

INSTITUTIONAL EDIT REQUIREMENTS (ELN 145 - 164)

ELEMENT NAME: PATIENT COPAYMENT (1-145)		
VALIDITY EDITS		
1-145-01	MUST BE NUMERIC.	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPONSOR STATUS	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, PATIENT RELATIONSHIP TO SPONSOR, FILING DATE, BEGIN DATE OF CARE, PATIENT DOB, SPECIAL RATE CODE, BILL CLASSIFICATION CODE, OVERRIDE CODE
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, SPONSOR STATUS, PATIENT RELATIONSHIP TO SPONSOR, FILING DATE, BEGIN DATE OF CARE, PATIENT DOB, PATIENT COINSURANCE, 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
PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE
OVERRIDE CODE	SEE BELOW	
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 COPAYMENT (1-145) (CONTINUED)

OVERRIDE 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 COINSURANCE
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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 OR**

FS TRICARE FOR LIFE (SECOND PAYOR) OR
MS TRICARE SENIOR PRIME (NETWORK) OR
MN TRICARE SENIOR PRIME (NON-NETWORK)

THEN BYPASS ALL COPAYMENT EDITING.

1-145-02R PATIENT COPAYMENT MUST BE ZERO WHEN:

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

1-145-03R PATIENT COPAYMENT 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 COPAYMENT MUST BE ≥ ZERO**

1-145-05R PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED WHEN:

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**

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 COPAYMENT (1-145) (CONTINUED)

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 > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE;		
SPECIAL RATE CODE =	D	DISCOUNT RATE AGREEMENT
	P	PER DIEM RATE AGREEMENT
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
1-145-06R	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
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
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

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 COPAYMENT (1-145) (CONTINUED)

	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE;		
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
1-145-09R	•	EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), ARMY CAM DEMONSTRATIONS
PATIENT COPAYMENT MUST EQUAL ZERO UNLESS		
1-145-07R		GOVERNMENT AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] WHEN:
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
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

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 COPAYMENT (1-145) (CONTINUED)

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

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

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

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

N CHAMPUS SELECT

R MEDICARE/TRICARE DUAL ENTITLEMENT

* VA MEDICAL CENTER CLAIM

HOSPICE

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

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

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

PATIENT COPAYMENT MUST EQUAL ZERO UNLESS

1-145-08R GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG/ APPLICABLE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] **WHEN:**

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
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;		
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);		
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

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 COPAYMENT (1-145) (CONTINUED)

	I PERMANENTLY DISABLED
	O TEMPORARILY DISABLED
	R RETIRED
	K DECEASED
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
	N CHAMPUS SELECT
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	* VA MEDICAL CENTER CLAIM
	# HOSPICE
IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG DAILY RATE. IF (AUTHORIZED BED DAYS MINUS 3) ≤ 0, PATIENT COPAYMENT = \$0.00.	
1-140-09R	WHEN THE PRECEEDING CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO. (USE 1-145-07R OR 1-145-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.)
	PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO.
	USE 1-145-07R OR 1-145-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.
	NOTE: PATIENT COPAYMENT = ZERO ON INSTITUTIONAL HCSRs, FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDS. SEE PATIENT COINSURANCE EDIT 1-140-12R.
1-145-10R	• EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEE, NOT SUCCESSIVE ADMISSION, INCLUDES TRICARE/CHAMPUS-DRG RECORDS. (CHAMPUS DRG PATIENT IS NOT NEWBORN).
	PATIENT COPAYMENT MUST EQUAL \$0.00 IF GOVERNMENT AUTHORIZED BED DAYS = 0. OTHERWISE, COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD, OR \$25.00
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	N CHAMPUS SELECT
	* VA MEDICAL CENTER CLAIM
	# HOSPICE

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 COPAYMENT (1-145) (CONTINUED)

MH MENTAL HEALTH ACTIVE DUTY COST-SHARE

1-145-13R PATIENT COINSURANCE MUST BE ZERO WHEN:

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
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 =	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
SPECIAL RATE CODE ≠	D	DISCOUNT RATE AGREEMENT
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN)		

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

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

WHEN SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', 'P', BLANK, OR 'Q' (TRICARE/CHAMPUS DRG)

PATIENT RELATIONSHIP TO SPONSOR ≠

T	FORMER SPOUSE
H	
R	
Y	

BILL CLASSIFICATION CODE =

1	INPATIENT
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NO OCCURRENCE OF SPECIAL PROCESSING CODE =

R	MEDICARE/TRICARE DUAL ENTITLEMENT
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MH	MENTAL HEALTH ACTIVE DUTY COST-SHARE
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#	HOSPICE
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NO OCCURRENCE OF OVERRIDE CODE =

J	SUCCESSIVE ADMISSION
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K	CATASTROPHIC LOSS
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U	BENEFICIARY INDEMNIFICATION PAYMENT
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V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
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1-145-11R • EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS **OR** TAMP DESIGNEE, CHAMPUS-DRG, PATIENT IS NEWBORN.

PATIENT COPAYMENT MUST EQUAL \$0.00 IF (GOVERNMENT AUTHORIZED BED DAYS MINUS 3) ≤ 0.

OTHERWISE, PATIENT COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD, **OR** \$25.00

NO OCCURRENCE OF SPECIAL PROCESSING CODE =

N	CHAMPUS SELECT
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1-145-13R **AND** PATIENT COINSURANCE MUST BE ZERO **WHEN**:

PROGRAM INDICATOR =	I	INSTITUTIONAL
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ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
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J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
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M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
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T	MANAGED CARE SUPPORT - STANDARD PROGRAM
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Q	NEW ORLEANS STANDARD PROGRAM
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F	FI STANDARD PROGRAM
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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 COPAYMENT (1-145) (CONTINUED)

	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
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;		
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISONER/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);		
SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q' (TRICARE/CHAMPUS DRG);		
BILL CLASSIFICATION CODE	1	INPATIENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	N	CHAMPUS SELECT
	#	HOSPICE
	MH	MENTAL HEALTH ACTIVE DUTY COST-SHARE
NO OCCURRENCE OF OVERRIDE CODE =	J	SUCCESSIVE ADMISSION
	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE

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 COPAYMENT (1-145) (CONTINUED)

- 1-145-12R** • EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS **OR** TAMP DESIGNEE, SUCCESSIVE ADMISSIONS.

PATIENT COPAYMENT MUST BE \leq GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE AND

PATIENT COINSURANCE MUST BE ZERO **WHEN**:

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	TRICARE STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISONER/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR \neq	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

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 COPAYMENT (1-145) (CONTINUED)

C CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE:

BILL CLASSIFICATION CODE = 1 INPATIENT

NO OCCURRENCE OF SPECIAL PROCESSING CODE = R MEDICARE/TRICARE DUAL ENTITLEMENT
 # HOSPICE

MH MENTAL HEALTH ACTIVE DUTY COST-SHARE

ONE OCCURRENCE OF OVERRIDE CODE = J SUCCESSIVE ADMISSION

NO OCCURRENCE OF OVERRIDE CODE = K CATASTROPHIC LOSS

U BENEFICIARY INDEMNIFICATION PAYMENT

V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE

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% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE) **OR**

c.) 15% OF AMOUNT ALLOWED **WHEN**

ANY OCCURRENCE OF SPECIAL PROCESSING CODE = N CHAMPUS SELECT

OR

d.) 15% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE) **WHEN**

ANY OCCURRENCE OF SPECIAL PROCESSING CODE = N CHAMPUS SELECT

1-145-14R OR

e.) AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE **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

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 COPAYMENT (1-145) (CONTINUED)

	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	TRICARE BASIC STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
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
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
OR 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 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 COPAYMENT (1-145) (CONTINUED)

1-145-18R • EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE), REGION-SPECIFIC PSYCHIATRIC PER DIEM RECORDS.

PATIENT COPAYMENT MUST EQUAL ZERO UNLESS

1-145-17R GOVERNMENT AUTHORIZED BED DAYS TIME THE PSYCH PER DIEM COST-SHARE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DUPLICATE BILLING (1) DENIAL REASON CODE)] **WHEN:**

PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
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 > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE;		
SPECIAL RATE CODE =	L	REGION-SPECIFIC PSYCH PER DIEM
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

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 COPAYMENT (1-145) (CONTINUED)

PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
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
	U	BENEFICIARY INDEMNIFICATION PAYMENT
IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS TIMES THE PSYCH PER DIEM COST-SHARE DAILY RATE.		
1-140-18R	WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COPAYMENT MUST EQUAL ZERO IF PATIENT COINSURANCE IS NOT ZERO.	
	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-SHARE DAILY RATE (WHICHEVER APPLIES TO THAT HCSR), THE RATES MUST BE APPLIED APPROPRIATELY TO EACH PERIOD OF TIME, FOR COST-SHARE CALCULATIONS.	
1-145-23R	<ul style="list-style-type: none"> EDIT 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 COPAYMENT MUST EQUAL ZERO UNLESS	
1-145-24R	GOVERNMENT AUTHORIZED BED DAYS TIMES THE DRG DAILY RATE OR OTHER APPLICABLE DAILY RATE IS LESS THAN [20% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] WHEN:	
PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL

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 COPAYMENT (1-145) (CONTINUED)	
	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;	
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);	
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 NO OUTLIER
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
PATIENT RELATIONSHIP TO SPONSOR =	T FORMER SPOUSE
	H
	R
	Y
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R MEDICARE/TRICARE DUAL ENTITLEMENT
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 COPAYMENT (1-145) (CONTINUED)L NON-DRG REIMBURSEMENT USING DRG-RELATED
COST-SHARE CALCULATION

U BENEFICIARY INDEMNIFICATION PAYMENT

1-145-25R • 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 COPAYMENT MUST EQUAL ZERO UNLESS 1-145-26R APPLIES

1-145-26R GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG DAILY RATE IS LESS
THAN [20% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG
NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON
CODE)] **WHEN:**

PROGRAM INDICATOR = I INSTITUTIONAL

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD

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 ADJUSTMENTC CANCELLATION WITH AMOUNT ALLOWED >
ZEROWITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE
DATABASE;

PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);

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

SPONSOR STATUS = F FORMER MEMBER

I PERMANENTLY 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 COPAYMENT (1-145) (CONTINUED)

	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	

NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
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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 COPAYMENT MUST EQUAL AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG DAILY RATE. IF (AUTHORIZED BED DAYS MINUS 3) ≤ 0, PATIENT COPAYMENT = \$0.00.

1-140-25R WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO.

1-145-27R PATIENT COPAYMENT MUST EQUAL ZERO WHEN:

ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
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1-145-28R • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), CHAMPUS SELECT.

PATIENT COPAYMENT MUST EQUAL ZERO

UNLESS GOVERNMENT AUTHORIZED BED DAYS TIMES THE DAILY RATE IS LESS THAN [15% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES¹, DUPLICATE BILLING (1) DRG NON-REIMBURSABLE (F) DENIAL REASON CODE)] **WHEN:**

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 COPAYMENT (1-145) (CONTINUED)

	W	TITLE III RETIREE
PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
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 (G)
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;		
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);		
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
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	

1-145-29R PATIENT COPAYMENT MUST = ZERO WHEN:

SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY OR TAMP DESIGNEE;

**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 COPAYMENT (1-145) (CONTINUED)

SPECIAL PROCESSING CODE =	N CHAMPUS SELECT
SPECIAL PROCESSING CODE =	AD ACTIVE DUTY
1-145-30R	PATIENT COPAYMENT MUST EQUAL \$0.00 IF GOVERNMENT AUTHORIZED BED DAYS = 0. OTHERWISE, COPAYMENT MUST EQUAL GOVERNMENT AUTHORIZED BED DAYS TIMES THE PSYCHIATRIC RATE FOR ACTIVE DUTY WHEN SPECIAL PROCESSING CODE = 'MH'. FOR CARE PRIOR TO 10/01/1995, THE COST-SHARE IS THE DAILY RATE OR \$25.00, WHICHEVER IS GREATER. EFFECTIVE FOR CARE ON OR AFTER 10/01/1995, THE INPATIENT COST-SHARING FOR MENTAL HEALTH SERVICES IS \$20.00 PER DAY FOR EACH DAY OF INPATIENT ADMISSION. FOR CARE WHICH SPANS FISCAL YEARS, THE COST-SHARE WILL BE CALCULATED BY THE DAILY RATE FOR EACH FISCAL YEAR. THIS EDIT ONLY APPLIES TO ACTIVE DUTY
WHEN SPECIAL PROCESSING CODE =	MH MENTAL HEALTH ACTIVE DUTY COST-SHARE
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
SPONSOR STATUS =	A ACTIVE DUTY OR
	B RECALLED TO ACTIVE DUTY OR
	J ACADEMY STUDENT/NAVY OCS OR
	N NATIONAL GUARD OR
	P TAMP DESIGNEE OR
	Q PRISONER/APPELLATE OR
	V RESERVE
1-145-31R	PATIENT COPAYMENT MUST BE ZERO WHEN:
SPECIAL PROCESSING CODE =	AD ACTIVE DUTY OR
	AN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
	AR SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
	CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR OR
	SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
	SE SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
	SM SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

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

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)**1-145-32R • NO COST-SHARE REQUIREMENT FOR PRIME ACTIVE DUTY FAMILY MEMBERS**

IF BEGIN 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 COPAYMENT 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).**

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155)

VALIDITY EDITS

1-155-01 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, ENROLLMENT STATUS, PROGRAM INDICATOR, FILING DATE, AMOUNT PAID BY OHI, AMOUNT OF TPL
DRG NUMBER	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
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
ENROLLMENT STATUS	SEE BELOW	AMOUNT PAID BY OHI, AMOUNT OF TPL, PROGRAM INDICATOR, TYPE OF SUBMISSION
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	REASON FOR PAYMENT REDUCTION, NUMBER OF PAYMENT REDUCTION DAYS/SERVICES
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)

BYPASS ALL AMOUNT PAID BY GOVERNMENT CONTRACTOR EDITING

1-155-02R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO **WHEN:**

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

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

OR TYPE OF SUBMISSION = C COMPLETE CANCELLATION WITH FILING DATE

WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

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

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)**1-155-04R** EDIT FOR [CHAMPUS-DRG, OR NO SPECIAL RATE, OR STATE-DRG NO DISCOUNT, OR PSYCHIATRIC PER DIEM, NO OHI/TPL]AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE < ZERO **WHEN:**

TYPE OF SUBMISSION =	A ADJUSTMENT OR
	B ADJUSTMENT TO NON-HCSR DATA OR
	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 ZERO \geq **WHEN**

TYPE OF SUBMISSION =	A ADJUSTMENT
	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 ADJUSTMENTS DUE TO PRIOR CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS)

1-155-05R (STATE-DRG OR 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 OF PAYMENT REDUCTION) **WHEN:**

TYPE OF SUBMISSION =	A ADJUSTMENT OR
	C CANCELLATION OR
	F ADJUSTMENT TO NEW SUFFIX OR
	G ADDITIONAL DRG INTERIM BILLING OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION OR ERROR REJECT
AND SPECIAL RATE CODE =	b NO SPECIAL RATE OR

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

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)

F	DRG NO DISCOUNT OR
G	DRG LONG STAY OR
H	DRG SHORT STAY OR
I	DRG COST OUTLIER OR
J	DRG NO OUTLIER OR
K	HOSPITAL-SPECIFIC PSYCH PER DIEM OR
L	REGION-SPECIFIC PSYCH PER DIEM OR
M	DISCOUNTED DRG LONG STAY OR
N	DISCOUNTED DRG SHORT STAY OR
O	DISCOUNTED DRG COST OUTLIER OR
Q	DISCOUNTED DRG NO OUTLIER

1-155-06R 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 THE 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
	G ADDITIONAL DRG INTERIM BILLING OR
	I INITIAL SUBMISSION OR
	R RESUBMISSION OF ERROR REJECT OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	F ADJUSTMENT NEW SUFFIX

1-155-08R 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 REVENUE CODE FOR REVENUE CODES SPECIFIED AS ANESTHESIA (370), BLOOD (380-389), PSYCHIATRIC/PSYCHOLOGICAL TREATMENT (900-909), PSYCHIATRIC/PSYCHOLOGICAL SERVICES (916, 918-919), PROFESSIONAL FEES (960-969, 971-979, 981-988)), PLUS	
THE AFTER DISCOUNT RATE	
96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT (A)	
97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT (B),	
98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT (C),	
99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT (E)	

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

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)

TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS THE NON-DISCOUNTABLE HOSPITAL SERVICES]) **WHEN:**

TYPE OF SUBMISSION =	A ADJUSTMENT OR
	C CANCELLATION OR
	F ADJUSTMENT NEW SUFFIX OR
	G ADDITIONAL DRG INTERIM BILLING OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION OF ERROR REJECT
AND PROGRAM INDICATOR =	I INSTITUTIONAL
AND ENROLLMENT STATUS =	F FI STANDARD PROGRAM OR
	D MANAGED CARE SUPPORT - TRICARE-TIDEWATER 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;
SPECIAL RATE CODE =	A DRG 4% DISCOUNT OR
	B DRG 3% DISCOUNT OR
	C DRG 2% DISCOUNT OR
	E DRG 1% DISCOUNT

1-155-10R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO

WHEN DRG NUMBER IS 469 OR 470

AND TYPE OF SUBMISSION =	A ADJUSTMENT OR
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL OR
	F ADJUSTMENT NEW SUFFIX OR
	G ADDITIONAL DRG INTERIM BILLING OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION OF 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 (1-155) (CONTINUED)

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE \leq ZERO

WHEN DRG NUMBER IS 469 OR 470

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

E CANCELLATION NON-HCSR DATA

1-155-11R IF ALL DETAIL OCCURRENCES ARE DENIED

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = ZERO **WHEN:**

TYPE OF SUBMISSION = **A ADJUSTMENT OR**

C COMPLETE CANCELLATION OR

D COMPLETE DENIAL OR

F ADJUSTMENT NEW SUFFIX OR

G ADDITIONAL DRG INTERIM BILLING OR

I INITIAL SUBMISSION OR

O ZERO PAYMENT WITH 100% OHI/TPL 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 \leq ZERO.

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