

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 144)

ELEMENT NAME: PATIENT ZIP CODE (1-100)

VALIDITY EDITS

- 1-100-01** MUST BE 9 CHARACTERS, EITHER 9 DIGITS, **OR** 5 DIGITS (NOT 5 ZEROES **OR** 5 NINES) FOLLOWED BY 4 BLANKS, **OR** 2 CHARACTERS FOLLOWED BY 7 BLANKS. MUST NOT BE ALL ZEROES **OR** ALL NINES.
- 1-100-02** MUST BE VALIDATED BY MATCHING EITHER THE FIRST 3 DIGITS AGAINST ZIP CODE FILE, **OR** THE FIRST 2 CHARACTERS AGAINST FIGURE OF COUNTRY CODES.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NAS EXCEPTION REASON	SEE BELOW	
NAS NUMBER	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
ENROLLMENT STATUS	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

- 1-100-03R** IF NAS EXCEPTION REASON IS CODED
 PATIENT ZIP CODE MUST BE **WITHIN** A CATCHMENT AREA UNLESS NAS EXCEPTION CODE = 'O' **OR** SPECIAL PROCESS CODE = 'ST'.
- IF NAS EXCEPTION REASON = BLANK
 PATIENT ZIP CODE MAY BE EITHER **WITHIN OR OUTSIDE** CATCHMENT AREA(S).
- 1-100-04R** IF NAS NUMBER IS PRESENT
THEN PATIENT ZIP CODE MUST BE **WITHIN** A CATCHMENT AREA.
UNLESS SPECIAL PROCESSING CODE = '5'
AND BEGIN DATE OF CARE ≥ 04/01/95 AND ≤ 03/01/97
OR SPECIAL PROCESSING CODE = 'ST'.
- 1-100-05R** IF SPECIAL PROCESSING CODE = '9' (FORT DRUM COOPERATIVE MEDICAL CARE)
 PATIENT ZIP CODE MUST BE IN THE FORT DRUM DEMONSTRATION PROJECT AREA.
- 1-100-06R** IF ENROLLMENT STATUS = 'A', 'B', 'C', 'K', 'L', 'M', 'N', **OR** 'S'
 AND NO OCCURRENCE OF OVERRIDE CODE = 'S'
 PATIENT ZIP CODE MUST BE IN CALIFORNIA **OR** HAWAII
- 1-100-07R** IF ENROLLMENT STATUS = 'H', 'I', 'J', 'O', 'P', **OR** 'Q'
 AND NO OCCURRENCE OF OVERRIDE CODE = 'S'
 PATIENT ZIP CODE MUST BE A VALID ZIP CODE FOR THE NEW ORLEANS COORDINATED CARE PROGRAM, OR A BASE REALIGNMENT AND CLOSURE (BRAC) SITE (SEE [CHAPTER 2, ADDENDUM K](#)).

ELEMENT NAME: ENROLLMENT STATUS (1-105)

VALIDITY EDITS

1-105-01 MUST BE A VALID VALUE LISTED IN [CHAPTER 2](#).

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
OVERRIDE CODE	SEE BELOW	
SOURCE OF HEALTH CARE DATA (DERIVED)	SEE BELOW	
PROVIDER CONTRACT AFFILIATION CODE	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-105-02R IF ANY OCCURRENCE OF OVERRIDE CODE = 'Z' (ENHANCED BENEFIT)

ENROLLMENT STATUS MUST =	A	FOUNDATION HEALTH PLAN
	B	PARTNERS HEALTH PLAN
	C	QUEEN'S HEALTH CARE PLAN
	N	NON-PRIME; E.G., EXTRA
	O	NEW ORLEANS PRIME
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM
	E	MANAGED CARE SUPPORT-TRICARE-TIDEWATER PRIME
	H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
	K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, ENROLLED PATIENT
	U	MANAGED CARE SUPPORT-PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT-PRIME, MTF/PCM

1-105-03R IF SOURCE OF HEALTH CARE DATA (THIS IS A **DERIVED** ELEMENT) IS A CRI CONTRACTOR

THEN ENROLLMENT STATUS MUST =	A	FOUNDATION HEALTH PLAN OR
	B	PARTNERS HEALTH PLAN OR
	C	QUEEN'S HEALTH CARE PLAN OR
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM OR
	E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME OR

ELEMENT NAME: ENROLLMENT STATUS (1-105) (CONTINUED)

G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA OR
N	NON-PRIME OR
R	TRICARE EXTRA - NORTH CAROLINA OR
S	CRI STANDARD PROGRAM OR
U	MANAGED CARE SUPPORT - PRIME, CIVILLIAN PCM OR
V	MANAGED CARE SUPPORT - EXTRA OR
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM OR
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA

IF SOURCE OF HEALTH CARE DATA IS A FI

THEN ENROLLMENT STATUS MUST =	F	FI STANDARD PROGRAM OR
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM OR
	E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME OR
	G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA OR
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA OR
	H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT OR
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM OR
	R	TRICARE EXTRA - NORTH CAROLINA

IF SOURCE OF HEALTH CARE DATA IS ORLEANS DEMONSTRATION

THEN ENROLLMENT STATUS MUST =	O	NEW ORLEANS PRIME OR
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD OR
	Q	NEW ORLEANS COORDINATE CARE STANDARD PROGRAM OR
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA

IF SOURCE OF HEALTH CARE DATA IS MANAGED CARE SUPPORT

ELEMENT NAME: ENROLLMENT STATUS (1-105) (CONTINUED)

THEN ENROLLMENT STATUS MUST =	K	MANAGED CARE SUPPORT - CALIFORNIA/ HAWAII, ENROLLED PATIENT OR
	L	MANAGED CARE SUPPORT - CALIFORNIA/ HAWAII, NON-ENROLLED PATIENT, NETWORK PROVIDER OR
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	O	NEW ORLEANS PRIME OR
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD OR
	Q	NEW ORLEANS COORDINATED CARE STANDARD PROGRAM OR
	R	TRICARE EXTRA - NORTH CAROLINA OR
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM OR
	U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM OR
	V	MANAGED CARE SUPPORT - EXTRA OR
	W	ACTIVE DUTY USA OR
	X	ACTIVE DUTY EUROPE OR
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM OR
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA 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 - REFERRED CARE OR
	ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
1-105-04R	IF PROVIDER CONTRACT AFFILIATION CODE = 1 (CONTRACTED)	
THEN ENROLLMENT STATUS MUST NOT =	S	STANDARD PROGRAMS
	IF PROVIDER CONTRACT AFFILIATION CODE = 2 (NOT CONTRACTED)	
THEN ENROLLMENT STATUS MUST NOT =	N	NON-PRIME
1-105-05R	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) STANDARD OR

ELEMENT NAME: ENROLLMENT STATUS (1-105) (CONTINUED)

		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) EXTRA
	THEN PROGRAM INDICATOR MUST NOT =	H	PROGRAM FOR PERSONS WITH DISABILITIES
1-105-06R	IF ENROLLMENT STATUS =	W	TPR ACTIVE DUTY - USA OR
		X	ACTIVE DUTY - EUROPE
	THEN		
	AL LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AD	ACTIVE DUTY OR
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR
1-105-07R	IF ENROLLMENT STATUS =	BB	TRICARE-SENIOR PRIME
	THEN		
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	MS	TRICARE-SENIOR PRIME (NETWORK) OR
		MN	TRICARE-SENIOR PRIME (NON-NETWORK)
1-105-08R	IF ENROLLMENT STATUS =	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
	THEN		
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-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
1-105-09R	IF ENROLLMENT STATUS =	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
	THEN BEGIN DATE OF CARE MUST BE > OCTOBER 1, 1997		

ELEMENT NAME: NAS NUMBER (1-110)

VALIDITY EDITS

1-110-01 IF NAS NUMBER IS CODED

POSITIONS 2 - 4 (MTF FACILITY #), MUST BE VALID (USER SUPPLIED: USE MTF NUMBERS). POSITION 1 MUST BE ZERO.

POSITIONS 5 - 8 (JULIAN DATE; FORMAT; YDDD), Y MUST BE 0 - 9, DDD MUST BE 001 - 366.

POSITIONS 9 - 11 (SEQUENCE #), MUST BE NUMERIC AND NOT ZERO.

UNLESS

FIRST 4 DIGITS = '6501'

AND PATIENT ZIP CODE IS BETWEEN 23000 - 23899 INCLUSIVE

THEN BYPASS THIS EDIT

OR

POSITIONS 1 - 2 MUST BE '46' **OR** '47' AND POSITIONS 3 - 11 MUST BE ZEROS.

IF NAS NUMBER IS NOT CODED, MUST BE BLANK-FILLED.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

NO ERROR IF 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
	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 OR

ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)

NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.

NO ERROR IF BEGINNING DATE OF CARE ≥ 9/23/96**AND**

ENROLLMENT STATUS =	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
	O	NEW ORLEANS PRIME
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM

THEN NO NAS IS REQUIRED - BYPASS ALL NAS NUMBER EDITING.

1-110-02R IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA (CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE)
NAS NUMBER MUST = BLANK
UNLESS SPECIAL PROCESSING CODE = 'ST'

1-110-04R IF NAS EXCEPTION REASON = BLANK AND PATIENT ZIP CODE IS IN A CATCHMENT AREA (CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE)

THENNAS NUMBER MUST BE CODED, **UNLESS****OR**

HEALTH CARE PLAN CODE = 11 MCS - FORT BRAGG DEMO

ORANY OCCURRENCE OF DENIAL REASON CODE = 9 NAS NOT PROVIDED **OR**2 INELIGIBLE CLAIMANT **OR**A DEERS **OR**

N MULTIPLE DENIAL REASONS

OR

ANY OCCURRENCE OF OVERRIDE CODE = C GOOD FAITH PAYMENT

ORPROGRAM INDICATOR = H PROGRAM FOR PERSONS WITH DISABILITIES **OR****OR**

SPONSOR STATUS = T NATO

IN WHICH CASE NAS NUMBER MUST BE BLANK.

1-110-05R IF SPECIAL PROCESSING CODE = I BERGSTROM AFB CATCHMENT AREA

J LUKE/WILLIAMS AFB CATCHMENT AREA

NAS NUMBER MUST NOT = 4600000000.

1-110-06R (REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY FOR REGION 3)

IF NAS EXCEPTION REASON = BLANK

ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)

AND DRG = 104, 105, 106, 107, 108, 109, OR 112

AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER STSF CATCHMENT AREA

AND REGION CODE = '03' (REGION 3)

AND BEGIN DATE OF CARE ≥ MARCH 1, 1997

THEN NAS NUMBER MUST BE CODED,

1-110-07R (NATIONAL STSF)

IF NAS EXCEPTION REASON = BLANK

AND PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF COLUMBIA

AND (DRG = 480[LIVIER TRANSPLANT] AND BEGIN DATE OF CARE ≥ MARCH 1, 1997 OR < FEBRUARY 20, 1998)

OR (DRG = 481 [BONE MARROW TRANSPLANTATION] AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997)

OR (DRG = 302 [KIDNEY TRANSPLANTATION] AND BEGIN DATE OF CARE ≥ JUNE 1, 1999)

THEN NAS NUMBER MUST BE CODED,

1-110-08R (MULTI-REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 1 & 2)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '01' (REGION 1)

OR REGION CODE = '02' (REGION 2)

AND DRG = 104, 105, 106, 107, 108, 109, 110, OR 111

AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC)

OR NATIONAL NAVAL MEDICAL CENTER (NNMC) STSF CATCHMENT AREA

AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997

THEN NAS NUMBER MUST BE CODED

1-110-09R NAS NUMBER MUST BE BLANK

WHEN

SPONSOR STATUS = T (FOREIGN MILITARY)

OR ANY OCCURRENCE OF DENIAL REASON CODE = 9 NONAVAILABILITY STATEMENT NOT PROVIDED OR

2 INELIGIBLE CLAIMANT OR

A DEERS OR

N MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO

1-110-10R (REGIONAL STS FACILITIES FOR GENERAL SURGERY & ORTHOPEDIC SURGERY FOR REGION 1)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '01' (REGION 1)

ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)**AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)****OR WALTER REED ARMY MEDICAL CENTER (WRAMC)****OR MALCOLM CROW MEDICAL CENTER (MGMC) STSF CATCHMENT AREA****AND BEGIN DATE OF CARE ≥ JUNE 1, 1999****AND DRG - 191, 209, 286, 491****THEN NAS NUMBER MUST BE CODED****1-110-11R** (REGIONAL STS FACILITIES FOR NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 1)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '01' (REGION 1)**AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)****OR WALTER REED ARMY MEDICAL CENTER (WRAMC) STSF CATCHMENT AREA****AND BEGIN DATE OF CARE ≥ JUNE 1, 1999****AND DRG = 001, 003, 004, 049, 286, 357****THEN NAS NUMBER MUST BE CODED****1-110-12R** (REGIONAL STS FACILITIES FOR NEUROSURGERY, ORTHOPEDIC SURGERY, GENERAL SURGERY, PERIPHERAL VASCULAR SURGERY, AND HEAD AND NECK SURGERY FOR REGION 3)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '03' (REGION 3)**AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER (EAMC) STSF CATCHMENT AREA****AND BEGIN DATE OF CARE ≥ JUNE 1, 1999****AND DRG = 001, 004, 049, 110, 111, 191, 209, 286, OR 491****THEN NAS NUMBER MUST BE CODED****1-110-13R** (REGIONAL STS FACILITIES FOR TOTAL JOINT REPLACEMENT FOR REGION 3)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '03' (REGION 3)**AND PATIENT ZIP CODE IS IN NAVAL HOSPITAL JACKSONVILLE (NAVHOPIAX) STSF CATCHMENT AREA****AND BEGIN DATE OF CARE ≥ JUNE 1, 1999****AND DRG = 209, OR 491****THEN NAS NUMBER MUST BE CODED****1-110-14R** (REGIONAL STS FACILITIES FOR NEONATAL INTENSIVE CARE FOR REGION 4)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '04' (REGION 4)**AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA****AND BEGIN DATE OF CARE ≥ MAY 1, 1998**

ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)

AND DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, 636

THEN NAS NUMBER MUST BE CODED

1-110-15R (REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 4)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '04' (REGION 4)

AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA

AND BEGIN DATE OF CARE ≥ MAY 1, 1998

AND DRG = 104, 105, 106, 107, 108, 109, 110, 111, 112, 124, OR 125

THEN NAS NUMBER MUST BE CODED

1-110-16R (REGIONAL STS FACILITIES FOR GENERAL SURGERY, ORTHOPEDIC SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 4)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '04' (REGION 4)

AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA

AND BEGIN DATE OF CARE ≥ JUNE 1, 1999

AND DRG = 001, 003, 004, 049, 191, 209, 286, 357, OR 491

THEN NAS NUMBER MUST BE CODED

1-110-17R (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 6)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '06' (REGION 6)

AND PATIENT ZIP CODE IS IN BROOKE ARMY MEDICAL CENTER (BAMC)

OR WILFORD HALL MEDICAL CENTER (WHMC) STSF CATCHMENT AREA

AND BEGIN DATE OF CARE ≥ JUNE 1, 1999

AND DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, OR 491

THEN NAS NUMBER MUST BE CODED

1-110-18R (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 9)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '09' (REGION 9)

AND PATIENT ZIP CODE IS IN NAVAL MEDICAL CENTER (NMCSO) STSF CATCHMENT AREA

AND BEGIN DATE OF CARE ≥ JUNE 1, 1999

AND DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, OR 491

THEN NAS NUMBER MUST BE CODED

ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)

1-110-19R (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 10)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '10' (REGION 10)

AND PATIENT ZIP CODE IS IN DAVID GRANT MEDICAL CENTER (DGMC) STSF CATCHMENT AREA

AND BEGIN DATE OF CARE ≥ JUNE 1, 1999

AND DRG = 001, 003, 004, 049, 110, 111, 191, 209, 286, 357, OR 491

THEN NAS NUMBER MUST BE CODED

1-110-20R (MULTI-REGIONAL STS FACILITIES FOR LIVER TRANSPLANTS FOR REGIONS 1, 2, AND 5)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '01' (REGION 01)

OR REGION CODE = '02' (REGION 02)

OR REGION CODE = '05' (REGION 05)

AND INCLUDES ALL PATIENT ZIP CODES WITHIN REGIONS 1, 2, OR 5

AND BEGIN DATE OF CARE ≥ JUNE 1, 1999

AND DRG = 480

THEN NAS NUMBER MUST BE CODED

ELEMENT NAME: REASON FOR PAYMENT REDUCTION (1-113)**VALIDITY EDITS**

1-113-01 MUST BE 'A', 'B', 'C' OR BLANK

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	
NUMBER OF PAYMENT REDUCTION	SEE BELOW	
NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-113-02R IF AMOUNT OF PAYMENT REDUCTION IS NOT EQUAL TO ZERO AND NUMBER OF PAYMENT REDUCTION DAYS/SERVICES IS NOT EQUAL TO ZEROS.
REASON FOR PAYMENT REDUCTION MUST NOT BE BLANK.

1-113-03R IF ENROLLMENT STATUS EQUALS 'T', 'U', 'V', 'Z', 'Y', OR 'AA'
REASON FOR PAYMENT REDUCTION MUST BE 'A', 'B', 'C', OR BLANK
ELSE
REASON FOR PAYMENT REDUCTION MUST BE 'A', 'B', OR BLANK.

ELEMENT NAME: AMOUNT BILLED (1-115)

VALIDITY EDITS

1-115-01 MUST BE NUMERIC

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	FILING DATE
REVENUE CODE	SEE BELOW	TOTAL CHARGE BY REVENUE CODE
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	TYPE OF SUBMISSION, SPECIAL PROCESSING CODE
AMOUNT ALLOWED	SEE BELOW	SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE, ENROLLMENT STATUS
SPECIAL PROCESSING CODE	SEE BELOW	FREQUENCY CODE, TYPE OF SUBMISSION, FILING DATE

EDITED ELEMENT RELATIONSHIP

1-115-02R AMOUNT BILLED MUST BE > ZERO **WHEN:**

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
	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.

1-115-03R AMOUNT BILLED MUST = TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODE 001.

1-115-04R AMOUNT BILLED MUST BE ≤ \$200.00 **WHEN** PRINCIPAL TREATMENT DIAGNOSIS EQUALS 799.9.

UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	1	MEDICAID

1-115-05R AMOUNT BILLED MUST BE ≥ AMOUNT ALLOWED **WHEN:**

ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM

ELEMENT NAME: AMOUNT BILLED (1-115) (CONTINUED)

	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
SPECIAL RATE CODE =	b	NO SPECIAL RATE (BLANK)
	D	DISCOUNT RATE
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.		
1-115-06R	AMOUNT BILLED MUST BE > \$90,000 WHEN:	
DATES OF ADMISSION PRIOR TO DECEMBER 1, 1996		
SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
FREQUENCY CODE =	2	INTERIM - INITIAL
	3	INTERIM - INTERIM
TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX
	I	INITIAL SUBMISSION (I)
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	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.		

ELEMENT NAME: AMOUNT ALLOWED (1-120)

VALIDITY EDITS

1-120-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
1-115-05R AMOUNT BILLED		SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE, ENROLLMENT STATUS
TYPE OF SUBMISSION	SEE BELOW	AMOUNT PAID BY OHI/TPL, PATIENT COINSURANCE, PATIENT COPAYMENT, FILING DATE
DENIAL REASON CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE

EDITED ELEMENT RELATIONSHIP

1-120-02R AMOUNT ALLOWED MUST BE ZERO **WHEN**:

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

1-120-03R AMOUNT ALLOWED MUST BE ZERO **WHEN**:

TYPE OF SUBMISSION = C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE, **UNLESS** THE CANCELLED HCSR REPORTS AMOUNT PAID BY OTHER HEALTH INSURANCE **OR** THIRD PARTY LIABILITY > ZERO, IN WHICH CASE AMOUNT ALLOWED MUST BE ≥ ZERO, AND OHI PLUS TPL PLUS COPAYMENT PLUS COINSURANCE MUST BE ≥ AMOUNT ALLOWED.

1-120-04R AMOUNT ALLOWED MUST BE ZERO **WHEN** ALL DETAIL DENIAL REASON CODES CONTAIN DENIAL CODE VALUES **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

ELEMENT NAME: AMOUNT ALLOWED (1-120) (CONTINUED)**OR**

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

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

THEN AMOUNT ALLOWED MUST BE \leq ZERO**ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (1-125)****VALIDITY EDITS****1-125-01** MUST BE NUMERIC.**RELATIONAL EDITS**

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

EDITED ELEMENT RELATIONSHIP**1-125-02R** AMOUNT OF OTHER HEALTH INSURANCE MUST BE \geq 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.

1-125-03R AMOUNT OF OTHER HEALTH INSURANCE MUST EQUAL ZERO **WHEN:**ANY OCCURRENCE OF
OVERRIDE CODE =

U BENEFICIARY INDEMINIFICATION PAYMENT

ELEMENT NAME: AMOUNT ALLOWED BY OTHER HEALTH INSURANCE (1-127)

VALIDITY EDITS

1-127-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME: AMOUNT OF THIRD PARTY LIABILITY (1-130)

VALIDITY EDITS

1-130-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

1-130-02R AMOUNT OF THIRD PARTY LIABILITY MUST BE \geq 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 HCSR_s STORED ON THE DATABASE.

1-130-03R AMOUNT OF THIRD PARTY LIABILITY MUST EQUAL ZERO **WHEN:**

ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
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ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (1-133)

VALIDITY EDITS

1-133-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
REASON FOR PAYMENT	SEE BELOW	
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	
TYPE OF SUBMISSION	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-133-02R AMOUNT OF PAYMENT REDUCTION MUST BE GREATER THAN ZERO **WHEN:**

REASON FOR PAYMENT REDUCTION =	A	MENTAL HEALTH PRE-AUTHORIZATION NOT OBTAINED TIMELY
	B	ADJUNCTIVE DENTAL CARE PRE-AUTHORIZATION NOT OBTAINED
	C	PROCEDURE/SERVICES IN TRICARE REGIONS CARE NOT PRE-AUTHORIZED
TYPE OF SUBMISSION =	A	ADJUSTMENT TO PRIOR HCSR DATA
	C	COMPLETE CANCELLATION OF PRIOR HCSR DATA
	I	INITIAL SUBMISSION
	R	RESUBMISSION OF REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRUG INTERIM BILLING

ELEMENT NAME: PATIENT COINSURANCE (1-140)

VALIDITY EDITS

1-140-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

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

MN TRICARE-SENIOR PRIME (NON-NETWORK)

BYPASS ALL COINSURANCE EDITING.

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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**1-140-02R PATIENT COINSURANCE MUST BE ZERO WHEN:**

TYPE OF SUBMISSION =	D	COMPLETE CONTRACTOR DENIAL
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1-140-03R PATIENT COINSURANCE MUST BE ZERO WHEN:

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

THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COINSURANCE MUST BE \geq ZERO.

1-140-05R PATIENT COINSURANCE MUST BE \leq AMOUNT ALLOWED WHEN:

PROGRAM INDICATOR =	I	INSTITUTIONAL
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ENROLLMENT STATUS =	D	MANAGED CARE SUPPORT - TRICARE - TIDEWATER STANDARD PROGRAM
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	F	FI STANDARD PROGRAM
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	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
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	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
--	---	---

	Q	NEW ORLEANS STANDARD PROGRAM
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	S	CRI STANDARD PROGRAM
--	---	----------------------

	T	MANAGED CARE SUPPORT STANDARD PROGRAM
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	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
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TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
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	F	ADJUSTMENT NEW SUFFIX
--	---	-----------------------

	O	ZERO PAYMENT
--	---	--------------

	R	RESUBMISSION OF ERROR REJECT
--	---	------------------------------

OR

TYPE OF SUBMISSION =	A	ADJUSTMENT
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	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
--	---	---

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

SPECIAL RATE CODE =	D	DISCOUNT RATE AGREEMENT
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	P	PER DIEM RATE AGREEMENT
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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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	L NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
NO OCCURRENCE OF SPECIAL PROCESSING CODES =	F ARMY CAM DEMONSTRATIONS G
	K GEORGIA/FLORIDA PPO
	R MEDICARE/CHAMPUS DUAL ENTITLEMENT
	# HOSPICE
<ul style="list-style-type: none"> EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN). SEE BELOW 	

1-145-09R PATIENT COINSURANCE MUST EQUAL ZERO²

1-140-07R

UNLESS

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

PROGRAM INDICATOR =	I INSTITUTIONAL
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);	
ENROLLMENT STATUS =	D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	F FI STANDARD PROGRAM
	J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	S CRI STANDARD PROGRAM
	T MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	G DRG LONG 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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

	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
TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
	I	INITIAL SUBMISSION
	O	ZERO PAYMENT
	R	RESUBMISSION OF ERROR REJECT
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 =	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 OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION

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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODES =	F	ARMY CAM DEMONSTRATIONS
	G	
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
<ul style="list-style-type: none"> EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN. 		
1-145-09R	PATIENT COINSURANCE MUST EQUAL ZERO²	
1-140-08		
UNLESS		
25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG/APPLICABLE DAILY RATE] WHEN:		
PROGRAM INDICATOR =	I	INSTITUTIONAL
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN)		
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
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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

	J	DRG NO OUTLIER
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 =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
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	
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 25% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES AND DUPLICATE BILLING (1) DENIAL REASON CODE).

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

NOTE: PATIENT COINSURANCE = ZERO FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEES, INSTITUTIONAL HCSRs. SEE PATIENT COPAYMENT, EDIT 1-145-13R.

- EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDS

1-140-10R PATIENT COINSURANCE MUST BE 25% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED

1-140-11R PATIENT COPAYMENT MUST BE ZERO WHEN:

PROGRAM INDICATOR =	I	INSTITUTIONAL
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
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

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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

SPECIAL RATE CODE =	b	NO SPECIAL RATE
	A	DRG 4% DISCOUNT
	B	DRG 3% DISCOUNT
	C	DRG 2% DISCOUNT
	E	DRG 1% DISCOUNT (E)
	F	DRG NO DISCOUNT
	P	PER DIEM RATE
PATIENT RELATIONSHIP TO SPONSOR =	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 HCSR _s STORED ON THE DATABASE;		
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	
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT

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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

* VA MEDICAL CENTER CLAIM

HOSPICE

1-140-14R PATIENT COST SHARE³ MUST BE THE LESSOR OF:

A.) 25% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED, **OR** THE LESSOR OF:

B.) 25% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)

OR

C.) AUTHORIZED BED DAYS⁴ TIMES THE DRG/APPLICABLE DAILY RATE

1-145-14R **WHEN:**

ANY OCCURRENCE OF
 OVERRIDE CODE = L NON-DRG REIMBURSEMENT USING DRG-RELATED
 COST-SHARE CALCULATION

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

NO OCCURRENCE OF
 SPECIAL PROCESSING
 CODE = # HOSPICE

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING

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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**OR**

TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION WITH AMOUNT ALLOWED >
ZEROWITH 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

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

1-140-18R PATIENT COINSURANCE MUST EQUAL ZERO⁵ UNLESS**1-140-17R** 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON
REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) (DENIAL REASON CODE)
IS LESS THAN [AUTHORIZED BED DAYS TIMES THE PSYCH PER DIEM COST-SHARE DAILY
RATE] **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 1-145-25R AND 1-145-26R.⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

	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
SPECIAL RATE CODE =	L	REGION SPECIFIC PSYCH PER DIEM
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
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
PATIENT RELATIONSHIP TO SPONSOR =	T	UNREMARIED FORMER SPOUSE
	H	
	R	
	Y	
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 1-145-25R AND 1-145-26R.
⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

	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
		IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 25% (ALLOW \$.01 ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR DUPLICATE BILLING (1) DENIAL REASON CODE.
1-140-18R		WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST EQUAL ZERO IF PATIENT COPAYMENT IS NOT ZERO.
		<ul style="list-style-type: none"> EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RECORDS.
1-140-19R		PATIENT COINSURANCE MUST BE 25% (ALLOW \$.01 ROUNDING ERROR) OF AMOUNT ALLOWED AND
1-145-19R		PATIENT COPAYMENT MUST BE ZERO WHEN:
	PROGRAM INDICATOR =	I INSTITUTIONAL
	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
	ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
		D MANAGED CARE SUPPORT - TRICARE-TIDEWATER 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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

	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
SPECIAL RATE CODE =	K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM
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 > ZERO

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

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

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-SHARES DAILY RATE (WHICHEVER APPLIES TO THAT HCSR), THE RATES MUST BE APPLIED APPROPRIATELY TO EACH PERIOD OF TIME, FOR COST-SHARE CALCULATIONS.

- EDITS FOR TRICARE, ARMY CAM DEMONSTRATIONS, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (**OR** FORMER SPOUSE).

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 1-145-25R AND 1-145-26R.
⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**1-140-20R** PATIENT COINSURANCE MUST BE 50% (ALLOW \$.01 ROUNDING ERROR) OF AMOUNT ALLOWED ANDPATIENT COPAYMENT MUST BE ZERO **WHEN:**

ENROLLMENT STATUS = U MANAGED CARE SUPPORT PRIME

Z MANAGED CARE SUPPORT - PRIME, MTF/PCM

SPECIAL PROCESSING
CODE =

PO TRICARE PRIME - POINT OF SERVICE

1-140-21R PATIENT COINSURANCE MUST BE 20% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED AND**1-145-21R** PATIENT COPAYMENT MUST BE ZERO **WHEN:**

PROGRAM INDICATOR = I INSTITUTIONAL

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

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARDANY OCCURRENCE OF
SPECIAL PROCESSING
CODE =

F ARMY CAM DEMONSTRATIONS

G

SPECIAL RATE CODE = b NO SPECIAL RATE

D DISCOUNT RATE AGREEMENT

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 1-145-25R AND 1-145-26R.****⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.**

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON DATABASE;		
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
	U	BENEFICIARY INDEMNIFICATION PAYMENT
<ul style="list-style-type: none"> EDITS 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 		
1-140-23R	PATIENT COINSURANCE MUST EQUAL ZERO² UNLESS	
1-140-24R	20% OF [AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] IS LESS THAN [AUTHORIZED BED DAYS TIMES THE DRG DAILY RATE] WHEN:	
PROGRAM INDICATOR =	I	INSTITUTIONAL
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);		
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	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 1-145-25R AND 1-145-26R.
⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
ANY SPECIAL OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
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 DATA BASE;		
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
OR		
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE

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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	L NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	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, PATIENT IS NEWBORN, FOR ARMY CAM DEMONSTRATIONS. 	
1-140-25R	PATIENT COINSURANCE MUST EQUAL ZERO ⁶ UNLESS
1-140-26R	20% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG DAILY RATE] WHEN:
PROGRAM INDICATOR =	I INSTITUTIONAL
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);	
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	F FI STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	G DRG LONG STAY
	H DRG SHORT STAY
	I DRG COST OUTLIER
	J DRG NO OUTLIER
	M DISCOUNTED DRG LONG STAY OUTLIER
	N DISCOUNTED DRG SHORT STAY
	O DISCOUNTED DRG COST OUTLIER
	Q DISCOUNTED DRG NO OUTLIER
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

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 1-145-25R AND 1-145-26R.
⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

	C CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE;	
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
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 U BENEFICIARY INDEMNIFICATION PAYMENT
IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 20% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES AND DUPLICATE BILLING (1) DENIAL REASON CODE).	
1-140-25R	WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST BE ZERO IF PATIENT COPAYMENT IS NOT ZERO.
1-140-27R	PATIENT COINSURANCE 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, CHAMPUS SELECT.
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 1-145-25R AND 1-145-26R. ⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.	

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

1-140-29R	PATIENT COINSURANCE MUST = ZERO WHEN: SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY OR TAMP DESIGNEE ANY OCCURRENCE OF SPECIAL PROCESSING CODE = (N) CHAMPUS SELECT ANY OCCURRENCE OF SPECIAL PROCESSING CODE = (#) HOSPICE SPECIAL PROCESSING CODE - (AD) ACTIVE DUTY	
	• COST SHARE EDIT FOR TRICARE PRIME - POINT OF SERVICE PROGRAM	
1-140-30R	PATIENT COST SHARE MUST BE 50% (ALLOW \$.01 ROUNDING ERROR) OF AMOUNT ALLOWED 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
1-140-33R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT ALLOWED AND	
1-145-33R	PATIENT COPAYMENT MUST BE ZERO WHEN:	
	SPONSOR STATUS =	F FORMER MEMBER I PERMANENTLY DISABLED O TEMPORARILY DISABLED R RETIRED K DECEASED D 100% DISABLED W TITLE III RETIREE
	OR PATIENT RELATIONSHIP =	T FORMER SPOUSE H R Y
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	! NORTHERN REGION COORDINATED CARE
	NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	SPECIAL RATE CODE =	K HOSPITAL SPECIFIC PSYCHATRIC PER DIEM L REGION SPECIFIC PSYCHATRIC PER DIEM
	OR TYPE OF INSTITUTION =	72 RESIDENTIAL TREATMENT CENTER

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 1-145-25R AND 1-145-26R.
⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITION 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		
1-140-34R	PATIENT COST SHARE MUST BE THE LESSOR OF:	
	A.) 25% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT BILLED	
OR		
	B.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE	
1-145-34R	WHEN:	
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
OR		
PATIENT RELATIONSHIP =	T	FORMER SPOUSE
	H	
	R	
	Y	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (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
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;		
1-140-35R	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN A.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO	
1-145-35R	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN B.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.	
1-140-36R	PATIENT COST SHARE MUST BE THE LESSOR OF:	
	A.) 25% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT ALLOWED	
OR		
	B.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE	
1-145-36R	WHEN:	
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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**OR**

PATIENT RELATIONSHIP =	T	FORMER SPOUSE
	H	
	R	
	Y	

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
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NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
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SPECIAL RATE CODE ≠	G	DRG LONG STAY
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	H	DRG SHORT STAY
--	---	----------------

	I	DRG COST OUTLIER
--	---	------------------

	J	DRG NO OUTLIER
--	---	----------------

	K	HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM
--	---	--

	L	REGION SPECIFIC PSYCHIATRIC PER DIEM
--	---	--------------------------------------

	M	DISCOUNTED DRG LONG STAY
--	---	--------------------------

	N	DISCOUNTED DRG SHORT STAY
--	---	---------------------------

	O	DISCOUNTED DRG COST OUTLIER
--	---	-----------------------------

	Q	DISCOUNTED DRG NO OUTLIER
--	---	---------------------------

TYPE OF INSTITUTION ≠	72	RESIDENTIAL TREATMENT CENTER
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TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
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	R	RESUBMISSION OF ERROR REJECT
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	O	ZERO PAYMENT
--	---	--------------

	F	ADJUSTMENT NEW SUFFIX
--	---	-----------------------

	G	ADDITIONAL DRG INTERIM BILLING
--	---	--------------------------------

OR

TYPE OF SUBMISSION =	A	ADJUSTMENT
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	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
--	---	---

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

1-140-37R COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN A.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO

1-145-37R COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN B.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.

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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

1-140-38R PATIENT COINSURANCE 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 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-28R.