

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 144)

ELEMENT NAME: PATIENT ZIP CODE (2-100)

VALIDITY EDITS

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

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

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

2-100-03R IF NAS EXCEPTION REASON IS CODED
THEN PATIENT ZIP CODE MUST BE WITHIN AN MTF³ CATCHMENT AREA¹
UNLESS NAS EXCEPTION REASON CODE = O LIVING-RELATED DONOR LIVER TRANSPLANT
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = ST² SPECIALIZED TREATMENT FACILITY
THEN BYPASS THIS EDIT

2-100-04R 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 (2-100) (CONTINUED)

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

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

OR ENROLLMENT STATUS = PS TRICARE SENIOR PHARMACY

FE TRICARE FOR LIFE - EXTRA OR

FS TRICARE FOR LIFE - STANDARD

THEN BYPASS THIS EDIT

2-100-05R IF SPECIAL PROCESSING CODE 9 FORT DRUM COOPERATIVE MEDICAL CARE

PATIENT ZIP CODE MUST BE IN THE FORT DRUM DEMONSTRATION PROJECT AREA

2-100-06R 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.

2-100-07R 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)

2-100-08R IF PROGRAM INDICATOR = T DENTAL

AND PATIENT ZIP CODE IS A VALID ZIP CODE FOR THE HOMESTEAD MANAGED CARE SUPPORT AREA (SEE CHAPTER 2, ADDENDUM K)

**CONTRACTOR NUMBER
MUST =**

45 WISCONSIN PHYSICIANS SERVICE

- 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 (2-105)**VALIDITY EDITS****2-105-01** MUST BE A VALID VALUE LISTED IN [CHAPTER 2](#).**RELATIONAL EDITS**

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

EDITED ELEMENT RELATIONSHIP

2-105-02R	IF ANY OCCURRENCE OF OVERRIDE CODE =	Z	ENHANCED BENEFIT
	ENROLLMENT STATUS MUST BE =	A	FOUNDATION HEALTH PLAN
		B	PARTNERS HEALTH PLAN
		C	QUEENS HEALTH CARE PLAN
		N	NON-PRIME, e.g., EXTRA
		O	NEW ORLEANS PRIME
		P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM
		E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME
		H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
		K	MANAGED CARE SUPPORT - CALIFORNIA/ HAWAII, ENROLLED PATIENT
		U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM
		Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM
2-105-03R	IF SOURCE OF HEALTH CARE DATA (THIS IS A DERIVED ELEMENT) IS A CRI CONTRACTOR THEN ENROLLMENT STATUS MUST =	A	FOUNDATION HEALTH PLAN
		B	PARTNERS HEALTH PLAN
		C	QUEENS HEALTH CARE PLAN
		E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME

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

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

G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA
R	TRICARE EXTRA - NORTH CAROLINA
N	NON-PRIME
S	CRI STANDARD PROGRAM
D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
T	MANAGED CARE SUPPORT - STANDARD PROGRAM
U	MANAGED CARE SUPPORT - PRIME
V	MANAGED CARE SUPPORT - EXTRA
Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)

IF SOURCE OF HEALTH CARE DATA IS AN FI

THEN ENROLLMENT STATUS
 MUST =

F	FI STANDARD PROGRAM
D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
E	MANAGED CARE SUPPORT - TRICARE -TIDEWATER PRIME
G	MANAGED CARE SUPPORT-TRICARE-TIDEWATER EXTRA
H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
I	MANAGED CARE SUPPORT - HOMESTEAD, NON-ENROLLED PATIENT, NETWORK PROVIDER
J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA OR
R	TRICARE EXTRA - NORTH CAROLINA

IF SOURCE OF HEALTH CARE DATA IS NEW ORLEANS DEMONSTRATION

THEN ENROLLMENT STATUS
 MUST BE =

O NEW ORLEANS PRIME **OR**

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

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

	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM OR
	Q	NEW ORLEANS COORDINATED 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 PROGRAM OR
	Q	NEW ORLEANS COORDINATED CARE STANDARD PROGRAM OR
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM OR
	U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM OR
	V	MANAGED CARE SUPPORT - EXTRA OR
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA OR
	R	TRICARE EXTRA - NORTH CAROLINA OR
	W	ACTIVE DUTY - USA OR
	X	ACTIVE DUTY - EUROPE OR
	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM OR
	BB	TRICARE SENIOR PRIME OR
	FE	TRICARE FOR LIFE - EXTRA OR
	FS	TRICARE FOR LIFE - STANDARD OR
	PS	TRICARE SENIOR PHARMACY OR
	SR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR

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

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

		SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
		SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
		ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
		TS	TRICARE SENIOR SUPPLEMENT
2-105-04R	IF PROVIDER CONTRACT AFFILIATION CODE =	1	CONTRACTED
	THEN ENROLLMENT STATUS MUST NOT =	S	CRI STANDARD PROGRAM FOUNDATION HEALTH PLAN
	IF PROVIDER CONTRACT AFFILIATION CODE =	2	NOT CONTRACTED
	THEN ENROLLMENT STATUS MUST NOT =	N	NON-PRIME
2-105-05R	IF ENROLLMENT STATUS MUST BE =	A	FOUNDATION HEALTH PLAN OR
		B	PARTNERS HEALTH PLAN OR
		C	QUEENS HEALTH PLAN OR
		N	NON-PRIME
	THEN PRICING CODE IN FIRST DETAIL OCCURRENCE IS '9'.		
2-105-06R	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
2-105-07R	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
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REPORT: NOT-AT-RISK PAYMENT BY CONTRACTOR
2-105-08R	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 PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND EARLIEST BEGIN DATE OF CARE

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

2-105-09R	IF ENROLLMENT STATUS =	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM
THEN ADMISSION DATE MUST BE > 10/01/1997			
2-105-10R	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 FOR TRICARE ELIGIBLE
THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =			
		AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
2-105-11R	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)
2-105-12R	IF ENROLLMENT STATUS =	PS	TRICARE SENIOR PHARMACY
THEN PROGRAM INDICATOR MUST =			
		D	DRUG
OR ALL OCCURRENCES OF TYPE OF SERVICE SECOND BYTE MUST =			
		9	OTHER MEDICAL SERVICES & SUPPLIES OR
		1	MEDICAL CARE
OR DENIAL REASON CODE ≠ BLANK			
2-105-13R	IF EARLIEST BEGIN DATE OF CARE ≥ 04/01/2001		
AND ENROLLMENT STATUS =			
		PS	TRICARE SENIOR PHARMACY
AND CLAIM FORM TYPE =			
		I	ELECTRONIC DRUG CLAIM SUBMISSION
THEN NAS NUMBER (NDC CODE) MUST NOT BE BLANK.			

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

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

UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =		1	MEDICAID
2-105-14R	IF ENROLLMENT STATUS =	PS	TRICARE SENIOR PHARMACY
THEN EARLIEST BEGIN DATE OF CARE ≥ 04/01/2001			
2-105-15R	IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001		
AND ENROLLMENT STATUS =		FE	TRICARE FOR LIFE - EXTRA OR
		FS	TRICARE FOR LIFE - STANDARD
THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		FF	TRICARE FOR LIFE (FIRST PAYOR) OR
		FS	TRICARE FOR LIFE (SECOND PAYOR)
2-105-16R	IF ENROLLMENT STATUS =	FE	TRICARE FOR LIFE - EXTRA OR
		FS	TRICARE FOR LIFE - STANDARD
THEN EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001			
2-105-17R	IF ENROLLMENT STATUS =	PS	TRICARE SENIOR PHARMACY OR
		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 **PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND EARLIEST BEGIN DATE OF CARE**

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

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

POSITION 1 MUST BE ZERO.

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

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

UNLESS FIRST 4 DIGITS = '6501'**AND PATIENT ZIP CODE IS BETWEEN 23000 - 23899 INCLUSIVE
THEN BYPASS THIS EDIT****OR POSITION 1-2 MUST BE '46' OR '47' AND POSITION 3-11 MUST BE ZEROS.**

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

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NAS EXCEPTION REASON	SEE BELOW	TYPE OF SERVICE, PATIENT ZIP CODE, SPONSOR BRANCH OF SERVICE, DENIAL REASON CODE, CARE BEGIN DATE, PROGRAM INDICATOR
TYPE OF SERVICE	SEE BELOW	
PATIENT ZIP CODE	SEE BELOW	CARE BEGIN DATE

EDITED ELEMENT RELATIONSHIP**NO ERROR** IF ENROLLMENT STATUS = PS TRICARE SENIOR PHARMACY**THEN BYPASS BOTH THE VALIDITY AND RELATIONAL EDITS FOR NAS NUMBER****NO ERROR** IF **ANY OCCURRENCE OF**
SPECIAL PROCESSING CODE =**R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST
PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥
10/01/2001 OR****T MEDICARE/TRICARE DUAL ENTITLEMENT
(SECOND PAYOR) AND EARLIEST BEGIN DATE OF
CARE ≥ 10/01/2001 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****¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE
BEGIN DATE.**

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

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

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

MS TRICARE SENIOR PRIME (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 ENROLLMENT STATUS = FE TRICARE FOR LIFE - EXTRA OR

FS TRICARE FOR LIFE - STANDARD

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

NO ERROR IF EARLIEST 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.

**2-110-02R IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA¹
 NAS NUMBER MUST = BLANK**

UNLESS SPECIAL PROCESSING CODE = 'ST'.

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

2-110-04R IF EARLIEST BEGIN DATE OF CARE ≥ 09/23/1996

AND ENROLLMENT STATUS =

E MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME

O NEW ORLEANS PRIME

H MANAGED CARE SUPPORT - HOMESTEAD ENROLLED PATIENT

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

U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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

Z MANAGED CARE SUPPORT - PRIME, MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK

AND TYPE OF SERVICE (FIRST BYTE) = 'T' OR 'M',

AND PATIENT ZIP CODE IS IN A CATCHMENT AREA¹

NAS NUMBER MUST BE CODED

UNLESS HEALTH CARE PLAN
CODE =

11 MCS FORT BRAGG DEMO OR

ANY OCCURRENCE OF
DENIAL REASON CODE =

9 NON-AVAILABILITY STATEMENT NOT PROVIDED

2 INELIGIBLE CLAIMANT

A DEERS

N MULTIPLE DENIAL REASONS

OR ANY OCCURRENCE OF
OVERRIDE CODE =Q FORMER SPOUSE WITH PRE-EXISTING CONDITION
OR

PROGRAM INDICATOR =

H PROGRAM FOR PERSONS WITH DISABILITIES OR

SPONSOR STATUS =

T NATO

IN WHICH CASE NAS NUMBER MUST = BLANK.

2-100-06R IF SPECIAL PROCESSING FLAG = I BERGSTROM AIR FORCE BASE

J LUKE/WILLIAMS AFB CATCHMENT AREA

NAS NUMBER ≠ 46000000000

2-110-07R IF NAS EXCEPTION REASON = BLANKAND ONE PROCEDURE CODE = ONE OF THE APPLICABLE (I.E., CODE BASED ON DATE
OF SERVICE) PROCEDURE CODES LISTED IN [CHAPTER 6, ADDENDUM A, FIGURE 6-A-
2A, FIGURE 6-A-2B, FIGURE 6-A-2C, AND FIGURE 6-A-2D.](#)

AND TYPE OF SERVICE =

A FIRST BYTE

C

O

N

AND PATIENT ZIP CODE IS IN A CATCHMENT AREA

AND BEGIN DATE OF CARE > 11/01/1991 AND < 09/23/1996

NAS NUMBER MUST BE CODED

UNLESS SPONSOR STATUS =

T FOREIGN MILITARY OR

HEALTH CARE PLAN CODE =

11 MCS FORT BRAGG DEMO OR

ANY OCCURRENCE OF
DENIAL REASON CODE =

9 NONAVAILABILITY STATEMENT NOT PROVIDED

2 INELIGIBLE CLAIMANT

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE
BEGIN DATE.

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

	A	DEERS
	N	MULTIPLE DENIAL REASONS
OR ANY OCCURRENCE OF OVERRIDE CODE =	Q	FORMER SPOUSE WITH PRE-EXISTING CONDITION OR
PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
IN WHICH CASE NAS NUMBER MUST BE = BLANK		
2-110-09R	(NATIONAL STSF)	
IF NAS EXCEPTION REASON = BLANK		
AND PATIENT ZIP CODE IS IN THE 48 CONTIGUOUS UNITED STATES AND THE DISTRICT OF COLUMBIA		
AND (PROCEDURE CODE = 47133, 47135 OR 47136 [LIVER TRANSPLANT] AND BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤ 02/19/1998) OR ≥ 09/01/1999		
OR (PROCEDURE CODE = 38240 [ALLOGENEIC BONE MARROW TRANSPLANT] AND BEGIN DATE OF CARE ≥ 10/01/1997)		
OR (PROCEDURE CODE = 50300, 50320, 50340, 50360, 50365, 50370, OR 50380 [KIDNEY TRANSPLANT] AND BEGIN DATE OF CARE ≥ 09/01/1999)		
THEN NAS NUMBER MUST BE CODED,		
2-110-11R	NAS NUMBER MUST BE BLANK	
WHEN SPONSOR STATUS =	T	FOREIGN MILITARY
OR ANY OCCURRENCE OF DENIAL REASON CODE =	9	NONAVAILABILITY STATEMENT NOT PROVIDED OR
	2	INELIGIBLE CLAIMANT OR
	A	DEERS OR
	N	MULTIPLE DENIAL REASONS
OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO		

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

ELEMENT NAME: REASON FOR PAYMENT REDUCTION (2-113)**VALIDITY EDITS****2-113-01** MUST BE 'A', 'B', OR 'C'.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
ENROLLMENT STATUS	SEE BELOW	
REASON FOR PAYMENT REDUCTION	SEE BELOW	
NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	SEE BELOW	

EDITED ELEMENT RELATIONSHIP**2-113-02R** IF AMOUNT OF PAYMENT REDUCTION IS NOT EQUAL TO ZERO AND NUMBER OF PAYMENT REDUCTION DAYS/SERVICES IS NOT EQUAL TO ZERO.
REASON FOR PAYMENT REDUCTION MUST NOT BE BLANK.**2-113-03R** IF ENROLLMENT STATUS EQUALS 'T', 'U', 'V', 'Y', 'Z', 'AA', OR 'BB'
REASON FOR PAYMENT REDUCTION MUST BE 'A', 'B', 'C', OR BLANK.
ELSE REASON FOR PAYMENT REDUCTION MUST BE 'A', 'B', OR BLANK.**ELEMENT NAME: AMOUNT BILLED (2-115)****VALIDITY EDITS****2-115-01** MUST BE NUMERIC.**RELATIONAL EDITS**

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

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

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

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

	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
2-115-03R	AMOUNT BILLED MUST = THE TOTAL OF ALL DETAIL TOTAL CHARGES BY PROCEDURE CODE.	
2-115-05R	AMOUNT BILLED MUST BE \geq AMOUNT ALLOWED WHEN	
SPECIAL RATE CODE =	b	NO SPECIAL RATE
	D	DISCOUNT RATE
PRICING CODE IN FIRST DETAIL OCCURRENCE IS NOT 9		
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
2-115-06R	IF AMOUNT BILLED IS LESS THAN THE AMOUNT ALLOWED	
THEN NO OCCURRENCE OF		
TYPE OF SUBMISSION =	A	ADJUSTMENT TO HCSR DATA
	B	ADJUSTMENT TO NON-HCSR DATA
	C	COMPLETE CANCELLATION OF HCSR DATA
	E	COMPLETE CANCELLATION OF NON-HCSR DATA
SPECIAL RATE CODE MUST BE =	R	AMBULATORY SURGERY-FACILITY PAYMENT RATE
	S	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
OR PRICING CODE MUST BE =	C	AMBULATORY SURGERY-FACILITY PAYMENT RATE
	D	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
	E	AMBULATORY SURGERY-PAID AS BILLED
	P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
	Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE

ELEMENT NAME: AMOUNT BILLED (2-115) (CONTINUED)R TRICARE CLAIMCHECK-ADDED PROCEDURE,
AMBULATORY SURGERY-PAID AS BILLED

WITH PROVIDER PARTICIPATION INDICATOR EQUAL 'Y'.

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

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

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

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

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

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

F ADJUSTMENT NEW SUFFIX

D COMPLETE DENIAL

OR TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

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

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 DATABASE

THEN AMOUNT ALLOWED MUST BE ≤ ZERO.

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

THEN NO OCCURRENCE OF TYPE OF SUBMISSION =

- | | |
|---|--|
| A | ADJUSTMENT TO HCSR DATA |
| B | ADJUSTMENT TO NON-HCSR DATA |
| C | COMPLETE CANCELLATION OF HCSR DATA |
| E | COMPLETE CANCELLATION OF NON-HCSR DATA |

SPECIAL RATE CODE MUST BE =

- | | |
|---|---|
| R | AMBULATORY SURGERY-FACILITY PAYMENT RATE |
| S | DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE |

OR PRICING CODE MUST BE =

- | | |
|---|---|
| C | AMBULATORY SURGERY-FACILITY PAYMENT RATE |
| D | DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE |
| E | AMBULATORY SURGERY-PAID AS BILLED |
| P | TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE |
| Q | TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE |
| R | TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED |

WITH PROVIDER PARTICIPATION INDICATOR EQUAL 'Y'.

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

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

ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (2-125)**VALIDITY EDITS****2-125-01** MUST BE NUMERIC.**RELATIONAL EDITS**

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

EDITED ELEMENT RELATIONSHIP**2-125-02R** AMOUNT PAID BY OTHER HEALTH INSURANCE MUST BE \geq ZERO **WHEN**

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

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE.**2-125-03R** AMOUNT PAID BY OTHER HEALTH INSURANCE MUST EQUAL ZERO **WHEN**:

ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
--------------------------------------	---	-------------------------------------

ELEMENT NAME: OTHER HEALTH INSURANCE AMOUNT ALLOWED (2-127)**VALIDITY EDITS****2-127-01** MUST BE NUMERIC.**RELATIONAL EDITS**

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

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

VALIDITY EDITS

2-130-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

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

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL OR
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE.		

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

ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
--------------------------------------	---	-------------------------------------

ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (2-133)**VALIDITY EDITS****2-133-01** MUST BE NUMERIC.**RELATIONAL EDITS**

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

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

REASON FOR PAYMENT REDUCTION =	A	MENTAL HEALTH 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 DRG INTERIM BILLING

ELEMENT NAME: PATIENT COINSURANCE (2-140)

VALIDITY EDITS

2-140-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

NO ERROR IF EARLIEST BEGIN DATE OF CARE ≥ 04/01/2001 AND < 10/01/2001

AND PROGRAM
INDICATOR = D DRUG

THEN BYPASS THE RELATIONAL EDITS FOR PATIENT COINSURANCE

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

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

NO ERROR IF **ANY OCCURRENCE OF**
SPECIAL PROCESSING CODE = **T** **MEDICARE/TRICARE DUAL ENTITLEMENT**
(SECOND PAYOR) AND EARLIEST 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 COINSURANCE RELATIONAL EDITING.

NO ERROR IF **EARLIEST BEGIN DATE OF CARE ≥ 04/01/2001**

AND ENROLLMENT
STATUS =

PS **TRICARE SENIOR PHARMACY**

THEN BYPASS ALL COINSURANCE RELATIONAL EDITING.

2-140-02R **PATIENT COINSURANCE MUST BE ZERO WHEN**

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

2-140-03R **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.

2-140-05R **PATIENT COINSURANCE MUST BE ≤ AMOUNT ALLOWED WHEN**

PROGRAM INDICATOR = **I** **INSTITUTIONAL**

N **NON-INSTITUTIONAL**

D **DRUG**

T **DENTAL**

ENROLLMENT STATUS = **S** **CRI STANDARD PROGRAM**

J **MANAGED CARE SUPPORT - HOMESTEAD**
STANDARD PROGRAM

M **MANAGED CARE SUPPORT - CALIFORNIA/HAWAII**
STANDARD PROGRAM

Q **NEW ORLEANS STANDARD PROGRAM**

F **FI STANDARD PROGRAM**

D **MANAGED CARE SUPPORT - TRICARE-TIDEWATER**
STANDARD PROGRAM

T **MANAGED CARE SUPPORT - STANDARD**
PROGRAM

Y **CONTINUED HEALTH CARE BENEFIT PROGRAM**
STANDARD

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

ELEMENT NAME: PATIENT COINSURANCE (2-140) (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
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	F	ARMY CAM DEMONSTRATIONS
	G	
	O	CAMCHAS
	K	GEORGIA/FLORIDA PPO
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

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

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
	S	RESOURCE SHARING
	#	HOSPICE
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
TYPE OF SUBMISSION =	A	ADJUSTMENT

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

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

	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
THEN PATIENT COINSURANCE MUST BE ≤ ZERO.		
2-140-08R	• EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.	
PATIENT COINSURANCE MUST BE = ZERO		
WHEN SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG PRIOR TO 10/01/2001
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	I	INPATIENT
	K	EMERGENCY ROOM ADMISSION
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT

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

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

	P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST-SHARED AS INPATIENT
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	6	HOME HEALTH CARE
	F	ARMY CAM DEMONSTRATIONS
	G	ARMY CAM DEMONSTRATIONS
	K	GEORGIA/FLORIDA PPO
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION

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

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

	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION OF NON-HCSR DATA
	A	ADJUSTMENT
	C	CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
THEN PATIENT COINSURANCE MUST BE ≤ ZERO.		
2-140-09R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) WHEN	
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG PRIOR TO 10/01/2001
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =	O	OUTPATIENT
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM

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

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

	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE ≠	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
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	F	ARMY CAM DEMONSTRATIONS
	G	
	O	CAMCHAS
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT

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

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

	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
2-140-10R	•	EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE).
PATIENT COINSURANCE MUST BE 25% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT ALLOWED		
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	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG PRIOR TO 10/01/2001
	T	DENTAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

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

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

ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	I INPATIENT
	K EMERGENCY ROOM ADMISSION
	M MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	P PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST-SHARED AS INPATIENT
SPECIAL RATE CODE =	b NO SPECIAL RATE
	A DRG 4% DISCOUNT
	B DRG 3% DISCOUNT
	C DRG 2% DISCOUNT
	E DRG 1% DISCOUNT
	F DRG NO DISCOUNT
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM
	A INTERNAL PARTNERSHIP
	6 HOME HEALTH CARE
	F ARMY CAM DEMONSTRATIONS
	G
	H CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
	O CAMCHAS
	K GEORGIA/FLORIDA PPO
	N CHAMPUS SELECT
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	S RESOURCE SHARING
	U MEDICARE PHARMACY
	* VA MEDICAL CENTER CLAIM
	# HOSPICE
	! NORTHERN REGION COORDINATED CARE
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT

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

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

	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 HCSRs STORED ON THE DATABASE.		
2-140-11R	PATIENT COINSURANCE MUST BE 25% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) 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	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG PRIOR TO 10/01/2001
	T	DENTAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM

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

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

	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O OUTPATIENT
	A AMBULATORY SURGERY, COST-SHARED AS INPATIENT
SPECIAL RATE CODE ≠	D DISCOUNT RATE AGREEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM
	A INTERNAL PARTNERSHIP
	F ARMY CAM DEMONSTRATIONS
	G
	H CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
	O CAMCHAS
	K GEORGIA/FLORIDA PPO
	N CHAMPUS SELECT
	6 HOME HEALTH CARE
	S RESOURCE SHARING
	U MEDICARE PHARMACY
	* VA MEDICAL CENTER CLAIM
	# HOSPICE
	! NORTHERN REGION COORDINATED CARE
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT 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.	

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

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

2-140-12R PATIENT COINSURANCE MUST BE 25% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **OR** 25% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT BILLED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **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 FUTURE RESERVE RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
SPECIAL PROCESSING CODE =	?	AMBULATORY SURGERY FACILITY CHARGE
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	TRICARE BASIC STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
SPECIAL RATE CODE =	R	AMBULATORY SURGERY FACILITY PAYMENT RATE
	S	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE

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

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

NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT WITH 100% OHI/TPL
	D DENIAL
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.	
2-140-14R	• 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
	Z MANAGED CARE SUPPORT - PRIME (WITH MTF/ CLINIC PCM)
AND SPECIAL PROCESSING CODE =	PO TRICARE PRIME - POINT OF SERVICE
2-140-15R	• EDIT FOR ARMY CAM DEMONSTRATIONS/TRICARE, FAMILY MEMBERS OF ACTIVE DUTY SPONSOR.
PATIENT COINSURANCE MUST BE 15% (ALLOW 1 ^c ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)	
WHEN SPONSOR STATUS =	A ACTIVE DUTY
	P TAMP DESIGNEE
	B RECALLED ACTIVE DUTY
	E MEPCOM ENLISTEE
	J ACADEMY/OCS
	N NATIONAL GUARD
	Q PRISON/APPELLATE
	V RESERVE
	T FOREIGN MILITARY

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

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

PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG PRIOR TO 10/01/2001
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
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
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	C	CANCELLATION N 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
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING

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

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

2-140-16R • EDIT FOR 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

WHEN SPONSOR STATUS =	F FORMER MEMBER
	I PERMANENTLY DISABLED
	O TEMPORARILY DISABLED
	R RETIRED
	H MEDAL OF HONOR
	K DECEASED
	D 100% DISABLED
	W TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T FORMER SPOUSE
	H
	R
	Y
PROGRAM INDICATOR =	I INSTITUTIONAL
	N NON-INSTITUTIONAL
	D DRUG
	T DENTAL
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	F FI STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =	I INPATIENT
	K EMERGENCY ROOM ADMISSION
	M MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F ARMY CAM DEMONSTRATIONS
	G
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT

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

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

NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM
	A INTERNAL PARTNERSHIP
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	S RESOURCE SHARING
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT 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.	
2-140-17R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 ^c ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) WHEN
SPONSOR STATUS =	F FORMER MEMBER
	I PERMANENTLY DISABLED
	O TEMPORARILY DISABLED
	R RETIRED
	H MEDAL OF HONOR
	K DECEASED
	D 100% DISABLED
	W TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T FORMER SPOUSE
	H
	R
	Y
PROGRAM INDICATOR =	I INSTITUTIONAL
	N NON-INSTITUTIONAL
	D DRUG
	T DENTAL
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	F FI STANDARD PROGRAM

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

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

	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O OUTPATIENT
	A AMBULATORY SURGERY, COST-SHARED AS INPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F ARMY CAM DEMONSTRATIONS G
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS U BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM A INTERNAL PARTNERSHIP R MEDICARE/TRICARE DUAL ENTITLEMENT S RESOURCE SHARING
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.	
2-140-18R	• EDIT FOR GEORGIA/FLORIDA PPO, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.
PATIENT COINSURANCE MUST BE 15% (ALLOW 1 ^c ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)	
WHEN SPONSOR STATUS =	A ACTIVE DUTY P TAMP DESIGNEE B RECALLED ACTIVE DUTY E MEPCOM ENLISTEE J ACADEMY/OCS N NATIONAL GUARD Q PRISON/APPELLATE

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

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

	V RESERVE
	T FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T FORMER SPOUSE H R Y
PROGRAM INDICATOR =	I INSTITUTIONAL N NON-INSTITUTIONAL D DRUG T DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O OUTPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K GEORGIA/FLORIDA PPO V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
TYPE OF SUBMISSION =	I INITIAL SUBMISSION R RESUBMISSION OF ERROR REJECT O ZERO PAYMENT WITH 100% OHI/TPL F ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A ADJUSTMENT C CANCELLATION WITH AMOUNT ALLOWED > 0
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE.	
NO OCCURRENCE OF OVERRIDE CODE =	K CATASROPHIC LOSS V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE U BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM A INTERNAL PARTNERSHIP R MEDICARE/TRICARE DUAL ENTITLEMENT S RESOURCE SHARING

2-140-19R • EDIT FOR GEORGIA/FLORIDA PPO, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE).

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

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

PATIENT COINSURANCE MUST BE 20% (ALLOW 1^c ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)

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	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =	I	INPATIENT
	K	EMERGENCY ROOM ADMISSION
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	S	RESOURCE SHARING
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL

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

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

	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.		
2-140-20R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 ^c ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)	
WHEN SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
PROGRAM INDICATOR =	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =	O	OUTPATIENT
	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT

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

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

	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.		
2-140-21R	PATIENT COINSURANCE MUST EQUAL ZERO WHEN	
	U	BENEFICIARY INDEMNIFICATION PAYMENT
2-140-22R	• EDIT FOR AIR FORCE CAM DEMONSTRATION PRIMARY/PREVENTIVE CARE SERVICES	
	PATIENT COINSURANCE MUST = ZERO	
	I	BERGSTROM AFB CATCHMENT AREA
	J	LUKE/WILLIAMS AFB CATCHMENT AREA
	C	AIR FORCE CAM PRIMARY/PREVENTIVE CARE
2-140-23R	• EDIT FOR CHAMPUS SELECT, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS	
	PATIENT COINSURANCE MUST = ZERO	
	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
	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
	I	INPATIENT
	K	EMERGENCY ROOM ADMISSION

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

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)	
	M MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	A AMBULATORY SURGERY, COST-SHARED AS INPATIENT
	P OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST-SHARED AS INPATIENT
	N OUTPATIENT COST-SHARED AS INPATIENT
ENROLLMENT STATUS =	F FI STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N CHAMPUS SELECT
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
	V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM
	6 HOME HEALTH CARE
	A INTERNAL PARTNERSHIP
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	S RESOURCE SHARING
	# HOSPICE
NO OCCURRENCE OF PATIENT RELATIONSHIP 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
OR TYPE OF SUBMISSION =	A ADJUSTMENT
	C CANCELLATION WITH AMOUNT ALLOWED > ZERO

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

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

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

2-140-24R • EDIT FOR CHAMPUS SELECT, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS

PATIENT COINSURANCE MUST BE 15% (ALLOW 1^c ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)

WHEN SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =	O	OUTPATIENT
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	6	HOME HEALTH CARE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE

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

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

NO OCCURRENCE OF PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
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.		
2-140-25R	• EDITS FOR CHAMPUS SELECT, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS.	
PATIENT COINSURANCE MUST BE 15% (ALLOW 1 ^c ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)		
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 NO OCCURRENCE OF PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

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

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

ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	I INPATIENT
	K EMERGENCY ROOM ADMISSION
	M MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	P OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N CHAMPUS SELECT
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
	V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
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 HCSRs STORED ON THE DATABASE.	
2-140-26R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 ^c ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)
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

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

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)	
PROGRAM INDICATOR =	I INSTITUTIONAL
	N NON-INSTITUTIONAL
	D DRUG PRIOR TO 10/01/2001
	T DENTAL
ENROLLMENT STATUS =	F FI STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O OUTPATIENT
	A AMBULATORY SURGERY
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N CHAMPUS SELECT
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
	V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
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 HCSRs STORED ON THE DATABASE.	
2-140-27R	PATIENT COINSURANCE MUST BE 15% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT ALLOWED
WHEN SPONSOR STATUS =	A ACTIVE DUTY
	P TAMP DESIGNEE
	B RECALLED ACTIVE DUTY
	E MEPCOM ENLISTEE
	J ACADEMY/OCS
	N NATIONAL GUARD
	Q PRISON/APPELLATE
	V RESERVE

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

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

	T FOREIGN MILITARY
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
	V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O OUTPATIENT
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT 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.	
2-145-27R	PATIENT COPAYMENT MUST EQUAL ZERO
WHEN SPONSOR STATUS =	A ACTIVE DUTY
	P TAMP DESIGNEE
	B RECALLED ACTIVE DUTY
	E MEPCOM ENLISTEE
	J ACADEMY/OCS
	N NATIONAL GUARD
	Q PRISON/APPELLATE
	V RESERVE
	T FOREIGN MILITARY
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	! NORTHERN REGION COORDINATED CARE

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

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

NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT 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.		
2-140-28R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT ALLOWED	
WHEN SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANANTLY 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 SPECIAL PROCESSING CODE =	?	AMBULATORY SURGERY
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS

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

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

ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT 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.		
2-145-28R PATIENT COPAYMENT MUST EQUAL ZERO		
WHEN SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANANTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
OR PATIENT RELATIONSHIP TO SPONSOR =	W	TITLE III RETIREE
	T	FORMER SPOUSE
	H R	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX

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

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

	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.		
2-140-29R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT ALLOWED	
WHEN SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANANTLY 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 =	U	MEDICARE PHARMACY
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
PROGRAM INDICATOR =	D	DRUG PRIOR TO 10/01/2001
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.		

2-145-29R PATIENT COPAYMENT MUST EQUAL ZERO

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

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

WHEN SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANANTLY 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 =	U	MEDICARE PHARMACY
PROGRAM INDICATOR =	D	DRUG PRIOR TO 10/01/2001
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.		
2-140-30R	AMOUNT OF COINSURANCE MUST BE EQUAL TO ZERO AND	
2-145-30R	AMOUNT OF COPAYMENT MUST BE GREATER THAN ZERO WHEN	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	*	VA MEDICAL CENTER CLAIM
PROGRAM INDICATOR =	D	DRUGS
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO OR

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

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

	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 REJECT
2-140-31R		AMOUNT OF COINSURANCE MUST BE EQUAL TO ZERO WHEN SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	AD	ACTIVE DUTY OR
	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
	CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR OR
	SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
	SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
2-140-32R		• NO COST-SHARES REQUIREMENT FOR ACTIVE DUTY FAMILY MEMBERS EXCEPT FOR PHARMACY CLAIMS IF EARLIEST 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
	A	ACTIVE DUTY
	b	SPONSOR OR
	C	CHILD OR

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

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

S SPOUSE OR

V STEPCCHILD OR

W WARD

AND NO OCCURRENCE OF
 SPECIAL PROCESSING
 CODE =

PO POINT OF SERVICE

THEN PATIENT COINSURANCE MUST = ZERO

UNLESS PROGRAM
 INDICATOR =

D DRUG

THEN BYPASS THIS EDIT

2-140-33R • EDIT FOR PHARMACY CLAIMS WHERE BENEFICIARY IS PRIME/EXTRA - NETWORK
 PHARMACY - NOT POINT OF SERVICE

IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001

AND ENROLLMENT
 STATUS =

V MANAGED CARE SUPPORT - EXTRA OR

U MANAGED CARE SUPPORT - PRIME OR

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

AA CONTINUED HEALTH CARE BENEFIT PROGRAM
 (CHCBP) EXTRA

AND PROGRAM INCIATOR = D DRUG

AND NO OCCURRENCE OF
 SPECIAL PROCESSING
 CODE =

PO TRICARE PRIME - POINT OF SERVICE

THEN PATIENT COINSURANCE MUST = ZERO

2-140-34R • EDIT FOR PHARMACY CLAIMS WHERE BENEFICIARY IS STANDARD

IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001

AND ENROLLMENT
 STATUS =

T MANAGED CARE SUPPORT - STANDARD OR

Y CONTINUED HEALTH CARE BENEFIT PROGRAM
 (CHCBP) STANDARD

AND PROGRAM
 INDICATOR =

D DRUG

AND NO OCCURRENCE OF
 OVERRIDE CODE =

K CATASTROPIC LOSS PROTECTION LIMIT REACHED

THEN PATIENT COPAYMENT MUST ≥ \$9.00

OR PATIENT COINSURANCE MUST = 20% (ALLOW 1^c ROUNDING ERROR) OF
 AMOUNT ALLOWED WHICH EVER IS GREATER

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