

INSTITUTIONAL EDIT REQUIREMENTS (ELN 165 - 199)

ELEMENT NAME: PROCESSING CODE (1-165)

VALIDITY EDITS

N/A

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
OVERRIDE CODE	SEE BELOW	
TYPE OF SUBMISSION	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
HEALTH CARE PLAN CODE	SEE BELOW	
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
REASON FOR ADJUSTMENT	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

PROCESSING CODE IS A GROUP NAME FOR THE 8 ELEMENTS LISTED. IT HAS NO EDIT CRITERIA ITSELF. IF THE COMPONENT ELEMENTS ARE CORRECT, THIS ELEMENT IS CORRECT.

ELEMENT NAME: OVERRIDE CODE (1-170)

VALIDITY EDITS

- 1-170-01** OCCURRENCE NUMBER 1
- 1-170-02** OCCURRENCE NUMBER 2
- 1-170-03** OCCURRENCE NUMBER 3
- VALUE MUST BE ONE OF THE VALID OVERRIDE CODES: 'A'-'N'; 'Q'-'U', 'V', 'Y', 'Z', **OR** BLANK
- 1-170-04** A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PATIENT DATE OF BIRTH	SEE BELOW	PATIENT RELATIONSHIP
FILING DATE	SEE BELOW	BEGIN DATE OF CARE
SPONSOR STATUS	SEE BELOW	
TREATMENT DIAGNOSIS	SEE BELOW	PATIENT DATE OF BIRTH
OP/NSP	SEE BELOW	TREATMENT DIAGNOSIS
OVERRIDE CODE (OCCURRENCES)	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION
SPONSOR STATUS	SEE BELOW	PATIENT RELATIONSHIP TO SPONSOR

EDITED ELEMENT RELATIONSHIP

- 1-170-05R** IF PATIENT DATE OF BIRTH INDICATES AGE¹ ≥ 65
 ONE OVERRIDE CODE MUST = 'A'.
 IF ANY OCCURRENCE OF OVERRIDE CODE = 'A'
 PATIENT AGE² MUST BE ≥ 65.
- 1-170-06R** IF PATIENT DATE OF BIRTH
 INDICATES AGE¹ < 12 AND
 PATIENT RELATIONSHIP = S SPOUSE **OR**
 F UNREMARIED WIDOW(ER))
 G UNMARRIED WIDOW(ER)
 ONE OVERRIDE CODE MUST = 'B'.
 IF ANY OCCURRENCE OF OVERRIDE CODE = 'B'
 PATIENT AGE² MUST BE < 12 AND PATIENT RELATIONSHIP MUST BE 'S', 'F', **OR** 'G'.
- 1-170-08R** IF PATIENT RELATIONSHIP = 'T', 'H', 'R' **OR** 'Y' (FORMER SPOUSE)
 AND PATIENT DATE OF BIRTH INDICATES AGE¹ < 34
 THEN ONE OVERRIDE CODE MUST = 'T'.

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

² IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: OVERRIDE CODE (1-170) (CONTINUED)

IF ANY OCCURRENCE OF OVERRIDE CODE = 'I'
THEN PATIENT AGE² MUST BE < 34
AND PATIENT RELATIONSHIP MUST = 'T', 'H', 'R' OR 'Y'.

1-170-09R IF BEGIN DATE OF CARE ≥ 01/01/94
AND IF FILING DATE > END DATE OF CARE PLUS ONE YEAR
THEN ONE OVERRIDE CODE MUST = 'F'

OR
 IF FILING DATE IS LATER THAN LAST DAY OF CALENDER YEAR FOLLOWING CALENDER
 YEAR IN WHICH CARE WAS RECEIVED (BASED ON BEGIN DATE OF CARE)
THEN ONE OVERRIDE CODE MUST = 'F'

1-170-10R IF ANY OCCURRENCE OF
 OVERRIDE CODE = M NATO
 SPONSOR STATUS MUST = T FOREIGN MILITARY

1-170-11R IF ANY TREATMENT DIAGNOSIS = MATERNITY
AND PATIENT DATE OF BIRTH INDICATES AGE¹ < 12
THEN ONE OVERRIDE CODE MUST = 'E'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'E'
THEN PATIENT AGE² MUST BE < 12
AND AT LEAST ONE TREATMENT DIAGNOSIS MUST = MATERNITY

1-170-12R IF ANY OP/NSP **OR** DIAGNOSIS CODE IS FOR FEMALE AND PATIENT SEX IS MALE
 ONE OVERRIDE CODE MUST = 'G'

IF ANY OCCURRENCE OF OVERRIDE CODE = 'G'
 AT LEAST ONE OP/NSP **OR** DIAGNOSIS CODE MUST BE FOR FEMALE AND PATIENT SEX
 MUST BE MALE.

IF ANY OP/NSP **OR** DIAGNOSIS CODE IS FOR MALE (AND **NOT** FOR CIRCUMCISION, AND
 PRINCIPAL **OR** SECONDARY TREATMENT DIAGNOSIS IS **NOT** FOR DELIVERY) AND
 PATIENT SEX IS FEMALE
 ONE OVERRIDE CODE MUST = 'H'

IF ANY OCCURRENCE OF OVERRIDE CODE = 'H'
 AT LEAST ONE OP/NSP **OR** DIAGNOSIS CODE MUST BE FOR MALE AND PATIENT SEX
 MUST BE FEMALE.

1-170-13R OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED.

1-170-14R IF ANY OCCURRENCE OF OVERRIDE CODE = 'N' (RETROSPECTIVE PAYMENT-INPATIENT
 MENTAL HEALTH)
 SPECIAL RATE CODE MUST = 'K' (HOSPITAL-SPECIFIC PSYCH PER DIEM RATE) **OR** 'L'
 (REGION-SPECIFIC PSYCH PER DIEM RATE) AND

TYPE OF SUBMISSION MUST = A ADJUSTMENT

C CANCELLATION

B ADJUSTMENT NON-HCSR DATA

E CANCELLATION NON-HCSR DATA

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE
 MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE
 OF CARE TO END DATE OF CARE.

² IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM
 BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: OVERRIDE CODE (1-170) (CONTINUED)

- 1-170-16R** IF ANY OCCURRENCE OF OVERRIDE CODE = 'Y'
 PATIENT MUST BE NEWBORN (PATIENT DATE OF BIRTH EQUAL TO ADMISSION DATE).
- 1-170-17R** IF ADMISSION DATE < 871001
 NO OCCURRENCE OF OVERRIDE CODE MAY = 'Y'
- 1-170-18R** IF ANY OCCURRENCE OF OVERRIDE CODE = 'S'
 CONTRACTOR NUMBER MUST = 03, 06, 11, 53 57, 59, 60, **OR** 07
- 1-170-19R** IF ANY OCCURRENCE OF OVERRIDE CODE = 'O', AT LEAST ONE OCCURRENCE OF SPECIAL
 PROCESSING CODE MUST BE = 'M' (HEALTH CARE FINDER AND PARTICIPATING
 PROVIDER PROGRAM) OR 'N' (CHAMPUS SELECT) AND CONTRACTOR NUMBER MUST =
 45.

- ¹ **PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE
 MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE
 OF CARE TO END DATE OF CARE.**
- ² **IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM
 BEGIN DATE OF CARE TO END DATE OF CARE.**

ELEMENT NAME: TYPE OF SUBMISSION (1-175)

VALIDITY EDITS

- 1-175-01** VALUE MUST = 'A', 'B', 'C', 'D', 'E', 'F', 'G', 'I', 'O', **OR** 'R'.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
HCSR INDICATOR	SEE BELOW	FILING DATE, TYPE OF NET RECORD ON PREVIOUS HCSR ON DATABASE, AMOUNT PAID BY GOVERNMENT CONTRACTOR, CONTRACT NUMBER, CONTRACT BEGIN AND END DATES, SPONSOR SOCIAL SECURITY NUMBER, BATCH/VOUCHER NUMBER
1-155-02R AMOUNT PAID BY GOVERNMENT CONTRACTOR		FILING DATE
AMOUNT OF OHI/AMOUNT OF TPL	SEE BELOW	
FILING DATE	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	FREQUENCY CODE
DENIAL REASON CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

- 1-175-02R** WHEN TYPE OF SUBMISSION = I INITIAL
- R RESUBMISSION
- O ZERO PAYMENT
- D COMPLETE DENIAL

ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)

F ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING

THIS HCSR INDICATOR MUST **NOT** BE PRESENT ON THE DATABASE.

1-175-03R WHEN TYPE OF SUBMISSION IS EQUAL TO 'F' (ADJUSTMENT NEW SUFFIX) **OR** 'G' (ADDITIONAL DRG INTERIM BILLING), A HCSR **EXCLUSIVE OF SUFFIX** MUST BE PRESENT ON THE DATABASE (I.E., IF THE 'NEW SUFFIX' HCSR BEING SUBMITTED IS SUFFIX = 'D', AT LEAST ONE HCSR WITH THE SAME ICN AND SUFFIX NOT EQUAL TO 'D' MUST EXIST ON THE DATABASE).

- THE FOLLOWING EDITS (1-175-04R AND 1-175-06R) ARE GENERATED **WHEN** PROCESSING ADJUSTMENT AND COMPLETE CANCELLATION HCSRs. THESE RECORDS ARE MATCHED AND APPLIED TO THEIR CORRESPONDING INITIAL SUBMISSION HCSR AND ANY CORRESPONDING ADJUSTMENT HCSRs DURING EDITING. THE RESULT IS EITHER A SUCCESSFUL MATCH WITH THE "NET" (WHICH IS THEN EDITED) OR AN INCOMPATIBLE MATCH (1-175-04R), OR NO MATCH IS FOUND (1-175-06R).

1-175-04R INCOMPATIBLE MATCH FOUND.

MULTIPLE 'A' (ADJUSTMENTS) ARE ALLOWED FOR AN HCSR. ONLY ONE 'C' (CANCELLATION) IS ALLOWED FOR AN HCSR, THERE WILL BE NO SUBSEQUENT 'A'. A CANCELLATION (C) CANNOT BE APPLIED TO AN HCSR ALREADY ON THE DATABASE WITH ZERO IN (NET) AMOUNT PAID BY GOVERNMENT CONTRACTOR, **UNLESS** TYPE OF NET RECORD = 'A'.

WHEN TYPE OF SUBMISSION IS EQUAL TO 'B' (ADJUSTMENT TO NON-HCSR DATA) **OR** 'E' (CANCELLATION OF NON-HCSR DATA), AN HCSR WITH TYPE OF NET RECORD = 'I', 'R', 'O', 'D', 'A', 'C', 'F', 'X', **OR** 'E' MUST **NOT** BE PRESENT ON THE DATABASE. (THERE **CAN** BE A HCSR WITH TYPE OF NET RECORD = 'B'.)

1-175-06R NO MATCH FOUND.

WHEN TYPE OF SUBMISSION IS EQUAL TO 'A' (ADJUSTMENT) **OR** 'C' (CANCELLATION), THERE MUST BE A "MATCH" OF AN HCSR (WITH TYPE OF NET RECORD = 'I', 'F', 'R', **OR** 'O') ON THE DATABASE **UNLESS** FILING DATE IS MORE THAN XX MONTHS OLD (TO BE DETERMINED BY DATABASE PURGE PARAMETER). THIS "MATCH" CONSISTS OF HCSR INDICATOR (ICN AND HCSR SUFFIX). REFER ALSO TO 1-175-05R, WHERE SPONSOR SOCIAL SECURITY NUMBER*, AND CONTRACT NUMBER** MAY ALSO BE INCLUDED.

NOTE: IF FILING DATE IS MORE THAN XX MONTHS OLD (TO BE DETERMINED BY DATABASE PURGE PARAMETER), AN HCSR WITH TYPE OF NET RECORD = 'A', 'I', 'F', 'G', 'R', **OR** 'O' **MAY (OR MAY NOT)** EXIST ON THE DATABASE. **THUS, THE MATCH IS APPLIED IF NET RECORD EXISTS.**

1-175-05R * SPONSOR SOCIAL SECURITY NUMBER IS ONLY LOOKED AT AS "MATCH" CRITERIA IF THERE ARE DUPLICATE HCSR SUFFIXES. **IN THAT CASE**, IF A MATCH IS NOT FOUND ON SPONSOR SOCIAL SECURITY NUMBER FOR THIS HCSR INDICATOR (ICN AND HCSR SUFFIX), THEN THE HCSR CANNOT BE MATCHED AND NETTED. THE ORIGINAL SPONSOR SSAN MUST BE SUBMITTED ON ALL SUBSEQUENT ADJUSTMENTS/CANCELLATIONS.

** CONTRACT NUMBER IS ONLY LOOKED AT AS "MATCH" CRITERIA IF THERE ARE DUPLICATE SPONSOR SOCIAL SECURITY NUMBERS FOR DUPLICATE HCSR SUFFIXES. FOR ADJUSTMENTS AND CANCELLATIONS WITH FILING DATES OUTSIDE OF THE BEGIN AND END DATES OF THE CURRENT CONTRACT, THE MATCH ON CONTRACT NUMBER IS OPTIONAL (1-175-06R).

1-175-07R IF TYPE OF SUBMISSION = 'O' (ZERO PAYMENT)
EITHER/BOTH AMOUNT OF OHI/AMOUNT OF TPL MUST BE > ZERO.

1-175-09R IF SPECIAL PROCESSING CODE = 'D' (DRG QUALIFYING FOR INTERIM PAYMENT)

ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)

AND FREQUENCY CODE =	2	INTERIM-INITIAL
TYPE OF SUBMISSION MUST BE =	I	INITIAL
	R	RESUBMISSION
	A	ADJUSTMENT
	C	CANCELLATIONS
	E	CANCELLATION OF NON-HCSR DATA
	B	ADJUSTMENT TO NON-HCSR DATA
IF SPECIAL PROCESSING CODE = 'D' (DRG QUALIFYING FOR INTERIM PAYMENT)		
AND FREQUENCY CODE =	3	INTERIM-INTERIM
	4	INTERIM-FINAL
TYPE OF SUBMISSION MUST BE =	A	ADJUSTMENT
	C	CANCELLATION
	B	ADJUSTMENT TO NON-HCSR DATA
	E	CANCELLATION OF NON-HCSR DATA
	G	ADDITIONAL DRG INTERIM BILLING
1-175-10R	IF ALL DETAIL OCCURRENCES ARE DENIED (DENIAL REASON CODE NOT BLANK)	
TYPE OF SUBMISSION MUST BE =	A	ADJUSTMENT TO PRIOR HCSR
	C	COMPLETE CANCELLATION
	D	COMPLETE DENIAL
	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
1-175-11R	I	INITIAL
IF TYPE OF SUBMISSION =	R	RESUBMISSION
	D	COMPLETE DENIAL
	O	ZERO PAYMENT
A HCSR MUST NOT BE PRESENT ON THE DATABASE WITH THIS HCSR INDICATOR, EXCLUDING THE SUFFIX (20 BYTES), FOR THIS CONTRACT NUMBER, WITH A DIFFERENT BATCH/VOUCHER NUMBER.		
1-175-12R	A HCSR SUFFIX PREVIOUSLY ASSIGNED CANNOT BE "RE-USED" WHEN TYPE OF SUBMISSION = 'F' (ADJUSTMENT TO PRIOR HCSR DATA, ADDITIONAL HCSR SUFFIX) FOR THIS SAME INTERNAL CONTROL NUMBER.	
NOTE: THIS EDIT RELATES TO ADMINISTRATIVE CLAIM COUNT ASSIGNMENT ONLY.		
1-175-13R	IF AMOUNT ALLOWED = '0',	
THEN		
TYPE OF SUBMISSION MUST =	A	ADJUSTMENT PRIOR HCSR DATA
	B	ADJUSTMENT NON HCSR DATA

ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)	
	C CANCELLATION
	D COMPLETE DENIAL
	E COMPLETE CANCELLATION TO NON-HCSR DATA
	F ADJUSTMENT NEW SUFFIX
	G ADDITIONAL DRG INTERIM BILLINGS
1-175-14R	IF RESUBMISSION NUMBER = ZERO FOR THIS BATCH OR VOUCHER,
TYPE OF SUBMISSION MUST BE =	A ADJUSTMENT TO PRIOR HCSR DATA
	B ADJUSTMENT NON HCSR DATA
	C COMPLETE CANCELLATION PRIOR HCSR DATA
	D COMPLETE DENIAL
	E COMPLETE CANCELLATION NON HCSR DATA
	F ADJUSTMENT NEW SUFFIX
	G ADDITIONAL DRG INTERIM BILLING
	I INITIAL
	O ZERO PAY WITH 100% OHI/TPL
1-175-15R	IF RESUBMISSION NUMBER > ZERO FOR THIS BATCH OR VOUCHER,
TYPE OF SUBMISSION MUST BE =	A ADJUSTMENT TO PRIOR HCSR DATA
	B ADJUSTMENT NON HCSR DATA
	C COMPLETE CANCELLATION NON HCSR DATA
	D COMPLETE DENIAL
	E COMPLETE CANCELLATION NON HCSR DATA
	F ADJUSTMENT NEW SUFFIX
	G ADDITIONAL DRG INTERIM BILLING
	O ZERO PAY WITH 100% OHI/TPL
	R RESUBMISSION OF 'I'
1-175-16R	IF TYPE OF SUBMISSION =
	I INITIAL
	F ADJUSTMENT NEW SUFFIX
	R RESUBMISSION
AMOUNT BILLED, AMOUNT ALLOWED, NUMBER OF BIRTHS, TOTAL BED DAYS, GOVERNMENT AUTHORIZED BED DAYS, AMOUNT PAID BY OTHER HEALTH INSURANCE, AMOUNT ALLOWED BY OTHER HEALTH INSURANCE, AMOUNT OF THIRD PARTY LIABILITY, AMOUNT OF PAYMENT REDUCTION, PATIENT COINSURANCE, PATIENT COPAYMENT, AMOUNT PAID BY GOVT CONTRACTOR, NUMBER OF PAYMENT REDUCTION DAYS/SERVICES, UNITS OF SERVICE BY REVENUE CODE, TOTAL CHARGE BY REVENUE CODE MUST BE ≥ 0 .	
IF TYPE OF SUBMISSION =	B ADJUSTMENT TO NON-HCSR DATA OR
	E COMPLETE CANCELLATION OF PRIOR HCSR DATA

ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)

THEN BEGIN DATE OF CARE MUST BE < OCTOBER 1, 1994.

1-175-18R IF DATE HCSR PROCESSING TO COMPLETION > 01/01/96
 AND SPONSOR BRANCH OF SERVICE = 'C' CHAMPVA

**THEN TYPE OF SUBMISSION
 MUST =**

**D COMPLETE CONTRACTOR DENIAL INITIAL HCSR
 SUBMISSION**

ELEMENT NAME: NAS EXCEPTION REASON (1-180)

VALIDITY EDITS

VALUE MUST BE IN RANGE: '1' - '9', 'A' - 'F', 'H' - 'O', **OR** BLANK

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PATIENT ZIP CODE	SEE BELOW	SPONSOR BRANCH OF SERVICE, NAS NUMBER, DENIAL REASON CODE, ADMISSION DATE, PROGRAM INDICATOR
NAS NUMBER	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	PATIENT ZIP CODE, ADMISSION DATE
TYPE OF INSTITUTION	SEE BELOW	PATIENT ZIP CODE, NAS NUMBER, ADMISSION DATE

EDITED ELEMENT RELATIONSHIP

NO ERROR IF SPECIAL PROCESSING CODE =	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-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
	MS	TRICARE SENIOR PRIME (NETWORK) OR
	MN	TRICARE SENIOR PRIME (NON-NETWORK) 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 CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)

BYPASS ALL NAS EXCEPTION REASON EDITING.

1-180-02R IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA¹
 NAS EXCEPTION REASON MUST = BLANK
 UNLESS SPECIAL PROCESSING CODE = 'ST'.

1-110-03R IF NAS NUMBER IS CODED
 NAS EXCEPTION REASON MUST = BLANK.

1-180-04R IF BEGINNING DATE OF CARE ≥ 09/23/96
 AND

ENROLLMENT STATUS = E MANAGED CARE SUPPORT TRICARE TIDEWATER
 PRIME

O NEW ORLEANS PRIME

H MANAGED CARE SUPPORT HOMESTEAD
 ENROLLED PATIENT

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

U MANAGED CARE SUPPORT PRIME, CIVILIAN PCM

Z MANAGED CARE SUPPORT PRIME, MTF/PCM

EXIT.

IF PATIENT ZIP CODE IS IN A CATCHMENT AREA¹ AND NAS NUMBER IS NOT CODED
 NAS EXCEPTION REASON MUST BE CODED

UNLESS

HEALTH CARE PLAN CODE = 11 MCS - FORT BRAGG DEMO

ANY OCCURRENCE OF
 DENIAL REASON CODE = 9 NAS NOT PROVIDED

2 INELIGIBLE CLAIMANT

A DEERS

N MULTIPLE DENIAL REASONS

ANY OCCURRENCE OF
 OVERRIDE CODE = C GOOD FAITH PAYMENT

PROGRAM INDICATOR = H PROGRAM FOR PERSONS WITH DISABILITIES OR

SPONSOR STATUS = T NATO

IN WHICH CASE NAS EXCEPTION REASON MUST BE BLANK.

IF VOUCHER BRANCH OF
 SERVICE = 10 CONTINUED HEALTH CARE BENEFIT PROGRAM

SPONSOR BRANCH OF
 SERVICE MUST BE = A ARMY

F AIR FORCE

M MARINES

N NAVY

E PUBLIC HEALTH SERVICE

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)

	I	NOAA
	P	COAST GUARD
1-180-05R	IF BEGINNING DATE OF CARE ≥ 09/23/96 AND	
ENROLLMENT STATUS =	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
EXIT.		
IF ANY SPECIAL PROCESSING CODE = '3', '4', '6', '9', OR 'E' (DEMONSTRATION) AND PATIENT ZIP CODE IS IN A CATCHMENT AREA ¹		
NAS EXCEPTION REASON MUST =	9	DEMONSTRATION
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF ANY SPECIAL PROCESSING CODE =	5, 7	LIVER/HEART TRANSPLANT
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA ¹		
NAS EXCEPTION REASON MUST =	8	LIVER/HEART TRANSPLANT
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF NAS EXCEPTION REASON = 'L' (HOSPICE) SPECIAL PROCESSING CODE MUST = '#' (HOSPICE)		
IF ANY SPECIAL PROCESSING CODE = 'B' (PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS) OR 'O' (CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES AND PATIENT ZIP CODE IS IN A CATCHMENT AREA ¹)		
NAS EXCEPTION REASON MUST =	6	PARTNERSHIPS
	1	COVERAGE BY OTHER INSURANCE
	2	EMERGENCY MEDICAL TREATMENT
	I	TRICARE-TIDEWATER DRUG CLAIM
	J	TRICARE-TIDEWATER PREVENTATIVE CARE CLAIM
IF ANY SPECIAL PROCESSING CODE = 'AD' (ACTIVE DUTY CLAIMS) AND PATIENT ZIP CODE IS IN A CATCHMENT AREA ¹		

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)

NAS EXCEPTION REASON MUST =	Q	(ACTIVE DUTY CLAIMS)
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
1-180-06R	IF BEGINNING DATE OF CARE ≥ 09/23/96 AND	
ENROLLMENT STATUS =	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
EXIT.		
THE FOLLOWING APPLIES TO CATCHMENT ZIP CODES ¹ AND NAS NUMBER NOT CODED: UNLESS DENIAL REASON CODE = 'A', '1', OR '2':		
HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF TYPE OF INSTITUTION =	71	SPECIALIZED TREATMENT FACILITY
	82	ALCOHOLISM AND OTHER CHEMICAL DEPENDENCY
NAS EXCEPTION REASON =	7	SPECIALIZED TREATMENT FACILITY
	2	EMERGENCY
	1	OTHER PRIMARY INSURANCE
	Q	ACTIVE DUTY CLAIMS
IF TYPE OF INSTITUTION =	72	RESIDENTIAL TREATMENT CENTER
NAS EXCEPTION REASON =	5	RESIDENTIAL TREATMENT CENTER
	2	EMERGENCY
	1	OTHER PRIMARY INSURANCE
	Q	ACTIVE DUTY CLAIMS
IF TYPE OF INSTITUTION =	76	SKILLED NURSING FACILITY
NAS EXCEPTION REASON =	4	APPROVED NURSING FACILITY
	2	EMERGENCY
	1	OTHER PRIMARY INSURANCE
	Q	ACTIVE DUTY CLAIMS

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185)

VALIDITY EDITS

1-185-01 MUST BE A VALID CODE AS DEFINED IN [CHAPTER 2](#), OR BLANK-FILLED.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
ENROLLMENT STATUS	SEE BELOW	TYPE OF SUBMISSION

EDITED ELEMENT RELATIONSHIP

1-185-03R IF ENROLLEMENT STATUS =

A	CRI - FOUNDATION HEALTH PLAN OR
B	CRI - PARTNERS HEALTH PLAN OR
C	CRI - QUEENS HEALTH PLAN OR
N	CRI - NOT ENROLLED, NOT STANDARD PROGRAM (EXTRA) OR

HEALTH CARE PLAN CODE MUST =

01	CRI - PARTNERS HEALTH PLAN OR
02	CRI - PARTNERS HEALTH PLAN OR
03	CRI - QUEENS HEALTH PLAN

UNLESS TYPE OF SUBMISSION =

D	DENIAL OR
C	CANCELLATION OR
E	CANCELLATION OF NON-HCSR DATA

1-185-04R IF ENROLLMENT STATUS =

F	FI STANDARD PROGRAM OR
S	CRI STANDARD PROGRAM OR
Q	NEW ORLEANS STANDARD PROGRAM OR
D	MANAGED CARE SUPPORT - TRICARE STANDARD PROGRAM OR
M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

HEALTH CARE PLAN CODE MUST BE BLANK

UNLESS TYPE OF SUBMISSION =

D	DENIAL
C	CANCELLATION
E	CANCELLATION OF NON-HCSR DATA

1-185-05R IF ENROLLMENT STATUS =

O	NEW ORLEANS PRIME
P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM

HEALTH CARE PLAN CODE MUST BE '10'

UNLESS TYPE OF SUBMISSION =

D	DENIAL
C	CANCELLATION

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

	E	CANCELLATION OF NON-HCSR DATA
1-185-06R IF ENROLLMENT STATUS =	H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
	I	MANAGED CARE SUPPORT - HOMESTEAD, NON-ENROLLED PATIENT, NETWORK PROVIDER
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
HEALTH CARE PLAN CODE MUST BE '05'		
UNLESS TYPE OF SUBMISSION =	D	DENIAL
	C	CANCELLATION
	E	CANCELLATION OF NON-HCSR DATA
1-185-07R IF CONTRACTOR FHC OPTIONS (MENTAL HEALTH)		
THEN		
HEALTH CARE PLAN CODE MUST BE '06'		
UNLESS		
ENROLLMENT STATUS =	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
THEN		
HEALTH CARE PLAN CODE MUST BE BLANK		
1-185-08R IF HEALTH CARE PLAN CODE = '06'		
ENROLLMENT STATUS MUST =	D	MANAGED CARE SUPPORT - TRICARE - TIDEWATER STANDARD PROGRAM
	E	MANAGED CARE SUPPORT - TRICARE - TIDEWATER PRIME
	G	MANAGED CARE SUPPORT - TRICARE - TIDEWATER EXTRA
	R	TRICARE EXTRA - NORTH CAROLINA
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	U	MANAGED CARE SUPPORT - PRIME WITH CONTRACTOR NETWORK PCM
	V	MANAGED CARE SUPPORT - EXTRA
	W	TPR ACTIVE DUTY - USA
	Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)
1-185-09R IF CONTRACTOR WASHINGTON/OREGON		
HEALTH CARE PLAN CODE MUST BE '07'		
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

UNLESS:

ENROLLMENT STATUS = Y CONTINUED HEALTH CARE BENEFIT PROGRAM
 STANDARD **OR**

AA CONTINUED HEALTH CARE BENEFIT PROGRAM
 EXTRA

THEN HEALTH CARE PLAN CODE MUST BE BLANK

1-185-10R IF HEALTH CARE PLAN CODE = '07' (MANAGED CARE SUPPORT - REGION **N 11**
[WASHINGTON/OREGON])

THEN ENROLLMENT
 STATUS MUST =

R TRICARE EXTRA - NORTH CAROLINA **OR**

T MANAGED CARE SUPPORT - STANDARD TRICARE
 PROGRAM **OR**

U MANAGED CARE SUPPORT - PRIME (WITH
 CONTRACTOR NETWORK PCM) **OR**

V MANAGED CARE SUPPORT - EXTRA **OR**

W TPR ACTIVE DUTY - USA **OR**

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

BB TRICARE-SENIOR PRIME **OR**

SN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-
 MTF-REFERRED CARE **OR**

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

SR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-
 REFERRED CARE **OR**

ST SUPPLEMENTAL HEALTH CARE PROGRAM -
 TRICARE ELIGIBLE

1-185-11R IF CONTRACTOR FHC OPTIONS
 (FORT BRAGG DEMO)

THEN

HEALTH CARE PLAN CODE MUST BE = '11'

UNLESS

ENROLLMENT STATUS = Y CONTINUED HEALTH CARE BENEFIT PROGRAM
 STANDARD **OR**

AA CONTINUED HEALTH CARE BENEFIT PROGRAM
 EXTRA

THEN

HEALTH CARE PLAN CODE MUST BE BLANK

1-185-12R IF HEALTH CARE PLAN CODE = '11' (**MANAGED CARE SUPPORT - FORT BRAGG, NC**)

THEN

ENROLLMENT STATUS
 MUST =

R TRICARE EXTRA - NORTH CAROLINA **OR**

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

	T	MANAGED CARE SUPPORT - STANDARD PROGRAM OR
	U	MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM) OR
	V	MANAGED CARE SUPPORT - EXTRA OR
	W	TPR ACTIVE DUTY - USA OR
	Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)
1-185-13R	IF CONTRACTOR (REGION 06) TEXAS/OKLAHOMA/LOUISIANA/ARKANSAS	
	THEN HEALTH CARE PLAN CODE MUST BE = '09'	
	UNLESS	
	ENROLLMENT STATUS =	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
		AA CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	THEN HEALTH CARE PLAN CODE MUST BE BLANK	
1-185-14R	IF HEALTH CARE PLAN CODE = '09' (MANAGED CARE SUPPORT - REGION 6)	
	THEN ENROLLMENT STATUS MUST =	
	R	TRICARE EXTRA - NORTH CAROLINA OR
	T	MANAGED CARE SUPPORT - STANDARD TRICARE PROGRAM OR
	U	MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM) OR
	V	MANAGED CARE SUPPORT - EXTRA OR
	W	TPR ACTIVE DUTY - USA OR
	Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM) OR
	BB	TRICARE-SENIOR PRIME OR
	SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
	SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
	SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE OR
	ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
1-185-15R	IF CONTRACTOR (REGION 09, 10, 12) CALIFORNIA/HAWAII	
	THEN	
	HEALTH CARE PLAN CODE MUST BE = '08'	
	UNLESS:	
	ENROLLMENT STATUS =	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

AA CONTINUED HEALTH CARE BENEFIT PROGRAM
 EXTRA

THEN HEALTH CARE PLAN CODE MUST BE BLANK

1-185-16R IF HEALTH CARE PLAN CODE = '08' (MANAGED CARE SUPPORT - REGIONS 9, 10, 12)

THEN ENROLLMENT STATUS
 MUST =

- R TRICARE EXTRA - NORTH CAROLINA **OR**
- T MANAGED CARE SUPPORT - STANDARD TRICARE PROGRAM **OR**
- U MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM) **OR**
- V MANAGED CARE SUPPORT - EXTRA **OR**
- W TPR ACTIVE DUTY - USA **OR**
- Z MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM) **OR**
- BB TRICARE-SENIOR PRIME **OR**
- SN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE **OR**
- SO SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE **OR**
- SR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE **OR**
- ST SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE

1-185-17R IF CONTRACTOR (REGION 03, 04) HUMANA

THEN
 HEALTH CARE PLAN CODE MUST BE = '13', '14', '15', '16'

UNLESS:

- ENROLLMENT STATUS = Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD **OR**
- AA CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA

THEN HEALTH CARE PLAN CODE MUST BE BLANK

1-185-18R IF HEALTH CARE PLAN CODE = '13', '14', '15', '16' (MANAGED CARE SUPPORT - REGIONS 3/4, EUROPE, PACIFIC, AND SOUTHCOM)

THEN ENROLLMENT STATUS
 MUST =

- R TRICARE EXTRA - NORTH CAROLINA **OR**
- T MANAGED CARE SUPPORT - STANDARD TRICARE PROGRAM **OR**
- U MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM) **OR**
- V MANAGED CARE SUPPORT - EXTRA **OR**
- W TPR ACTIVE DUTY - USA **OR**
- X ACTIVE DUTY - EUROPE **OR**

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/ CLINIC PCM) OR
BB	TRICARE-SENIOR PRIME OR
SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE OR
SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE OR
SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF- REFERRED CARE OR
ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE

1-185-19R IF CONTRACTOR (REGION 07, 08) TRIWEST**THEN**

HEALTH CARE PLAN CODE MUST BE = '12'

UNLESS:ENROLLMENT STATUS = Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD **OR**AA CONTINUED HEALTH CARE BENEFIT PROGRAM
EXTRA**THEN** HEALTH CARE PLAN CODE MUST BE BLANK.**1-185-20R** IF HEALTH CARE PLAN CODE = '12' (MANAGED CARE **SUPPORT - CENTRAL REGION**
(REGION 7/8))**THEN** ENROLLMENT STATUS
MUST =R TRICARE EXTRA - NORTH CAROLINA **OR**T MANAGED CARE SUPPORT - STANDARD TRICARE
PROGRAM **OR**U MANAGED CARE SUPPORT - PRIME (WITH
CONTRACTOR NETWORK PCM) **OR**V MANAGED CARE SUPPORT - EXTRA **OR**W TPR ACTIVE DUTY - USA **OR**Z MANAGED CARE SUPPORT - PRIME (WITH MTF/
CLINIC PCM) **OR**BB TRICARE-SENIOR PRIME **OR**SN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-
MTF-REFERRED CARE **OR**SO SUPPLEMENTAL HEALTH CARE PROGRAM - NON-
TRICARE ELIGIBLE **OR**SR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-
REFERRED CARE **OR**ST SUPPLEMENTAL HEALTH CARE PROGRAM -
TRICARE ELIGIBLE**1-185-21R** IF CONTRACTOR (REGION 2/5)
THEN HEALTH CARE PLAN CODE MUST BE = '17'

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

UNLESS

ENROLLMENT STATUS

MUST =

Y CONTINUED HEALTH CARE BENEFIT PROGRAM
 STANDARD **OR**

AA CONTINUED HEALTH CARE BENEFIT PROGRAM
 EXTRA

THEN

HEALTH CARE PLAN CODE MUST BE BLANK.

1-185-22R IF HEALTH CARE PLAN CODE = '17' (MANAGED CARE SUPPORT - REGION 2/5)

THEN

ENROLLMENT STATUS

MUST =

R TRICARE EXTRA - NORTH CAROLINA **OR**

T MANAGED CARE SUPPORT - STANDARD TRICARE
 PROGRAM **OR**

U MANAGED CARE SUPPORT - PRIME **OR**

V MANAGED CARE SUPPORT - EXTRA **OR**

W TPR ACTIVE DUTY - USA **OR**

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

SN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-
 MTF-REFERRED CARE **OR**

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

SR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-
 REFERRED CARE **OR**

ST SUPPLEMENTAL HEALTH CARE PROGRAM -
 TRICARE ELIGIBLE

1-185-23R IF CONTRACTOR (REGION 1)
THEN HEALTH CARE PLAN CODE MUST BE = '18'

UNLESS

ENROLLMENT STATUS

MUST =

Y CONTINUED HEALTH CARE BENEFIT PROGRAM
 STANDARD **OR**

AA CONTINUED HEALTH CARE BENEFIT PROGRAM
 EXTRA

THEN

HEALTH CARE PLAN CODE MUST BE BLANK.

1-185-24R IF HEALTH CARE PLAN CODE = '18' (MANAGED CARE SUPPORT - REGION 1)

THEN

ENROLLMENT STATUS

MUST =

R TRICARE EXTRA - NORTH CAROLINA **OR**

T MANAGED CARE SUPPORT - STANDARD TRICARE
 PROGRAM **OR**

U MANAGED CARE SUPPORT - PRIME **OR**

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

V	MANAGED CARE SUPPORT - EXTRA OR
W	TPR ACTIVE DUTY - USA OR
Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/ CLINIC PCM) OR
BB	TRICARE-SENIOR PRIME OR
SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE OR
SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE OR
SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF- REFERRED CARE OR
ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE

ELEMENT NAME: REASON FOR ADJUSTMENT (1-195)

VALIDITY EDITS

1-195-01 VALUE MUST BE 'A' - 'F' **OR** BLANK.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-195-02R	IF TYPE OF SUBMISSION = 'A', 'B', OR 'F' REASON FOR ADJUSTMENT MUST = 'A' - 'F'.
	IF TYPE OF SUBMISSION = 'D', 'T', 'R', OR 'O' REASON FOR ADJUSTMENT MUST = SPACE.
	IF TYPE OF SUBMISSION = 'C' OR 'E' REASON FOR ADJUSTMENT MUST = 'D' - 'F'.
	IF TYPE OF SUBMISSION = 'G' REASON FOR ADJUSTMENT MUST = 'A'.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197)

VALIDITY EDITS

1-197-01,	OCCURRENCE NUMBER 1
1-197-02,	OCCURRENCE NUMBER 2
1-197-03	OCCURRENCE NUMBER 3 VALUE MUST BE IN RANGE 0 - 9, BLANK, A - Z, !, @, #, \$, &, %, ?, *, AB, AD, AN, AR, BD, CE, EU, GU, KO, MH, MN, MS, PO, SC, SE, SM, SP, ST, OR WR.
1-197-04	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
CONTRACTOR NUMBER	SEE BELOW	
1-100-05R	PATIENT ZIP CODE	
PRINCIPAL/SECONDARY OP/NSP	SEE BELOW	
SPONSOR STATUS	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	FREQUENCY CODE
FILING DATE	SEE BELOW	
PROVIDER STATE OR COUNTRY	SEE BELOW	
BEGIN DATE OF CARE	SEE BELOW	
DENIAL REASON CODE	SEE BELOW	
PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-197-05R	IF NAS EXCEPTION REASON = 9 (DEMONSTRATION PROJECTS)	
AT LEAST ONE SPECIAL PROCESSING CODE MUST =	3	BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY
	4	BONE MARROW DONOR - WILFORD HALL REFERRED ONLY
	9	FORT DRUM COOPERATIVE MEDICAL CARE
	E	HHC/CM
	IF NAS EXCEPTION REASON = 8 (HEART/LIVER TRANSPLANT)	
AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5	LIVER TRANSPLANT
	7	HEART TRANSPLANT

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

	IF NAS EXCEPTION REASON = 6 (PARTNERSHIPS)	
	AT LEAST ONE SPECIAL PROCESSING CODE =	B PARTNERSHIP PROGRAM, (EXTERNAL WITH SIGNED AGREEMENTS)
	IF NAS EXCEPTION REASON = 'L' (HOSPICE)	
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	# HOSPICE
	IF NAS EXCEPTION REASON =	Q (ACTIVE DUTY CLAIMS)
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	AD ACTIVE DUTY CLAIMS
1-197-06R	IF PRINCIPAL/SECONDARY OP/NSP CODE IS 41.02 OR 41.03	
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	3 BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY
	IF BEGIN DATE OF CARE ≤ 03/01/97 AND IF PRINCIPAL/SECONDARY OP/NSP CODE IS 50.5, 50.51, OR 50.59	
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5 LIVER TRANSPLANT
	IF PRINCIPAL/SECONDARY OP/NSP CODE IS 37.5	
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	7 HEART TRANSPLANT
1-197-07R	IF SPONSOR STATUS	T FOREIGN MILITARY
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	B PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS
1-197-09R	IF PROGRAM INDICATOR	H PFPWD
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	B PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS
		F CAM DEMONSTRATIONS
		G
		I
		J
		E HHC/CM
		N CHAMPUS SELECT
1-197-10R	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.	
1-197-11R	IF SPECIAL RATE CODE = 'G', 'I', 'J', 'M' OR 'O' (TRICARE/CHAMPUS DRG, WITH LONG STAY OR COST OUTLIER)	
	AND FREQUENCY CODE =	2 INITIAL
		3 INTERIM
		4 FINAL
	SPECIAL PROCESSING CODE =	D DRG QUALIFYING FOR INTERIM PAYMENT

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

1-197-12R	IF FILING DATE ≤ 10/1/88	
	SPECIAL PROCESSING CODE MUST ≠	D DRG QUALIFYING FOR INTERIM PAYMENT
	IF SPECIAL PROCESSING CODE =	F REYNOLDS ARMY COMMUNITY HOSPITAL, FT. SILL
	THE FILING DATE MUST BE ≥ JUNE 1, 1989, DATE OF ADMISSION ≤ MAY 31, 1992.	
	IF SPECIAL PROCESSING CODE =	G EVANS ARMY COMMUNITY HOSPITAL, FT. CARSON
	THE FILING DATE MUST BE ≥ OCT 1, 1989, DATE OF ADMISSION ≤ SEPTEMBER 30, 1992	
	IF SPECIAL PROCESSING CODE =	I BERGSTROM AFB CATCHMENT AREA
	THE FILING DATE MUST BE ≥ MARCH 1, 1990 AND DATE OF ADMISSION ≤ APRIL 30, 1993.	
	IF SPECIAL PROCESSING CODE =	J LUKE/WILLIAMS AFB CATCHMENT AREA
	THE FILING DATE MUST BE ≥ MARCH 1, 1990.	
1-197-13R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K GEORGIA/FLORIDA PPO
	THE PROVIDER STATE OR COUNTRY CODE MUST BE =	09 FLORIDA
		10 GEORGIA
1-197-14R	IF BEGIN DATE OF CARE < 06/30/88	
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY =	E HHC/CM
1-197-15R	IF ANY DENIAL REASON CODE	G DEMONSTRATION AUTHORIZATION NOT ON FILE
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	F ARMY CAM DEMONSTRATIONS
		G
		E HHC/CM
		N CHAMPUS SELECT
1-197-16R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R MEDICARE/TRICARE DUAL ENTITLEMENT
	AMOUNT OF OTHER HEALTH INSURANCE MUST NOT = ZERO.	
1-197-18R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PO
	ENROLLMENT STATUS MUST BE =	U MANAGED CARE SUPPORT - PRIME
		E MCS - TRICARE PRIME
		K MCS - CA/HI ENROLLED
		O NEW ORLEANS PRIME
		U MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM)
		Z MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY CLAIMS OR
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE : NOT-AT-RISK PAYMENT BY CONTRACTOR
	THEN ENROLLMENT STATUS MUST BE =	W	ACTIVE DUTY - USA OR
		X	ACTIVE DUTY - EUROPE
1-197-19R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY
	THEN PATIENT RELATIONSHIP TO SPONSOR MUST BE =	b	SPONSOR
	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY OR
		B	RECALLED TO ACTIVE DUTY OR
		J	ACADEMY STUDENT/NAVY OCS OR
		N	NATIONAL GUARD OR
		Q	PRISONER/APPELLATE OR
		V	RESERVE OR
		T	FOREIGN MILITARY (NATO)
1-197-20R	IF ONE OCCURRENCE OF SPECIAL PROCESSING CODE = 'WR'		
	THEN CONTRACTOR NUMBER MUST = 07 (REGIONS 7 AND 8)		
1-197-21R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	MS	TRICARE-SENIOR PRIME (NETWORK) OR
		MN	TRICARE-SENIOR PRIME (NON-NETWORK)
	THEN ENROLLMENT STATUS MUST =	BB	TRICARE-SENIOR PRIME
1-197-22R	IF BEGIN DATE OF CARE IS < 10/1/99		
	AND ONE OCCURRENCE OF SPECIAL PROCESSING CODE =	AR	SUPPLEMENTAL HEALTH CARE PROGRAM- ACTIVE DUTY REFERRED CARE OR
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY MCS CONTRACTOR
	THEN CONTRACTOR NUMBER MUST =	25	MANAGED CARE SUPPORT - REGION 2/5 OR
		26	MANAGED CARE SUPPORT - REGION 1

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

1-197-23R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	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
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
	THEN		
ENROLLMENT STATUS MUST =	SR	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS - REFERRED CARE OR	
	SN	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS - NON-MTF-REFERRED CARE OR	
	SO	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS - NON-TRICARE ELIGIBLE OR	
	ST	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS FOR TRICARE ELIGIBLE	

ELEMENT NAME: SPECIAL RATE CODE (1-198)

VALIDITY EDITS

1-198-01 VALUE MUST = BLANK, 'A' - 'V'

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
FILING STATE	SEE BELOW	
DRG NUMBER	SEE BELOW	
DATE OF ADMISSION	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
OVERRIDE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-198-02R IF FILING STATE = '34' (NEW JERSEY) SPECIAL RATE CODE MUST = 'A', 'B', 'C', 'D', 'E', 'F', 'P', 'K', 'L', **OR** BLANK.

ELEMENT NAME: SPECIAL RATE CODE (1-198) (CONTINUED)

IF FILING STATE NOT = '34' (NEW JERSEY)
SPECIAL RATE CODE CANNOT = 'A', 'B', 'C', 'E', 'F'.

IF FILING STATE = '24' (MARYLAND)
SPECIAL RATE CODE CANNOT = 'A', 'B', 'C', 'E', 'F', 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q'.

1-198-03R IF DRG NUMBER IS CODED (OTHER THAN ZERO)

THEN SPECIAL RATE CODE
MUST =

- | | |
|---|-------------------------------------------------------------------------------------------------------------|
| G | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR |
| H | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
| J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR |
| M | DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR |
| N | DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| O | DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR |
| Q | DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR |
| U | SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR |
| V | MEDICARE REIMBURSEMENT RATE |

1-198-04R IF SPECIAL PROCESSING CODE = 'D' (DRG QUALIFYING FOR INTERIM PAYMENT)

THEN SPECIAL RATE CODE
MUST =

- | | |
|---|---------------------------------------------------------------------------------------------------|
| G | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER |
| I | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER |
| J | TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER |
| M | DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER |
| O | DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER |
| U | SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS |

1-198-05R IF DATE OF ADMISSION IS < 1/1/89
SPECIAL RATE CODE MUST NOT = 'K' **OR** 'L'.

1-198-06R IF PROGRAM INDICATOR = 'H' (PFPWD)
SPECIAL RATE CODE MUST NOT = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q'.

ELEMENT NAME: SPECIAL RATE CODE (1-198) (CONTINUED)

1-198-07R	IF ANY OCCURRENCE OF OVERRIDE CODE =	T	MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED
	SPECIAL RATE CODE MUST = 'K' OR 'L'		
1-198-08R	WHEN THE SPECIAL RATE CODE IS 'A' OR 'B' OR 'C' OR 'E' OR 'F'		
	THEN THE END DATE OF CARE MUST BE LESS THAN 19890101.		
1-198-09R	IF SPECIAL PROCESSING CODE = '#' (HOSPICE)		
	THEN SPECIAL RATE CODE MUST =	P	PER DIEM RATE AGREEMENT OR
		D	DISCOUNT RATE AGREEMENT OR
		U	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS
	UNLESS TYPE OF SUBMISSION = 'D' (COMPLETE CONTRACTOR DENIAL).		
1-198-10R	IF SPECIAL RATE CODE = 'V' (MEDICARE)		
	THEN SPECIAL PROCESSING CODE MUST =	MS	TRICARE SENIOR PRIME (NETWORK) OR
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
1-198-11R	IF SPECIAL RATE CODE =	U	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM PAID OUTSIDE NORMAL LIMITS
	THEN SPECIAL PROCESSING CODE MUST =	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF- REFERRED CARE OR
		AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-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