

CHAPTER 6
SECTION 3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 145 - 164)

ELEMENT NAME: PATIENT COPAYMENT (2-145)		
VALIDITY EDITS		
2-145-01	MUST BE NUMERIC.	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPONSOR STATUS	SEE BELOW	PROGRAM INDICATOR, TYPE OF SERVICE, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPONSOR STATUS	SEE BELOW	SPECIAL PROCESSING CODE, TYPE OF SERVICE, PRINCIPAL TREATMENT DIAGNOSIS, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	SPONSOR STATUS, TYPE OF SERVICE, PRINCIPAL TREATMENT DIAGNOSIS, AMOUNT ALLOWED BY PROCEDURE CODE, NUMBER OF SERVICES, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE, AMOUNT ALLOWED
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE, SPECIAL PROCESSING CODE
¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!		

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
OVERRIDE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

NO ERROR IF SPECIAL PROCESSING CODE = MS TRICARE-SENIOR PRIME (NETWORK)

MN TRICARE-SENIOR PRIME (NON-NETWORK)

BYPASS ALL COPAYMENT EDITING.

2-145-02R PATIENT COPAYMENT MUST BE ZERO **WHEN**.

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

2-145-03R PATIENT COPAYMENT MUST BE ZERO **WHEN**

TYPE OF SUBMISSION = C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE

UNLESS

THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COPAYMENT MUST BE ≥ ZERO.

2-145-05R PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED **WHEN**

PROGRAM INDICATOR = I INSTITUTIONAL

N NON-INSTITUTIONAL

D DRUG

T DENTAL

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM

M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM

T MANAGED CARE SUPPORT - STANDARD PROGRAM

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE;		
SPECIAL RATE CODE =	D	DISCOUNT RATE AGREEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	S	RESOURCE SHARING
	#	HOSPICE
2-145-06R	PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED (AND COINSURANCE MUST BE ZERO) WHEN	
PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE;		
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	S	RESOURCE SHARING
	#	HOSPICE
	MH	MENTAL HEALTH

2-145-07R PATIENT COPAYMENT MUST BE ZERO WHEN

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
	#	HOSPICE
	S	RESOURCE SHARING
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE

ELSE		
TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	E	CANCELLATION NON-HCSR DATA
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE		
THEN PATIENT COPAYMENT MUST BE \leq ZERO.		
• EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.		
2-145-08R	PATIENT COPAYMENT MUST BE ZERO <u>WHEN</u>	
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	I	INPATIENT
	K	EMERGENCY ROOM COST SHARED AS INPATIENT
	O	OUTPATIENT
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
AND		
PROVIDER MAJOR SPECIALTY NOT =	BC	BIRTHING CENTER
	O	OUTPATIENT
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	O	CAMCHAS
	N	CHAMPUS SELECT
	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
	MH	MENTAL HEALTH
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

ELSE

TYPE OF SUBMISSION = B ADJUSTMENT NON-HCSR DATA

E CANCELLATION OF NON-HCSR DATA

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN PATIENT COPAYMENT MUST BE \leq ZERO.

PATIENT COPAYMENT MUST BE ZERO **WHEN**

SPONSOR STATUS = A ACTIVE DUTY

P TAMP DESIGNEE

B RECALLED ACTIVE DUTY

E MEPCOM ENLISTEE

J ACADEMY/OCS

N NATIONAL GUARD

Q PRISON/APPELLATE

V RESERVE

T FOREIGN MILITARY

PROGRAM INDICATOR = N NON-INSTITUTIONAL

D DRUG

T DENTAL

ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =

A AMBULATORY SURGERY

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM

T MANAGED CARE SUPPORT - STANDARD PROGRAM

Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
PATIENT RELATIONSHIP TO SPONSOR ≠	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
	O	CAMCHAS
	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	#	HOSPICE
	*	VA MEDICAL CENTER CLAIM
	!	NORTHERN REGION COORDINATED CARE
	MH	MENTAL HEALTH
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
ELSE		
TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)**OR**

TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN PATIENT COPAYMENT MUST BE \leq ZERO.**2-145-09R** PATIENT COPAYMENT MUST EQUAL \$25.00 (OR BETWEEN ZERO AND \$24.99, NOT TO EXCEED AMOUNT ALLOWED, IF AMOUNT ALLOWED < \$25.00) **WHEN**

SPONSOR STATUS = A ACTIVE DUTY

P TAMP DESIGNEE

B RECALLED ACTIVE DUTY

E MEPCOM ENLISTEE

J ACADEMY/OCS

N NATIONAL GUARD

Q PRISON/APPELLATE

V RESERVE

T FOREIGN MILITARY

PATIENT RELATIONSHIP TO SPONSOR \neq

T FORMER SPOUSE

H
R
Y

PROGRAM INDICATOR = I INSTITUTIONAL

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM

M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM

T MANAGED CARE SUPPORT - STANDARD PROGRAM

Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =

A AMBULATORY SURGERY, COST-SHARED AS INPATIENT

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)	
	M MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	O OUTPATIENT
AND	
PROVIDER MAJOR SPECIALTY =	BC BIRTHING CENTER
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
	V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM
	6 HOME HEALTH CARE
	O CAMCHAS
	A INTERNAL PARTNERSHIP
	N CHAMPUS SELECT
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	S RESOURCE SHARING
	* VA MEDICAL CENTER CLAIM
	# HOSPICE
	! NORTHERN REGION COORDINATED CARE
	MH MENTAL HEALTH
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT
	F ADJUSTMENT NEW SUFFIX
OR	
TYPE OF SUBMISSION =	A ADJUSTMENT
	C CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE.	
<ul style="list-style-type: none"> • EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE). 	
2-145-10R	PATIENT COPAYMENT MUST = ZERO WHEN
SPONSOR STATUS =	F FORMER MEMBER

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)	
	I PERMANENTLY DISABLED
	O TEMPORARILY DISABLED
	R RETIRED
	K DECEASED
	D 100% DISABLED
	W TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T FORMER SPOUSE H R Y
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	F FI STANDARD PROGRAM
	D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	T MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM
	O CAMCHAS
	A INTERNAL PARTNERSHIP
	N CHAMPUS SELECT
	6 HOME HEALTH CARE
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	S RESOURCE SHARING
	* VA MEDICAL CENTER CLAIM
	# HOSPICE

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
ELSE		
TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
<ul style="list-style-type: none"> • EDITS FOR FORT DRUM SPECIAL PROCESSING. 		
2-145-14R	PATIENT COPAYMENT MUST = ZERO WHEN SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE, RETIRED OR DECEASED;	
SPECIAL PROCESSING CODE =	9	FT DRUM DEMONSTRATION
PROVIDER PARTICIPATION INDICATOR =	Y	YES
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT
	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
PRINCIPAL TREATMENT DIAGNOSIS ≠ 290-316 (MENTAL HEALTH)		
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
ELSE		
TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
2-145-15R	PATIENT COPAYMENT MUST BE \$4.00 TIMES NUMBER OF SERVICES (WHERE AMOUNT ALLOWED BY PROCEDURE CODE ≠ ZERO FOR DETAIL OCCURRENCE) WHEN	
SPONSOR STATUS =	ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE, RETIRED OR DECEASED;	
SPECIAL PROCESSING CODE =	9	FT DRUM DEMONSTRATION
PROVIDER PARTICIPATION INDICATOR =	Y	YES
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
PRINCIPAL TREATMENT DIAGNOSIS = 290 - 316 (MENTAL HEALTH);		
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT
	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

C CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

- EDIT FOR ARMY CAM DEMONSTRATIONS, FAMILY MEMBERS OF ACTIVE DUTY SPONSOR.

2-145-16R PATIENT COPAYMENT MUST BE THE ACTIVE DUTY DAILY RATE TIMES THE NUMBER OF SERVICES² (WHERE AMOUNT ALLOWED BY PROCEDURE CODE ≠ ZERO FOR DETAIL OCCURRENCE) **WHEN**

SPONSOR STATUS =	A ACTIVE DUTY
	P TAMP DESIGNEE
	B RECALLED ACTIVE DUTY
	E MEPCOM ENLISTEE
	J ACADEMY/OSC
	N NATIONAL GUARD
	Q PRISON/APPELLATE
	V RESERVE
	T FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T FORMER SPOUSE
	H
	R
	Y
PROGRAM INDICATOR =	I INSTITUTIONAL
	N NON-INSTITUTIONAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	P PARTIAL PSYCHIATRIC OUTPATIENT
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	Q NEW ORLEANS STANDARD PROGRAM
	F FI STANDARD PROGRAM
PROCEDURE CODE = '92891', '92892', '92893', '92898', OR '92899'	
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT
	F ADJUSTMENT NEW SUFFIX

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

OR	
TYPE OF SUBMISSION =	A ADJUSTMENT
	C CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE	
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
	V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM
	A INTERNAL PARTNERSHIP
	N CHAMPUS SELECT
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	S RESOURCE SHARING
	# HOSPICE
	MH MENTAL HEALTH
2-145-17R	IF FIRST POSITION OF TYPE OF SERVICE ¹ =
	C AF CAM PRIMARY/PREVENTIVE CARE
AND	
SPECIAL PROCESSING CODE =	I BERGSTROM AFB CATCHMENT AREA
	J LUKE/WILLIAMS AFB CATCHMENT AREA
THEN PATIENT COPAYMENT MUST = ZERO.	
• EDIT FOR CHAMPUS SELECT.	
2-145-18R	PATIENT COPAYMENT MUST = ZERO WHEN
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N CHAMPUS SELECT
UNLESS ENROLLMENT STATUS = 'H'	
2-145-19R	PATIENT COPAYMENT MUST = ZERO WHEN
SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD ACTIVE DUTY OR
	AN SUPPLEMENTAL HEALTH CARE PROGRAM - ACTIVE DUTY NON-MTF-REFERRED CARE OR

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

AR SUPPLEMENTAL CARE - ACTIVE DUTY REFERRED CARE **OR**

CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**

GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR **OR**

SC SUPPLEMENTAL HEALTH CARE PROGRAM - NO TRICARE ELIGIBLE **OR**

SE SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE **OR**

SM SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150)**VALIDITY EDITS****2-150-01** MUST BE NUMERIC.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SERVICE	SEE BELOW	ENROLLMENT STATUS, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE
TYPE OF SERVICE	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	AMOUNT ALLOWED, FILING DATE
SPECIAL PROCESSING CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
OVERRIDE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP**2-150-02R** AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

2-150-03R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

TYPE OF SUBMISSION = C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE
DATABASE,**UNLESS**THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE
AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≥ ZERO.**2-150-05R** AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

ENROLLMENT STATUS = F FI STANDARD PROGRAM

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER
STANDARD PROGRAMJ MANAGED CARE SUPPORT - HOMESTEAD
STANDARD PROGRAMM MANAGED CARE SUPPORT - CALIFORNIA/HAWAII
STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

S CRI STANDARD PROGRAM

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
TYPE OF SERVICE ¹ FOR ANY DETAIL OCCURRENCE =	I	INPATIENT (FIRST BYTE)
	K	EMERGENCY ROOM ADMISSION
	M	MATERNITY OUTPATIENT COST-SHARE AS INPATIENT (FIRST BYTE)
	P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST SHARED AS INPATIENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION(
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.		
2-150-06R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN	
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
PROGRAM INDICATOR =	H	PPPWD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE)		
ELSE		
TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE)		
THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.		

1-150-07R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO WHEN

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
	S	RESOURCE SHARING
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE		

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

ELSE	
TYPE OF SUBMISSION =	B ADJUSTMENT NON-HCSR DATA
	E CANCELLATION NON-HCSR DATA
OR	
TYPE OF SUBMISSION =	A ADJUSTMENT
	C COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE)	
THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.	
2-150-08R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN
ENROLLMENT STATUS =	F FI STANDARD PROGRAM
	D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	S CRI STANDARD PROGRAM
	T MANAGED CARE SUPPORT - STANDARD PROGRAM
SPONSOR STATUS =	A ACTIVE DUTY
	P TAMP DESIGNEE
	B RECALLED ACTIVE DUTY
	E MEPCOM ENLISTEE
	J ACADEMY/OCS
	N NATIONAL GUARD
	Q PRISON/APPELLATE
	V RESERVE
	T FOREIGN MILITARY
TYPE OF SERVICE ¹ FOR ANY DETAIL OCCURRENCE =	A AMBULATORY SURGERY (FIRST BYTE)
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT
	F ADJUSTMENT NEW SUFFIX
	D COMPLETE DENIAL

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)**OR**

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE**ELSE**

TYPE OF SUBMISSION = B ADJUSTMENT NON-HCSR DATA

E CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.

2-150-09R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN

ENROLLMENT STATUS = F FI STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

S CRI STANDARD PROGRAM

Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

F ARMY CAM DEMONSTRATIONS
GTYPE OF SERVICE¹ FOR ANY DETAIL OCCURRENCE =

O OUTPATIENT (FIRST BYTE)

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

D COMPLETE DENIAL

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE**ELSE**

TYPE OF SUBMISSION = B ADJUSTMENT NON-HCSR DATA

E CANCELLATION NON-HCSR DATA

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.

2-150-10R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

ANY OCCURRENCE OF
 OVERRIDE CODE = U BENEFICIARY INDEMNIFICATION PAYMENT

2-150-11R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO **WHEN**

SPECIAL PROCESSING
 CODE = I BERGSTROM AFB CATCHMENT AREA **OR**

J LUKE/WILLIAMS AFB CATCHMENT AREA **OR**

AD ACTIVE DUTY **OR**

AN SUPPLEMENTAL HEALTH CARE PROGRAM -
 ACTIVE DUTY NON-MTF-REFERRED CARE **OR**

AR SUPPLEMENTAL CARE - ACTIVE DUTY REFERRED
 CARE **OR**

CE SUPPLEMENTAL HEALTH CARE PROGRAM -
 COMPREHENSIVE CLINICAL EVALUATION
 PROGRAM **OR**

GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN
 TRICARE PRIME REMOTE: NOT AT RISK PAYMENT
 BY CONTRACTOR.

MS TRICARE SENIOR PRIME (NETWORK) **OR**

MN TRICARE SENIOR PRIME (NON-NETWORK)

SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON
 TRICARE ELIGIBLE **OR**

SE SUPPLEMENTAL HEALTH CARE PROGRAM -
 TRICARE ELIGIBLE **OR**

SM SUPPLEMENTAL HEALTH CARE PROGRAM -
 EMERGENCY

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155)**VALIDITY EDITS****2-155-01** MUST BE NUMERIC.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION, PROGRAM INDICATOR, ENROLLMENT STATUS, AMOUNT PAID BY OHI, AMOUNT OF TPL, FILING DATE
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	REASON FOR PAYMENT REDUCTION, NUMBER OF PAYMENT REDUCTION DAYS/ SERVICES
TYPE OF SUBMISSION	SEE BELOW	FILING DATE
TYPE OF SUBMISSION	SEE BELOW	REASON FOR ADJUSTMENT, FILING DATE
ENROLLMENT STATUS	SEE BELOW	PROGRAM INDICATOR, AMOUNT PAID BY OHI, AMOUNT OF TPL, TYPE OF SUBMISSION
AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP**NO ERROR** IF SPECIAL PROCESSING CODE = MS TRICARE-SENIOR PRIME (NETWORK)

MN TRICARE-SENIOR PRIME (NON-NETWORK)

2-155-02R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO **WHEN**

TYPE OF SUBMISSION IS = D COMPLETE CONTRACTOR DENIAL

O ZERO PAYMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE
DATABASE**2-155-03R** AMOUNT PAID BY GOVERNMENT CONTRACTOR AFTER CONSIDERATION OF NET OHI
PAYMENT MUST BE \leq AMOUNT ALLOWED **WHEN**

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

**¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT
CONTRACTOR MUST = \$0.00.**

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

F ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

NOTE: THE FOLLOWING EDIT (2-155-04R) APPLIES TO THE INPUT HCSR, **PRIOR TO NETTING** WITH PREVIOUS As **OR** Bs (IF ANY) ON THE DATABASE.

2-155-04R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE < ZERO **WHEN**

TYPE OF SUBMISSION = E CANCELLATION OF NON-HCSR DATA

B ADJUSTMENT TO NON-HCSR DATA

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

AND

REASON FOR ADJUSTMENT = D NEGATIVE ADJUSTMENTS
 E
 F

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ≥ ZERO **WHEN**

TYPE OF SUBMISSION = B ADJUSTMENT TO NON-HCSR DATA

OR

TYPE OF SUBMISSION = A ADJUSTMENT

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

AND

REASON FOR ADJUSTMENT = A POSITIVE/STATISTICAL ADJUSTMENTS
 B
 C

THE FOLLOWING EDITS (2-155-05R, 2-155-06R, 2-155-07R, 2-155-08R, AND 2-155-09R) APPLY **WHEN**

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

TYPE OF SUBMISSION = A ADJUSTMENT

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

2-155-05R EDIT FOR [NO SPECIAL RATE, **OR** STATE-DRG NO DISCOUNT], NO OHI/TPL.

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) **WHEN**

ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
PROGRAM INDICATOR =	N	NON-INSTITUTIONAL
	I	INSTITUTIONAL
	T	DENTAL
	D	DRUG
SPECIAL RATE CODE =	b	NO SPECIAL RATE
	F	DRG NO DISCOUNT
AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO; AMOUNT OF THIRD PARTY LIABILITY = ZERO.		
NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)		

OR

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE LESS THAN **OR** EQUAL TO AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) **WHEN**

ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
PROGRAM INDICATOR =	N	NON-INSTITUTIONAL
	I	INSTITUTIONAL
	T	DENTAL
	D	DRUG
SPECIAL RATE CODE =	b	NO SPECIAL RATE
	F	DRG NO DISCOUNT

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

SPECIAL PROCESSING

CODE = 1 MEDICAID

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;
 AMOUNT OF THIRD PARTY LIABILITY = ZERO.

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

2-155-06R EDIT FOR NO SPECIAL RATE, WITH OHI/TPL.

IF (AMOUNT PAID BY OTHER HEALTH INSURANCE NOT = '0', **OR** AMOUNT OF THIRD PARTY LIABILITY NOT = '0') AND PROVIDER PARTICIPATION INDICATOR = 'N', EXIT.

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL THE LESSER¹ OF

AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION)

OR

IF FILING DATE < 1993001 AND AMOUNT ALLOWED OHI = '0'
 AMOUNT BILLED MINUS (TOTAL CHARGES BY DENIED PROCEDURE CODES PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR IF FILING DATE ≥ 1993001 AND AMOUNT ALLOWED OHI = '0'
 AMOUNT BILLED MINUS (TOTAL CHARGES BY A VALID DENIAL REASON CODE PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR IF FILING DATE < 1993001 AND AMOUNT ALLOWED OHI ≠ '0'
 AMOUNT ALLOWED OHI MINUS (TOTAL CHARGES BY DENIED PROCEDURE CODES PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR IF FILING DATE ≥ 1993001 AND AMOUNT ALLOWED OHI ≠ '0'
 AMOUNT ALLOWED OHI MINUS (TOTAL CHARGES BY A VALID DENIAL REASON CODE PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

WHEN

SUBMISSION CODE = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

0 ZERO PAYMENT

D COMPLETE CONTRACTOR DENIAL

F ADJUSTMENT NEW SUFFIX

OR

A ADJUSTMENT

C CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE.

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

NO OCCURRENCE OF SPECIAL PROCESSING CODE =	A PARTNERSHIP PROGRAM (INTERNAL)
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	M HCP AND PPP
	S RESOURCE SHARING
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	J MCS-HOMESTEAD STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	D TRICARE STANDARD PROGRAM
	F FI STANDARD PROGRAM
	M MCS-CA/HI STANDARD PROGRAM
	T MCS-STANDARD PROGRAM
PROGRAM INDICATOR =	N NON-INSTITUTIONAL (EXCL D, H, T)
	I INSTITUTIONAL (EXCL D, H, T)
	T DENTAL (EXCL D, H)
	D DRUG
SPECIAL RATE CODE =	b NO SPECIAL RATE
AMOUNT PAID BY OHI \neq ZERO	
AMOUNT OF TPL \neq ZERO	
NO OCCURRENCE OF OVERRIDE CODE =	O GOVERNMENT PAYMENT REDUCTION APPLIED'
UNLESS:	
PROVIDER PARTICIPATION INDICATOR EQUALS 'N'	
AND	
AMOUNT PAID BY OHI > ZERO	
OR	
AMOUNT OF TPL > ZERO	
2-155-07R	EDIT FOR STATE-DRG NO DISCOUNT, WITH OHI/TPL.
AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL THE LESSER ¹ OF AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) OR AMOUNT ALLOWED MINUS (AMOUNT PAID BY OHI PLUS AMOUNT OF TPL PLUS AMOUNT OF PAYMENT REDUCTION)	
WHEN	
AMOUNT PAID BY OHI \neq ZERO OR AMOUNT OF TPL \neq ZERO	
ENROLLMENT STATUS =	F FI STANDARD PROGRAM
	D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
SPECIAL RATE CODE =	F	DRG NO DISCOUNT
NO OCCURRENCE SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)		
2-155-08R	EDIT FOR STATE-DRG WITH DISCOUNTS, NO OHI/TPL. (ALLOW 1 ^c ROUNDING ERROR IN THIS EDIT.)	
AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL NON-DISCOUNTABLE HOSPITAL SERVICES (TOTAL CHARGES BY PROCEDURE CODE FOR PROCEDURE CODES FOR WHOLE BLOOD (90593), PROFESSIONAL SERVICES (90595), AND PROFESSIONAL COMPONENTS (90594)) PLUS		
THE AFTER DISCOUNT RATE =	A	96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT
	B	97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT
	C	98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT
	E	99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT
TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS THE AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION PLUS THE NON-DISCOUNTABLE PROFESSIONAL SERVICES]) WHEN		
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO; AMOUNT OF THIRD PARTY LIABILITY = ZERO;		
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
SPECIAL RATE CODE =	A	DRG 4% DISCOUNT
	B	DRG 3% DISCOUNT
	C	DRG 2% DISCOUNT
	E	DRG 1% DISCOUNT
2-155-09R	EDIT FOR STATE-DRG WITH DISCOUNTS, WITH OHI/TPL. (ALLOW 1 ^c ROUNDING ERROR IN THIS EDIT.)	
AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL THE LESSER ¹ OF NON-DISCOUNTABLE PROFESSIONAL SERVICES (TOTAL CHARGES BY PROCEDURE CODE FOR PROCEDURE CODES FOR WHOLE BLOOD (90593), PROFESSIONAL SERVICES (90595) AND PROFESSIONAL COMPONENTS (90594)), PLUS		
THE AFTER DISCOUNT RATE =	A	96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT
	B	97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT
	C	98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT
	E	99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT
TIMES (AMOUNT ALLOWED MINUS [AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION PLUS THE NON-DISCOUNTABLE PROFESSIONAL SERVICES])		
NO OCCURRENCE SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
OR	NON-DISCOUNTABLE PROFESSIONAL SERVICES PLUS THE AFTER DISCOUNT RATE TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION PLUS NON-DISCOUNTABLE PROFESSIONAL SERVICES]) WHEN	
(AMOUNT PAID BY OHI ≠ ZERO OR AMOUNT OF TPL ≠ ZERO);		
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
SPECIAL RATE CODE =	A	DRG 4% DISCOUNT
	B	DRG 3% DISCOUNT
	C	DRG 2% DISCOUNT
	E	DRG 1% DISCOUNT
NO OCCURRENCE SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
NOTE: SPECIAL RATE CODES 'P' AND 'D' WILL NOT BE EDITED.		
2-155-11R	IF ALL DETAIL OCCURRENCES ARE DENIED AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE = ZERO WHEN	
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
ELSE		
TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ≤ ZERO.

UNLESS DENIAL REASON CODE = 'N' (MULTIPLE DENIAL REASONS)

2-155-12R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) **WHEN**

PROGRAM INDICATOR = I INSTITUTIONAL

N NON-INSTITUTIONAL

D DRUG

T DENTAL

ENROLLMENT STATUS = A FOUNDATION HEALTH PLAN

B PARTNERS HEALTH PLAN

C QUEENS HEALTH CARE PLAN

N CRI NON-PRIME (E.G. EXTRA)

O NEW ORLEANS PRIME

R TRICARE EXTRA - NORTH CAROLINA

U MANAGED CARE SUPPORT - PRIME

V MANAGED CARE SUPPORT - EXTRA

Z MANAGED CARE SUPPORT PRIME, MTF/PCM

P NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;
AMOUNT OF THIRD PARTY LIABILITY = ZERO;

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE.

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

2-155-13R	IF (AMOUNT PAID BY OTHER HEALTH INSURANCE NOT = 'Y' OR AMOUNT OF THIRD PARTY LIABILITY NOT = 'Y') AND PROVIDER PARTICIPATION INDICATOR = 'N', EXIT.
	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL THE LESSER ¹ OF AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION)
OR , IF FILING DATE < 93001	AMOUNT BILLED MINUS TOTAL CHARGES BY PROCEDURE CODE PLUS AMOUNT OF PAYMENT REDUCTION =
	1 DENIAL REASON CODE DUPLICATE CLAIM
	L OTHER INSURANCE PROCESSING INFORMATION NOT PROVIDED
	MINUS (AMOUNT PAID BY OTHER INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY)
OR , IF FILING DATE ≥ 93001	AMOUNT BILLED MINUS TOTAL CHARGES BY A VALID DENIAL REASON CODE MINUS (AMOUNT PAID BY OTHER INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY)
OR	IF SPECIAL PROCESSING CODE =
	A PARTNERSHIP PROGRAM
	M HEALTH CARE FINDER/PARTICIPATING PROVIDER
	S RESOURCE SHARING
OR	SPECIAL RATE CODE =
	D DISCOUNT RATE AGREEMENT
	THE AMOUNT ALLOWED MINUS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION) WHEN
	TYPE OF SUBMISSION =
	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT
	F ADJUSTMENT NEW SUFFIX
	NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)
OR	SPECIAL RATE CODE =
	R AMBULATORY SURGERY FACILITY PAYMENT RATE
	S DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE
	THE LESSER OF THE AMOUNT ALLOWED OR AMOUNT BILLED MINUS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY) WHEN
	TYPE OF SUBMISSION =
	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE;

ENROLLMENT STATUS = A FOUNDATION HEALTH PLAN

B PARTNERS HEALTH PLAN

C QUEENS HEALTH CARE PLAN

E MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME

G MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA

K MANAGED CARE SUPPORT - TRICARE - CALIFORNIA/HAWAII TRICARE PRIME ENROLLED PATIENT

L MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, NON-ENROLLED PATIENT, NETWORK PROVIDER (TRICARE EXTRA)

O NEW ORLEANS PRIME

P NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM

R TRICARE EXTRA - NORTH CAROLINA

U MANAGED CARE SUPPORT - PRIME

V MANAGED CARE SUPPORT - EXTRA

Z MANAGED CARE SUPPORT PRIME, MTF/PCM

PROGRAM INDICATOR = N NON-INSTITUTIONAL

I INSTITUTIONAL

T DENTAL

D DRUGS

(AMOUNT PAID BY OHI ≠ ZERO **OR** AMOUNT OF TPL ≠ ZERO).

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

NO OCCURRENCE SPECIAL PROCESSING CODE = R MEDICARE/TRICARE DUAL ENTITLEMENT

• EDITS FOR SPECIAL PROCESSING CODE "*".

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

2-155-14R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) **WHEN:**

ANY OCCURRENCE OF
 SPECIAL PROCESSING
 CODE = * VA MEDICAL CENTER CLAIM

PROGRAM INDICATOR = D DRUG

NO OCCURRENCE OF
 OVERRIDE CODE = K CATASTROPHIC LOSS PROTECTION

2-155-18R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS OTHER HEALTH INSURANCE PLUS THIRD PARTY LIABILITY PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN:**

ENROLLMENT STATUS = U MANAGED CARE SUPPORT PRIME

Z MANAGED CARE SUPPORT - PRIME (WITH MTF/
 CLINIC PCM)

SPECIAL PROCESSING
 CODE = PO TRICARE PRIME - POINT OF SERVICE

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.