

INSTITUTIONAL EDIT REQUIREMENTS (ELN 145 - 164)

ELEMENT NAME: PATIENT COPAYMENT (1-145)

VALIDITY EDITS

1-145-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPONSOR STATUS	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, PATIENT RELATIONSHIP, FILING DATE, BEGIN DATE OF CARE, PATIENT DOB, SPECIAL RATE CODE, BILL CLASSIFICATION CODE, OVERRIDE CODE
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, SPONSOR STATUS, PATIENT RELATIONSHIP, FILING DATE, BEGIN DATE OF CARE, PATIENT DOB, PATIENT COINSURANCE, OVERRIDE CODE
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

- ¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).
- ² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- ³ SEE 1-140-16R AND 1-145-16R.
- ⁴ SEE 1-145-15R.
- ⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- ⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- ⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.
- ⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.
- ⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE
OVERRIDE CODE	SEE BELOW	
OVERRIDE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT DOB, BEGIN DATE OF CARE, PATIENT COINSURANCE

EDITED ELEMENT RELATIONSHIP

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

MN TRICARE SENIOR PRIME (NON-NETWORK)

BYPASS ALL COPAYMENT EDITING.

1-145-02R PATIENT COPAYMENT MUST BE ZERO **WHEN:**

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

1-145-03R PATIENT COPAYMENT MUST BE ZERO **WHEN:**

TYPE OF SUBMISSION = C COMPLETE CANCELLATION (C) WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

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

1-145-05R PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED **WHEN:**

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

T MANAGED CARE SUPPORT - STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	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
	P	PER DIEM RATE AGREEMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
1-145-06R		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

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
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;		
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
<ul style="list-style-type: none"> • EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), ARMY CAM DEMONSTRATIONS 		
1-145-09R	PATIENT COPAYMENT MUST EQUAL ZERO ⁹ UNLESS	
1-145-07R	GOVERNMENT AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] WHEN:	
PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).
² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
³ SEE 1-140-16R AND 1-145-16R.
⁴ SEE 1-145-15R.
⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.
⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.
⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	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
	G	ADDITIONAL DRG INTERIM BILLING
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;		
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN)		
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

SPONSOR STATUS =	F FORMER MEMBER
	I PERMANENTLY DISABLED
	O TEMPORARILY DISABLED
	R RETIRED
	K DECEASED
	D 100% DISABLED
	W TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR = FORMER SPOUSE (T, H, R OR Y);	
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	L NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F ARMY CAM DEMONSTRATIONS
	G
	N CHAMPUS SELECT
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	* VA MEDICAL CENTER CLAIM
	# HOSPICE

- EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN.

1-140-09R PATIENT COPAYMENT MUST EQUAL ZERO⁹ UNLESS

1-145-08R GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG / APPLICABLE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] **WHEN:**

PROGRAM INDICATOR =	I INSTITUTIONAL
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	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
	G	ADDITIONAL DRG INTERIM BILLING
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;		
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);		
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	R RETIRED
	K DECEASED
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	L NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F ARMY CAM DEMONSTRATIONS G
	N CHAMPUS SELECT
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	* VA MEDICAL CENTER CLAIM
	# HOSPICE

IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG DAILY RATE. IF (AUTHORIZED BED DAYS MINUS 3) ≤ 0, PATIENT COPAYMENT = \$0.00.

1-140-09R WHEN THE PRECEEDING CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO. (USE 1-145-07R OR 1-145-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.)

PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO.

USE 1-145-07R OR 1-145-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.

NOTE: PATIENT COPAYMENT = ZERO ON INSTITUTIONAL HCSRs, FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDS. SEE PATIENT COINSURANCE EDIT 1-140-12R.

- EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEE, NOT SUCCESSIVE ADMISSION, INCLUDES TRICARE/CHAMPUS-DRG RECORDS. (CHAMPUS DRG PATIENT IS NOT NEWBORN).

- ¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).
- ² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- ³ SEE 1-140-16R AND 1-145-16R.
- ⁴ SEE 1-145-15R.
- ⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- ⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- ⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.
- ⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.
- ⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

1-145-10R PATIENT COPAYMENT MUST EQUAL \$0.00 IF GOVERNMENT AUTHORIZED BED DAYS = 0. OTHERWISE, COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD, **OR** \$25.00, NO OCCURRENCE OF SPECIAL PROCESSING CODE = CHAMPUS SELECT (N), VA MEDICAL CENTER CLAIM (*), OR HOSPICE (#). **OR** MENTAL HEALTH (MH) ACTIVE DUTY COST SHARE.

1-145-13R PATIENT COINSURANCE MUST BE ZERO **WHEN:**

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
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	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
	G	ADDITIONAL DRG INTERIM BILLING
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;
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
SPECIAL RATE CODE ≠	D	DISCOUNT RATE AGREEMENT
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN)		
WHEN SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', 'P', BLANK, OR 'Q' (TRICARE/CHAMPUS DRG)		
PATIENT RELATIONSHIP TO SPONSOR NOT = FORMER SPOUSE ('T', 'H', 'R' OR 'Y')		
BILL CLASSIFICATION CODE =	1	INPATIENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	MH	MENTAL HEALTH ACTIVE DUTY COST SHARE
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	J	SUCCESSIVE ADMISSION
	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE

- EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEE, CHAMPUS-DRG, PATIENT IS NEWBORN.

1-145-11R PATIENT COPAYMENT MUST EQUAL \$0.00 IF (GOVERNMENT AUTHORIZED BED DAYS MINUS 3) ≤ 0.

OTHERWISE, PATIENT COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD, OR \$25.00

- ¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).
- ² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- ³ SEE 1-140-16R AND 1-145-16R.
- ⁴ SEE 1-145-15R.
- ⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- ⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- ⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.
- ⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.
- ⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

NO OCCURRENCE OF
SPECIAL PROCESSING
CODE = N CHAMPUS SELECT

1-145-13R AND PATIENT COINSURANCE MUST BE ZERO WHEN:

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

T MANAGED CARE SUPPORT - STANDARD
PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER
STANDARD PROGRAM

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

G ADDITIONAL DRG INTERIM BILLING

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;

SPONSOR STATUS = A ACTIVE DUTY

P TAMP DESIGNEE

B RECALLED ACTIVE DUTY

E MEPCOM ENLISTEE

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES
AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-
140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISONER/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY (T);
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);		
SPECIAL RATE CODE = 'G', 'H', 'T', 'J', 'M', 'N', 'O', OR 'Q' (TRICARE/CHAMPUS DRG);		
BILL CLASSIFICATION CODE	1	INPATIENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	N	CHAMPUS SELECT
	#	HOSPICE
	MH	MENTAL HEALTH ACTIVE DUTY COST SHARE
NO OCCURRENCE OF OVERRIDE CODE =	J	SUCCESSIVE ADMISSION
	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
<ul style="list-style-type: none"> EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEE, SUCCESSIVE ADMISSIONS. 		
1-145-12R	PATIENT COPAYMENT MUST BE ≤ GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE AND	
	PATIENT COINSURANCE MUST BE ZERO WHEN :	
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

- 1 REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**
- 2 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.**
- 3 SEE 1-140-16R AND 1-145-16R.**
- 4 SEE 1-145-15R.**
- 5 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.**
- 6 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.**
- 7 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.**
- 8 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.**
- 9 IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.**

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	TRICARE STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISONER/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP ≠	T	FORMER SPOUSE
	H	
	R	
	Y	
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
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:

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

BILL CLASSIFICATION CODE =	1 INPATIENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R MEDICARE/TRICARE DUAL ENTITLEMENT
	# HOSPICE
	MH MENTAL HEALTH ACTIVE DUTY COST SHARE
ONE OCCURRENCE OF OVERRIDE CODE =	J SUCCESSIVE ADMISSION
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
	V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
1-140-14R	PATIENT COST-SHARE³ MUST BE THE LESSER OF:
	a.) 25% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT ALLOWED, OR (THE LESSER OF):
	b.) 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE) OR
	c.) 15% OF AMOUNT ALLOWED WHEN
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N CHAMPUS SELECT
OR	
	D.) 15% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE) WHEN
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N CHAMPUS SELECT
1-145-14R	OR
	E.) AUTHORIZED BED DAYS ⁴ TIMES THE DRG/APPLICABLE DAILY RATE WHEN:
	ANY OCCURRENCE OF OVERRIDE CODE = NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION (L);
PROGRAM INDICATOR =	I INSTITUTIONAL

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

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	TRICARE BASIC STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	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
	G	ADDITIONAL DRG INTERIM BILLING
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT (A)
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE;		
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

OR
 PATIENT RELATIONSHIP TO
 SPONSOR =

T	FORMER SPOUSE
H	
R	
Y	

1-140-16R COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) OR b.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO.

1-145-16R COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN c.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO

1-145-15R IF PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN), USE (AUTHORIZED BED DAYS MINUS THREE) TIMES THE DRG DAILY RATE TO CALCULATE. DON'T DO IF BASED ON PATIENT RELATIONSHIP = FORMER SPOUSE. IF (AUTHORIZED BED DAYS MINUS THREE) IS NEGATIVE, CALCULATE USING 0 DAYS

- EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (**OR** FORMER SPOUSE), REGION-SPECIFIC PSYCHIATRIC PER DIEM RECORDS.

1-145-18R PATIENT COPAYMENT MUST EQUAL ZERO⁵ UNLESS

1-145-17R GOVERNMENT AUTHORIZED BED DAYS TIME THE PSYCH PER DIEM COST-SHARE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DUPLICATE BILLING (1) DENIAL REASON CODE)] **WHEN:**

PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	S	CRI 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
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	R	RESUBMISSION OF ERROR REJECT
	0	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 =	L	REGION-SPECIFIC PSYCH PER DIEM
SPONSOR STATUS =	F	FORMER MEMBER
	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	
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	N	RETROSPECTIVE PAYMENT - INPATIENT MENTAL HEALTH
	T	MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED
	U	BENEFICIARY INDEMNIFICATION PAYMENT

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS TIMES THE PSYCH PER DIEM COST-SHARE DAILY RATE.

1-140-18R WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COPAYMENT MUST EQUAL ZERO IF PATIENT COINSURANCE IS NOT ZERO.

NOTE: IF THE HCSR BEGIN/END DATES OF CARE CROSSOVER A CHANGE IN THE ACTIVE DUTY DAILY RATE, THE DRG DAILY RATE, OR THE PSYCH PER DIEM COST-SHARE DAILY RATE (WHICHEVER APPLIES TO THAT HCSR), THE RATES MUST BE APPLIED APPROPRIATELY TO EACH PERIOD OF TIME, FOR COST-SHARE CALCULATIONS.

- EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), FOR ARMY CAM DEMONSTRATIONS.

1-145-23R PATIENT COPAYMENT MUST EQUAL ZERO⁶ UNLESS

1-145-24R GOVERNMENT AUTHORIZED BED DAYS TIMES THE DRG DAILY RATE OR OTHER APPLICABLE DAILY RATE IS LESS THAN [20% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] WHEN:

PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	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
	G	ADDITIONAL DRG INTERIM BILLING
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;

PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).
² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
³ SEE 1-140-16R AND 1-145-16R.
⁴ SEE 1-145-15R.
⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.
⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.
⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED NO OUTLIER
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
SPONSOR STATUS =	F	FORMER MEMBER
	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	
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

- EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN, FOR ARMY CAM DEMONSTRATIONS.

1-145-25R PATIENT COPAYMENT MUST EQUAL ZERO⁷
 UNLESS 1-145-26R APPLIES

1-145-26R GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG DAILY RATE IS LESS THAN [20% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] **WHEN:**

PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	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
	G	ADDITIONAL DRG INTERIM BILLING
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;		
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);		
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG DAILY RATE. IF (AUTHORIZED BED DAYS MINUS 3) ≤ 0, PATIENT COPAYMENT = \$0.00.		
1-140-25R	WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO.	
1-145-27R	PATIENT COPAYMENT MUST EQUAL ZERO WHEN:	
	ANY OCCURRENCE OF OVERRIDE CODE =	U BENEFICIARY INDEMNIFICATION PAYMENT
	<ul style="list-style-type: none"> EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), CHAMPUS SELECT. 	
1-145-28R	PATIENT COPAYMENT MUST EQUAL ZERO⁸	

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

UNLESS GOVERNMENT AUTHORIZED BED DAYS TIMES THE DAILY RATE IS LESS THAN [15% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES¹, DUPLICATE BILLING (1) DRG NON-REIMBURSABLE (F) DENIAL REASON CODE)] WHEN:

SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	0	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING (G)
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;		
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);		
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	

1-145-29R PATIENT COPAYMENT MUST = ZERO WHEN:

SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY

OR

TAMP DESIGNEE;

SPECIAL PROCESSING
CODE =

N CHAMPUS SELECT

SPECIAL PROCESSING
CODE =

AD ACTIVE DUTY

1-145-30R PATIENT COPAYMENT MUST EQUAL \$0.00 IF GOVERNMENT AUTHORIZED BED DAYS = 0. OTHERWISE, COPAYMENT MUST EQUAL GOVERNMENT AUTHORIZED BED DAYS TIMES THE PSYCHIATRIC RATE FOR ACTIVE DUTY WHEN SPECIAL PROCESSING CODE = 'MH'. FOR CARE PRIOR TO OCTOBER 1, 1995, THE COST SHARE IS THE DAILY RATE OR \$25.00, WHICHEVER IS GREATER. EFFECTIVE FOR CARE ON OR AFTER OCTOBER 1, 1995, THE INPATIENT COST-SHARING FOR MENTAL HEALTH SERVICES IS \$20.00 PER DAY FOR EACH DAY OF INPATIENT ADMISSION. FOR CARE WHICH SPANS FISCAL YEARS, THE COST SHARE WILL BE CALCULATED BY THE DAILY RATE FOR EACH FISCAL YEAR. THIS EDIT ONLY APPLIES TO ACTIVE DUTY

WHENSPECIAL PROCESSING
CODE =

MH MENTAL HEALTH ACTIVE DUTY COST SHARE

NO OCCURRENCE OF
OVERRIDE CODE =

K CATASTROPHIC LOSS

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

SPONSOR STATUS =	A	ACTIVE DUTY OR
	B	RECALLED TO ACTIVE DUTY OR
	J	ACADEMY STUDENT/NAVY OCS OR
	N	NATIONAL GUARD OR
	P	TAMP DESIGNEE OR
	Q	PRISONER/APPELLATE OR
	V	RESERVE

1-145-31R PATIENT COPAYMENT MUST BE ZERO WHEN:

SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY OR
	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - 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 - NON-TRICARE ELIGIBLE OR
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
	SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).
² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
³ SEE 1-140-16R AND 1-145-16R.
⁴ SEE 1-145-15R.
⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
⁶ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.
⁸ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.
⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155)**VALIDITY EDITS****1-155-01** 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, ENROLLMENT STATUS, PROGRAM INDICATOR, FILING DATE, AMOUNT PAID BY OHI, AMOUNT OF TPL
DRG NUMBER	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
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
ENROLLMENT STATUS	SEE BELOW	AMOUNT PAID BY OHI, AMOUNT OF TPL, PROGRAM INDICATOR, TYPE OF SUBMISSION
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	REASON FOR PAYMENT REDUCTION, NUMBER OF PAYMENT REDUCTION DAYS/SERVICES
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)

BYPASS ALL AMOUNT PAID BY GOVERNMENT CONTRACTOR EDITING

1-155-02R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO **WHEN:**

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

O ZERO PAYMENT

OR

TYPE OF SUBMISSION = C COMPLETE CANCELLATION WITH FILING DATE

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

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)

WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

1-155-03R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE \leq AMOUNT ALLOWED **WHEN:**

- | | | |
|----------------------|---|--------------------------------|
| TYPE OF SUBMISSION = | I | INITIAL SUBMISSION |
| | R | RESUBMISSION OF ERROR REJECT |
| | O | ZERO PAYMENT |
| | F | ADJUSTMENT NEW SUFFIX |
| | G | ADDITIONAL DRG INTERIM BILLING |

OR

- | | | |
|----------------------|---|------------|
| TYPE OF SUBMISSION = | A | ADJUSTMENT |
|----------------------|---|------------|

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

NOTE: THE FOLLOWING EDIT (1-155-04R) APPLIES TO THE INPUT HCSR, **PRIOR TO NETTING** WITH PREVIOUS A'S **OR** B'S (IF ANY) ON THE DATABASE.

1-155-04R 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', 'E', **OR** 'F' (NEGATIVE ADJUSTMENTS)

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ZERO \geq **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 (1-155-05R, 1-155-06R, 1-155-07R, 1-155-08R **OR** 1-155-09R) APPLY **WHEN:**

- | | | |
|----------------------|---|------------------------------|
| TYPE OF SUBMISSION = | I | INITIAL SUBMISSION |
| | R | RESUBMISSION OF ERROR REJECT |
| | O | ZERO PAYMENT |
| | F | ADJUSTMENT NEW SUFFIX |

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

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)

G ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION

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

NOTE: TYPE OF SUBMISSION 'G' DOES NOT APPLY IN 1-155-06, 1-155-08, AND 1-155-09.

EDIT FOR [CHAMPUS-DRG, OR NO SPECIAL RATE, OR STATE-DRG NO DISCOUNT, OR PSYCHIATRIC PER DIEM], NO OHI/TPL.

1-155-05R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION) **WHEN:**

PROGRAM INDICATOR = I INSTITUTIONAL

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;

AMOUNT OF THIRD PARTY LIABILITY = ZERO;

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

SPECIAL RATE CODE = b NO SPECIAL RATE

F DRG NO DISCOUNT

G DRG LONG STAY

H DRG SHORT STAY

I DRG COST OUTLIER

J DRG NO OUTLIER

K HOSPITAL-SPECIFIC PSYCH PER DIEM

L REGION-SPECIFIC PSYCH PER DIEM

M DISCOUNTED DRG LONG STAY

N DISCOUNTED DRG SHORT STAY

O DISCOUNTED DRG COST OUTLIER

Q DISCOUNTED DRG NO OUTLIER

ORAMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE \leq AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION) **WHEN:**

PROGRAM INDICATOR = I INSTITUTIONAL

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;

AMOUNT OF THIRD PARTY LIABILITY = ZERO;

SPECIAL PROCESSING

CODE = 1 MEDICAID

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

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)

SPECIAL RATE CODE =	b	NO SPECIAL RATE
	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	F	DRG NO DISCOUNT
	K	HOSPITAL-SPECIFIC PSYCH PER DIEM
	L	REGION-SPECIFIC PSYCH PER DIEM
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER

1-155-06R EDIT FOR NO SPECIAL RATE, WITH OHI/TPL.

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL THE LESSER¹ OF AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION)

OR

IF FILING DATE < 93001
 AMOUNT BILLED MINUS (ALL DUPLICATE BILLING AMOUNTS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR

IF FILING DATE ≥ 93001
 AMOUNT BILLED MINUS (ALL DENIED REVENUE CODES WITH 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 < 93001 AND AMOUNT ALLOWED OHI = 0
 AMOUNT BILLED MINUS (ALL DUPLICATE BILLING AMOUNTS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR

IF FILING DATE ≥ 93001 AND AMOUNT ALLOWED OHI ≠ 0
 AMOUNT OHI ALLOWED MINUS (ALL DENIED REVENUE CODES WITH A VALID DENIAL REASON CODE PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

WHEN:

PROGRAM INDICATOR = I INSTITUTIONAL

SPECIAL RATE CODE = b NO SPECIAL RATE

AMOUNT PAID BY OHI ≠ ZERO

OR AMOUNT OF TPL ≠ ZERO

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

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)

NO OCCURRENCE OF SUB CODE =	D	COMPLETE CONTRACTOR DENIAL
	0	ZERO PAYMENT
NO OCCURRENCE SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
NO OCCURRENCE OF OVERRIDE CODE =	O	GOVERNMENT PAYMENT PENALTIES APPLIED
UNLESS: PROVIDER PARTICIPATION INDICATOR EQUALS 'N'		
AND AMOUNT PAID BY OHI \neq ZERO		
OR AMOUNT OF TPL \neq ZERO		
1-155-07R	EDIT FOR [CHAMPUS-DRG, OR STATE-DRG NO DISCOUNT, OR PSYCHIATRIC PER DIEM], WITH OHI/TPL.	
	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL THE LESSER ¹ OF	
	AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION)	
	OR AMOUNT ALLOWED MINUS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)	
	OR IF DRG NUMBER \neq 0 AND DATE OF ADMISSION \geq JULY 1, 1990	
	AMOUNT BILLED MINUS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION) WHEN	
	OR IF DRG NUMBER \neq 0 AND DATE OF ADMISSION JULY 1, 1990 AND AMOUNT ALLOWED OHI \neq 0	
	AMOUNT ALLOWED OHI MINUS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)	
	OR IF AMOUNT ALLOWED OHI = 0 AMOUNT BILLED - (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION) WHEN	
PROGRAM INDICATOR =	I	INSTITUTIONAL
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	F	DRG NO DISCOUNT
	K	HOSPITAL-SPECIFIC PSYCH PER DIEM

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

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)	
	L REGION-SPECIFIC PSYCH PER DIEM
	M DISCOUNTED DRG LONG STAY
	N DISCOUNTED DRG SHORT STAY
	O DISCOUNTED DRG COST OUTLIER
	Q DISCOUNTED DRG NO OUTLIER
ENROLLMENT STATUS =	A FOUNDATION HEALTH PLAN
	B PARTNERS HEALTH PLAN
	C QUEEN'S HEALTH CARE PLAN
	N NOT ENROLLED, NOT STANDARD TRICARE
	S CRI STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	F FI STANDARD PROGRAM
	Q NEW ORLEANS COORDINATED CARE 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
	T MANAGED CARE SUPPORT - STANDARD TRICARE PROGRAM
	AMOUNT PAID BY OHI ≠ ZERO
	OR AMOUNT OF TPL ≠ ZERO
	NO OCCURRENCE OF SPECIAL PROCESSING CODE = 'R' (MEDICARE/TRICARE DUAL ENTITLEMENT)
	NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)
1-155-08R	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 REVENUE CODE FOR REVENUE CODES SPECIFIED AS ANESTHESIA (370), BLOOD (380-389), PSYCHIATRIC/ PSYCHOLOGICAL TREATMENT (900-909), PSYCHIATRIC/PSYCHOLOGICAL SERVICES (916, 918-919), PROFESSIONAL FEES (960-969, 971-979, 981-988)), PLUS
	THE AFTER DISCOUNT RATE
	96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT (A)
	97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT (B),
¹ IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.	

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)

98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT (C),

99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT (E)

TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS THE NON-DISCOUNTABLE HOSPITAL SERVICES]) **WHEN:**

PROGRAM INDICATOR = I INSTITUTIONAL

ENROLLMENT STATUS = F FI STANDARD PROGRAM

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER
STANDARD PROGRAMT 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;

SPECIAL RATE CODE = A DRG 4% DISCOUNT

B DRG 3% DISCOUNT

C DRG 2% DISCOUNT

E DRG 1% DISCOUNT

1-155-09R 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 LESSER¹ OF NON-DISCOUNTABLE HOSPITAL SERVICES (TOTAL CHARGES BY REVENUE CODE FOR REVENUE CODES SPECIFIED AS ANESTHESIA (370), BLOOD (380-389), PSYCHIATRIC/PSYCHOLOGICAL TREATMENT (900-909), PSYCHIATRIC/PSYCHOLOGICAL SERVICES (916, 918-919), PROFESSIONAL FEES (960-969, 971-979, 981-988))

PLUS THE AFTER DISCOUNT RATE:

96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT (A),

97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT (B),

98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT (C),

99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT (E)

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 HOSPITAL SERVICES]]

NO OCCURRENCE OF SPECIAL PROCESSING CODE = 'R' (MEDICARE/TRICARE DUAL ENTITLEMENT)

OR

NON-DISCOUNTABLE HOSPITAL SERVICES PLUS

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

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)

THE AFTER DISCOUNT RATE TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION PLUS NON-DISCOUNTABLE HOSPITAL SERVICES]) **WHEN:**

PROGRAM INDICATOR =	I	INSTITUTIONAL
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
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	A	DRG 4% DISCOUNT
	B	DRG 3% DISCOUNT
	C	DRG 2% DISCOUNT
	E	DRG 1% DISCOUNT

AMOUNT PAID BY OHI \neq ZERO OR AMOUNT OF TPL \neq ZERO.

NOTE: SPECIAL RATE CODES 'P' AND 'D' WILL NOT BE EDITED.

1-155-10R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO **WHEN** DRG NUMBER IS 469 OR 470 AND:

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

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

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE \leq ZERO **WHEN** DRG NUMBER IS 469 OR 470 AND:

TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
----------------------	---	--------------------------

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

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (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		
1-155-11R	IF ALL DETAIL OCCURRENCES ARE DENIED AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = ZERO WHEN:	
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING
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 THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE \leq ZERO.		
UNLESS DENIAL REASON CODE = 'N' (MULTIPLE DENIAL REASONS)		
•EDITS FOR SPECIAL PROCESSING CODE '**'.		
1-155-13R	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS AMOUNT OF COPAYMENT WHEN:	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	*	VA MEDICAL CENTER CLAIM
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
¹ IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.		

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)

G ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION

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

1-155-18R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS THIRD PARTY LIABILITY **WHEN:**)

ENROLLMENT STATUS = U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM

Z MANAGED CARE SUPPORT - PRIME, MTF/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.