

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  
**THEN** PATIENT ZIP CODE MUST BE **WITHIN** A CATCHMENT AREA  
**UNLESS** NAS EXCEPTION CODE = 'O' (LIVING-RELATED DONOR LIVER TRANSPLANT)  
**OR IF** EARLIEST BEGIN DATE OF CARE < 03/01/97 **OR** (> 02/19/98 **AND** < 09/01/99)  
**THEN** AT LEAST ONE SPECIAL PROCESSING CODE = '5' (LIVER TRANSPLANT)  
**ELSE**  
 EARLIEST BEGIN DATE OF CARE IS (≥ 03/01/97 **AND** ≤ 02/19/98)  
**OR** ≥ 09/01/99  
**THEN** SPECIAL PROCESS CODE = 'ST'<sup>1</sup> (SPECIALIZED TREATMENT FACILITY)
- 1-100-04R** IF NAS NUMBER IS PRESENT  
**THEN** PATIENT ZIP CODE MUST BE **WITHIN** A CATCHMENT AREA.  
**UNLESS** EARLIEST BEGIN DATE OF CARE < 03/01/97 **OR** (> 02/19/98 **AND** < 09/01/99)  
**THEN** AT LEAST ONE SPECIAL PROCESSING CODE = '5' (LIVER TRANSPLANT)  
**ELSE**  
 EARLIEST BEGIN DATE OF CARE IS (≥ 03/01/97 **AND** ≤ 02/19/98)  
**OR** ≥ 09/01/99  
**THEN** SPECIAL PROCESS CODE = 'ST'<sup>1</sup> (SPECIALIZED TREATMENT FACILITY).
- 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.

**ELEMENT NAME: PATIENT ZIP CODE (1-100) (CONTINUED)**

**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

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

<b>THEN ENROLLMENT STATUS MUST =</b>	A FOUNDATION HEALTH PLAN <b>OR</b>
	B PARTNERS HEALTH PLAN <b>OR</b>
	C QUEEN'S HEALTH CARE PLAN <b>OR</b>
	D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM <b>OR</b>
	E MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME <b>OR</b>
	G MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA <b>OR</b>
	N NON-PRIME <b>OR</b>
	R TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
	S CRI STANDARD PROGRAM <b>OR</b>
	U MANAGED CARE SUPPORT - PRIME, CIVILLIAN PCM <b>OR</b>
	V MANAGED CARE SUPPORT - EXTRA <b>OR</b>
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD <b>OR</b>
	Z MANAGED CARE SUPPORT - PRIME, MTF/PCM <b>OR</b>
	AA CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA

## IF SOURCE OF HEALTH CARE DATA IS A FI

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

## IF SOURCE OF HEALTH CARE DATA IS ORLEANS DEMONSTRATION

<b>THEN ENROLLMENT STATUS MUST =</b>	O NEW ORLEANS PRIME <b>OR</b>
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**ELEMENT NAME: ENROLLMENT STATUS (1-105) (CONTINUED)**

P	NEW ORLEANS NOT ENROLLED, NOT STANDARD <b>OR</b>
Q	NEW ORLEANS COORDINATE CARE STANDARD PROGRAM <b>OR</b>
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD <b>OR</b>
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
IF SOURCE OF HEALTH CARE DATA IS MANAGED CARE SUPPORT	
<b>THEN ENROLLMENT STATUS MUST =</b>	
K	MANAGED CARE SUPPORT - CALIFORNIA/ HAWAII, ENROLLED PATIENT <b>OR</b>
L	MANAGED CARE SUPPORT - CALIFORNIA/ HAWAII, NON-ENROLLED PATIENT, NETWORK PROVIDER <b>OR</b>
M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM <b>OR</b>
O	NEW ORLEANS PRIME <b>OR</b>
P	NEW ORLEANS NOT ENROLLED, NOT STANDARD <b>OR</b>
Q	NEW ORLEANS COORDINATED CARE STANDARD PROGRAM <b>OR</b>
R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
T	MANAGED CARE SUPPORT - STANDARD PROGRAM <b>OR</b>
U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM <b>OR</b>
V	MANAGED CARE SUPPORT - EXTRA <b>OR</b>
W	ACTIVE DUTY USA <b>OR</b>
X	ACTIVE DUTY EUROPE <b>OR</b>
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD <b>OR</b>
Z	MANAGED CARE SUPPORT PRIME, MTF/PCM <b>OR</b>
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA <b>OR</b>
BB	TRICARE-SENIOR PRIME <b>OR</b>
SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE <b>OR</b>
SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE <b>OR</b>
SR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE <b>OR</b>

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

		ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
<b>1-105-04R</b>	IF PROVIDER CONTRACT AFFILIATION CODE = 1 (CONTRACTED)		
	<b>THEN ENROLLMENT STATUS MUST NOT =</b>	S	STANDARD PROGRAMS
	IF PROVIDER CONTRACT AFFILIATION CODE = 2 (NOT CONTRACTED)		
	<b>THEN ENROLLMENT STATUS MUST NOT =</b>	N	NON-PRIME
<b>1-105-05R</b>	IF ENROLLMENT STATUS =	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) STANDARD <b>OR</b>
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) EXTRA
	<b>THEN PROGRAM INDICATOR MUST NOT =</b>	H	PROGRAM FOR PERSONS WITH DISABILITIES
<b>1-105-06R</b>	IF ENROLLMENT STATUS =	W	TPR ACTIVE DUTY - USA <b>OR</b>
		X	ACTIVE DUTY - EUROPE
	<b>THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	AD	ACTIVE DUTY <b>OR</b>
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR
<b>1-105-07R</b>	IF ENROLLMENT STATUS =	BB	TRICARE-SENIOR PRIME
	<b>THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	MS	TRICARE-SENIOR PRIME (NETWORK) <b>OR</b>
		MN	TRICARE-SENIOR PRIME (NON-NETWORK)
<b>1-105-08R</b>	IF ENROLLMENT STATUS =	SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE <b>OR</b>
		SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE <b>OR</b>
		SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE <b>OR</b>
		ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
	<b>THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE <b>OR</b>
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE <b>OR</b>

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

	CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE <b>OR</b>
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE <b>OR</b>
<b>1-105-09R</b>	IF ENROLLMENT STATUS =	Z MANAGED CARE SUPPORT PRIME, MTF/PCM
<b>THEN BEGIN DATE OF CARE MUST BE &gt; OCTOBER 1, 1997</b>		

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

**VALIDITY EDITS**

<b>1-110-01</b>	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.
	<b>UNLESS</b> FIRST 4 DIGITS = '6501' AND PATIENT ZIP CODE IS BETWEEN 23000 - 23899 INCLUSIVE THEN BYPASS THIS EDIT
	<b>OR</b> POSITIONS 1 - 2 MUST BE '46' <b>OR</b> '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**

<b>NO ERROR</b>	IF SPECIAL PROCESSING CODE =	AN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE <b>OR</b>
		AR SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE <b>OR</b>
		CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>

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

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**

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

**NO ERROR** IF BEGINNING DATE OF CARE  $\geq$  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)

**THEN**

NAS NUMBER MUST BE CODED, **UNLESS**

**OR**

HEALTH CARE PLAN CODE = 11 MCS - FORT BRAGG DEMO

**OR**

ANY 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

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

**OR**  
PROGRAM 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

**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  $\geq$  03/01/97

**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  $\geq$  03/01/97 **AND**  $\leq$  02/19/98

**OR** (DRG = 481 [ALLOGENEIC BONE MARROW TRANSPLANTATION])

**AND** BEGIN DATE OF CARE  $\geq$  10/01/97

**OR** (DRG = 302 [KIDNEY TRANSPLANTATION])

**AND** BEGIN DATE OF CARE  $\geq$  09/01/99

**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  $\geq$  10/01/97

**THEN** NAS NUMBER MUST BE CODED

**1-110-09R** NAS NUMBER MUST BE BLANK

**WHEN**

SPONSOR STATUS = T (FOREIGN MILITARY)



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

**OR ANY OCCURRENCE OF DENIAL REASON CODE =**

9	NONAVAILABILITY STATEMENT NOT PROVIDED <b>OR</b>
2	INELIGIBLE CLAIMANT <b>OR</b>
A	DEERS <b>OR</b>
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)

**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 ≥ 09/01/99

**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 ≥ 09/01/99

**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 ≥ 09/01/99

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

**THEN** NAS NUMBER MUST BE CODED

**1-110-14R** (REGIONAL STS FACILITIES FOR NEONATAL INTENSIVE CARE FOR REGION 4)

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

	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 ≥ 05/01/98
	AND DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, 636
	THEN NAS NUMBER MUST BE CODED
<b>1-110-15R</b>	(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 ≥ 05/01/98
	AND DRG = 104, 105, 106, 107, 108, 109, 110, 111, 112, 124, OR 125
	THEN NAS NUMBER MUST BE CODED
<b>1-110-16R</b>	(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 ≥ 05/01/00
	AND DRG = 001, 003, 004, 049, 191, 209, 286, 357, OR 491
	THEN NAS NUMBER MUST BE CODED
<b>1-110-17R</b>	(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 ≥ 09/01/99
	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
<b>1-110-18R</b>	(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 SAN DIEGO (NMCSD) STSF CATCHMENT AREA

**ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)****AND BEGIN DATE OF CARE ≥ 09/01/99****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****1-110-19R** (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 ≥ 09/01/99****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 ≥ 09/01/99****AND DRG = 480****THEN NAS NUMBER MUST BE CODED****1-110-21R** (VA REGIONAL STS FACILITIES FOR CARDIOTHORACIC SURGERY FOR REGION 10)

IF NAS EXCEPTION REASON = BLANK

**AND REGION CODE = '10' (REGION 10)****AND PATIENT ZIP CODE IS IN VA PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)****OR SAN FRANCISCO VA MEDICAL CENTER (SFVAMC) STSF CATCHMENT AREA****AND BEGIN DATE OF CARE ≥ 11/01/99****AND DRG = 104 - 109****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

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

	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING
<b>OR</b>		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
<b>1-115-03R</b>	AMOUNT BILLED MUST = TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODE 001.	
<b>1-115-04R</b>	AMOUNT BILLED MUST BE ≤ \$200.00 <b>WHEN</b> PRINCIPAL TREATMENT DIAGNOSIS EQUALS 799.9.	
	UNLESS TYPE OF SUBMISSION =	D COMPLETE DENIAL
	<b>OR</b> ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	1 MEDICAID
<b>1-115-05R</b>	AMOUNT BILLED MUST BE ≥ AMOUNT ALLOWED <b>WHEN</b> :	
	ENROLLMENT STATUS =	F FI STANDARD PROGRAM
		D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		T MANAGED CARE SUPPORT - STANDARD PROGRAM
		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
<b>OR</b>		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

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

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> 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 HCSR<sub>s</sub> 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)
<b>1-115-05R</b> 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:**

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

TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION
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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  $\geq$  ZERO, AND OHI PLUS TPL PLUS COPAYMENT PLUS COINSURANCE MUST BE  $\geq$  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

**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**

**ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (1-125) (CONTINUED)**

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
<b>OR</b>		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> 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
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**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 ≥ ZERO WHEN:

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT



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

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.**1-130-03R AMOUNT OF THIRD PARTY LIABILITY MUST EQUAL ZERO WHEN:**ANY OCCURRENCE OF  
OVERRIDE CODE = U BENEFICIARY INDEMNIFICATION PAYMENT**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.

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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
--	---

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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"> <li>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</li> </ul>	

**1-145-09R** PATIENT COINSURANCE MUST EQUAL ZERO<sup>2</sup>

**1-140-07R**

**UNLESS**

25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES<sup>1</sup> 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

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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
<b>OR</b>		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> 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

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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"> <li>EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN.</li> </ul>		
<b>1-145-09R</b>	<b>PATIENT COINSURANCE MUST EQUAL ZERO<sup>2</sup></b>	
<b>1-140-08</b>		
<b>UNLESS</b>		
25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES <sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG/APPLICABLE DAILY RATE] <b>WHEN:</b>		
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

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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
<b>OR</b>		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> 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

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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<sup>c</sup> 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<sup>c</sup> 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

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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
<b>OR</b>		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> 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

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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 SHARE<sup>3</sup> MUST BE THE LESSOR OF:

A.) 25% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED, **OR** THE LESSER OF:

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

**OR**

C.) AUTHORIZED BED DAYS<sup>4</sup> 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

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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<sub>s</sub> 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 ZERO<sup>5</sup> UNLESS**1-140-17R** 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON  
REIMBURSABLE REVENUE CODES<sup>1</sup> 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

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES  
AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.<sup>3</sup> SEE 1-140-16R AND 1-145-16R.<sup>4</sup> SEE 1-145-15R.<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.<sup>7</sup> 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
<b>OR</b>		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> 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

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).  
<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.  
<sup>3</sup> SEE 1-140-16R AND 1-145-16R.  
<sup>4</sup> SEE 1-145-15R.  
<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.  
<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.  
<sup>7</sup> 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.
<b>1-140-18R</b>		<b>WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST EQUAL ZERO IF PATIENT COPAYMENT IS NOT ZERO.</b>
		<ul style="list-style-type: none"> <li>• EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RECORDS.</li> </ul>
<b>1-140-19R</b>		<b>PATIENT COINSURANCE MUST BE 25% (ALLOW \$.01 ROUNDING ERROR) OF AMOUNT ALLOWED AND</b>
<b>1-145-19R</b>		<b>PATIENT COPAYMENT MUST BE ZERO WHEN:</b>
	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

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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<sub>s</sub> 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).

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).  
<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.  
<sup>3</sup> SEE 1-140-16R AND 1-145-16R.  
<sup>4</sup> SEE 1-145-15R.  
<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.  
<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.  
<sup>7</sup> 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<sup>c</sup> 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

**<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).****<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.****<sup>3</sup> SEE 1-140-16R AND 1-145-16R.****<sup>4</sup> SEE 1-145-15R.****<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.****<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.****<sup>7</sup> 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 <sub>s</sub> 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"> <li>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</li> </ul>		

**1-140-23R** PATIENT COINSURANCE MUST EQUAL ZERO<sup>2</sup> UNLESS

**1-140-24R** 20% OF [AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES<sup>1</sup> 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

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).  
<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.  
<sup>3</sup> SEE 1-140-16R AND 1-145-16R.  
<sup>4</sup> SEE 1-145-15R.  
<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.  
<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.  
<sup>7</sup> 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
<b>OR</b>		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> 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
<b>OR</b>		
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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"> <li>EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN, FOR ARMY CAM DEMONSTRATIONS.</li> </ul>	
<b>1-140-25R</b>	PATIENT COINSURANCE MUST EQUAL ZERO <sup>6</sup> <b>UNLESS</b>
<b>1-140-26R</b>	20% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES <sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG DAILY RATE] <b>WHEN:</b>
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
<b>OR</b>	
TYPE OF SUBMISSION =	A ADJUSTMENT

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).  
<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.  
<sup>3</sup> SEE 1-140-16R AND 1-145-16R.  
<sup>4</sup> SEE 1-145-15R.  
<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.  
<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.  
<sup>7</sup> 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 <sub>s</sub> 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 <sup>c</sup> ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES AND DUPLICATE BILLING (1) DENIAL REASON CODE).	
<b>1-140-25R</b>	<b>WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST BE ZERO IF PATIENT COPAYMENT IS NOT ZERO.</b>
<b>1-140-27R</b>	<b>PATIENT COINSURANCE MUST EQUAL ZERO WHEN:</b>
ANY OCCURRENCE OF OVERRIDE CODE =	U BENEFICIARY INDEMNIFICATION PAYMENT
	<ul style="list-style-type: none"> <li>EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS SELECT.</li> </ul>
<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X). <sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R. <sup>3</sup> SEE 1-140-16R AND 1-145-16R. <sup>4</sup> SEE 1-145-15R. <sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R. <sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R. <sup>7</sup> 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<sup>c</sup> 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

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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
<b>OR</b>		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE		
<b>1-140-34R</b>	PATIENT COST SHARE MUST BE THE LESSOR OF:	
	A.) 25% (ALLOW 1 <sup>c</sup> ROUNDING ERROR) OF AMOUNT BILLED	
<b>OR</b>		
	B.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE	
<b>1-145-34R</b>	<b>WHEN:</b>	
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
<b>OR</b>		
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

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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
<b>OR</b>		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE;		
<b>1-140-35R</b>	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN A.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO	
<b>1-145-35R</b>	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN B.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.	
<b>1-140-36R</b>	PATIENT COST SHARE MUST BE THE LESSOR OF:	
	A.) 25% (ALLOW 1 <sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED	
<b>OR</b>		
	B.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE	
<b>1-145-36R</b>	<b>WHEN:</b>	
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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
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	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
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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.

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

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

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

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

<sup>6</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> 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 <b>OR</b>
	AN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE <b>OR</b>
	AR SUPPLEMENTAL <b>HEALTH CARE PROGRAM</b> - REFERRED CARE <b>OR</b>
	CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR <b>OR</b>
	SC SUPPLEMENTAL HEALTH CARE PROGRAM - <b>NON-TRICARE ELIGIBLE OR</b>
	SE SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE <b>OR</b>
	SM SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

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





