

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 144)

**ELEMENT NAME: PATIENT ZIP CODE (2-100)**

**VALIDITY EDITS**

**2-100-01** 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.

**2-100-02** MUST BE **VALID ZIP CODE IN THE ELECTRONIC ZIP CODE FILE, BASED ON THE EARLIEST BEGIN DATE OF CARE** **OR** THE FIRST 2 CHARACTERS AGAINST **OF 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	
PROGRAM INDICATOR	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**2-100-03R** IF NAS EXCEPTION REASON IS CODED  
**THEN** PATIENT ZIP CODE MUST BE **WITHIN** A CATCHMENT AREA  
**UNLESS** SPECIAL PROCESSING 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 PROCESSING CODE = 'ST'<sup>1</sup> (SPECIALIZED TREATMENT FACILITY).

**2-100-04R** 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 (≥ 03/01/97 **AND** ≤ 02/19/98)  
**OR** ≥ 09/01/99  
**THEN** SPECIAL PROCESSING CODE = 'ST'<sup>1</sup> (SPECIALIZED TREATMENT FACILITY).

**ELEMENT NAME: PATIENT ZIP CODE (2-100) (CONTINUED)**

<b>2-100-05R</b>	IF SPECIAL PROCESSING CODE 9 FORT DRUM COOPERATIVE MEDICAL CARE PATIENT ZIP CODE MUST BE IN THE FORT DRUM DEMONSTRATION PROJECT AREA
<b>2-100-06R</b>	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.
<b>2-100-07R</b>	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 <a href="#">CHAPTER 2, ADDENDUM K</a> )
<b>2-100-08R</b>	IF PROGRAM INDICATOR = 'T' (DENTAL) AND PATIENT ZIP CODE IS A VALID ZIP CODE FOR THE HOMESTEAD MANAGED CARE SUPPORT AREA (SEE <a href="#">CHAPTER 2, ADDENDUM K</a> ) CONTRACTOR NUMBER MUST = '45' (WISCONSIN PHYSICIANS SERVICE).

**ELEMENT NAME: ENROLLMENT STATUS (2-105)**

**VALIDITY EDITS**

**2-105-01** 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**

<b>2-105-02R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	Z ENHANCED BENEFIT
	ENROLLMENT STATUS MUST BE =	A FOUNDATION HEALTH PLAN
		B PARTNERS HEALTH PLAN
		C QUEENS HEALTH CARE PLAN
		N NON-PRIME, e.g., EXTRA
		O NEW ORLEANS PRIME
		P NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM

**ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)**

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

**2-105-03R IF SOURCE OF HEALTH CARE DATA (THIS IS A DERIVED ELEMENT) IS A CRI CONTRACTOR**

ENROLLMENT STATUS MUST BE =	A FOUNDATION HEALTH PLAN
	B PARTNERS HEALTH PLAN
	C QUEENS HEALTH CARE PLAN
	E MANAGED CARE SUPPORT-TRICARE -TIDEWATER PRIME
	G MANAGED CARE SUPPORT-TRICARE-TIDEWATER EXTRA
	R TRICARE EXTRA - NORTH CAROLINA
	N NON-PRIME
	S CRI STANDARD PROGRAM
	D MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	AA CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	T MANAGED CARE SUPPORT - STANDARD PROGRAM
	U MANAGED CARE SUPPORT - PRIME
	V MANAGED CARE SUPPORT - EXTRA
	Z MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)

**IF SOURCE OF HEALTH CARE DATA IS AN FI**

ENROLLMENT STATUS MUST =	F FI STANDARD PROGRAM
	D MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM
	E MANAGED CARE SUPPORT-TRICARE -TIDEWATER PRIME
	G MANAGED CARE SUPPORT-TRICARE-TIDEWATER EXTRA

**ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)**

	H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
	I	MANAGED CARE SUPPORT - HOMESTEAD, NON-ENROLLED PATIENT, NETWORK PROVIDER
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA <b>OR</b>
	R	TRICARE EXTRA - NORTH CAROLINA
IF SOURCE OF HEALTH CARE DATA IS NEW ORLEANS DEMONSTRATION		
<b>THEN</b>		
ENROLLMENT STATUS MUST BE =	O	NEW ORLEANS PRIME <b>OR</b>
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM <b>OR</b>
	Q	NEW ORLEANS COORDINATED 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</b>		
ENROLLMENT STATUS MUST =	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 PROGRAM <b>OR</b>
	Q	NEW ORLEANS COORDINATED CARE STANDARD PROGRAM <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>

**ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)**

	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA OR
	R	TRICARE EXTRA - NORTH CAROLINA OR
	W	ACTIVE DUTY - USA OR
	X	ACTIVE DUTY - EUROPE OR
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM OR
	BB	TRICARE SENIOR PRIME OR
	SR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
	SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
	SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE
	ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
	TS	TRICARE SENIOR SUPPLEMENT
<b>2-105-04R</b>	IF PROVIDER CONTRACT AFFILIATION CODE =	1 CONTRACTED
	THEN ENROLLMENT STATUS MUST NOT =	S CRI STANDARD PROGRAM FOUNDATION HEALTH PLAN
	IF PROVIDER CONTRACT AFFILIATION CODE =	2 NOT CONTRACTED
	THEN ENROLLMENT STATUS MUST NOT =	N NON-PRIME
<b>2-105-05R</b>	IF ENROLLMENT STATUS MUST BE =	A FOUNDATION HEALTH PLAN OR
		B PARTNERS HEALTH PLAN OR
		C QUEENS HEALTH PLAN OR
		N NON-PRIME
	THEN	PRICING CODE IN FIRST DETAIL OCCURRENCE IS '9'.
<b>2-105-06R</b>	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
<b>2-105-07R</b>	IF ENROLLMENT STATUS =	W (TPR ACTIVE DUTY - USA) OR
		X (ACTIVE DUTY - EUROPE)

**ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)**

	<b>THEN</b> AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AD ACTIVE DUTY <b>OR</b>
		GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REPORT: NOT-AT-RISK PAYMENT BY CONTRACTOR
<b>2-105-08R</b>	IF ENROLLMENT STATUS =	BB TRICARE-SENIOR PRIME
	<b>THEN</b> AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	MS TRICARE-SENIOR PRIME (NETWORK) <b>OR</b>
		MN TRICARE-SENIOR PRIME (NON-NETWORK)
<b>2-105-09R</b>	IF ENROLLMENT STATUS =	Z MANAGED CARE SUPPORT PRIME, MTF/PCM
		THEN ADMISSION DATE MUST BE > OCTOBER 1, 1997
<b>2-105-10R</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 FOR TRICARE ELIGIBLE
	<b>THEN</b> AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE
		AR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF- REFERRED CARE
		CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM
		SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE
		SE SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
<b>2-105-11R</b>	IF ENROLLMENT STATUS =	TS TRICARE SENIOR SUPPLEMENT
	<b>THEN</b> AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SN TRICARE SENIOR SUPPLEMENT (NON-NETWORK) <b>OR</b>
		SS TRICARE SENIOR SUPPLEMENT (NETWORK)

**ELEMENT NAME: NAS NUMBER (2-110)****VALIDITY EDITS****2-110-01 IF NAS NUMBER IS CODED**

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

POSITION 1 MUST BE ZERO.

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

POSITION 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**POSITION 1-2 MUST BE '46' **OR** '47' AND POSITION 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)
NAS EXCEPTION REASON	SEE BELOW	TYPE OF SERVICE, PATIENT ZIP CODE, SPONSOR BRANCH OF SERVICE, DENIAL REASON CODE, CARE BEGIN DATE, PROGRAM INDICATOR
TYPE OF SERVICE	SEE BELOW	
PATIENT ZIP CODE	SEE BELOW	CARE BEGIN DATE

**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 <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>
	MN TRICARE-SENIOR PRIME (NON-NETWORK) <b>OR</b>
	MS TRICARE-SENIOR PRIME (NETWORK) <b>OR</b>
	SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE <b>OR</b>

<sup>1</sup> FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

**ELEMENT NAME: NAS NUMBER (2-110) (CONTINUED)**

SE SUPPLEMENTAL HEALTH CARE PROGRAM -  
TRICARE ELIGIBLE

SM SUPPLEMENTAL HEALTH CARE PROGRAM -  
EMERGENCY

NO NAS NUMBER 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.

**2-110-02R** IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA<sup>1</sup>  
NAS NUMBER MUST = BLANK  
UNLESS SPECIAL PROCESSING CODE = 'ST'.

**2-110-03R** IF NAS EXCEPTION REASON IS NOT BLANK  
NAS NUMBER MUST = BLANK.

**2-110-04R** IF BEGINNING DATE OF CARE  $\geq$  9/23/96  
**AND**

ENROLLMENT STATUS = E MANAGED CARE SUPPORT TRICARE TIDEWATER  
PRIME

O NEW ORLEANS PRIME

H MANAGED CARE SUPPORT HOMESTEAD  
ENROLLED PATIENT

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

U MANAGED CARE SUPPORT PRIME, CIVILIAN PCM

Z MANAGED CARE SUPPORT PRIME, MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK

**AND** TYPE OF SERVICE (FIRST BYTE) = 'I', **OR** 'M',

**AND** PATIENT ZIP CODE IS IN A CATCHMENT AREA<sup>1</sup>

NAS NUMBER MUST BE CODED, **UNLESS**

HEALTH CARE PLAN CODE = 11 MCS FORT BRAGG DEMO **OR**

<sup>1</sup> FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.



**ELEMENT NAME: NAS NUMBER (2-110) (CONTINUED)**

ANY OCCURRENCE OF DENIAL REASON CODE =	9	NON-AVAILABILITY STATEMENT NOT PROVIDED
	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS
OR ANY OCCURRENCE OF OVERRIDE CODE = Q (FORMER SPOUSE WITH PRE-EXISTING CONDITION), <b>OR</b>		
PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES <b>OR</b>
SPONSOR STATUS =	T	NATO
IN WHICH CASE NAS NUMBER MUST = BLANK.		
<b>2-100-06R</b>	IF SPECIAL PROCESSING FLAG =	I BERGSTROM AIR FORCE BASE
		J LUKE/WILLIAMS AFB CATCHMENT AREA
NAS NUMBER ≠ 46000000000		
<b>2-110-07R</b>	IF NAS EXCEPTION REASON = BLANK	
AND ONE PROCEDURE CODE = ONE OF THE APPLICABLE (I.E., CODE BASED ON DATE OF SERVICE) PROCEDURE CODES LISTED IN <a href="#">CHAPTER 6, ADDENDUM A, FIGURE 6-A-2A, FIGURE 6-A-2B, FIGURE 6-A-2C, AND FIGURE 6-A-2D.</a>		
AND TYPE OF SERVICE =	A	FIRST BYTE
	C	
	O	
	N	
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA		
AND BEGIN DATE OF CARE > 11/1/91 AND < 9/23/96		
NAS NUMBER MUST BE CODED,		
<b>UNLESS</b>		
SPONSOR STATUS = T (FOREIGN MILITARY) <b>OR</b>		
HEALTH CARE PLAN CODE =	11	MCS FORT BRAGG DEMO <b>OR</b>
ANY OCCURRENCE OF DENIAL REASON CODE =	9	NONAVAILABILITY STATEMENT NOT PROVIDED
	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS
OR ANY OCCURRENCE OF OVERRIDE CODE =	Q	FORMER SPOUSE WITH PRE-EXISTING CONDITION, <b>OR</b>
PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
IN WHICH CASE NAS NUMBER MUST BE = BLANK		

<sup>1</sup> FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

**ELEMENT NAME: NAS NUMBER (2-110) (CONTINUED)**

**2-110-09R** (NATIONAL STSF)

IF NAS EXCEPTION REASON = BLANK

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

AND (PROCEDURE CODE = 47133, 47135 OR 47136 [LIVER TRANSPLANT]  
 AND BEGIN DATE OF CARE (≥ 03/01/97 AND ≤ 02/19/98)  
 OR ≥ 09/01/99

OR (PROCEDURE CODE = 38240 [ALLOGENEIC BONE MARROW TRANSPLANT]  
 AND BEGIN DATE OF CARE ≥ 10/01/97)

OR (PROCEDURE CODE = 50300, 50320, 50340, 50360, 50365, 50370, OR 50380 [KIDNEY TRANSPLANT]  
 AND BEGIN DATE OF CARE ≥ 09/01/99)

THEN NAS NUMBER MUST BE CODED,

**2-110-11R** 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

<sup>1</sup> FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

**ELEMENT NAME: REASON FOR PAYMENT REDUCTION (2-113)**

**VALIDITY EDITS**

**2-113-01** MUST BE 'A', 'B', OR 'C'.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
ENROLLMENT STATUS	SEE BELOW	
REASON FOR PAYMENT REDUCTION	SEE BELOW	

**ELEMENT NAME: REASON FOR PAYMENT REDUCTION (2-113) (CONTINUED)**

NUMBER OF PAYMENT REDUCTION  
DAYS/SERVICES SEE BELOW

**EDITED ELEMENT RELATIONSHIP**

**2-113-02R** IF AMOUNT OF PAYMENT REDUCTION IS NOT EQUAL TO ZERO AND NUMBER OF PAYMENT REDUCTION DAYS/SERVICES IS NOT EQUAL TO ZERO. REASON FOR PAYMENT REDUCTION MUST NOT BE BLANK.

**2-113-03R** IF ENROLLMENT STATUS EQUALS 'T', 'U', 'V', 'Y', 'Z', 'AA', **OR** 'BB' 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 (2-115)****VALIDITY EDITS**

**2-115-01** MUST BE NUMERIC.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	FILING DATE
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	TYPE OF SUBMISSION, SPECIAL PROCESSING CODE
AMOUNT ALLOWED	SEE BELOW	SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE
TOTAL CHARGES BY PROCEDURE CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**2-115-02R** AMOUNT BILLED MUST BE > ZERO **WHEN**

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

**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.

**2-115-03R** AMOUNT BILLED MUST = THE TOTAL OF ALL DETAIL TOTAL CHARGES BY PROCEDURE CODE.

**2-115-05R** AMOUNT BILLED MUST BE ≥ AMOUNT ALLOWED **WHEN**

**ELEMENT NAME: AMOUNT BILLED (2-115) (CONTINUED)**

SPECIAL RATE CODE =	b	NO SPECIAL RATE
	D	DISCOUNT RATE
PRICING CODE IN FIRST DETAIL OCCURRENCE IS NOT 9		
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
<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.		
<b>2-115-06R</b>	IF AMOUNT BILLED IS LESS THAN THE AMOUNT ALLOWED THEN:	
NO OCCURRENCE OF TYPE OF SUBMISSION =	A	ADJUSTMENT TO HCSR DATA
	B	ADJUSTMENT TO NON-HCSR DATA
	C	COMPLETE CANCELLATION OF HCSR DATA
	E	COMPLETE CANCELLATION OF NON-HCSR DATA
SPECIAL RATE CODE MUST BE =	R	AMBULATORY SURGERY-FACILITY PAYMENT RATE
	S	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
<b>OR</b>		
PRICING CODE MUST BE =	C	AMBULATORY SURGERY-FACILITY PAYMENT RATE
	D	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
	E	AMBULATORY SURGERY-PAID AS BILLED
	P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
	Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
	R	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
WITH PROVIDER PARTICIPATION INDICATOR EQUAL 'Y'.		
UNLESS TYPE OF SUBMISSION = 'A', 'C', 'B', <b>OR</b> 'E'		

**ELEMENT NAME: AMOUNT ALLOWED (2-120)****VALIDITY EDITS****2-120-01** MUST BE NUMERIC.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>2-115-05R</b> AMOUNT BILLED		SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	AMOUNT PAID BY OHI/TPL, FILING DATE, PATIENT COINSURANCE, PATIENT COPAYMENT, AMOUNT APPLIED TOWARD DEDUCTIBLE
DENIAL REASON CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	SPECIAL RATE CODE

**EDITED ELEMENT RELATIONSHIP****2-120-02R** AMOUNT ALLOWED MUST BE ZERO **WHEN** TYPE OF SUBMISSION IS COMPLETE CONTRACTOR DENIAL (D).**2-120-03R** AMOUNT ALLOWED MUST BE ZERO **WHEN** TYPE OF SUBMISSION IS COMPLETE CANCELLATION (C) WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> STORED ON THE DATABASE, **UNLESS** THE CANCELLED NET HCSR REPORTS AMOUNT PAID BY OHI **OR** AMOUNT OF TPL > ZERO, IN WHICH CASE AMOUNT ALLOWED MUST BE ZERO, AND (AMOUNT PAID BY OHI PLUS AMOUNT OF TPL PLUS COINSURANCE PLUS COPAYMENT) MUST BE ≥ AMOUNT ALLOWED.**2-120-04R** AMOUNT ALLOWED MUST BE ZERO **WHEN** ALL DETAIL DENIAL REASON CODES CONTAIN DENIAL CODE VALUES AND

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

**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)**ELSE**

TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA, <b>OR</b>
TYPE OF SUBMISSION =	A	ADJUSTMENT

**ELEMENT NAME: AMOUNT ALLOWED (2-120) (CONTINUED)**

C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> STORED ON THE DATABASE

THEN AMOUNT ALLOWED MUST BE ≤ ZERO.

**2-120-06R** IF AMOUNT ALLOWED IS GREATER THAN THE AMOUNT BILLED THEN:

NO OCCURRENCE OF TYPE OF SUBMISSION =

A ADJUSTMENT TO HCSR DATA

B ADJUSTMENT TO NON-HCSR DATA

C COMPLETE CANCELLATION OF HCSR DATA

E COMPLETE CANCELLATION OF NON-HCSR DATA

SPECIAL RATE CODE MUST BE =

R AMBULATORY SURGERY-FACILITY PAYMENT RATE

S DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE

**OR**

PRICING CODE MUST BE =

C AMBULATORY SURGERY-FACILITY PAYMENT RATE

D DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE

E AMBULATORY SURGERY-PAID AS BILLED

P TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE

Q TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE

R TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED

WITH PROVIDER PARTICIPATION INDICATOR EQUAL 'Y'.

UNLESS TYPE OF SUBMISSION = 'A', 'C', 'B', OR 'E'

**2-120-07R** AMOUNT ALLOWED MUST EQUAL THE TOTAL DETAIL OCCURRENCES OF AMOUNT ALLOWED BY PROCEDURE CODE (DOES NOT INCLUDE DENIED OCCURRENCES).

**ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (2-125)****VALIDITY EDITS****2-125-01** 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****2-125-02R** AMOUNT PAID BY OTHER HEALTH INSURANCE MUST BE  $\geq$  ZERO **WHEN**

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL <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.**2-125-03R** AMOUNT PAID BY OTHER HEALTH INSURANCE MUST EQUAL ZERO **WHEN:**

ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
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**ELEMENT NAME: OTHER HEALTH INSURANCE AMOUNT ALLOWED (2-127)****VALIDITY EDITS****2-127-01** MUST BE NUMERIC.**RELATIONAL EDITS**

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

**ELEMENT NAME: AMOUNT OF THIRD PARTY LIABILITY (2-130)**

**VALIDITY EDITS**

**2-130-01** 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**

**2-130-02R** AMOUNT OF THIRD PARTY LIABILITY MUST BE  $\geq$  ZERO **WHEN**

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
TYPE OF SUBMISSION =	D	COMPLETE DENIAL <b>OR</b>
	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> STORED ON THE DATABASE.

**2-130-03R** AMOUNT OF THIRD PARTY LIABILITY MUST EQUAL ZERO **WHEN**

ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
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**ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (2-133)**

**VALIDITY EDITS**

**2-133-01** MUST BE NUMERIC.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**2-133-02R** AMOUNT OF PAYMENT REDUCTION MUST BE GREATER THAN ZERO **WHEN:**

REASON FOR PAYMENT REDUCTION =	A	MENTAL HEALTH PRE-AUTHORIZATION NOT OBTAINED TIMELY
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**ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (2-133) (CONTINUED)**

	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 DRG INTERIM BILLING

**ELEMENT NAME: PATIENT COINSURANCE (2-140)****VALIDITY EDITS****2-140-01** MUST BE NUMERIC.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
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, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
SPONSOR STATUS	SEE BELOW	PROGRAM INDICATOR, TYPE OF SERVICE, SPECIAL RATE CODE, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT RELATIONSHIP, AMOUNT ALLOWED, AMOUNT APPLIED TOWARD DEDUCTIBLE, OVERRIDE CODE, SPECIAL PROCESSING CODE

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

SPONSOR STATUS	SEE BELOW	PROGRAM INDICATOR, TYPE OF SERVICE, SPECIAL RATE CODE, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT RELATIONSHIP, AMOUNT ALLOWED, AMOUNT APPLIED TOWARD DEDUCTIBLE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	SPONSOR STATUS, TYPE OF SERVICE, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
OVERRIDE CODE	SEE BELOW	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.

**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 =** b **SPONSOR OR**

C **CHILD OR**

S **SPOUSE OR**

V **STEP CHILD OR**

W **WARD**

**THEN** BYPASS ALL RELATIONAL PATIENT COINSURANCE EDITING.

**2-104-02R** PATIENT COINSURANCE MUST BE ZERO **WHEN**

TYPE OF SUBMISSION = D **COMPLETE CONTRACTOR DENIAL**

**2-140-03R** PATIENT COINSURANCE MUST BE ZERO **WHEN**

<sup>1</sup> **SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!**

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

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.

**2-140-05 PATIENT COINSURANCE MUST BE  $\leq$  AMOUNT ALLOWED WHEN**

PROGRAM INDICATOR =	I INSTITUTIONAL
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	N NON-INSTITUTIONAL
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	D DRUG
--	--------

	T DENTAL
--	----------

ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
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	J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
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	M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
--	---

	Q NEW ORLEANS STANDARD PROGRAM
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	F FI STANDARD PROGRAM
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	D MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM.
--	--

	T MANAGED CARE SUPPORT STANDARD PROGRAM.
--	--

	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
--	--

TYPE OF SUBMISSION =	I INITIAL SUBMISSION
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	R RESUBMISSION OF ERROR REJECT
--	--------------------------------

	O ZERO PAYMENT
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	F ADJUSTMENT NEW SUFFIX
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**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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NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
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NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM
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**<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!**

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

A	INTERNAL PARTNERSHIP
F	ARMY CAM DEMONSTRATIONS
G	
O	CAMCHAS
K	GEORGIA/FLORIDA PPO
R	MEDICARE/TRICARE DUAL ENTITLEMENT
S	RESOURCE SHARING
*	VA MEDICAL CENTER CLAIM
#	HOSPICE

**2-140-07R PATIENT COINSURANCE MUST BE ZERO WHEN:**

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A PARTNERSHIP PROGRAM, (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
	S RESOURCE SHARING
	# HOSPICE

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

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

<b>ELSE</b>	
TYPE OF SUBMISSION =	B ADJUSTMENT NON-HCSR DATA
	E CANCELLATION NON-HCSR DATA

<b>OR</b>	
TYPE OF SUBMISSION =	A ADJUSTMENT
	C COMPLETE CANCELLATION

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

THEN PATIENT COINSURANCE MUST BE ≤ ZERO.

- EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.

**2-140-08R PATIENT COINSURANCE MUST BE = ZERO WHEN**

SPONSOR STATUS =	A ACTIVE DUTY
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**<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!**

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	I	INPATIENT
	K	EMERGENCY ROOM ADMISSION
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
	P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST SHARED AS INPATIENT
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM.
	T	MANAGED CARE SUPPORT-STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	6	HOME HEALTH CARE
	F	ARMY CAM DEMONSTRATIONS
	G	ARMY CAM DEMONSTRATIONS
	K	GEORGIA/FLORIDA PPO
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
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 > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE		
<b>ELSE</b>		
TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION OF NON-HCSR DATA
<b>OR</b>		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

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

THEN PATIENT COINSURANCE MUST BE  $\leq$  ZERO.

**2-140-09R** PATIENT COINSURANCE MUST BE 20% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**

SPONSOR STATUS =	A ACTIVE DUTY
	P TAMP DESIGNEE
	B RECALLED ACTIVE DUTY
	E MEPCOM ENLISTEE
	J ACADEMY/OCS
	N NATIONAL GUARD
	Q PRISON/APPELLATE
	V RESERVE
	T FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR $\neq$	T FORMER SPOUSE
	H
	R
	Y
PROGRAM INDICATOR =	I INSTITUTIONAL
	N NON-INSTITUTIONAL
	D DRUG
	T DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	O OUTPATIENT
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	F FI STANDARD PROGRAM
	D MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM
	T MANAGED CARE SUPPORT-STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

SPECIAL RATE CODE ≠	D	DISCOUNT RATE AGREEMENT
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 > 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
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	F	ARMY CAM DEMONSTRATIONS
	G	
	O	CAMCHAS
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
	<ul style="list-style-type: none"> <li>EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE).</li> </ul>	
<b>2-140-10R</b>	<b>PATIENT COINSURANCE MUST BE 25% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED WHEN</b>	
SPONSOR STATUS =	F	FORMER MEMBER

**<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!**



**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

	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:	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT-STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	I	INPATIENT
	K	EMERGENCY ROOM ADMISSION
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST SHARED AS INPATIENT
SPECIAL RATE CODE =	b	NO SPECIAL RATE
	A	DRG 4% DISCOUNT
	B	DRG 3% DISCOUNT

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

	C	DRG 2% DISCOUNT
	E	DRG 1% DISCOUNT
	F	DRG NO DISCOUNT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	6	HOME HEALTH CARE
	F	ARMY CAM DEMONSTRATIONS
	G	
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
	O	CAMCHAS
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	U	MEDICARE PHARMACY
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
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 > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE.		
<b>2-140-11R</b>	<b>PATIENT COINSURANCE MUST BE 25% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) WHEN</b>	
SPONSOR STATUS =	F	FORMER MEMBER

**<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE  
 CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF  
 THAT EDIT FAILS!**

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	100% DISABLED
<b>OR</b>		
PATIENT RELATIONSHIP =	T	FORMER SPOUSE
	H	
	R	
	Y;	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT-STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	O	OUTPATIENT
	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
SPECIAL RATE CODE ≠	D	DISCOUNT RATE AGREEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

	A	INTERNAL PARTNERSHIP
	F	ARMY CAM DEMONSTRATIONS
	G	
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
	O	CAMCHAS
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	6	HOME HEALTH CARE
	S	RESOURCE SHARING
	U	MEDICARE PHARMACY
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
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 > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> STORED ON THE DATABASE.

**2-140-12R** PATIENT COINSURANCE MUST BE 25% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) OR 25% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF AMOUNT BILLED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**

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

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

PATIENT RELATIONSHIP =	T H R Y	FORMER SPOUSE
PROGRAM INDICATOR =	I	INSTITUTIONAL
SPECIAL PROCESSING CODE =	?	AMBULATORY SURGERY FACILITY CHARGE
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	TRICARE BASIC STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
SPECIAL RATE CODE =	R	AMBULATORY SURGERY FACILITY PAYMENT RATE
	S	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	D	DENIAL
<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.		
		• EDITS FOR TRICARE PRIME - POINT OF SERVICE PROGRAM.

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

**2-140-14R** PATIENT COINSURANCE MUST BE 50% (ALLOW \$.01 ROUNDING ERROR) OF AMOUNT ALLOWED AND

**2-145-14R** PATIENT COPAYMENT MUST BE ZERO **WHEN:**

ENROLLMENT STATUS = U MANAGED CARE SUPPORT - PRIME

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

SPECIAL PROCESSING  
 CODE =

PO TRICARE PRIME - POINT OF SERVICE

- EDIT FOR ARMY CAM DEMONSTRATIONS/TRICARE, FAMILY MEMBERS OF ACTIVE DUTY SPONSOR.

**2-140-15R** PATIENT COINSURANCE MUST BE 15% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**

SPONSOR STATUS = A ACTIVE DUTY

P TAMP DESIGNEE

B RECALLED ACTIVE DUTY

E MEPCOM ENLISTEE

J ACADEMY/OCS

N NATIONAL GUARD

Q PRISON/APPELLATE

V RESERVE

T FOREIGN MILITARY

PATIENT RELATIONSHIP TO  
 SPONSOR ≠

T FORMER SPOUSE  
 H  
 R  
 Y

PROGRAM INDICATOR = I INSTITUTIONAL

N NON-INSTITUTIONAL

D DRUG

T DENTAL

ANY OCCURRENCE OF FIRST  
 POSITION OF TYPE OF  
 SERVICE<sup>1</sup> =

O OUTPATIENT

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

ANY 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
<b>OR</b> TYPE OF SUBMISSION =	A ADJUSTMENT R MEDICARE/TRICARE DUAL ENTITLEMENT C CANCELLATION (C) 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 U BENEFICIARY INDEMNIFICATION PAYMENT V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM A INTERNAL PARTNERSHIP R MEDICARE/TRICARE DUAL ENTITLEMENT S RESOURCE SHARING
EDIT FOR ARMY CAM DEMONSTRATIONS, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE).	
<b>2-140-16R</b>	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 <sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED <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> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

PATIENT RELATIONSHIP =	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
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 FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	I	INPATIENT
	K	EMERGENCY ROOM ADMISSION
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
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 >ZERO

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!



**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

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

**2-140-17R** PATIENT COINSURANCE MUST BE 20% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**

SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP =	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
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 FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	O	OUTPATIENT
	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
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 >ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
<ul style="list-style-type: none"> <li>EDIT FOR GEORGIA/FLORIDA PPO, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.</li> </ul>		
<b>2-140-18R</b>	<b>PATIENT COINSURANCE MUST BE 15% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) WHEN</b>	
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	O	OUTPATIENT

**<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!**

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
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 > 0
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASROPHIC LOSS
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
		• EDIT FOR GEORGIA/FLORIDA PPO, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE).
<b>2-140-19R</b>		PATIENT COINSURANCE MUST BE 20% (ALLOW 1 <sup>c</sup> ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) <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> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

**OR**

PATIENT RELATIONSHIP =	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	I	INPATIENT
	K	EMERGENCY ROOM ADMISSION
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	S	RESOURCE SHARING
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 > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE.		
<b>2-140-20R</b>	<b>PATIENT COINSURANCE MUST BE 20% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) WHEN</b>	
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
PATIENT RELATIONSHIP =	T	FORMER SPOUSE
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	O	OUTPATIENT
	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
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 > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE.		
<b>2-140-21R</b>	<b>PATIENT COINSURANCE MUST EQUAL ZERO WHEN</b>	
ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
• EDIT FOR AIR FORCE CAM DEMONSTRATION PRIMARY/PREVENTIVE CARE SERVICES		

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

**2-140-22R PATIENT COINSURANCE MUST = ZERO WHEN**

SPECIAL PROCESSING CODE =	I BERGSTROM AFB CATCHMENT AREA
	J LUKE/WILLIAMS AFB CATCHMENT AREA
FIRST POSITION TYPE OF SERVICE <sup>1</sup> =	C AIR FORCE CAM PRIMARY/PREVENTIVE CARE
•	EDIT FOR CHAMPUS SELECT, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS

**2-140-23R PATIENT COINSURANCE MUST = ZERO WHEN**

SPONSOR STATUS =	A ACTIVE DUTY
	P TAMP DESIGNEE
	B RECALLED ACTIVE DUTY
	E MEPCOM ENLISTEE
	J ACADEMY/OCS
	N NATIONAL GUARD
	Q PRISON/APPELLATE
	V RESERVE
	T FOREIGN MILITARY
PROGRAM INDICATOR =	I INSTITUTIONAL
	N NON-INSTITUTIONAL
	D DRUG
	T DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	I INPATIENT
	K EMERGENCY ROOM ADMISSION
	M MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	A AMBULATORY SURGERY, COST-SHARED AS INPATIENT
	P OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST-SHARED AS INPATIENT
	N OUTPATIENT COST-SHARED AS INPATIENT
ENROLLMENT STATUS =	F FI STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N CHAMPUS SELECT

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	6	HOME HEALTH CARE
	A	INTERNAL PARTNERSHIP
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	#	HOSPICE
NO OCCURRENCE OF PATIENT RELATIONSHIP =	T	FORMER SPOUSE
	H	
	R	
	Y	
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
<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		
•		EDIT FOR CHAMPUS SELECT, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS
<b>2-140-24R</b>		PATIENT COINSURANCE MUST BE 15% (ALLOW 1 <sup>c</sup> ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) <b>WHEN</b>
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

	V	RESERVE
	T	FOREIGN MILITARY
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	O	OUTPATIENT
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	6	HOME HEALTH CARE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF PATIENT RELATIONSHIP =	T	FORMER SPOUSE
	H	
	R	
	Y	
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
<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.		

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!



**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

- EDITS FOR CHAMPUS SELECT, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS.

**2-140-25R** PATIENT COINSURANCE MUST BE 15% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**

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>		
NO OCCURRENCE OF PATIENT RELATIONSHIP =	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	I	INPATIENT
	K	EMERGENCY ROOM ADMISSION
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

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 > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
<b>2-140-26R</b>	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 <sup>c</sup> ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) WHEN	
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	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	O	OUTPATIENT
	A	AMBULATORY SURGERY
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
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 > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE.		
<b>2-140-27R</b>	PATIENT COINSURANCE MUST BE 15% (ALLOW 1 <sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED AND	
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
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
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT

**<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!**

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

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

**OR**

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

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> STORED ON THE DATABASE.

**2-145-27R PATIENT COPAYMENT MUST EQUAL ZERO WHEN**

SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

! NORTHERN REGION COORDINATED CARE

NO OCCURRENCE OF OVERRIDE CODE =

K CATASTROPHIC LOSS

V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE

ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =

O OUTPATIENT

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

**<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!**

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE.		
<b>2-140-28R</b>	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 <sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED AND	
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANANTLY 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 SPECIAL PROCESSING CODE =	?	AMBULATORY SURGERY
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT
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.		

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

**2-145-28R PATIENT COPAYMENT MUST EQUAL ZERO WHEN**

SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANANTLY 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
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NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
----------------------------------	---	-------------------

ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT
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TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
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	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.

**2-140-29R PATIENT COINSURANCE MUST BE 20% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED AND**

SPONSOR STATUS =	F	FORMER MEMBER
------------------	---	---------------

	I	PERMANANTLY DISABLED
--	---	----------------------

	O	TEMPORARILY DISABLED
--	---	----------------------

	R	RETIRED
--	---	---------

	K	DECEASED
--	---	----------

**<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!**

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

	D	100% DISABLED
	W	TITLE III RETIREE
<b>OR</b>		
PATIENT RELATIONSHIP =	T H R Y;	FORMER SPOUSE
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	MEDICARE PHARMACY
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
PROGRAM INDICATOR =	D	DRUG
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>2-145-29R</b>	<b>PATIENT COPAYMENT MUST EQUAL ZERO WHEN</b>	
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANANTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
<b>OR</b>		
PATIENT RELATIONSHIP =	T H R Y;	FORMER SPOUSE
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	MEDICARE PHARMACY

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

PROGRAM INDICATOR =	D	DRUG
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>2-140-30R</b>	AMOUNT OF COINSURANCE MUST BE EQUAL TO ZERO <b>AND</b>	
<b>2-145-30R</b>	AMOUNT OF COPAYMENT MUST BE GREATER THAN ZERO <b>WHEN</b>	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	*	VA MEDICAL CENTER CLAIM
PROGRAM INDICATOR =	D	DRUGS
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
TYPE OF SUBMISSION =	A	ADJUSTMENT <b>OR</b>
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO <b>OR</b>
	F	ADJUSTMENT NEW SUFFIX <b>OR</b>
	G	ADDITIONAL DRG INTERIM BILLING <b>OR</b>
	I	INITIAL SUBMISSION <b>OR</b>
	O	ZERO PAYMENT <b>OR</b>
	R	RESUBMISSION OF REJECT
<b>2-140-31R</b>	AMOUNT OF COINSURANCE MUST BE EQUAL TO ZERO <b>WHEN</b>	
SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY		
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY <b>OR</b>
	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE <b>OR</b>
	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE <b>OR</b>

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!



**ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**

CE SUPPLEMENTAL HEALTH CARE PROGRAM -  
COMPREHENSIVE CLINICAL EVALUATION  
PROGRAM **OR**

GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN  
TRICARE PRIME REMOTE: NOT AT RISK PAYMENT  
BY CONTRACTOR **OR**

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

SE SUPPLEMENTAL HEALTH CARE PROGRAM -  
TRICARE ELIGIBLE **OR**

SM SUPPLEMENTAL HEALTH CARE PROGRAM -  
EMERGENCY

**<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!**

