

CHAPTER 6
 SECTION 3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 145 - 164)

ELEMENT NAME: PATIENT COPAYMENT (2-145)

VALIDITY EDITS

2-145-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPONSOR STATUS	SEE BELOW	PROGRAM INDICATOR, TYPE OF SERVICE, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPONSOR STATUS	SEE BELOW	SPECIAL PROCESSING CODE, TYPE OF SERVICE, PRINCIPAL TREATMENT DIAGNOSIS, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	SPONSOR STATUS, TYPE OF SERVICE, PRINCIPAL TREATMENT DIAGNOSIS, AMOUNT ALLOWED BY PROCEDURE CODE, NUMBER OF SERVICES, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
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

¹ 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 COPAYMENT (2-145) (CONTINUED)

PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
OVERRIDE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

NO ERROR IF ENROLLMENT STATUS = PS TRICARE SENIOR PHARMACY

OR PROGRAM INDICATOR = D DRUG

THEN BYPASS THE RELATIONAL EDITS FOR PATIENT COPAYMENT

**NO ERROR IF SPECIAL PROCESSING CODE = MS TRICARE-SENIOR PRIME (NETWORK) OR
 MN TRICARE-SENIOR PRIME (NON-NETWORK)**

THEN BYPASS ALL COPAYMENT 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 COPAYMENT EDITING.

2-145-02R PATIENT COPAYMENT MUST BE ZERO WHEN.

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

2-145-03R PATIENT COPAYMENT MUST BE ZERO WHEN

¹ 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 COPAYMENT (2-145) (CONTINUED)

TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COPAYMENT MUST BE ≥ ZERO.		
2-145-05R	PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED WHEN	
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
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE;		
SPECIAL RATE CODE =	D	DISCOUNT RATE AGREEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM

¹ 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 COPAYMENT (2-145) (CONTINUED)

	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	S	RESOURCE SHARING
	#	HOSPICE

2-145-06R PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED (AND COINSURANCE MUST BE ZERO) WHEN

PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
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
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

OR

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

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

NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	S	RESOURCE SHARING

¹ 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 COPAYMENT (2-145) (CONTINUED)

	#	HOSPICE
	MH	MENTAL HEALTH
2-145-07R	PATIENT COPAYMENT MUST BE ZERO WHEN	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
	#	HOSPICE
	S	RESOURCE SHARING
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	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 HCSRS STORED ON THE DATABASE		
ELSE		
TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE		
THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
• EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.		
2-145-08R	PATIENT COPAYMENT MUST BE 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

¹ 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 COPAYMENT (2-145) (CONTINUED)

	T	FOREIGN MILITARY
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	I	INPATIENT
	K	EMERGENCY ROOM COST SHARED AS INPATIENT
	O	OUTPATIENT
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
AND PROVIDER MAJOR SPECIALTY NOT =	BC	BIRTHING CENTER
	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
PATIENT RELATIONSHIP TO SPONSOR ≠	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE

¹ 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 COPAYMENT (2-145) (CONTINUED)

NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM
	A INTERNAL PARTNERSHIP
	O CAMCHAS
	N CHAMPUS SELECT
	6 HOME HEALTH CARE
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	S RESOURCE SHARING
	* VA MEDICAL CENTER CLAIM
	# HOSPICE
	! NORTHERN REGION COORDINATED CARE
	MH MENTAL HEALTH
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT
	F ADJUSTMENT NEW SUFFIX
OR	
TYPE OF SUBMISSION =	A ADJUSTMENT
	C CANCELLATION WITH AMOUNT ALLOWED > ZERO
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 OF NON-HCSR DATA
OR	
TYPE OF SUBMISSION =	A ADJUSTMENT
	C CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE	
THEN PATIENT COPAYMENT MUST BE ≤ ZERO.	
PATIENT COPAYMENT MUST BE ZERO WHEN	
SPONSOR STATUS =	A ACTIVE DUTY
	P TAMP DESIGNEE
	B RECALLED ACTIVE DUTY
	E MEPCOM ENLISTEE

¹ 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 COPAYMENT (2-145) (CONTINUED)	
	J ACADEMY/OCS
	N NATIONAL GUARD
	Q PRISON/APPELLATE
	V RESERVE
	T FOREIGN MILITARY
PROGRAM INDICATOR =	N NON-INSTITUTIONAL
	D DRUG
	T DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	A AMBULATORY SURGERY
ENROLLMENT STATUS =	S CRI 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
	J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
PATIENT RELATIONSHIP TO SPONSOR ≠	T FORMER SPOUSE H R Y
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 =	N CHAMPUS SELECT
	O CAMCHAS
	9 FORT DRUM
	A INTERNAL PARTNERSHIP

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	#	HOSPICE
	*	VA MEDICAL CENTER CLAIM
	!	NORTHERN REGION COORDINATED CARE
	MH	MENTAL HEALTH
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
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	CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
2-145-09R	PATIENT COPAYMENT MUST EQUAL \$25.00 (OR BETWEEN ZERO AND \$24.99, NOT TO EXCEED AMOUNT ALLOWED, IF AMOUNT ALLOWED < \$25.00) 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

¹ 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 COPAYMENT (2-145) (CONTINUED)

PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	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 ¹ =	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	O	OUTPATIENT
AND PROVIDER MAJOR SPECIALTY =	BC	BIRTHING CENTER
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
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	N	CHAMPUS SELECT

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
	MH	MENTAL HEALTH
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE.		
• EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE).		

2-145-10R PATIENT COPAYMENT MUST = ZERO WHEN

SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	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
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	N	CHAMPUS SELECT
	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
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

¹ 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 COPAYMENT (2-145) (CONTINUED)

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

THEN PATIENT COPAYMENT MUST BE \leq ZERO.

- EDITS FOR FORT DRUM SPECIAL PROCESSING.

2-145-14R PATIENT COPAYMENT MUST = ZERO **WHEN**
SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE,
RETIRED **OR** DECEASED;

SPECIAL PROCESSING
CODE = 9 FT DRUM DEMONSTRATION

PROVIDER PARTICIPATION
INDICATOR = Y YES

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

ANY OCCURRENCE OF FIRST
POSITION OF TYPE OF
SERVICE¹ = O OUTPATIENT

A AMBULATORY SURGERY COST-SHARED AS
INPATIENT

PRINCIPAL TREATMENT DIAGNOSIS \neq 290-316 (MENTAL HEALTH)

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION WITH AMOUNT ALLOWED >
ZERO

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 CANCELLATION

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

THEN PATIENT COPAYMENT MUST BE \leq ZERO.

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

2-145-15R PATIENT COPAYMENT MUST BE \$4.00 TIMES NUMBER OF SERVICES (WHERE AMOUNT ALLOWED BY PROCEDURE CODE \neq ZERO FOR DETAIL OCCURRENCE) **WHEN**

SPONSOR STATUS =	ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE, RETIRED OR DECEASED;
SPECIAL PROCESSING CODE =	9 FT DRUM DEMONSTRATION
PROVIDER PARTICIPATION INDICATOR =	Y YES
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	F FI STANDARD PROGRAM
PRINCIPAL TREATMENT DIAGNOSIS =	290 - 316 (MENTAL HEALTH);
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O OUTPATIENT
	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT
	F ADJUSTMENT NEW SUFFIX
OR	
TYPE OF SUBMISSION =	A ADJUSTMENT
	C CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE.	
	• EDIT FOR ARMY CAM DEMONSTRATIONS, FAMILY MEMBERS OF ACTIVE DUTY SPONSOR.

2-145-16R PATIENT COPAYMENT MUST BE THE ACTIVE DUTY DAILY RATE TIMES THE NUMBER OF SERVICES² (WHERE AMOUNT ALLOWED BY PROCEDURE CODE \neq ZERO FOR DETAIL OCCURRENCE) **WHEN**

SPONSOR STATUS =	A ACTIVE DUTY
	P TAMP DESIGNEE
	B RECALLED ACTIVE DUTY
	E MEPCOM ENLISTEE
	J ACADEMY/OSC
	N NATIONAL GUARD
	Q PRISON/APPELLATE

¹ 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 COPAYMENT (2-145) (CONTINUED)	
	V RESERVE
	T FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T FORMER SPOUSE H R Y
PROGRAM INDICATOR =	I INSTITUTIONAL N NON-INSTITUTIONAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	P PARTIAL PSYCHIATRIC OUTPATIENT
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD Q NEW ORLEANS STANDARD PROGRAM F FI STANDARD PROGRAM
PROCEDURE CODE = '92891', '92892', '92893', '92898', OR '92899'	
TYPE OF SUBMISSION =	I INITIAL SUBMISSION R RESUBMISSION OF ERROR REJECT O ZERO PAYMENT F ADJUSTMENT NEW SUFFIX
OR	
TYPE OF SUBMISSION =	A ADJUSTMENT OR C CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE	
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS OR U BENEFICIARY INDEMNIFICATION PAYMENT OR V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM OR A INTERNAL PARTNERSHIP OR N CHAMPUS SELECT OR R MEDICARE/TRICARE DUAL ENTITLEMENT OR

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	S	RESOURCE SHARING OR
	#	HOSPICE OR
	MH	MENTAL HEALTH
2-145-17R	IF FIRST POSITION OF TYPE OF SERVICE ¹ =	C AF CAM PRIMARY/PREVENTIVE CARE
	AND	
	SPECIAL PROCESSING CODE =	I BERGSTROM AFB CATCHMENT AREA OR
		J LUKE/WILLIAMS AFB CATCHMENT AREA
	THEN PATIENT COPAYMENT MUST = ZERO.	
	• EDIT FOR CHAMPUS SELECT.	
2-145-18R	PATIENT COPAYMENT MUST = ZERO WHEN	
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N CHAMPUS SELECT
	UNLESS ENROLLMENT STATUS = 'H'	
2-145-19R	PATIENT COPAYMENT MUST = ZERO WHEN	
	SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY	
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD ACTIVE DUTY OR
		AN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
		AR SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
		CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR OR
		SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
		SE SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
		SM SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

¹ 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: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150)**VALIDITY EDITS****2-150-01** MUST BE NUMERIC.**RELATIONAL EDITS**

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

EDITED ELEMENT RELATIONSHIP**2-150-02R** AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

2-150-03R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

TYPE OF SUBMISSION = C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE
DATABASE,**UNLESS**THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE
AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≥ ZERO.**2-150-05R** AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

ENROLLMENT STATUS = F FI STANDARD PROGRAM

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER
STANDARD PROGRAMJ MANAGED CARE SUPPORT - HOMESTEAD
STANDARD PROGRAMM MANAGED CARE SUPPORT - CALIFORNIA/HAWAII
STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

S CRI STANDARD PROGRAM

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
TYPE OF SERVICE ¹ FOR ANY DETAIL OCCURRENCE =	I	INPATIENT (FIRST BYTE)
	K	EMERGENCY ROOM ADMISSION
	M	MATERNITY OUTPATIENT COST-SHARE AS INPATIENT (FIRST BYTE)
	P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST SHARED AS INPATIENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION(
	R	RESUBMISSION OF ERROR REJECT
	O	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 _s 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 NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.		
2-150-06R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO 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
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
PROGRAM INDICATOR =	H	PPPWD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	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 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 NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE)		
THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.		

1-150-07R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO WHEN

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
	S	RESOURCE SHARING
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	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 HCSRS STORED ON THE DATABASE		

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

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 NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE)	
THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.	
2-150-08R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO 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
	Q NEW ORLEANS STANDARD PROGRAM
	S CRI STANDARD PROGRAM
	T MANAGED CARE SUPPORT - STANDARD PROGRAM
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
TYPE OF SERVICE ¹ FOR ANY DETAIL OCCURRENCE =	A AMBULATORY SURGERY (FIRST BYTE)
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT
	F ADJUSTMENT NEW SUFFIX
	D COMPLETE DENIAL

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)**OR**

TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

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

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.

2-150-09R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN

ENROLLMENT STATUS = F FI STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

S CRI STANDARD PROGRAM

Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

F ARMY CAM DEMONSTRATIONS
GTYPE OF SERVICE¹ FOR ANY DETAIL OCCURRENCE =

O OUTPATIENT (FIRST BYTE)

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O 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_s STORED ON THE DATABASE**ELSE**

TYPE OF SUBMISSION = B ADJUSTMENT NON-HCSR DATA

E CANCELLATION NON-HCSR DATA

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

OR

TYPE OF SUBMISSION = A ADJUSTMENT **OR**

C COMPLETE CANCELLATION

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

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.

2-150-10R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

ANY OCCURRENCE OF
 OVERRIDE CODE = U BENEFICIARY INDEMNIFICATION PAYMENT

2-150-11R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO **WHEN**

SPECIAL PROCESSING
 CODE = I BERGSTROM AFB CATCHMENT AREA **OR**

J LUKE/WILLIAMS AFB CATCHMENT AREA **OR**

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**

MS TRICARE SENIOR PRIME (NETWORK) **OR**

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

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

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

SM SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155)

VALIDITY EDITS

2-155-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION, PROGRAM INDICATOR, ENROLLMENT STATUS, AMOUNT PAID BY OHI, AMOUNT OF TPL, FILING DATE
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	REASON FOR PAYMENT REDUCTION, NUMBER OF PAYMENT REDUCTION DAYS/ SERVICES
TYPE OF SUBMISSION	SEE BELOW	FILING DATE
TYPE OF SUBMISSION	SEE BELOW	REASON FOR ADJUSTMENT, FILING DATE
ENROLLMENT STATUS	SEE BELOW	PROGRAM INDICATOR, AMOUNT PAID BY OHI, AMOUNT OF TPL, TYPE OF SUBMISSION
AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

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

THEN BYPASS ALL AMOUNT PAID BY GOVERNMENT CONTRACTOR EDITING

2-155-02R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO WHEN

TYPE OF SUBMISSION IS =	D COMPLETE CONTRACTOR DENIAL OR
	O ZERO PAYMENT OR
	C COMPLETE CANCELLATION

2-155-04R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE < ZERO WHEN

TYPE OF SUBMISSION =	A ADJUSTMENT OR
	B ADJUSTMENT TO NON-HCSR DATA OR

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

C COMPLETE CANCELLATION OR

E CANCELLATION OF NON-HCSR DATA

AND

REASON FOR ADJUSTMENT = **D ADJUSTMENT DUE TO NON-CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) OR**

E ADJUSTMENT DUE TO CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) OR

F ADJUSTMENT DUE TO PRIOR CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS)

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE \geq ZERO **WHEN**

TYPE OF SUBMISSION = **A ADJUSTMENT OR**

B ADJUSTMENT TO NON-HCSR DATA

AND

REASON FOR ADJUSTMENT = **A ADJUSTMENT DUE TO NON-CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) OR**

B ADJUSTMENT DUE TO CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) OR

C ADJUSTMENT DUE TO PRIOR CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS)

2-155-05R EDIT FOR NO DISCOUNT NO OHI/TPL.

**IF AMOUNT ALLOWED BY OTHER HEALTH INSURANCE > ZERO
 OR AMOUNT OF THIRD PARTY LIABILITY > ZERO
 THEN BYPASS EDIT**

ELSE

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST **BE LESS THAN OR EQUAL TO** AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) **WHEN**

TYPE OF SUBMISSION = **A ADJUSTMENT OR**

C CANCELLATION OR

F ADJUSTMENT TO NEW SUFFIX OR

I INITIAL SUBMISSION OR

O ZERO PAYMENT OR

R RESUBMISSION OR ERROR REJECT

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

AND ENROLLMENT STATUS =	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM OR
	F	FI STANDARD PROGRAM OR
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM OR
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	Q	NEW ORLEANS STANDARD PROGRAM OR
	S	CRI STANDARD PROGRAM OR
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM

AND SPECIAL RATE CODE = b NO SPECIAL RATE

2-155-06R EDIT FOR **CLAIMS** WITH OHI **AND** TPL.

IF AMOUNT PAID BY OTHER HEALTH INSURANCE = **ZERO**
THEN BYPASS EDIT

ELSE

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST **BE** EQUAL **TO OR LESS THAN**
BOTH (AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT
COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION))
AND (AMOUNT BILLED) WHEN

TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	CANCELLATION OR
	I	INITIAL SUBMISSION OR
	R	RESUBMISSION OF ERROR REJECT OR
	O	ZERO PAYMENT OR
	F	ADJUSTMENT NEW SUFFIX

2-155-08R EDIT FOR STATE-DRG WITH DISCOUNTS, NO OHI/TPL. (ALLOW 1^c ROUNDING ERROR IN THIS EDIT.)

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL
NON-DISCOUNTABLE HOSPITAL SERVICES (TOTAL CHARGES BY PROCEDURE CODE
FOR PROCEDURE CODES FOR WHOLE BLOOD (90593), PROFESSIONAL SERVICES (90595),
AND PROFESSIONAL COMPONENTS (90594)) PLUS

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

THE AFTER DISCOUNT RATE =	A	96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT OR
	B	97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT OR
	C	98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT OR
	E	99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT
TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS THE AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION PLUS THE NON-DISCOUNTABLE PROFESSIONAL SERVICES]) WHEN		
TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	CANCELLATION OR
	I	INITIAL SUBMISSION OR
	R	RESUBMISSION OF ERROR REJECT OR
	O	ZERO PAYMENT OR
	F	ADJUSTMENT NEW SUFFIX
AND ENROLLMENT STATUS =	F	FI STANDARD PROGRAM OR
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM OR
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM OR
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM OR
	Q	NEW ORLEANS STANDARD PROGRAM OR
	S	CRI STANDARD PROGRAM OR
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO; AMOUNT OF THIRD PARTY LIABILITY = ZERO;		
AND PROGRAM INDICATOR =	I	INSTITUTIONAL OR
	N	NON-INSTITUTIONAL OR
	D	DRUG OR
	T	DENTAL
AND SPECIAL RATE CODE =	A	DRG 4% DISCOUNT OR
	B	DRG 3% DISCOUNT OR

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

C DRG 2% DISCOUNT **OR**

E DRG 1% DISCOUNT

2-155-11R IF ALL DETAIL OCCURRENCES ARE DENIED
AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE = ZERO **WHEN**

TYPE OF SUBMISSION = **A ADJUSTMENT OR**

C COMPLETE CANCELLATION OR

D COMPLETE DENIAL **OR**

F ADJUSTMENT NEW SUFFIX **OR**

I INITIAL SUBMISSION **OR**

O ZERO PAYMENT **OR**

R RESUBMISSION OF ERROR REJECT

ELSE

TYPE OF SUBMISSION = **B ADJUSTMENT NON-HCSR DATA OR**

E CANCELLATION NON-HCSR DATA

THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ≤ ZERO.

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

