RELATIONAL EDITS

2-112-01F • **INTEREST VALIDATION ON PHARMACY BATCHES**

IF CONTRACT NUMBER = MDA906-02-C-0002 (TMOP) OR

MDA906-03-C-0019 (TRRx)

AND HEADER TYPE

INDICATOR =

0 NON-CLAIM RATE BATCH OR

9 CLAIM RATE BATCH

THEN AMOUNT INTEREST PAYMENT MUST = ZERO

ELEMENT NAME: AMOUNT PATIENT COST-SHARE (2-200)

VALIDITY EDITS

REFER TO [CHAPTER 2, SECTION 2.4](#).

RELATIONAL EDITS

2-200-01F • **COST-SHARE VALIDATION ON PHARMACY BATCHES**

IF CONTRACT NUMBER = MDA906-02-C-0002 (TMOP) OR

MDA906-03-C-0019 (TRRx)

AND HEADER TYPE

INDICATOR =

0 NON-CLAIM RATE BATCH OR

9 CLAIM RATE BATCH

THEN AMOUNT PATIENT COST-SHARE MUST = ZERO