

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 144)

ELEMENT NAME: PATIENT ZIP CODE (1-100)

VALIDITY EDITS

1-100-01 MUST BE 9 CHARACTERS, EITHER 9 DIGITS, **OR** 5 DIGITS (NOT 5 ZEROES **OR** 5 NINES) FOLLOWED BY 4 BLANKS, **OR** 2 CHARACTERS FOLLOWED BY 7 BLANKS. MUST NOT BE ALL ZEROES **OR** ALL NINES.

1-100-02 MUST BE VALID ZIP CODE IN THE ELECTRONIC ZIP CODE FILE, BASED ON THE ADMISSION DATE
OR THE FIRST 2 CHARACTERS AGAINST COUNTRY CODES TABLE
 (SEE [CHAPTER 2, ADDENDUM A](#))

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

1-100-03R IF NAS EXCEPTION REASON IS CODED
THEN PATIENT ZIP CODE MUST BE **WITHIN AN MTF³ CATCHMENT AREA¹**
UNLESS NAS EXCEPTION CODE = O LIVING-RELATED DONOR LIVER TRANSPLANT
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = ST² SPECIALIZED TREATMENT FACILITY
THEN BYPASS THIS EDIT

1-100-04R IF NAS NUMBER IS PRESENT
THEN PATIENT ZIP CODE MUST BE **WITHIN AN MTF³ CATCHMENT AREA¹**
UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE = ST² SPECIALIZED TREATMENT FACILITY OR

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.
² STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.
³ MTF IS A 40 MILE CATCHMENT AREA.

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

R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR

T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001

OR ENROLLMENT STATUS = FE TRICARE FOR LIFE - EXTRA OR

FS TRICARE FOR LIFE - STANDARD

THEN BYPASS THIS EDIT

1-100-05R IF SPECIAL PROCESSING CODE = '9' (FORT DRUM COOPERATIVE MEDICAL CARE) PATIENT ZIP CODE MUST BE IN THE FORT DRUM DEMONSTRATION PROJECT AREA.

1-100-06R IF ENROLLMENT STATUS = 'A', 'B', 'C', 'K', 'L', 'M', 'N', OR 'S'

AND NO OCCURRENCE OF OVERRIDE CODE = 'S'
 PATIENT ZIP CODE MUST BE IN CALIFORNIA OR HAWAII

1-100-07R IF ENROLLMENT STATUS = 'H', 'I', 'J', 'O', 'P', OR 'Q'

AND NO OCCURRENCE OF OVERRIDE CODE = 'S'
 PATIENT ZIP CODE MUST BE A VALID ZIP CODE FOR THE NEW ORLEANS COORDINATED CARE PROGRAM, OR A BASE REALIGNMENT AND CLOSURE (BRAC) SITE (SEE [CHAPTER 2, ADDENDUM K](#)).

- ¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.**
- ² STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.**
- ³ MTF IS A 40 MILE CATCHMENT AREA.**

ELEMENT NAME: ENROLLMENT STATUS (1-105)

VALIDITY EDITS

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

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

1-105-02R IF ANY OCCURRENCE OF OVERRIDE CODE = **Z** ENHANCED BENEFIT

ENROLLMENT STATUS MUST = **A** FOUNDATION HEALTH PLAN

- ¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.**

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

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

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

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

IF SOURCE OF HEALTH CARE DATA IS A FI

THEN ENROLLMENT STATUS MUST =	F	FI STANDARD PROGRAM OR
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¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

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

D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM OR
E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME OR
G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA OR
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA OR
H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT OR
J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM OR
R	TRICARE EXTRA - NORTH CAROLINA
IF SOURCE OF HEALTH CARE DATA IS ORLEANS DEMONSTRATION	
THEN ENROLLMENT STATUS MUST =	
O	NEW ORLEANS PRIME OR
P	NEW ORLEANS NOT ENROLLED, NOT STANDARD OR
Q	NEW ORLEANS COORDINATE CARE STANDARD PROGRAM OR
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
IF SOURCE OF HEALTH CARE DATA IS MANAGED CARE SUPPORT	
THEN ENROLLMENT STATUS MUST =	
K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, ENROLLED PATIENT OR
L	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, NON-ENROLLED PATIENT, NETWORK PROVIDER OR
M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM OR
O	NEW ORLEANS PRIME OR
P	NEW ORLEANS NOT ENROLLED, NOT STANDARD OR
Q	NEW ORLEANS COORDINATED CARE STANDARD PROGRAM OR
R	TRICARE EXTRA - NORTH CAROLINA OR
T	MANAGED CARE SUPPORT - STANDARD PROGRAM OR

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

ELEMENT NAME: ENROLLMENT STATUS (1-105) (CONTINUED)	
	U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM OR
	V MANAGED CARE SUPPORT - EXTRA OR
	W ACTIVE DUTY USA OR
	X ACTIVE DUTY EUROPE OR
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
	Z MANAGED CARE SUPPORT - PRIME, MTF/PCM OR
	AA CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA OR
	BB TRICARE SENIOR PRIME OR
	FE TRICARE FOR LIFE - EXTRA OR
	FS TRICARE FOR LIFE - STANDARD OR
	SN SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE OR
	SO SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE OR
	SR SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
	ST SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
	TS TRICARE SENIOR SUPPLEMENT
1-105-04R	IF PROVIDER CONTRACT AFFILIATION CODE = 1 CONTRACTED
	THEN ENROLLMENT STATUS MUST NOT = S STANDARD PROGRAMS
	IF PROVIDER CONTRACT AFFILIATION CODE = 2 NOT CONTRACTED
	THEN ENROLLMENT STATUS MUST NOT = N NON-PRIME
1-105-05R	IF ENROLLMENT STATUS = Y CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) STANDARD OR
	AA CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) EXTRA
	THEN PROGRAM INDICATOR MUST NOT = H PROGRAM FOR PERSONS WITH DISABILITIES
1-105-06R	IF ENROLLMENT STATUS = W TPR ACTIVE DUTY - USA OR
	X ACTIVE DUTY - EUROPE
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = AD ACTIVE DUTY OR

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

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

		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR
1-105-07R	IF ENROLLMENT STATUS =	BB	TRICARE SENIOR PRIME
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	MS	TRICARE SENIOR PRIME (NETWORK) OR
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
1-105-08R	IF ENROLLMENT STATUS =	SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
		SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
		SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE OR
		ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE OR
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
1-105-09R	IF ENROLLMENT STATUS =	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM
	THEN BEGIN DATE OF CARE MUST BE > 10/01/1997		
1-105-10R	IF ENROLLMENT STATUS =	TS	TRICARE SENIOR SUPPLEMENT
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SN	TRICARE SENIOR SUPPLEMENT (NON-NETWORK) OR
		SS	TRICARE SENIOR SUPPLEMENT (NETWORK)
1-105-11R	IF BEGIN DATE OF CARE ≥ 10/01/2001		
	AND ENROLLMENT STATUS =	FE	TRICARE FOR LIFE - EXTRA OR
		FS	TRICARE FOR LIFE - STANDARD

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

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

THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =

**FF TRICARE FOR LIFE (FIRST PAYOR) OR
 FS TRICARE FOR LIFE (SECOND PAYOR)**

**1-105-12R IF ENROLLMENT STATUS = FE TRICARE FOR LIFE - EXTRA OR
 FS TRICARE FOR LIFE - STANDARD**

THEN PATIENT'S DATE OF BIRTH MUST BE ≥ 64 YEARS AND 11 MONTHS¹

**1-105-13R IF ENROLLMENT STATUS = FE TRICARE FOR LIFE - EXTRA OR
 FS TRICARE FOR LIFE - STANDARD**

THEN BEGIN DATE OF CARE ≥ 10/01/2001

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

ELEMENT NAME: NAS NUMBER (1-110)

VALIDITY EDITS

1-110-01 IF NAS NUMBER IS CODED

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

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

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

**UNLESS FIRST 4 DIGITS = '6501'
 AND PATIENT ZIP CODE IS BETWEEN 23000 - 23899 INCLUSIVE
 THEN BYPASS THIS EDIT**

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

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

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR

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

**T MEDICARE/TRICARE DUAL ENTITLEMENT
 (SECOND PAYOR) AND BEGIN DATE OF CARE ≥
 10/01/2001**

AN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-
 MTF-REFERRED CARE **OR**

AR SUPPLEMENTAL HEALTH CARE PROGRAM -
 REFERRED CARE **OR**

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

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

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

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

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

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

SM SUPPLEMENTAL HEALTH CARE PROGRAM -
 EMERGENCY **OR**

OR ENROLLMENT STATUS = FE TRICARE FOR LIFE - EXTRA OR

FS TRICARE FOR LIFE - STANDARD OR

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

NO ERROR IF BEGIN DATE OF CARE ≥ 09/23/1996

**AND ENROLLMENT
 STATUS =**

E MANAGED CARE SUPPORT - TRICARE-TIDEWATER
 PRIME

H MANAGED CARE SUPPORT - HOMESTEAD
 ENROLLED PATIENT

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

O NEW ORLEANS PRIME

U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM

Z MANAGED CARE SUPPORT - PRIME, MTF/PCM

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

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

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

THEN NAS NUMBER MUST BE CODED, UNLESS

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

	OR HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
	OR ANY OCCURRENCE OF DENIAL REASON CODE =	9	NAS NOT PROVIDED OR
		2	INELIGIBLE CLAIMANT OR
		A	DEERS OR
		N	MULTIPLE DENIAL REASONS
	OR ANY OCCURRENCE OF OVERRIDE CODE =	C	GOOD FAITH PAYMENT
	OR PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES OR
	OR SPONSOR STATUS =	T	NATO
	IN WHICH CASE NAS NUMBER MUST BE BLANK.		
1-110-05R	IF SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA
		J	LUKE/WILLIAMS AFB CATCHMENT AREA
	NAS NUMBER MUST NOT = 46000000000.		
1-110-06R	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY FOR REGION 3)		
	IF NAS EXCEPTION REASON = BLANK		
	AND DRG = 104, 105, 106, 107, 108, 109, OR 112		
	AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER STSF CATCHMENT AREA		
	AND REGION CODE = '03' (REGION 3)		
	AND BEGIN DATE OF CARE ≥ 03/01/1997		
	THEN NAS NUMBER MUST BE CODED		
1-110-07R	(NATIONAL STSF)		
	IF NAS EXCEPTION REASON = BLANK		
	AND PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF COLUMBIA		
	AND (DRG = 480 [LIVIER TRANSPLANT]		
	AND BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤ 02/19/1998)		
	OR (DRG = 481 [ALLOGENEIC BONE MARROW TRANSPLANTATION]		
	AND BEGIN DATE OF CARE ≥ 10/01/1997)		
	OR (DRG = 302 [KIDNEY TRANSPLANTATION]		
	AND BEGIN DATE OF CARE ≥ 09/01/1999)		
	THEN NAS NUMBER MUST BE CODED		
1-110-08R	(MULTI-REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 1 & 2)		
	IF NAS EXCEPTION REASON = BLANK		
	AND REGION CODE = '01' (REGION 1)		
	OR REGION CODE = '02' (REGION 2)		
	AND DRG = 104, 105, 106, 107, 108, 109, 110, OR 111		

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

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

OR NATIONAL NAVAL MEDICAL CENTER (NNMC) STSF CATCHMENT AREA

AND BEGIN DATE OF CARE ≥ 10/01/1997

THEN NAS NUMBER MUST BE CODED

1-110-09R NAS NUMBER MUST BE BLANK

WHEN SPONSOR STATUS = T FOREIGN MILITARY

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

2 INELIGIBLE CLAIMANT OR

A DEERS OR

N MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO

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

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '01' (REGION 1)

AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)

OR WALTER REED ARMY MEDICAL CENTER (WRAMC)

OR MALCOLM CROW MEDICAL CENTER (MGMC) STSF CATCHMENT AREA

AND BEGIN DATE OF CARE ≥ 09/01/1999

AND DRG - 191, 209, 286, 491

THEN NAS NUMBER MUST BE CODED

1-110-11R (REGIONAL STS FACILITIES FOR NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 1)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '01' (REGION 1)

AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)

OR WALTER REED ARMY MEDICAL CENTER (WRAMC) STSF CATCHMENT AREA

AND BEGIN DATE OF CARE ≥ 09/01/1999

AND DRG = 001, 003, 004, 049, 286, 357

THEN NAS NUMBER MUST BE CODED

1-110-12R (REGIONAL STS FACILITIES FOR NEUROSURGERY, ORTHOPEDIC SURGERY, GENERAL SURGERY, PERIPHERAL VASCULAR SURGERY, AND HEAD AND NECK SURGERY FOR REGION 3)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '03' (REGION 3)

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

ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)**AND BEGIN DATE OF CARE ≥ 09/01/1999****AND DRG = 001, 004, 049, 110, 111, 191, 209, 286, OR 491****THEN NAS NUMBER MUST BE CODED****1-110-14R (REGIONAL STS FACILITIES FOR NEONATAL INTENSIVE CARE FOR REGION 4)**

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '04' (REGION 4)**AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA****AND BEGIN DATE OF CARE ≥ 05/01/1998****AND DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, 636****THEN NAS NUMBER MUST BE CODED****1-110-15R (REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 4)**

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '04' (REGION 4)**AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA****AND BEGIN DATE OF CARE ≥ 05/01/1998****AND DRG = 104, 105, 106, 107, 108, 109, 110, 111, 112, 124, OR 125****THEN NAS NUMBER MUST BE CODED****1-110-16R (REGIONAL STS FACILITIES FOR GENERAL SURGERY, ORTHOPEDIC SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 4)**

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '04' (REGION 4)**AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA****AND BEGIN DATE OF CARE ≥ 05/01/2000****AND DRG = 001, 003, 004, 049, 191, 209, 286, 357, OR 491****THEN NAS NUMBER MUST BE CODED****1-110-17R (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 6)**

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '06' (REGION 6)**AND PATIENT ZIP CODE IS IN BROOKE ARMY MEDICAL CENTER (BAMC)****OR WILFORD HALL MEDICAL CENTER (WHMC) STSF CATCHMENT AREA****AND BEGIN DATE OF CARE ≥ 09/01/1999****AND DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, OR 491****THEN NAS NUMBER MUST BE CODED****1-110-18R (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 9)**

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

	IF NAS EXCEPTION REASON = BLANK
	AND REGION CODE = '09' (REGION 9)
	AND PATIENT ZIP CODE IS IN NAVAL MEDICAL CENTER SAN DIEGO (NMCS D) STSF CATCHMENT AREA
	AND BEGIN DATE OF CARE ≥ 09/01/1999
	AND DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, OR 491
	THEN NAS NUMBER MUST BE CODED
1-110-19R	(REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 10)
	IF NAS EXCEPTION REASON = BLANK
	AND REGION CODE = '10' (REGION 10)
	AND PATIENT ZIP CODE IS IN DAVID GRANT MEDICAL CENTER (DGMC) STSF CATCHMENT AREA
	AND BEGIN DATE OF CARE ≥ 09/01/1999
	AND DRG = 001, 003, 004, 049, 110, 111, 191, 209, 286, 357, OR 491
	THEN NAS NUMBER MUST BE CODED
1-110-20R	(MULTI-REGIONAL STS FACILITIES FOR LIVER TRANSPLANTS FOR REGIONS 1, 2, AND 5)
	IF NAS EXCEPTION REASON = BLANK
	AND REGION CODE = '01' (REGION 01)
	OR REGION CODE = '02' (REGION 02)
	OR REGION CODE = '05' (REGION 05)
	AND INCLUDES ALL PATIENT ZIP CODES WITHIN REGIONS 1, 2, OR 5
	AND BEGIN DATE OF CARE ≥ 09/01/1999
	AND DRG = 480
	THEN NAS NUMBER MUST BE CODED
1-110-21R	(VA REGIONAL STS FACILITIES FOR CARDIOTHORACIC SURGERY FOR REGION 10)
	IF NAS EXCEPTION REASON = BLANK
	AND REGION CODE = '10' (REGION 10)
	AND PATIENT ZIP CODE IS IN VA PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)
	OR SAN FRANCISCO VA MEDICAL CENTER (SFVAMC) STSF CATCHMENT AREA
	AND BEGIN DATE OF CARE ≥ 11/01/1999
	AND DRG = 104 - 109
	THEN NAS NUMBER MUST BE CODED

ELEMENT NAME: REASON FOR PAYMENT REDUCTION (1-113)**VALIDITY EDITS****1-113-01** MUST BE 'A', 'B', 'C' OR BLANK**RELATIONAL EDITS**

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

EDITED ELEMENT RELATIONSHIP**1-113-02R** IF AMOUNT OF PAYMENT REDUCTION IS NOT EQUAL TO ZERO AND NUMBER OF PAYMENT REDUCTION DAYS/SERVICES IS NOT EQUAL TO ZEROS.
REASON FOR PAYMENT REDUCTION MUST NOT BE BLANK.**1-113-03R** IF ENROLLMENT STATUS EQUALS 'T', 'U', 'V', 'Z', 'Y', OR 'AA'
REASON FOR PAYMENT REDUCTION MUST BE 'A', 'B', 'C', OR BLANK
ELSE REASON FOR PAYMENT REDUCTION MUST BE 'A', 'B', OR BLANK.**ELEMENT NAME: AMOUNT BILLED (1-115)****VALIDITY EDITS****1-115-01** MUST BE NUMERIC**RELATIONAL EDITS**

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

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

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL

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

	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
1-115-03R	AMOUNT BILLED MUST = TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODE 001.	
1-115-04R	AMOUNT BILLED MUST BE ≤ \$200.00 WHEN PRINCIPAL TREATMENT DIAGNOSIS EQUALS 799.9.	
UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	1	MEDICAID
1-115-05R	AMOUNT BILLED MUST BE ≥ AMOUNT ALLOWED WHEN :	
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
SPECIAL RATE CODE =	b	NO SPECIAL RATE (BLANK)
	D	DISCOUNT RATE
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
1-115-06R	AMOUNT BILLED MUST BE > \$90,000	

ELEMENT NAME: AMOUNT BILLED (1-115) (CONTINUED)**WHEN DATES OF ADMISSION PRIOR TO 12/01/1996**

SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
FREQUENCY CODE =	2	INTERIM - INITIAL
	3	INTERIM - INTERIM
TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX
	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

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

ELEMENT NAME: AMOUNT ALLOWED (1-120)**VALIDITY EDITS**

1-120-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

1-120-02R AMOUNT ALLOWED MUST BE ZERO

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

1-120-03R AMOUNT ALLOWED MUST BE ZERO

**WHEN TYPE OF
SUBMISSION =** C COMPLETE CANCELLATION

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

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

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

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

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

ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA

OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

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

THEN AMOUNT ALLOWED MUST BE ≤ ZERO

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

VALIDITY EDITS

1-125-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

1-125-02R AMOUNT OF OTHER HEALTH INSURANCE MUST BE ≥ ZERO **WHEN**

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL

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

	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
1-125-03R	AMOUNT OF OTHER HEALTH INSURANCE MUST EQUAL ZERO	
	WHEN ANY OCCURRENCE OF OVERRIDE CODE =	U BENEFICIARY INDEMINIFICATION PAYMENT

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

VALIDITY EDITS		
1-127-01	MUST BE NUMERIC.	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

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

VALIDITY EDITS		
1-130-01	MUST BE NUMERIC.	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	
OVERRIDE CODE	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		
1-130-02R	AMOUNT OF THIRD PARTY LIABILITY MUST BE \geq ZERO	
WHEN TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING

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

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

WHEN ANY OCCURRENCE OF OVERRIDE CODE = U BENEFICIARY INDEMNIFICATION PAYMENT

ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (1-133)

VALIDITY EDITS

1-133-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

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

WHEN REASON FOR PAYMENT REDUCTION =

A MENTAL HEALTH PREAUTHORIZATION NOT OBTAINED TIMELY

B ADJUNCTIVE DENTAL CARE PREAUTHORIZATION 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 **WITH 100% OHI/TPL**

F ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRUG INTERIM BILLING

ELEMENT NAME: PATIENT COINSURANCE (1-140)**VALIDITY EDITS****1-140-01** MUST BE NUMERIC.**RELATIONAL EDITS**

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

EDITED ELEMENT RELATIONSHIP

NO ERROR IF **ANY OCCURRENCE OF**
SPECIAL PROCESSING CODE = **T** **MEDICARE/TRICARE DUAL ENTITLEMENT**
(SECOND PAYOR) AND BEGIN DATE OF CARE ≥
10/01/2001

FS **TRICARE FOR LIFE (SECOND PAYOR) OR**

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

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

THEN BYPASS ALL COINSURANCE EDITING.

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

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

1-140-02R PATIENT COINSURANCE MUST BE ZERO WHEN:

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

1-140-03R PATIENT COINSURANCE MUST BE ZERO WHEN:

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

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

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

PROGRAM INDICATOR = I INSTITUTIONAL

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

F FI STANDARD PROGRAM

J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM

M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

S CRI STANDARD PROGRAM

T MANAGED CARE SUPPORT - STANDARD PROGRAM

Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

TYPE OF SUBMISSION = I INITIAL SUBMISSION

F ADJUSTMENT NEW SUFFIX

O ZERO PAYMENT WITH 100% OHI/TPL

R RESUBMISSION OF ERROR REJECT

OR TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION WITH AMOUNT ALLOWED > ZERO

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

SPECIAL RATE CODE = D DISCOUNT RATE AGREEMENT

P PER DIEM RATE AGREEMENT

NO OCCURRENCE OF OVERRIDE CODE = K CATASTROPHIC LOSS

L NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION

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

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)NO OCCURRENCE OF
SPECIAL PROCESSING
CODE =F ARMY CAM DEMONSTRATIONS
G

K GEORGIA/FLORIDA PPO

R MEDICARE/CHAMPUS DUAL ENTITLEMENT

HOSPICE

- 1-145-09R** • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS
1-140-07R OF DECEASED SPONSORS (OR FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS,
(PATIENT NOT NEWBORN). SEE BELOW

PATIENT COINSURANCE MUST EQUAL ZERO

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

PROGRAM INDICATOR = I INSTITUTIONAL

PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);

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

F FI STANDARD PROGRAM

J MANAGED CARE SUPPORT - HOMESTEAD
STANDARD PROGRAMM MANAGED CARE SUPPORT - CALIFORNIA/HAWAII
STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

S CRI STANDARD PROGRAM

T MANAGED CARE SUPPORT - STANDARD
PROGRAMY CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD

SPECIAL RATE CODE = G DRG LONG STAY

H DRG SHORT STAY

I DRG COST OUTLIER

J DRG NO OUTLIER

M DISCOUNTED DRG LONG STAY

N DISCOUNTED DRG SHORT STAY

O DISCOUNTED DRG COST OUTLIER

Q DISCOUNTED DRG NO OUTLIER

TYPE OF SUBMISSION = F ADJUSTMENT NEW SUFFIX

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

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

	G	ADDITIONAL DRG INTERIM BILLING
	I	INITIAL SUBMISSION
	O	ZERO PAYMENT WITH 100% OHI/TPL
	R	RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE;		
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

1-145-09R • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN.
1-140-08R

PATIENT COINSURANCE MUST EQUAL ZERO

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

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

UNLESS 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG/ APPLICABLE DAILY RATE] WHEN:

PROGRAM INDICATOR =	I	INSTITUTIONAL
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN)		
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE;		
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR

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

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

	K DECEASED
	D 100% DISABLED
	W TITLE III RETIREE
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	L NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F ARMY CAM DEMONSTRATIONS
	G
	K GEORGIA/FLORIDA PPO
	N CHAMPUS SELECT
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	* VA MEDICAL CENTER CLAIM
	# HOSPICE

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

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

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

1-140-10R • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS
1-140-11R OF DECEASED SPONSORS (OR FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDS

PATIENT COINSURANCE MUST BE 25% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED **AND**

PATIENT COPAYMENT MUST BE ZERO **WHEN:**

PROGRAM INDICATOR =	I INSTITUTIONAL
SPONSOR STATUS =	F FORMER MEMBER
	I PERMANENTLY DISABLED
	O TEMPORARILY DISABLED
	R RETIRED
	H MEDAL OF HONOR
	K DECEASED
	D 100% DISABLED

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

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

	W	TITLE III RETIREE
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	b	NO SPECIAL RATE
	A	DRG 4% DISCOUNT
	B	DRG 3% DISCOUNT
	C	DRG 2% DISCOUNT
	E	DRG 1% DISCOUNT (E)
	F	DRG NO DISCOUNT
	P	PER DIEM RATE
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE;		
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS

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

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

	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

1-140-14R PATIENT COST-SHARE MUST BE THE LESSER OF:

- a.) 25% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED, **OR** THE LESSER OF:
- b.) 25% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE) **OR**
- c.) AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE

1-145-14R WHEN ANY OCCURRENCE OF OVERRIDE CODE =

	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	#	HOSPICE
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT

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

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

	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
1-140-16R	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) OR b.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO	
1-145-16R	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN c.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.	
1-145-15R	IF PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN), USE (AUTHORIZED BED DAYS MINUS THREE) TIMES THE DRG DAILY RATE TO CALCULATE. DON'T DO IF BASED ON PATIENT RELATIONSHIP TO SPONSOR = FORMER SPOUSE. IF (AUTHORIZED BED DAYS MINUS THREE) IS NEGATIVE, CALCULATE USING 0 DAYS.	
1-140-18R 1-140-17R	<ul style="list-style-type: none"> EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE), REGION-SPECIFIC PSYCHIATRIC PER DIEM RECORDS 	
PATIENT COINSURANCE MUST EQUAL ZERO ^o		
UNLESS 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) (DENIAL REASON CODE) IS LESS THAN [AUTHORIZED BED DAYS TIMES THE PSYCH PER DIEM COST-SHARE DAILY RATE] WHEN		
PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM

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

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

	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	L	REGION SPECIFIC PSYCH PER DIEM
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T	UNREMARIED FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH

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

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

T MHPD RECALCULATION OF RATES, NO
COST-SHARE APPLIED

U BENEFICIARY INDEMNIFICATION PAYMENT

IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 25% (ALLOW ¹ ROUNDING
ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR
DUPLICATE BILLING (1) DENIAL REASON CODE.

1-140-18R WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE
MUST EQUAL ZERO IF PATIENT COPAYMENT IS NOT ZERO.

1-140-19R • EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS
OF DECEASED SPONSORS (OR FORMER SPOUSE), HOSPITAL-SPECIFIC PSYCHIATRIC
PER DIEM RECORDS.

PATIENT COINSURANCE MUST BE 25% (ALLOW ¹ ROUNDING ERROR) OF AMOUNT
ALLOWED AND

1-145-19R PATIENT COPAYMENT MUST BE ZERO WHEN:

PROGRAM INDICATOR = I INSTITUTIONAL

SPONSOR STATUS = F FORMER MEMBER

I PERMANENTLY DISABLED

O TEMPORARILY DISABLED

R RETIRED

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

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER
STANDARD PROGRAM

J MANAGED CARE SUPPORT - HOMESTEAD
STANDARD PROGRAM

M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII
STANDARD PROGRAM

T MANAGED CARE SUPPORT - STANDARD
PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD

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

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

SPECIAL RATE CODE =	K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
OR TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX
	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT > ZERO
WITH FILING DATE WITHIN THE AND NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
	T	MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED

NOTE: IF THE HCSR BEGIN/END DATES OF CARE CROSSOVER A CHANGE IN THE ACTIVE DUTY DAILY RATE, THE DRG DAILY RATE, **OR** THE PSYCH PER DIEM COST-SHARES DAILY RATE (WHICHEVER APPLIES TO THAT HCSR), THE RATES MUST BE APPLIED APPROPRIATELY TO EACH PERIOD OF TIME, FOR COST-SHARE CALCULATIONS.

1-140-20R • EDITS FOR TRICARE **PRIME - POINT OF SERVICE PROGRAM.**

PATIENT COINSURANCE MUST BE 50% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED

AND PATIENT COPAYMENT MUST BE ZERO **WHEN:**

ENROLLMENT STATUS =	U	MANAGED CARE SUPPORT - PRIME OR
	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM

AND SPECIAL PROCESSING CODE = PO TRICARE PRIME - POINT OF SERVICE

1-140-21R • **EDITS FOR TRICARE, ARMY CAM DEMONSTRATIONS, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE).**

PATIENT COINSURANCE MUST BE 20% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED **AND**

1-145-21R PATIENT COPAYMENT MUST BE ZERO **WHEN:**

PROGRAM INDICATOR =	I	INSTITUTIONAL
SPONSOR STATUS =	F	FORMER MEMBER

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

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

	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
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
SPECIAL RATE CODE =	b	NO SPECIAL RATE
	D	DISCOUNT RATE AGREEMENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON DATABASE;		
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION

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

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

U BENEFICIARY INDEMNIFICATION PAYMENT

1-140-23R • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), FOR ARMY CAM DEMONSTRATIONS

PATIENT COINSURANCE MUST EQUAL ZERO UNLESS

1-140-24R 20% OF [AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] IS LESS THAN [AUTHORIZED BED DAYS TIMES THE DRG DAILY RATE] **WHEN:**

PROGRAM INDICATOR = I INSTITUTIONAL

PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

SPECIAL RATE CODE = G DRG LONG STAY

H DRG SHORT STAY

I DRG COST OUTLIER

J DRG NO OUTLIER

M DISCOUNTED DRG LONG STAY

N DISCOUNTED DRG SHORT STAY

O DISCOUNTED DRG COST OUTLIER

Q DISCOUNTED DRG NO OUTLIER

ANY SPECIAL OCCURRENCE OF SPECIAL PROCESSING CODE =

F ARMY CAM DEMONSTRATIONS

G

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT **WITH 100% OHI/TPL**

F ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING

OR TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION WITH AMOUNT ALLOWED > ZERO

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

SPONSOR STATUS = F FORMER MEMBER

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

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

	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
OR PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
1-140-25R		• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN, FOR ARMY CAM DEMONSTRATIONS.
		PATIENT COINSURANCE MUST EQUAL ZERO UNLESS
1-140-26R		20% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG DAILY RATE] WHEN:
PROGRAM INDICATOR =	I	INSTITUTIONAL
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);		
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER

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

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

	M	DISCOUNTED DRG LONG STAY OUTLIER
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
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
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 20% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES AND DUPLICATE BILLING (1) DENIAL REASON CODE).		

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

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

NOTE: THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST BE ZERO IF PATIENT COPAYMENT IS NOT ZERO.

1-140-27R PATIENT COINSURANCE MUST EQUAL ZERO **WHEN:**

ANY OCCURRENCE OF
OVERRIDE CODE = U BENEFICIARY INDEMNIFICATION PAYMENT

1-140-29R • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS SELECT.

PATIENT COINSURANCE MUST = ZERO **WHEN:**
SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY OR TAMP DESIGNEE
ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 'N' (CHAMPUS SELECT)
ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '#' (HOSPICE)
SPECIAL PROCESSING CODE = 'AD' (ACTIVE DUTY)

1-140-30R • COST-SHARE EDIT FOR TRICARE PRIME - POINT OF SERVICE PROGRAM

PATIENT COST-SHARE MUST BE 50% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED **WHEN:**

ENROLLMENT STATUS = U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM
Z MANAGED CARE SUPPORT - PRIME, MTF/PCM

SPECIAL PROCESSING
CODE = PO TRICARE PRIME - POINT OF SERVICE

1-140-33R PATIENT COINSURANCE MUST BE 20% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED AND**1-145-33R** PATIENT COPAYMENT MUST BE ZERO **WHEN:**

SPONSOR STATUS = F FORMER MEMBER

I PERMANENTLY DISABLED

O TEMPORARILY DISABLED

R RETIRED

H MEDAL OF HONOR

K DECEASED

D 100% DISABLED

W TITLE III RETIREE

OR PATIENT RELATIONSHIP
TO SPONSOR = T FORMER SPOUSE
H
R
Y

ANY OCCURRENCE OF
SPECIAL PROCESSING
CODE = ! NORTHERN REGION COORDINATED CARE

NO OCCURRENCE OF
OVERRIDE CODE = K CATASTROPHIC LOSS

SPECIAL RATE CODE = K HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM

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

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)	
	L REGION SPECIFIC PSYCHATRIC PER DIEM
OR TYPE OF INSTITUTION =	72 RESIDENTIAL TREATMENT CENTER
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF REJECT
	O ZERO PAYMENT WITH 100% OHI/TPL
	F ADJUSTMENT NEW SUFFIX
	G ADDITION DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A ADJUSTMENT
	C CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE
1-140-34R	PATIENT COST-SHARE MUST BE THE LESSER OF:
	a.) 25% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT BILLED OR
	b.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE
1-145-34R	WHEN SPONSOR STATUS =
	F FORMER MEMBER
	I PERMANENTLY DISABLED
	O TEMPORARILY DISABLED
	R RETIRED
	H MEDAL OF HONOR
	K DECEASED
	D 100% DISABLED
	W TITLE III RETIREE
	OR PATIENT RELATIONSHIP TO SPONSOR =
	T FORMER SPOUSE
	H
	R
	Y
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	! NORTHERN REGION COORDINATED CARE
	NO OCCURRENCE OF OVERRIDE CODE =
	K CATASTROPHIC LOSS
	SPECIAL RATE CODE =
	G DRG LONG STAY
	H DRG SHORT STAY
	I DRG COST OUTLIER
	J DRG NO OUTLIER
	M DISCOUNTED DRG LONG STAY

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

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)	
	N DISCOUNTED DRG SHORT STAY
	O DISCOUNTED DRG COST OUTLIER
	Q DISCOUNTED DRG NO OUTLIER
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT WITH 100% OHI/TPL
	F ADJUSTMENT NEW SUFFIX
	G ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A ADJUSTMENT
	C CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;	
1-140-35R	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO
1-145-35R	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN b.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.
1-140-36R	PATIENT COST-SHARE MUST BE THE LESSER OF:
	a.) 25% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT ALLOWED OR
	b.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE
1-145-36R	WHEN SPONSOR STATUS =
	F FORMER MEMBER
	I PERMANENTLY DISABLED
	O TEMPORARILY DISABLED
	R RETIRED
	H MEDAL OF HONOR
	K DECEASED
	D 100% DISABLED
	W TITLE III RETIREE
	OR PATIENT RELATIONSHIP TO SPONSOR =
	T FORMER SPOUSE
	H
	R
	Y
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	! NORTHERN REGION COORDINATED CARE
	NO OCCURRENCE OF OVERRIDE CODE =
	K CATASTROPHIC LOSS
	SPECIAL RATE CODE ≠
	G DRG LONG STAY

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

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

	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	K	HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM
	L	REGION SPECIFIC PSYCHIATRIC PER DIEM
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
TYPE OF INSTITUTION ≠	72	RESIDENTIAL TREATMENT CENTER
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
1-140-37R	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO	
1-145-37R	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN b.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.	
1-140-38R	PATIENT COINSURANCE MUST BE ZERO WHEN:	
SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY OR
	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
	CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR OR
	SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR

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

ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)SE SUPPLEMENTAL HEALTH CARE PROGRAM -
TRICARE ELIGIBLE **OR**SM SUPPLEMENTAL HEALTH CARE PROGRAM -
EMERGENCY**1-140-39R • NO COST-SHARES REQUIREMENT FOR PRIME ACTIVE DUTY FAMILY MEMBERS**

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****AND SPONSOR STATUS =**A **ACTIVE DUTY****AND PATIENT
RELATIONSHIP TO
SPONSOR =**b **SPONSOR OR**C **CHILD OR**S **SPOUSE OR**V **STEPCHILD OR**W **WARD****AND NO OCCURRENCE OF
SPECIAL PROCESSING
CODE =**PO **POINT OF SERVICE****THEN PATIENT COINSURANCE MUST = ZERO****¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES
AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

