Chapter 5
Section 2

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 VALID ZIP CODE IN THE ELECTRONIC ZIP CODE FILE,
BASED ON THE ADMISSION DATE
OR THE FIRST 2 CHARACTERS AGAINST COUNTRY CODES TABLE
(SEE CHAPTER 2, ADDENDUM A)

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’[1] (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’[1] (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)		
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**
	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**

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

Element Name:	Enrollment Status (1-105) (Continued)		
		ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE **OR**
		TS	TRICARE SENIOR SUPPLEMENT
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	IF ENROLLMENT STATUS =	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) STANDARD **OR**
		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**

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

		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		
1-105-10R	IF ENROLLMENT STATUS =	TS	TRICARE SENIOR SUPPLEMENT
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SN	TRICARE SENIOR SUPPLEMENT (NON-NETWORK) **OR**
		SS	TRICARE SENIOR SUPPLEMENT (NETWORK)

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	

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

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**
	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)		
	THEN NAS NUMBER MUST BE CODED, **UNLESS**		
	OR HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO

ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)			
	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
	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 = 46000000000.		
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 ≥ 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 (≥ 03/01/97 **AND** ≤ 02/19/98)		
	OR (DRG = 481 [ALLOGENEIC BONE MARROW TRANSPLANTATION] **AND** BEGIN DATE OF CARE ≥ 10/01/97)		
	OR (DRG = 302 [KIDNEY TRANSPLANTATION] **AND** BEGIN DATE OF CARE ≥ 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)		

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

	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 ≥ 10/01/97
	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)
	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)

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

	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)
	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
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 ≥ 05/01/98
	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 ≥ 05/01/00
	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 ≥ 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

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

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 SAN DIEGO (NMCSD) 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

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
	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
		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 =	b̸	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

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

	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**:		

Element Name: Amount Allowed (1-120) (Continued)

	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
	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 ≤ 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 ≥ 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
	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 ≥ 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) **OR**
		MN	TRICARE-SENIOR PRIME (NON-NETWORK)

THEN 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)			
NO ERROR IF BEGINNING DATE OF CARE ≥ 04/01/2001			
	AND ENROLLMENT STATUS =	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM **OR**
		W	TPR ACTIVE DUTY CLAIMS, USA **OR**
		X	ACTIVE DUTY CLAIMS, EUROPE **OR**
		Z	MANAGED CARE SUPPORT PRIME, MTF/PCM **OR**
		SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE **OR**
		SR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE
	AND SPONSOR STATUS =	A	ACTIVE DUTY
	AND PATIENT RELATIONSHIP TO SPONSOR =	b̸	SPONSOR **OR**
		C	CHILD **OR**
		S	SPOUSE **OR**
		V	STEP CHILD **OR**
		W	WARD
	THEN BYPASS ALL RELATIONAL PATIENT COINSURANCE EDITING.		
1-140-02R	PATIENT COINSURANCE MUST BE ZERO **WHEN**:		
	TYPE OF SUBMISSION =	D	COMPLETE CONTRACTOR DENIAL
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
	UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COINSURANCE MUST BE ≥ ZERO.		
1-140-05R	PATIENT COINSURANCE MUST BE ≤ AMOUNT ALLOWED **WHEN**:		
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	D	MANAGED CARE SUPPORT - TRICARE - TIDEWATER STANDARD PROGRAM
		F	FI 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
		Q	NEW ORLEANS STANDARD PROGRAM
		S	CRI STANDARD PROGRAM
		T	MANAGED CARE SUPPORT STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		F	ADJUSTMENT NEW SUFFIX
		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 HCSRs STORED ON THE DATABASE;		
	SPECIAL RATE CODE =	D	DISCOUNT RATE AGREEMENT
		P	PER DIEM RATE AGREEMENT
	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 G	ARMY CAM DEMONSTRATIONS
		K	GEORGIA/FLORIDA PPO
		R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
		#	HOSPICE
	• 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 **1-140-07R**	PATIENT COINSURANCE MUST EQUAL ZERO[2]		

[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)

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 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
	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

[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 HCSRs 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 H R Y	FORMER SPOUSE
	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 CODES =	F G	ARMY CAM DEMONSTRATIONS
		K	GEORGIA/FLORIDA PPO
		N	CHAMPUS SELECT
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE
	• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN.		
1-145-09R **1-140-08**	PATIENT COINSURANCE MUST EQUAL ZERO[2]		

[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)

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
	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 HCSRs STORED ON THE DATABASE;		

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

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)			
	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 G	ARMY CAM DEMONSTRATIONS
		K	GEORGIA/FLORIDA PPO
		N	CHAMPUS SELECT
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE
	IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 25% (ALLOW 1¢ 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¢ ROUNDING ERROR) OF AMOUNT ALLOWED		
1-140-11R	PATIENT COPAYMENT MUST BE ZERO **WHEN**:		

[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)

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
SPECIAL RATE CODE =	ƀ	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 H R Y	FORMER SPOUSE
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
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
	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 G	ARMY CAM DEMONSTRATIONS
		K	GEORGIA/FLORIDA PPO
		N	CHAMPUS SELECT
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE
1-140-14R	PATIENT COST SHARE[3] MUST BE THE LESSOR OF:		
	A.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED, **OR** THE LESSER OF:		
	B.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE CODES[1] AND DUPLICATE BILLING (1) DENIAL REASON CODE) **OR**		
	C.) AUTHORIZED BED DAYS[4] 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

[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)		
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
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
SPONSOR STATUS =	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)		
	PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
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[5] **UNLESS**		
1-140-17R	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 TIMES THE PSYCH PER DIEM COST-SHARE DAILY RATE] **WHEN**		
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MANAGED CARE SUPPORT STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	SPECIAL RATE CODE =	L	REGION SPECIFIC PSYCH PER DIEM
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT

[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)			
		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 HCSRs 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 H R Y	UNREMARRIED FORMER SPOUSE
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
		N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
		T	MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED
		U	BENEFICIARY INDEMNIFICATION PAYMENT
			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.		
	• EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (**OR** FORMER SPOUSE), HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RECORDS.		

[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)			
1-140-19R	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 H R Y	FORMER SPOUSE
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	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

[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 > ZERO
	WITH FILING DATE WITHIN THE AND NUMBER OF MONTHS OF HCSRs 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).		
1-140-20R	PATIENT COINSURANCE MUST BE 50% (ALLOW $.01 ROUNDING ERROR) OF AMOUNT ALLOWED AND		
	PATIENT 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¢ 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

[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	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
SPECIAL RATE CODE =	ƀ	NO SPECIAL RATE
	D	DISCOUNT RATE AGREEMENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	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 HCSRs STORED ON DATABASE;		
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
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
			U	BENEFICIARY INDEMNIFICATION PAYMENT
	• 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 ZERO[2] **UNLESS**			
1-140-24R	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 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
			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 G	ARMY CAM DEMONSTRATIONS
		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 > 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 H R Y	FORMER SPOUSE
	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
	• 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);		

[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)		
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
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED

[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	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¢ 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
	• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS SELECT.		
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¢ ROUNDING ERROR) OF AMOUNT ALLOWED AND		
1-145-33R	PATIENT COPAYMENT MUST BE ZERO **WHEN**:		
	SPONSOR STATUS =	F	FORMER MEMBER

[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)		
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	OR PATIENT RELATIONSHIP =	T H R Y	FORMER SPOUSE
	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
	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 HCSRs STORED ON THE DATABASE		
1-140-34R	PATIENT COST SHARE MUST BE THE LESSOR OF:		
	A.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED		
	OR		
	B.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE		

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[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)

1-145-34R	**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 H R Y	FORMER SPOUSE
	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
		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

[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)			
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs 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¢ 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
	OR PATIENT RELATIONSHIP =	T H R Y	FORMER SPOUSE
	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
		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

[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)		
		O	DISCOUNTED DRG COST OUTLIER
		Q	DISCOUNTED DRG NO OUTLIER
	TYPE OF INSTITUTION ≠	72	RESIDENTIAL TREATMENT CENTER
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
1-140-37R	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.		
1-140-38R	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**

[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)
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.**