

CHAPTER 6  
SECTION 3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 145 - 164)

ELEMENT NAME: PATIENT COPAYMENT (2-145)		
VALIDITY EDITS		
<b>2-145-01</b>	MUST BE NUMERIC.	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPONSOR STATUS	SEE BELOW	PROGRAM INDICATOR, TYPE OF SERVICE, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPONSOR STATUS	SEE BELOW	SPECIAL PROCESSING CODE, TYPE OF SERVICE, PRINCIPAL TREATMENT DIAGNOSIS, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	SPONSOR STATUS, TYPE OF SERVICE, PRINCIPAL TREATMENT DIAGNOSIS, AMOUNT ALLOWED BY PROCEDURE CODE, NUMBER OF SERVICES, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE, AMOUNT ALLOWED
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE, SPECIAL PROCESSING CODE
<b><sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!</b>		

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

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

**EDITED ELEMENT RELATIONSHIP**

**NO ERROR IF EARLIEST BEGIN DATE OF CARE  $\geq$  04/01/2001 AND  $<$  10/01/2001**

**OR** PROGRAM INDICATOR = D DRUG

**THEN BYPASS THE RELATIONAL EDITS FOR PATIENT COPAYMENT**

**NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE  $\geq$  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.**

**NO ERROR IF EARLIEST BEGIN DATE OF CARE  $\geq$  04/01/2001**

**AND ENROLLMENT STATUS = PS TRICARE SENIOR PHARMACY**

**THEN BYPASS ALL COINSURANCE RELATIONAL EDITING.**

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

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

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

TYPE OF SUBMISSION = C COMPLETE CANCELLATION

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

**UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED  $>$  ZERO, IN WHICH CASE PATIENT COPAYMENT MUST BE  $\geq$  ZERO.**

**2-145-05R PATIENT COPAYMENT MUST BE  $\leq$  AMOUNT ALLOWED WHEN**

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

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

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

ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT 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;		
SPECIAL RATE CODE =	D	DISCOUNT RATE AGREEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	S	RESOURCE SHARING
	#	HOSPICE
<b>2-145-06R</b>	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

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

**ELEMENT NAME: PATIENT COPAYMENT (2-145) (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
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 <sub>s</sub> STORED ON THE DATABASE		
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	S	RESOURCE SHARING
	#	HOSPICE
	MH	MENTAL HEALTH

**2-145-07R PATIENT COPAYMENT MUST BE ZERO WHEN**

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
	#	HOSPICE
	S	RESOURCE SHARING
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT

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

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

	O	ZERO PAYMENT <b>WITH 100% OHI/TPL</b>
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
<b>ELSE</b> TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE		
<b>THEN</b> PATIENT COPAYMENT MUST BE $\leq$ ZERO.		
<b>2-145-08R</b>	• EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.	
PATIENT COPAYMENT MUST BE ZERO <b>WHEN</b>		
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG <b>PRIOR TO 10/01/2001</b>
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	I	INPATIENT
	K	EMERGENCY ROOM COST-SHARED AS INPATIENT
	O	OUTPATIENT
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT

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

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

<b>AND PROVIDER MAJOR SPECIALTY NOT =</b>	BC BIRTHING CENTER
	O OUTPATIENT
<b>ENROLLMENT STATUS =</b>	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
<b>PATIENT RELATIONSHIP TO SPONSOR ≠</b>	T FORMER SPOUSE
	H
	R
	Y
<b>NO OCCURRENCE OF OVERRIDE CODE =</b>	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
	V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
<b>NO OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	9 FORT DRUM
	A INTERNAL PARTNERSHIP
	O CAMCHAS
	N CHAMPUS SELECT
	6 HOME HEALTH CARE
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	S RESOURCE SHARING
	* VA MEDICAL CENTER CLAIM
	# HOSPICE
	! NORTHERN REGION COORDINATED CARE
	MH MENTAL HEALTH

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

<b>ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)</b>	
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT <b>WITH 100% OHI/TPL</b>
	F ADJUSTMENT NEW SUFFIX
<b>ELSE</b> TYPE OF SUBMISSION =	A ADJUSTMENT
	<b>B</b> ADJUSTMENT NON-HCSR DATA
	C CANCELLATION
	E CANCELLATION OF NON-HCSR DATA
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE	
<b>THEN PATIENT COPAYMENT MUST BE ≤ ZERO.</b>	
<b>PATIENT COPAYMENT MUST BE ZERO WHEN</b>	
SPONSOR STATUS =	A ACTIVE DUTY
	P TAMP DESIGNEE
	B RECALLED ACTIVE DUTY
	E MEPCOM ENLISTEE
	J ACADEMY/OCS
	N NATIONAL GUARD
	Q PRISON/APPELLATE
	V RESERVE
	T FOREIGN MILITARY
PROGRAM INDICATOR =	N NON-INSTITUTIONAL
	D DRUG <b>PRIOR TO 10/01/2001</b>
	T DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	A AMBULATORY SURGERY
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	F FI STANDARD PROGRAM
	D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	T MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

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

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

	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
PATIENT RELATIONSHIP TO SPONSOR ≠	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
	O	CAMCHAS
	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	#	HOSPICE
	*	VA MEDICAL CENTER CLAIM
	!	NORTHERN REGION COORDINATED CARE
	MH	MENTAL HEALTH
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
<b>ELSE</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
	B	ADJUSTMENT NON-HCSR DATA
	C	CANCELLATION
	E	CANCELLATION OF NON-HCSR DATA
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		

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



**ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)****THEN PATIENT COPAYMENT MUST BE ≤ ZERO.****2-145-09R PATIENT COPAYMENT MUST EQUAL \$25.00 (OR BETWEEN ZERO AND \$24.99, NOT TO EXCEED AMOUNT ALLOWED, IF AMOUNT ALLOWED < \$25.00) WHEN**

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

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

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

NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
	V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM
	6 HOME HEALTH CARE
	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
	MH MENTAL HEALTH
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 <sub>s</sub> STORED ON THE DATABASE.	
<b>2-145-10R</b>	• EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE).
PATIENT COPAYMENT MUST = ZERO WHEN	
SPONSOR STATUS =	F FORMER MEMBER
	I PERMANENTLY DISABLED
	O TEMPORARILY DISABLED
	R RETIRED
	H MEDAL OF HONOR
	K DECEASED
	D 100% DISABLED

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

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

	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
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
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	N	CHAMPUS SELECT
	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT <b>WITH 100% OHI/TPL</b>
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT

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

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

C CANCELLATION WITH AMOUNT ALLOWED > ZERO

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

ELSE TYPE OF SUBMISSION = B ADJUSTMENT NON-HCSR DATA

E CANCELLATION NON-HCSR DATA

OR TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

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

THEN PATIENT COPAYMENT MUST BE ≤ ZERO.

**UNLESS EARLIEST BEGIN DATE OF CARE IS ≥ 10/01/2001**

**AND PROGRAM INDICATOR = D DRUGS**

**THEN BYPASS THIS EDIT**

**2-145-14R** • EDITS FOR FORT DRUM SPECIAL PROCESSING.

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

SPECIAL PROCESSING CODE = 9 FT DRUM DEMONSTRATION

PROVIDER PARTICIPATION INDICATOR = Y YES

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

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

A AMBULATORY SURGERY COST-SHARED AS INPATIENT

PRINCIPAL TREATMENT DIAGNOSIS ≠ 290 - 316 (MENTAL HEALTH)

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

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

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

	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
<b>THEN PATIENT COPAYMENT MUST BE ≤ ZERO.</b>		
<b>2-145-15R</b>	PATIENT COPAYMENT MUST BE \$4.00 TIMES NUMBER OF SERVICES (WHERE AMOUNT ALLOWED BY PROCEDURE CODE ≠ ZERO FOR DETAIL OCCURRENCE) <b>WHEN</b>	
	SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE, RETIRED <b>OR</b> DECEASED	
SPECIAL PROCESSING CODE =	9	FT DRUM DEMONSTRATION
PROVIDER PARTICIPATION INDICATOR =	Y	YES
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
PRINCIPAL TREATMENT DIAGNOSIS = 290 - 316 (MENTAL HEALTH)		
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	O	OUTPATIENT
	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT <b>WITH 100% OHI/TPL</b>
	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.		
<b>2-145-16R</b>	• EDIT FOR ARMY CAM DEMONSTRATIONS, FAMILY MEMBERS OF ACTIVE DUTY SPONSOR.	

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

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

PATIENT COPAYMENT MUST BE THE ACTIVE DUTY DAILY RATE TIMES THE NUMBER OF SERVICES (WHERE AMOUNT ALLOWED BY PROCEDURE CODE ≠ ZERO FOR DETAIL OCCURRENCE) **WHEN**

SPONSOR STATUS =	A ACTIVE DUTY
	P TAMP DESIGNEE
	B RECALLED ACTIVE DUTY
	E MEPCOM ENLISTEE
	J ACADEMY/OSC
	N NATIONAL GUARD
	Q PRISON/APPELLATE
	V RESERVE
	T FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T FORMER SPOUSE
	H
	R
	Y
PROGRAM INDICATOR =	I INSTITUTIONAL
	N NON-INSTITUTIONAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	P PARTIAL PSYCHIATRIC OUTPATIENT
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	Q NEW ORLEANS STANDARD PROGRAM
	F FI STANDARD PROGRAM
PROCEDURE CODE = '92891', '92892', '92893', '92898', <b>OR</b> '92899'	
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT <b>WITH 100% OHI/TPL</b>
	F ADJUSTMENT NEW SUFFIX
<b>OR</b> TYPE OF SUBMISSION =	A ADJUSTMENT <b>OR</b>
	C CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE	

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

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

NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS <b>OR</b>
	U BENEFICIARY INDEMNIFICATION PAYMENT <b>OR</b>
	V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM <b>OR</b>
	A INTERNAL PARTNERSHIP <b>OR</b>
	N CHAMPUS SELECT <b>OR</b>
	R MEDICARE/TRICARE DUAL ENTITLEMENT <b>OR</b>
	S RESOURCE SHARING <b>OR</b>
	# HOSPICE <b>OR</b>
	MH MENTAL HEALTH
<b>2-145-17R</b> IF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	C AF CAM PRIMARY/PREVENTIVE CARE
AND SPECIAL PROCESSING CODE =	I BERGSTROM AFB CATCHMENT AREA <b>OR</b>
	J LUKE/WILLIAMS AFB CATCHMENT AREA
<b>THEN PATIENT COPAYMENT MUST = ZERO.</b>	
<b>2-145-18R</b>	• EDIT FOR CHAMPUS SELECT.
<b>PATIENT COPAYMENT MUST = ZERO WHEN</b>	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N CHAMPUS SELECT
<b>UNLESS ENROLLMENT STATUS = 'H'</b>	
<b>2-145-19R</b>	<b>PATIENT COPAYMENT MUST = ZERO WHEN</b>
<b>SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY</b>	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD ACTIVE DUTY <b>OR</b>
	AN SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE <b>OR</b>
	AR SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE <b>OR</b>
	CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>

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

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

- 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

**2-145-20R** • 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 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 TRICARE PRIME - POINT OF SERVICE**

**THEN PATIENT COPAYMENT MUST = ZERO**

**UNLESS PROGRAM INDICATOR =**

**D DRUG**

**THEN BYPASS THIS EDIT**

**2-145-22R** • EDIT FOR PHARMACY CLAIMS WHERE BENEFICIARY IS PRIME/EXTRA - NETWORK PHARMACY - NO 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**

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



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


---

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

---

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

---

AND NO OCCURRENCE OF OVERRIDE CODE = K CATASTROPIC LOSS PROTECTION LIMIT REACHED

---

**THEN PATIENT COPAYMENT MUST  $\neq$  ZERO AND  $\leq$  \$9.00**

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

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

**VALIDITY EDITS**

**2-150-01** MUST BE NUMERIC.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**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)**

**THEN BYPASS ALL DEDUCTIBLE EDITING.**

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

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

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

TYPE OF SUBMISSION = C COMPLETE CANCELLATION

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

**UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≥ ZERO.**

**2-150-05R** AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

ENROLLMENT STATUS = F FI STANDARD PROGRAM

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM

J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM

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

<b>ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)</b>	
	M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	S CRI STANDARD PROGRAM
	T MANAGED CARE SUPPORT - STANDARD PROGRAM
TYPE OF SERVICE <sup>1</sup> FOR ANY DETAIL OCCURRENCE =	I INPATIENT (FIRST BYTE)
	K EMERGENCY ROOM ADMISSION
	M MATERNITY OUTPATIENT COST-SHARE AS INPATIENT (FIRST BYTE)
	P PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST-SHARED AS INPATIENT
TYPE OF SUBMISSION =	I INITIAL SUBMISSION(
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT 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	
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	
<b>THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.</b>	
<b>2-150-06R</b>	<b>AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN</b>
ENROLLMENT STATUS =	F FI STANDARD PROGRAM
	D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM

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

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

	S	CRI STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
PROGRAM INDICATOR =	H	PPPWD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT <b>WITH 100% OHI/TPL</b>
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE)		
<b>ELSE</b> TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE)		
<b>THEN</b> AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.		

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

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
	S	RESOURCE SHARING
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT <b>WITH 100% OHI/TPL</b>
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE		
<b>ELSE</b> TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA

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

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

<b>OR TYPE OF SUBMISSION =</b>	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE)		
THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.		
<b>2-150-08R</b>	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN	
<b>ENROLLMENT STATUS =</b>	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
<b>SPONSOR STATUS =</b>	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
<b>TYPE OF SERVICE<sup>1</sup> FOR ANY DETAIL OCCURRENCE =</b>	A	AMBULATORY SURGERY (FIRST BYTE)
<b>TYPE OF SUBMISSION =</b>	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT <b>WITH 100% OHI/TPL</b>
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
<b>OR TYPE OF SUBMISSION =</b>	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		

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

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

<b>ELSE TYPE OF SUBMISSION =</b>	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
<b>OR TYPE OF SUBMISSION =</b>	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
<b>THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.</b>		

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

<b>ENROLLMENT STATUS =</b>	F	FI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

<b>ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	F	ARMY CAM DEMONSTRATIONS
	G	

<b>TYPE OF SERVICE<sup>1</sup> FOR ANY DETAIL OCCURRENCE =</b>	O	OUTPATIENT (FIRST BYTE)
--	---	-------------------------

<b>TYPE OF SUBMISSION =</b>	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT <b>WITH 100% OHI/TPL</b>
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

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

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

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

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

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

**THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.**

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

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

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

ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
<b>2-150-11R</b>	<b>AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO WHEN</b>	
SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA <b>OR</b>
	J	LUKE/WILLIAMS AFB CATCHMENT AREA <b>OR</b>
	AD	ACTIVE DUTY <b>OR</b>
	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE <b>OR</b>
	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE <b>OR</b>
	CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR. <b>OR</b>
	MS	TRICARE SENIOR PRIME (NETWORK) <b>OR</b>
	MN	TRICARE SENIOR PRIME (NON-NETWORK) <b>OR</b>
	SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE <b>OR</b>
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE <b>OR</b>
	SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

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

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

**VALIDITY EDITS**

**2-155-01** MUST BE NUMERIC.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**NO ERROR** IF SPECIAL PROCESSING CODE = MS TRICARE SENIOR PRIME (NETWORK)  
MN TRICARE SENIOR PRIME (NON-NETWORK)  
**THEN BYPASS ALL AMOUNT PAID BY GOVERNMENT CONTRACTOR EDITING**

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

- |                      |  |
|----------------------|--|
| TYPE OF SUBMISSION = | D COMPLETE CONTRACTOR DENIAL <b>OR</b>     |
|                      | O ZERO PAYMENT <b>WITH 100% OHI/TPL OR</b> |
|                      | C COMPLETE CANCELLATION                    |

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

- |                      |   |
|----------------------|---|
| TYPE OF SUBMISSION = | A ADJUSTMENT <b>OR</b>                  |
|                      | B ADJUSTMENT TO NON-HCSR DATA <b>OR</b> |
|                      | C COMPLETE CANCELLATION <b>OR</b>       |
|                      | E CANCELLATION OF NON-HCSR DATA         |

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



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

<b>AND REASON FOR ADJUSTMENT =</b>	D	ADJUSTMENT DUE TO NON-CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) <b>OR</b>
	E	ADJUSTMENT DUE TO CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) <b>OR</b>
	F	ADJUSTMENT DUE TO PRIOR CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS)
<b>AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE <math>\geq</math> ZERO WHEN</b>		
<b>TYPE OF SUBMISSION =</b>	A	ADJUSTMENT <b>OR</b>
	B	ADJUSTMENT TO NON-HCSR DATA
<b>AND REASON FOR ADJUSTMENT =</b>	A	ADJUSTMENT DUE TO NON-CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) <b>OR</b>
	B	ADJUSTMENT DUE TO CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) <b>OR</b>
	C	ADJUSTMENT DUE TO PRIOR CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS)
<b>2-155-05R</b>	<b>EDIT FOR NO DISCOUNT NO OHI/TPL.</b>	
	<b>IF AMOUNT ALLOWED BY OTHER HEALTH INSURANCE &gt; ZERO</b>	
	<b>OR AMOUNT OF THIRD PARTY LIABILITY &gt; ZERO</b>	
	<b>THEN BYPASS EDIT</b>	
	<b>ELSE AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE LESS THAN OR EQUAL TO AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) WHEN</b>	
<b>TYPE OF SUBMISSION =</b>	A	ADJUSTMENT <b>OR</b>
	C	CANCELLATION <b>OR</b>
	F	ADJUSTMENT TO NEW SUFFIX <b>OR</b>
	I	INITIAL SUBMISSION <b>OR</b>
	O	ZERO PAYMENT <b>WITH 100% OHI/TPL OR</b>
	R	RESUBMISSION OR ERROR REJECT
<b>AND ENROLLMENT STATUS =</b>	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM <b>OR</b>
	F	FI STANDARD PROGRAM <b>OR</b>
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM <b>OR</b>
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM <b>OR</b>
	Q	NEW ORLEANS STANDARD PROGRAM <b>OR</b>

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

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

S CRI STANDARD PROGRAM **OR**

T MANAGED CARE SUPPORT - STANDARD PROGRAM

AND SPECIAL RATE CODE = b NO SPECIAL RATE

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

IF AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO

THEN BYPASS EDIT

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

TYPE OF SUBMISSION = A ADJUSTMENT **OR**

C CANCELLATION **OR**

I INITIAL SUBMISSION **OR**

R RESUBMISSION OF ERROR REJECT **OR**

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

F ADJUSTMENT NEW SUFFIX

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

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

AFTER DISCOUNT RATE = A 96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT **OR**

B 97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT **OR**

C 98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT **OR**

E 99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT

TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS THE AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION PLUS THE NON-DISCOUNTABLE PROFESSIONAL SERVICES]) **WHEN**

TYPE OF SUBMISSION = A ADJUSTMENT **OR**

C CANCELLATION **OR**

I INITIAL SUBMISSION **OR**

R RESUBMISSION OF ERROR REJECT **OR**

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

F ADJUSTMENT NEW SUFFIX

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

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

<b>AND ENROLLMENT STATUS =</b>	F	FI STANDARD PROGRAM <b>OR</b>
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM <b>OR</b>
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM <b>OR</b>
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM <b>OR</b>
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM <b>OR</b>
	Q	NEW ORLEANS STANDARD PROGRAM <b>OR</b>
	S	CRI STANDARD PROGRAM <b>OR</b>
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO; AMOUNT OF THIRD PARTY LIABILITY = ZERO;		
<b>AND PROGRAM INDICATOR =</b>	I	INSTITUTIONAL <b>OR</b>
	N	NON-INSTITUTIONAL <b>OR</b>
	D	DRUG <b>OR</b>
	T	DENTAL
<b>AND SPECIAL RATE CODE =</b>	A	DRG 4% DISCOUNT <b>OR</b>
	B	DRG 3% DISCOUNT <b>OR</b>
	C	DRG 2% DISCOUNT <b>OR</b>
	E	DRG 1% DISCOUNT
<b>2-155-11R</b>	IF ALL DETAIL OCCURRENCES ARE DENIED AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE = ZERO <b>WHEN</b>	
<b>TYPE OF SUBMISSION =</b>	A	ADJUSTMENT <b>OR</b>
	C	COMPLETE CANCELLATION <b>OR</b>
	D	COMPLETE DENIAL <b>OR</b>
	F	ADJUSTMENT NEW SUFFIX <b>OR</b>
	I	INITIAL SUBMISSION <b>OR</b>
	O	ZERO PAYMENT <b>WITH 100% OHI/TPL OR</b>
	R	RESUBMISSION OF ERROR REJECT
<b>ELSE TYPE OF SUBMISSION =</b>	B	ADJUSTMENT NON-HCSR DATA <b>OR</b>
	E	CANCELLATION NON-HCSR DATA
<b>THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ≤ ZERO.</b>		

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

