

## INSTITUTIONAL EDIT REQUIREMENTS (ELN 165 - 199)

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ELEMENT NAME: PROCESSING CODE (1-165)		
VALIDITY EDITS		
N/A		
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
OVERRIDE CODE	SEE BELOW	
TYPE OF SUBMISSION	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
HEALTH CARE PLAN CODE	SEE BELOW	
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
REASON FOR ADJUSTMENT	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		

PROCESSING CODE IS A GROUP NAME FOR THE 8 ELEMENTS LISTED. IT HAS NO EDIT CRITERIA ITSELF. IF THE COMPONENT ELEMENTS ARE CORRECT, THIS ELEMENT IS CORRECT.

**ELEMENT NAME: OVERRIDE CODE (1-170)**

**VALIDITY EDITS**

<b>1-170-01</b>	OCCURRENCE NUMBER 1
<b>1-170-02</b>	OCCURRENCE NUMBER 2
<b>1-170-03</b>	OCCURRENCE NUMBER 3
	VALUE MUST BE ONE OF THE VALID OVERRIDE CODES: 'A' - 'V', 'Y', 'Z', '11', '12', '13', '14', '15', OR BLANK
<b>1-170-04</b>	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PATIENT DATE OF BIRTH	SEE BELOW	PATIENT RELATIONSHIP TO SPONSOR
FILING DATE	SEE BELOW	BEGIN DATE OF CARE
SPONSOR STATUS	SEE BELOW	
TREATMENT DIAGNOSIS	SEE BELOW	PATIENT DATE OF BIRTH
OP/NSP	SEE BELOW	TREATMENT DIAGNOSIS
OVERRIDE CODE (OCCURRENCES)	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION
SPONSOR STATUS	SEE BELOW	PATIENT RELATIONSHIP TO SPONSOR

**EDITED ELEMENT RELATIONSHIP**

<b>1-170-05R</b>	IF PATIENT DATE OF BIRTH INDICATES AGE <sup>1</sup> ≥ 65
	<b>THEN</b> ONE OVERRIDE CODE MUST = 'A'.
	<b>UNLESS ENROLLMENT STATUS =</b>
	<b>FE TRICARE FOR LIFE - EXTRA OR</b>
	<b>FS TRICARE FOR LIFE - STANDARD</b>
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'A'
	<b>THEN</b> PATIENT AGE <sup>2</sup> MUST BE ≥ 65.
<b>1-170-06R</b>	IF PATIENT DATE OF BIRTH INDICATES AGE <sup>1</sup> < 12
	<b>AND PATIENT RELATIONSHIP TO SPONSOR =</b>
	<b>S SPOUSE OR</b>
	<b>F UNREMARIED WIDOW(ER)</b>
	<b>G UNMARRIED WIDOW(ER)</b>

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

<sup>2</sup> IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

**ELEMENT NAME: OVERRIDE CODE (1-170) (CONTINUED)**

ONE OVERRIDE CODE MUST = 'B'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'B'

PATIENT AGE<sup>2</sup> MUST BE < 12AND PATIENT  
RELATIONSHIP TO  
SPONSOR =S SPOUSE OR  
F UNREARRIED WIDOW(ER)  
G UNMARRIED WIDOW(ER)**1-170-08R** IF PATIENT RELATIONSHIP TO  
SPONSOR =T FORMER SPOUSE  
H  
R  
YAND PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> < 34

THEN ONE OVERRIDE CODE MUST = 'I'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'I'

THEN PATIENT AGE<sup>2</sup> MUST BE < 34AND PATIENT  
RELATIONSHIP TO  
SPONSOR MUST =T FORMER SPOUSE  
H  
R  
Y**1-170-09R** IF BEGIN DATE OF CARE ≥ 01/01/1994

AND IF FILING DATE &gt; END DATE OF CARE PLUS ONE YEAR

THEN ONE OVERRIDE CODE MUST = 'F'

OR IF FILING DATE IS LATER THAN LAST DAY OF CALENDAR YEAR FOLLOWING  
CALENDAR YEAR IN WHICH CARE WAS RECEIVED (BASED ON BEGIN DATE OF CARE)

THEN ONE OVERRIDE CODE MUST = 'F'

**1-170-10R** IF ANY OCCURRENCE OF  
OVERRIDE CODE =M NATO  
T FOREIGN MILITARY

SPONSOR STATUS MUST =

**1-170-11R** IF ANY TREATMENT DIAGNOSIS = MATERNITYAND PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> < 12

THEN ONE OVERRIDE CODE MUST = 'E'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'E'

THEN PATIENT AGE<sup>2</sup> MUST BE < 12

AND AT LEAST ONE TREATMENT DIAGNOSIS MUST = MATERNITY

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE  
MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE  
OF CARE TO END DATE OF CARE.<sup>2</sup> IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM  
BEGIN DATE OF CARE TO END DATE OF CARE.

**ELEMENT NAME: OVERRIDE CODE (1-170) (CONTINUED)**

<b>1-170-12R</b>	IF ANY OP/NSP <b>OR</b> DIAGNOSIS CODE IS FOR FEMALE AND PATIENT SEX IS MALE	
	ONE OVERRIDE CODE MUST = 'G'	
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'G'	
	AT LEAST ONE OP/NSP <b>OR</b> DIAGNOSIS CODE MUST BE FOR FEMALE AND PATIENT SEX MUST BE MALE.	
	IF ANY OP/NSP <b>OR</b> DIAGNOSIS CODE IS FOR MALE (AND <b>NOT</b> FOR CIRCUMCISION, AND PRINCIPAL <b>OR</b> SECONDARY TREATMENT DIAGNOSIS IS <b>NOT</b> FOR DELIVERY) AND PATIENT SEX IS FEMALE	
	ONE OVERRIDE CODE MUST = 'H'	
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'H'	
	AT LEAST ONE OP/NSP <b>OR</b> DIAGNOSIS CODE MUST BE FOR MALE AND PATIENT SEX MUST BE FEMALE.	
<b>1-170-13R</b>	OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED.	
<b>1-170-14R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	N RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
	SPECIAL RATE CODE MUST =	K HOSPITAL-SPECIFIC PSYCH PER DIEM RATE <b>OR</b> L REGION-SPECIFIC PSYCH PER DIEM RATE
	<b>AND</b> TYPE OF SUBMISSION MUST =	A ADJUSTMENT C CANCELLATION B ADJUSTMENT NON-HCSR DATA E CANCELLATION NON-HCSR DATA
<b>1-170-16R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE = 'Y'	
	PATIENT MUST BE NEWBORN (PATIENT DATE OF BIRTH EQUAL TO ADMISSION DATE).	
<b>1-170-17R</b>	IF ADMISSION DATE < 871001	
	NO OCCURRENCE OF OVERRIDE CODE MAY = 'Y'	
<b>1-170-18R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE = 'S'	
	CONTRACTOR NUMBER MUST = 03, 06, 11, 53 57, 59, 60, <b>OR</b> 07	
<b>1-170-19R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE = 'O'	
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE =	M HEALTH CARE FINDER AND PARTICIPATING PROVIDER PROGRAM <b>OR</b> N CHAMPUS SELECT
	<b>AND</b> CONTRACTOR NUMBER MUST = 45.	

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

<sup>2</sup> IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

**ELEMENT NAME: TYPE OF SUBMISSION (1-175)****VALIDITY EDITS****1-175-01** VALUE MUST = 'A', 'B', 'C', 'D', 'E', 'F', 'G', 'I', 'O', OR 'R'.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
HCSR INDICATOR	SEE BELOW	FILING DATE, TYPE OF NET RECORD ON PREVIOUS HCSR ON DATABASE, AMOUNT PAID BY GOVERNMENT CONTRACTOR, CONTRACT NUMBER, CONTRACT BEGIN AND END DATES, SPONSOR SOCIAL SECURITY NUMBER, BATCH/VOUCHER NUMBER
<b>1-155-02R</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR		FILING DATE
AMOUNT OF OHI/AMOUNT OF TPL	SEE BELOW	
FILING DATE	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	FREQUENCY CODE
DENIAL REASON CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

<b>1-175-02R</b> WHEN TYPE OF SUBMISSION =	I INITIAL
	R RESUBMISSION
	O ZERO PAYMENT WITH 100% OHI/TPL
	D COMPLETE DENIAL
	F ADJUSTMENT NEW SUFFIX
	G ADDITIONAL DRG INTERIM BILLING

THIS HCSR INDICATOR MUST NOT BE PRESENT ON THE DATABASE.

**1-175-03R** WHEN TYPE OF SUBMISSION IS EQUAL TO 'F' (ADJUSTMENT NEW SUFFIX) OR 'G' (ADDITIONAL DRG INTERIM BILLING), A HCSR **EXCLUSIVE OF SUFFIX** MUST BE PRESENT ON THE DATABASE (I.E., IF THE 'NEW SUFFIX' HCSR BEING SUBMITTED IS SUFFIX = 'D', AT LEAST ONE HCSR WITH THE SAME ICN AND SUFFIX NOT EQUAL TO 'D' MUST EXIST ON THE DATABASE).

- THE FOLLOWING EDITS (1-175-04R AND 1-175-06R) ARE GENERATED **WHEN** PROCESSING ADJUSTMENT AND COMPLETE CANCELLATION HCSRs. THESE RECORDS ARE MATCHED AND APPLIED TO THEIR CORRESPONDING INITIAL SUBMISSION HCSR AND ANY CORRESPONDING ADJUSTMENT HCSRs DURING EDITING. THE RESULT IS EITHER A SUCCESSFUL MATCH WITH THE "NET" (WHICH IS THEN EDITED) OR AN INCOMPATIBLE MATCH (1-175-04R), OR NO MATCH IS FOUND (1-175-06R).

**1-175-04R** INCOMPATIBLE MATCH FOUND.

**ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)**

MULTIPLE 'A' (ADJUSTMENTS) ARE ALLOWED FOR AN HCSR. ONLY ONE 'C' (CANCELLATION) IS ALLOWED FOR AN HCSR, THERE WILL BE NO SUBSEQUENT 'A'. A CANCELLATION (C) CANNOT BE APPLIED TO AN HCSR ALREADY ON THE DATABASE WITH ZERO IN (NET) AMOUNT PAID BY GOVERNMENT CONTRACTOR, **UNLESS** TYPE OF NET RECORD = 'A'.

**WHEN** TYPE OF SUBMISSION IS EQUAL TO 'B' (ADJUSTMENT TO NON-HCSR DATA) **OR** 'E' (CANCELLATION OF NON-HCSR DATA), AN HCSR WITH TYPE OF NET RECORD = 'I', 'R', 'O', 'D', 'A', 'C', 'F', 'X', **OR** 'E' MUST **NOT** BE PRESENT ON THE DATABASE. (THERE **CAN** BE A HCSR WITH TYPE OF NET RECORD = 'B'.)

**1-175-06R** NO MATCH FOUND.

**WHEN** TYPE OF SUBMISSION IS EQUAL TO 'A' (ADJUSTMENT) **OR** 'C' (CANCELLATION), THERE MUST BE A "MATCH" OF AN HCSR (WITH TYPE OF NET RECORD = 'I', 'F', 'R', **OR** 'O') ON THE DATABASE **UNLESS** FILING DATE IS MORE THAN XX MONTHS OLD (TO BE DETERMINED BY DATABASE PURGE PARAMETER). THIS "MATCH" CONSISTS OF HCSR INDICATOR (ICN AND HCSR SUFFIX). REFER ALSO TO 1-175-05R, WHERE SPONSOR SOCIAL SECURITY NUMBER\*, AND CONTRACT NUMBER\*\* MAY ALSO BE INCLUDED.

NOTE: IF FILING DATE IS MORE THAN XX MONTHS OLD (TO BE DETERMINED BY DATABASE PURGE PARAMETER), AN HCSR WITH TYPE OF NET RECORD = 'A', 'I', 'F', 'G', 'R', **OR** 'O' **MAY (OR MAY NOT)** EXIST ON THE DATABASE. THUS, THE MATCH IS APPLIED IF NET RECORD EXISTS.

**1-175-05R** \* SPONSOR SOCIAL SECURITY NUMBER IS ONLY LOOKED AT AS "MATCH" CRITERIA IF THERE ARE DUPLICATE HCSR SUFFIXES. **IN THAT CASE**, IF A MATCH IS NOT FOUND ON SPONSOR SOCIAL SECURITY NUMBER FOR THIS HCSR INDICATOR (ICN AND HCSR SUFFIX), **THEN** THE HCSR CANNOT BE MATCHED AND NETTED. THE ORIGINAL SPONSOR SSAN MUST BE SUBMITTED ON ALL SUBSEQUENT ADJUSTMENTS/ CANCELLATIONS.

\*\* CONTRACT NUMBER IS ONLY LOOKED AT AS "MATCH" CRITERIA IF THERE ARE DUPLICATE SPONSOR SOCIAL SECURITY NUMBERS FOR DUPLICATE HCSR SUFFIXES. FOR ADJUSTMENTS AND CANCELLATIONS WITH FILING DATES OUTSIDE OF THE BEGIN AND END DATES OF THE CURRENT CONTRACT, THE MATCH ON CONTRACT NUMBER IS OPTIONAL (1-175-06R).

**1-175-07R** IF TYPE OF SUBMISSION = O ZERO PAYMENT **WITH 100% OHI/TPL**  
 EITHER/BOTH AMOUNT OF OHI/AMOUNT OF TPL MUST BE > ZERO.

**1-175-09R** IF SPECIAL PROCESSING CODE = D DRG QUALIFYING FOR INTERIM PAYMENT

**AND** FREQUENCY CODE = 2 INTERIM-INITIAL

TYPE OF SUBMISSION MUST BE =

I INITIAL

R RESUBMISSION

A ADJUSTMENT

C CANCELLATIONS

E CANCELLATION OF NON-HCSR DATA

B ADJUSTMENT TO NON-HCSR DATA

IF SPECIAL PROCESSING CODE = D DRG QUALIFYING FOR INTERIM PAYMENT

**AND** FREQUENCY CODE = 3 INTERIM-INTERIM

4 INTERIM-FINAL

**ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)**

	TYPE OF SUBMISSION MUST BE =	A ADJUSTMENT
		C CANCELLATION
		B ADJUSTMENT TO NON-HCSR DATA
		E CANCELLATION OF NON-HCSR DATA
		G ADDITIONAL DRG INTERIM BILLING
<b>1-175-10R</b>	IF ALL DETAIL OCCURRENCES ARE DENIED (DENIAL REASON CODE NOT BLANK)	
	TYPE OF SUBMISSION MUST BE =	A ADJUSTMENT TO PRIOR HCSR
		C COMPLETE CANCELLATION
		D COMPLETE DENIAL
		B ADJUSTMENT NON-HCSR DATA
		E CANCELLATION NON-HCSR DATA
		F ADJUSTMENT NEW SUFFIX
		G ADDITIONAL DRG INTERIM BILLING
<b>1-175-11R</b>	IF TYPE OF SUBMISSION =	I INITIAL
		R RESUBMISSION
		D COMPLETE DENIAL
		O ZERO PAYMENT <b>WITH 100% OHI/TPL</b>
	A HCSR MUST NOT BE PRESENT ON THE DATABASE WITH THIS HCSR INDICATOR, EXCLUDING THE SUFFIX (20 BYTES), FOR THIS CONTRACT NUMBER, WITH A DIFFERENT BATCH/VOUCHER NUMBER.	
<b>1-175-12R</b>	A HCSR SUFFIX PREVIOUSLY ASSIGNED CANNOT BE "RE-USED" <b>WHEN</b> TYPE OF SUBMISSION = 'F' (ADJUSTMENT TO PRIOR HCSR DATA, ADDITIONAL HCSR SUFFIX) FOR THIS SAME INTERNAL CONTROL NUMBER.	
	NOTE: THIS EDIT RELATES TO ADMINISTRATIVE CLAIM COUNT ASSIGNMENT ONLY.	
<b>1-175-13R</b>	IF AMOUNT ALLOWED = '0'	
	THEN TYPE OF SUBMISSION MUST =	A ADJUSTMENT PRIOR HCSR DATA
		B ADJUSTMENT NON-HCSR DATA
		C CANCELLATION
		D COMPLETE DENIAL
		E COMPLETE CANCELLATION TO NON-HCSR DATA
		F ADJUSTMENT NEW SUFFIX
		G ADDITIONAL DRG INTERIM BILLINGS
<b>1-175-14R</b>	IF RESUBMISSION NUMBER = ZERO FOR THIS BATCH OR VOUCHER,	
	TYPE OF SUBMISSION MUST BE =	A ADJUSTMENT TO PRIOR HCSR DATA
		B ADJUSTMENT NON-HCSR DATA
		C COMPLETE CANCELLATION PRIOR HCSR DATA

**ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)**

	D	COMPLETE DENIAL
	E	COMPLETE CANCELLATION NON-HCSR DATA
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
	I	INITIAL
	O	ZERO PAYMENT WITH 100% OHI/TPL

**1-175-15R** IF RESUBMISSION NUMBER > ZERO FOR THIS BATCH OR VOUCHER,

TYPE OF SUBMISSION MUST BE =	A	ADJUSTMENT TO PRIOR HCSR DATA
	B	ADJUSTMENT NON-HCSR DATA
	C	COMPLETE CANCELLATION NON-HCSR DATA
	D	COMPLETE DENIAL
	E	COMPLETE CANCELLATION NON-HCSR DATA
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
	O	ZERO PAYMENT WITH 100% OHI/TPL
	R	RESUBMISSION OF 'I'

**1-175-16R** IF TYPE OF SUBMISSION =

	I	INITIAL
	F	ADJUSTMENT NEW SUFFIX
	R	RESUBMISSION

AMOUNT BILLED, AMOUNT ALLOWED, NUMBER OF BIRTHS, TOTAL BED DAYS, GOVERNMENT AUTHORIZED BED DAYS, AMOUNT PAID BY OTHER HEALTH INSURANCE, AMOUNT ALLOWED BY OTHER HEALTH INSURANCE, AMOUNT OF THIRD PARTY LIABILITY, AMOUNT OF PAYMENT REDUCTION, PATIENT COINSURANCE, PATIENT COPAYMENT, AMOUNT PAID BY GOVT CONTRACTOR, NUMBER OF PAYMENT REDUCTION DAYS/SERVICES, UNITS OF SERVICE BY REVENUE CODE, TOTAL CHARGE BY REVENUE CODE MUST BE  $\geq 0$ .

IF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-HCSR DATA OR
	E	COMPLETE CANCELLATION OF PRIOR HCSR DATA

**THEN BEGIN DATE OF CARE MUST BE < 10/01/1994.**

**1-175-18R** IF DATE HCSR PROCESSING TO COMPLETION > 01/01/1996

AND SPONSOR BRANCH OF SERVICE =	C	CHAMPVA
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THEN TYPE OF SUBMISSION MUST =	D	COMPLETE CONTRACTOR DENIAL INITIAL HCSR SUBMISSION
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**ELEMENT NAME: NAS EXCEPTION REASON (1-180)****VALIDITY EDITS**

VALUE MUST BE IN RANGE: '1' - '9', 'A' - 'F', 'H' - 'O', OR BLANK

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP****NO ERROR** IF ENROLLMENT STATUS = FE TRICARE FOR LIFE - EXTRA OR

FS TRICARE FOR LIFE - STANDARD

**THEN BYPASS THE RELATIONAL EDITS FOR NAS EXCEPTION REASON**

<b>NO ERROR</b> IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE OR
	CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR OR
	MS	TRICARE SENIOR PRIME (NETWORK) OR
	MN	TRICARE SENIOR PRIME (NON-NETWORK) OR
	SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE OR
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR

<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

**ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)**

SM SUPPLEMENTAL HEALTH CARE PROGRAM -  
 EMERGENCY

BYPASS ALL NAS EXCEPTION REASON EDITING.

**1-180-02R** IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA<sup>1</sup>

NAS EXCEPTION REASON MUST = BLANK

UNLESS SPECIAL PROCESSING CODE = 'ST'.

**1-110-03R** IF NAS NUMBER IS CODED

NAS EXCEPTION REASON MUST = BLANK.

**1-180-04R** IF 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

Z MANAGED CARE SUPPORT - PRIME, MTF/PCM

EXIT.

IF PATIENT ZIP CODE IS IN A CATCHMENT AREA<sup>1</sup> AND NAS NUMBER IS NOT CODED  
 NAS EXCEPTION REASON MUST BE CODED

UNLESS HEALTH CARE  
 PLAN CODE =

11 MCS - FORT BRAGG DEMO

ANY OCCURRENCE OF  
 DENIAL REASON CODE =

9 NAS NOT PROVIDED

2 INELIGIBLE CLAIMANT

A DEERS

N MULTIPLE DENIAL REASONS

ANY OCCURRENCE OF  
 OVERRIDE CODE =

C GOOD FAITH PAYMENT

PROGRAM INDICATOR =

H PROGRAM FOR PERSONS WITH DISABILITIES OR

SPONSOR STATUS =

T NATO

IN WHICH CASE NAS EXCEPTION REASON MUST BE BLANK.

IF VOUCHER BRANCH OF  
 SERVICE =

10 CONTINUED HEALTH CARE BENEFIT PROGRAM

SPONSOR BRANCH OF  
 SERVICE MUST BE =

A ARMY

F AIR FORCE

<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

**ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)**

	M	MARINES
	N	NAVY
	E	PUBLIC HEALTH SERVICE
	I	NOAA
	P	COAST GUARD
<b>1-180-05R</b>	IF 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
	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM
EXIT.		
• THIS EDIT IS FOR DEMONSTRATION PROJECTS.		
IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	3	ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY OR
	4	ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY OR
	6	HOME HEALTH CARE OR
	9	FORT DRUM COOPERATIVE MEDICAL CARE OR
	E	HHC/CM OR
	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA <sup>1</sup>		
THEN NAS EXCEPTION REASON MUST =	9	DEMONSTRATION
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF ANY SPECIAL PROCESSING CODE =	5	LIVER TRANSPLANT
	7	HEART TRANSPLANT
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA <sup>1</sup>		
NAS EXCEPTION REASON MUST =	8	LIVER/HEART TRANSPLANT

<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

**ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)**

<b>UNLESS</b> HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF NAS EXCEPTION REASON =	L	HOSPICE
SPECIAL PROCESSING CODE MUST =	#	HOSPICE
IF ANY SPECIAL PROCESSING CODE =	B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS <b>OR</b>
	O	CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES
<b>AND PATIENT ZIP CODE IS IN A CATCHMENT AREA<sup>1</sup></b>		
NAS EXCEPTION REASON MUST =	6	PARTNERSHIPS
	1	COVERAGE BY OTHER INSURANCE
	2	EMERGENCY MEDICAL TREATMENT
	I	TRICARE-TIDEWATER DRUG CLAIM
	J	TRICARE-TIDEWATER PREVENTATIVE CARE CLAIM
IF ANY SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY CLAIMS
<b>AND PATIENT ZIP CODE IS IN A CATCHMENT AREA<sup>1</sup></b>		
<b>THEN</b> NAS EXCEPTION REASON MUST =	Q	ACTIVE DUTY CLAIMS
<b>UNLESS</b> HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
<b>1-180-06R</b> IF BEGIN DATE OF CARE ≥ 09/23/1996		
<b>AND</b> 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
	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM
EXIT.		
THE FOLLOWING APPLIES TO CATCHMENT ZIP CODES <sup>1</sup> <b>AND</b> NAS NUMBER NOT CODED:		
<b>UNLESS</b> DENIAL REASON CODE = 'A', '1', <b>OR</b> '2':		
HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF TYPE OF INSTITUTION =	71	SPECIALIZED TREATMENT FACILITY

<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

**ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)**

	82	ALCOHOLISM AND OTHER CHEMICAL DEPENDENCY
NAS EXCEPTION REASON =	7	SPECIALIZED TREATMENT FACILITY
	2	EMERGENCY
	1	OTHER PRIMARY INSURANCE
	Q	ACTIVE DUTY CLAIMS
IF TYPE OF INSTITUTION =	72	RESIDENTIAL TREATMENT CENTER
NAS EXCEPTION REASON =	5	RESIDENTIAL TREATMENT CENTER
	2	EMERGENCY
	1	OTHER PRIMARY INSURANCE
	Q	ACTIVE DUTY CLAIMS
IF TYPE OF INSTITUTION =	76	SKILLED NURSING FACILITY
NAS EXCEPTION REASON =	4	APPROVED NURSING FACILITY
	2	EMERGENCY
	1	OTHER PRIMARY INSURANCE
	Q	ACTIVE DUTY CLAIMS

<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185)**

**VALIDITY EDITS**

**1-185-01** MUST BE A VALID CODE AS DEFINED IN [CHAPTER 2](#), OR BLANK-FILLED.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
ENROLLMENT STATUS	SEE BELOW	TYPE OF SUBMISSION

**EDITED ELEMENT RELATIONSHIP**

**NO ERROR** IF ENROLLMENT STATUS = **FE TRICARE FOR LIFE - EXTRA OR**

**FS TRICARE FOR LIFE - STANDARD**

**THEN BYPASS THE RELATIONAL EDITS FOR HEALTH CARE PLAN CODE IDENTIFIER**

**1-185-03R** IF ENROLLEMENT STATUS =

A	CRI - FOUNDATION HEALTH PLAN <b>OR</b>
B	CRI - PARTNERS HEALTH PLAN <b>OR</b>
C	CRI - QUEENS HEALTH PLAN <b>OR</b>
N	CRI - NOT ENROLLED, NOT STANDARD PROGRAM (EXTRA) <b>OR</b>

HEALTH CARE PLAN CODE MUST =	01 CRI - PARTNERS HEALTH PLAN <b>OR</b>
	02 CRI - PARTNERS HEALTH PLAN <b>OR</b>
	03 CRI - QUEENS HEALTH PLAN

<b>UNLESS</b> TYPE OF SUBMISSION =	D DENIAL <b>OR</b>
	C CANCELLATION <b>OR</b>
	E CANCELLATION OF NON-HCSR DATA

**1-185-04R** IF ENROLLMENT STATUS =

F	FI STANDARD PROGRAM <b>OR</b>
S	CRI STANDARD PROGRAM <b>OR</b>
Q	NEW ORLEANS STANDARD PROGRAM <b>OR</b>
D	MANAGED CARE SUPPORT - TRICARE STANDARD PROGRAM <b>OR</b>
M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

**THEN** HEALTH CARE PLAN CODE MUST BE BLANK

<b>UNLESS</b> TYPE OF SUBMISSION =	D DENIAL
	C CANCELLATION
	E CANCELLATION OF NON-HCSR DATA

**1-185-05R** IF ENROLLMENT STATUS =

O	NEW ORLEANS PRIME
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**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)**

	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM
<b>THEN</b> HEALTH CARE PLAN CODE MUST BE '10'		
<b>UNLESS</b> TYPE OF SUBMISSION =	D	DENIAL
	C	CANCELLATION
	E	CANCELLATION OF NON-HCSR DATA
<b>1-185-06R</b> IF ENROLLMENT STATUS =	H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
	I	MANAGED CARE SUPPORT - HOMESTEAD, NON-ENROLLED PATIENT, NETWORK PROVIDER
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
<b>THEN</b> HEALTH CARE PLAN CODE MUST BE '05'		
<b>UNLESS</b> TYPE OF SUBMISSION =	D	DENIAL
	C	CANCELLATION
	E	CANCELLATION OF NON-HCSR DATA
<b>1-185-07R</b> IF CONTRACTOR FHC OPTIONS (MENTAL HEALTH)		
<b>THEN</b> HEALTH CARE PLAN CODE MUST BE '06'		
<b>UNLESS</b> ENROLLMENT STATUS =	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
<b>THEN</b> HEALTH CARE PLAN CODE MUST BE BLANK		
<b>1-185-08R</b> IF HEALTH CARE PLAN CODE = '06'		
ENROLLMENT STATUS MUST =	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME
	G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA
	R	TRICARE EXTRA - NORTH CAROLINA
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	U	MANAGED CARE SUPPORT - PRIME WITH CONTRACTOR NETWORK PCM
	V	MANAGED CARE SUPPORT - EXTRA
	W	TPR ACTIVE DUTY - USA

**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)**

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

**1-185-09R** IF CONTRACTOR WASHINGTON/OREGON

**THEN** HEALTH CARE PLAN CODE MUST BE '07'

AA CONTINUED HEALTH CARE BENEFIT PROGRAM  
 EXTRA

**UNLESS** ENROLLMENT  
 STATUS =

Y CONTINUED HEALTH CARE BENEFIT PROGRAM  
 STANDARD **OR**

AA CONTINUED HEALTH CARE BENEFIT PROGRAM  
 EXTRA

**THEN** HEALTH CARE PLAN CODE MUST BE BLANK

**1-185-10R** IF HEALTH CARE PLAN CODE = '07' (MANAGED CARE SUPPORT - REGION 11  
 [WASHINGTON/OREGON])

**THEN** ENROLLMENT STATUS  
 MUST =

R TRICARE EXTRA - NORTH CAROLINA **OR**

T MANAGED CARE SUPPORT - STANDARD TRICARE  
 PROGRAM **OR**

U MANAGED CARE SUPPORT - PRIME (WITH  
 CONTRACTOR NETWORK PCM) **OR**

V MANAGED CARE SUPPORT - EXTRA **OR**

W TPR ACTIVE DUTY - USA **OR**

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

BB TRICARE SENIOR PRIME **OR**

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

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

SR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-  
 REFERRED CARE **OR**

ST SUPPLEMENTAL HEALTH CARE PROGRAM -  
 TRICARE ELIGIBLE

**1-185-11R** IF CONTRACTOR FHC OPTIONS (FORT BRAGG DEMO)

**THEN** HEALTH CARE PLAN CODE MUST BE = '11'

**UNLESS** ENROLLMENT  
 STATUS =

Y CONTINUED HEALTH CARE BENEFIT PROGRAM  
 STANDARD **OR**

AA CONTINUED HEALTH CARE BENEFIT PROGRAM  
 EXTRA

**THEN** HEALTH CARE PLAN CODE MUST BE BLANK

**1-185-12R** IF HEALTH CARE PLAN CODE = '11' (MANAGED CARE SUPPORT - FORT BRAGG, NC)



**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)**

<b>THEN ENROLLMENT STATUS MUST =</b>	<b>R</b>	<b>TRICARE EXTRA - NORTH CAROLINA OR</b>
	<b>T</b>	<b>MANAGED CARE SUPPORT - STANDARD PROGRAM OR</b>
	<b>U</b>	<b>MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM) OR</b>
	<b>V</b>	<b>MANAGED CARE SUPPORT - EXTRA OR</b>
	<b>W</b>	<b>TPR ACTIVE DUTY - USA OR</b>
	<b>Z</b>	<b>MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)</b>
<b>1-185-13R IF CONTRACTOR (REGION 06) TEXAS/OKLAHOMA/LOUISIANA/ARKANSAS</b>		
<b>THEN HEALTH CARE PLAN CODE MUST BE = '09'</b>		
<b>UNLESS ENROLLMENT STATUS =</b>	<b>Y</b>	<b>CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR</b>
	<b>AA</b>	<b>CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA</b>
<b>THEN HEALTH CARE PLAN CODE MUST BE BLANK</b>		
<b>1-185-14R IF HEALTH CARE PLAN CODE = '09' (MANAGED CARE SUPPORT - REGION 6)</b>		
<b>THEN ENROLLMENT STATUS MUST =</b>	<b>R</b>	<b>TRICARE EXTRA - NORTH CAROLINA OR</b>
	<b>T</b>	<b>MANAGED CARE SUPPORT - STANDARD TRICARE PROGRAM OR</b>
	<b>U</b>	<b>MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM) OR</b>
	<b>V</b>	<b>MANAGED CARE SUPPORT - EXTRA OR</b>
	<b>W</b>	<b>TPR ACTIVE DUTY - USA OR</b>
	<b>Z</b>	<b>MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM) OR</b>
	<b>BB</b>	<b>TRICARE SENIOR PRIME OR</b>
	<b>SN</b>	<b>SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR</b>
	<b>SO</b>	<b>SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR</b>
	<b>SR</b>	<b>SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE OR</b>
	<b>ST</b>	<b>SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR</b>
	<b>TS</b>	<b>TRICARE SENIOR SUPPLEMENT</b>
<b>1-185-15R IF CONTRACTOR (REGION 09, 10, 12) CALIFORNIA/HAWAII</b>		
<b>THEN HEALTH CARE PLAN CODE MUST BE = '08'</b>		

**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)**

<b>UNLESS ENROLLMENT STATUS =</b>		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD <b>OR</b>
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
<b>THEN HEALTH CARE PLAN CODE MUST BE BLANK</b>			
<b>1-185-16R</b>	IF HEALTH CARE PLAN CODE = '08' (MANAGED CARE SUPPORT - REGIONS 9, 10, 12)		
<b>THEN ENROLLMENT STATUS MUST =</b>		R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
		T	MANAGED CARE SUPPORT - STANDARD TRICARE PROGRAM <b>OR</b>
		U	MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM) <b>OR</b>
		V	MANAGED CARE SUPPORT - EXTRA <b>OR</b>
		W	TPR ACTIVE DUTY - USA <b>OR</b>
		Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM) <b>OR</b>
		BB	TRICARE SENIOR PRIME <b>OR</b>
		SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE <b>OR</b>
		SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE <b>OR</b>
		SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE <b>OR</b>
		ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE <b>OR</b>
		TS	TRICARE SENIOR SUPPLEMENT
<b>1-185-17R</b>	IF CONTRACTOR (REGION 03, 04) HUMANA		
<b>THEN HEALTH CARE PLAN CODE MUST BE = '13', '14', '15', '16'</b>			
<b>UNLESS ENROLLMENT STATUS =</b>		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD <b>OR</b>
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
<b>THEN HEALTH CARE PLAN CODE MUST BE BLANK</b>			
<b>1-185-18R</b>	IF HEALTH CARE PLAN CODE = '13', '14', '15', '16' (MANAGED CARE SUPPORT - REGIONS 3/4, EUROPE, PACIFIC, AND SOUTHCOM)		
<b>THEN ENROLLMENT STATUS MUST =</b>		R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
		T	MANAGED CARE SUPPORT - STANDARD TRICARE PROGRAM <b>OR</b>
		U	MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM) <b>OR</b>

**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)**

V	MANAGED CARE SUPPORT - EXTRA <b>OR</b>
W	TPR ACTIVE DUTY - USA <b>OR</b>
X	ACTIVE DUTY - EUROPE <b>OR</b>
Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/ CLINIC PCM) <b>OR</b>
BB	TRICARE SENIOR PRIME <b>OR</b>
SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE <b>OR</b>
SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE <b>OR</b>
SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF- REFERRED CARE <b>OR</b>
ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE

**1-185-19R** IF CONTRACTOR (REGION 07, 08) TRIWEST**THEN HEALTH CARE PLAN CODE MUST BE = '12'****UNLESS ENROLLMENT  
STATUS =**Y CONTINUED HEALTH CARE BENEFIT PROGRAM  
STANDARD **OR**AA CONTINUED HEALTH CARE BENEFIT PROGRAM  
EXTRA**THEN HEALTH CARE PLAN CODE MUST BE BLANK.****1-185-20R** IF HEALTH CARE PLAN CODE = '12' (MANAGED CARE SUPPORT - CENTRAL REGION  
(REGION 7/8))**THEN ENROLLMENT STATUS  
MUST =**R TRICARE EXTRA - NORTH CAROLINA **OR**T MANAGED CARE SUPPORT - STANDARD TRICARE  
PROGRAM **OR**U MANAGED CARE SUPPORT - PRIME (WITH  
CONTRACTOR NETWORK PCM) **OR**V MANAGED CARE SUPPORT - EXTRA **OR**W TPR ACTIVE DUTY - USA **OR**Z MANAGED CARE SUPPORT - PRIME (WITH MTF/  
CLINIC PCM) **OR**BB TRICARE SENIOR PRIME **OR**SN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-  
MTF-REFERRED CARE **OR**SO SUPPLEMENTAL HEALTH CARE PROGRAM - NON-  
TRICARE ELIGIBLE **OR**SR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-  
REFERRED CARE **OR**ST SUPPLEMENTAL HEALTH CARE PROGRAM -  
TRICARE ELIGIBLE

**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)**

**1-185-21R** IF CONTRACTOR (REGION 2/5)

**THEN** HEALTH CARE PLAN CODE MUST BE = '17'

**UNLESS** ENROLLMENT  
 STATUS MUST =

- Y CONTINUED HEALTH CARE BENEFIT PROGRAM  
 STANDARD **OR**
- AA CONTINUED HEALTH CARE BENEFIT PROGRAM  
 EXTRA

**THEN** HEALTH CARE PLAN CODE MUST BE BLANK.

**1-185-22R** IF HEALTH CARE PLAN CODE = '17' (MANAGED CARE SUPPORT - REGION 2/5)

**THEN** ENROLLMENT STATUS  
 MUST =

- R TRICARE EXTRA - NORTH CAROLINA **OR**
- T MANAGED CARE SUPPORT - STANDARD TRICARE  
 PROGRAM **OR**
- U MANAGED CARE SUPPORT - PRIME **OR**
- V MANAGED CARE SUPPORT - EXTRA **OR**
- W TPR ACTIVE DUTY - USA **OR**
- Z MANAGED CARE SUPPORT - PRIME (WITH MTF/  
 CLINIC PCM) **OR**
- SN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-  
 MTF-REFERRED CARE **OR**
- SO SUPPLEMENTAL HEALTH CARE PROGRAM - NON-  
 TRICARE ELIGIBLE **OR**
- SR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-  
 REFERRED CARE **OR**
- ST SUPPLEMENTAL HEALTH CARE PROGRAM -  
 TRICARE ELIGIBLE

**1-185-23R** IF CONTRACTOR (REGION 1)

**THEN** HEALTH CARE PLAN CODE MUST BE = '18'

**UNLESS** ENROLLMENT  
 STATUS MUST =

- Y CONTINUED HEALTH CARE BENEFIT PROGRAM  
 STANDARD **OR**
- AA CONTINUED HEALTH CARE BENEFIT PROGRAM  
 EXTRA

**THEN** HEALTH CARE PLAN CODE MUST BE BLANK.

**1-185-24R** IF HEALTH CARE PLAN CODE = '18' (MANAGED CARE SUPPORT - REGION 1)

**THEN** ENROLLMENT STATUS  
 MUST =

- R TRICARE EXTRA - NORTH CAROLINA **OR**
- T MANAGED CARE SUPPORT - STANDARD TRICARE  
 PROGRAM **OR**
- U MANAGED CARE SUPPORT - PRIME **OR**
- V MANAGED CARE SUPPORT - EXTRA **OR**
- W TPR ACTIVE DUTY - USA **OR**

**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)**

Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/ CLINIC PCM) <b>OR</b>
BB	TRICARE SENIOR PRIME <b>OR</b>
SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE <b>OR</b>
SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE <b>OR</b>
SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF- REFERRED CARE <b>OR</b>
ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE

**ELEMENT NAME: REASON FOR ADJUSTMENT (1-195)****VALIDITY EDITS****1-195-01** VALUE MUST BE 'A' - 'F' **OR** BLANK.**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP****1-195-02R** IF TYPE OF SUBMISSION = 'A', 'B', **OR** 'F'

REASON FOR ADJUSTMENT MUST = 'A' - 'F'.

IF TYPE OF SUBMISSION = 'D', 'I', 'R', **OR** 'O'

REASON FOR ADJUSTMENT MUST = SPACE.

IF TYPE OF SUBMISSION = 'C' **OR** 'E'

REASON FOR ADJUSTMENT MUST = 'D' - 'F'.

IF TYPE OF SUBMISSION = 'G'

REASON FOR ADJUSTMENT MUST = 'A'.

**ELEMENT NAME: SPECIAL PROCESSING CODE (1-197)**

**VALIDITY EDITS**

<b>1-197-01,</b>	OCCURRENCE NUMBER 1
<b>1-197-02,</b>	OCCURRENCE NUMBER 2
<b>1-197-03</b>	OCCURRENCE NUMBER 3 VALUE MUST BE A VALID CODE LISTED UNDER SPECIAL PROCESSING CODE LOCATED IN <a href="#">ADP MANUAL, CHAPTER 2, SECTION 8</a> OR BLANK.
<b>1-197-04</b>	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
CONTRACTOR NUMBER	SEE BELOW	
<b>1-100-05R</b>	PATIENT ZIP CODE	
PRINCIPAL/SECONDARY OP/NSP	SEE BELOW	
SPONSOR STATUS	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	FREQUENCY CODE
FILING DATE	SEE BELOW	
PROVIDER STATE OR COUNTRY	SEE BELOW	
BEGIN DATE OF CARE	SEE BELOW	
DENIAL REASON CODE	SEE BELOW	
PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

<b>1-197-05R</b>	IF NAS EXCEPTION REASON =	9	DEMONSTRATION PROJECTS
	<b>THEN</b> AT LEAST ONE SPECIAL PROCESSING CODE MUST =	3	ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY <b>OR</b>
		4	ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY <b>OR</b>
		9	FORT DRUM COOPERATIVE MEDICAL CARE <b>OR</b>
		E	HHC/CM <b>OR</b>
		NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
	IF NAS EXCEPTION REASON =	8	HEART/LIVER TRANSPLANT

**ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)**

	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5	LIVER TRANSPLANT
		7	HEART TRANSPLANT
	IF NAS EXCEPTION REASON =	6	PARTNERSHIPS
	AT LEAST ONE SPECIAL PROCESSING CODE =	B	PARTNERSHIP PROGRAM, (EXTERNAL WITH SIGNED AGREEMENTS)
	IF NAS EXCEPTION REASON =	L	HOSPICE
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	#	HOSPICE
	IF NAS EXCEPTION REASON =	Q	ACTIVE DUTY CLAIMS
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	AD	ACTIVE DUTY CLAIMS
<b>1-197-06R</b>	IF PRINCIPAL/SECONDARY OP/NSP CODE IS 41.02 <b>OR</b> 41.03		
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	3	ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY
	IF BEGIN DATE OF CARE < 03/01/1997 <b>OR</b> (> 02/19/1998 <b>AND</b> < 09/01/1999)		
	<b>AND</b> PRINCIPAL/SECONDARY OP/NSP CODE IS 50.51 <b>OR</b> 50.59		
	<b>THEN</b> AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5	LIVER TRANSPLANT
	<b>ELSE</b> BEGIN DATE OF CARE (≥ 03/01/1997 <b>AND</b> ≤ 02/19/1998) <b>OR</b> ≥ 09/01/1999		
	<b>AND</b> PRINCIPAL/SECONDARY OP/NSP CODE IS 50.51 <b>OR</b> 50.59		
	<b>THEN</b> SPECIAL PROCESSING CODE =	ST <sup>1</sup>	SPECIALIZED TREATMENT FACILITY
	IF PRINCIPAL/SECONDARY OP/NSP CODE IS 37.5		
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	7	HEART TRANSPLANT
<b>1-197-07R</b>	IF SPONSOR STATUS	T	FOREIGN MILITARY
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS
<b>1-197-09R</b>	IF PROGRAM INDICATOR	H	PFPWD
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS
		F	CAM DEMONSTRATIONS
		G	
		I	
		J	
		E	HHC/CM

**ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)**

	N	CHAMPUS SELECT
<b>1-197-10R</b>	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.	
<b>1-197-11R</b>	IF SPECIAL RATE CODE = 'G', 'I', 'J', 'M' OR 'O' (TRICARE/CHAMPUS DRG, WITH LONG STAY OR COST OUTLIER)	
	AND FREQUENCY CODE =	2 INITIAL
		3 INTERIM
		4 FINAL
	SPECIAL PROCESSING CODE =	D DRG QUALIFYING FOR INTERIM PAYMENT
<b>1-197-12R</b>	IF FILING DATE ≤ 10/01/1988	
	SPECIAL PROCESSING CODE MUST ≠	D DRG QUALIFYING FOR INTERIM PAYMENT
	IF SPECIAL PROCESSING CODE =	F REYNOLDS ARMY COMMUNITY HOSPITAL, FT. SILL
	THE FILING DATE MUST BE ≥ 06/01/1989, DATE OF ADMISSION ≤ 05/31/1992.	
	IF SPECIAL PROCESSING CODE =	G EVANS ARMY COMMUNITY HOSPITAL, FT. CARSON
	THE FILING DATE MUST BE ≥ 10/01/1989, DATE OF ADMISSION ≤ 09/30/1992	
	IF SPECIAL PROCESSING CODE =	I BERGSTROM AFB CATCHMENT AREA
	THE FILING DATE MUST BE ≥ 03/01/1990 AND DATE OF ADMISSION ≤ 04/30/ 1993.	
	IF SPECIAL PROCESSING CODE =	J LUKE/WILLIAMS AFB CATCHMENT AREA
	THE FILING DATE MUST BE ≥ 03/01/1990.	
<b>1-197-13R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
	K	GEORGIA/FLORIDA PPO
	PROVIDER STATE OR COUNTRY CODE MUST BE =	09 FLORIDA
		10 GEORGIA
<b>1-197-14R</b>	IF BEGIN DATE OF CARE < 06/30/1988	
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY =	E HHC/CM
<b>1-197-15R</b>	IF ANY DENIAL REASON CODE	
	G	DEMONSTRATION AUTHORIZATION NOT ON FILE
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	F ARMY CAM DEMONSTRATIONS
		G
		E HHC/CM
		N CHAMPUS SELECT
<b>1-197-16R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	AMOUNT OF OTHER HEALTH INSURANCE MUST NOT = ZERO.	
<b>1-197-18R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
	PO	POINT OF SERVICE



**ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)**

	ENROLLMENT STATUS MUST BE =	E	MCS - TRICARE-TIDEWATER PRIME
		K	MCS - CA/HI ENROLLED
		O	NEW ORLEANS PRIME
		U	MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM)
		Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY CLAIMS <b>OR</b>
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR
	<b>THEN</b> ENROLLMENT STATUS MUST BE =	W	ACTIVE DUTY - USA <b>OR</b>
		X	ACTIVE DUTY - EUROPE
<b>1-197-19R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY
	<b>THEN</b> PATIENT RELATIONSHIP TO SPONSOR MUST BE =	b	SPONSOR
	<b>AND</b> SPONSOR STATUS MUST =	A	ACTIVE DUTY <b>OR</b>
		B	RECALLED TO ACTIVE DUTY <b>OR</b>
		J	ACADEMY STUDENT/NAVY OCS <b>OR</b>
		N	NATIONAL GUARD <b>OR</b>
		Q	PRISONER/APPELLATE <b>OR</b>
		V	RESERVE <b>OR</b>
		T	FOREIGN MILITARY (NATO)
<b>1-197-20R</b>	IF ONE OCCURRENCE OF SPECIAL PROCESSING CODE = 'WR'		
	<b>THEN</b> CONTRACTOR NUMBER MUST = '07' (REGIONS 7 AND 8)		
<b>1-197-21R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	MS	TRICARE SENIOR PRIME (NETWORK) <b>OR</b>
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
	<b>THEN</b> ENROLLMENT STATUS MUST =	BB	TRICARE SENIOR PRIME
<b>1-197-23R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE <b>OR</b>
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE <b>OR</b>

**ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)**

	CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <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
<b>THEN ENROLLMENT STATUS MUST =</b>	SR SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS - REFERRED CARE <b>OR</b>
	SN SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS - NON-MTF-REFERRED CARE <b>OR</b>
	SO SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS - NON-TRICARE ELIGIBLE <b>OR</b>
	ST SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS FOR TRICARE ELIGIBLE
<b>1-197-24R</b>	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY FOR REGION 3)
	IF (DRG NUMBER = 104, 105, 106, 107, 108, 109, <b>OR</b> 112
	<b>AND</b> REGION CODE = '03' (REGION 03)
	<b>AND</b> PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER STSF CATCHMENT AREA
	<b>AND</b> BEGIN DATE OF CARE ≥ 03/01/97)
	<b>THEN</b> ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'.
<b>1-197-25R</b>	(NATIONAL STSF)
	IF DRG NUMBER = (480 [LIVER TRANSPLANT]
	<b>AND</b> BEGIN DATE OF CARE (≥ 03/01/1997 <b>AND</b> ≤ 02/19/98) <b>OR</b> ≥ 09/01/1999)
	<b>OR</b> (481 [ALLOGENEIC BONE MARROW TRANSPLANTATION]
	<b>AND</b> BEGIN DATE OF CARE ≥ 10/01/1997))
	<b>OR</b> (302 [KIDNEY TRANSPLANTATION]
	<b>AND</b> BEGIN DATE OF CARE ≥ 09/01/1999)))
	<b>AND</b> PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF COLUMBIA
	<b>THEN</b> ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
	<b>UNLESS</b> NAS EXCEPTION
	REASON = K CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)
<b>1-197-26R</b>	(MULTI-REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 1 & 2)
	IF REGION CODE = '01' (REGION 01)
	<b>OR</b> REGION CODE = '02' (REGION 02)
	<b>AND</b> BEGIN DATE OF CARE ≥ 10/01/1997

**ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)**

**AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC)  
OR NATIONAL NAVAL MEDICAL CENTER (NNMC) STSF CATCHMENT AREA**

**AND DRG NUMBER = 104, 105, 106, 107, 108, 109, 110, OR 111**

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**1-197-27R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY & ORTHOPEDIC SURGERY FOR REGION 1)

IF REGION CODE = '01' (REGION 1)

**AND BEGIN DATE OF CARE ≥ 09/01/1999**

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

**OR WALTER REED ARMY MEDICAL CENTER (WRAMC)**

**OR MALCOLM GROW MEDICAL CENTER (MGMC) STSF CATCHMENT AREA**

**AND DRG = 191, 209, 286, OR 491**

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**1-197-28R** (REGIONAL STS FACILITIES FOR NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 1)

IF REGION CODE = '01' (REGION 1)

**AND BEGIN DATE OF CARE ≥ 09/01/1999**

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

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

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

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**1-197-29R** (REGIONAL STS FACILITIES FOR NEUROSURGERY, ORTHOPEDIC SURGERY, GENERAL SURGERY, PERIPHERAL VASCULAR SURGERY, AND HEAD AND NECK SURGERY FOR REGION 3)

IF REGION CODE = '03' (REGION 3)

**AND BEGIN DATE OF CARE ≥ 09/01/1999**

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

**AND DRG = 001, 004, 049, 110, 111, 191, 209, 286, OR 491**

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**1-197-30R** (REGIONAL STS FACILITIES FOR NEONATAL INTENSIVE CARE FOR REGION 4)

IF REGION CODE = '04' (REGION 4)

**AND BEGIN DATE OF CARE ≥ 05/01/1998**

**AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA**

**AND DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, OR 636**

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**1-197-31R** (REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 4)

IF REGION CODE = '04' (REGION 4)

**AND BEGIN DATE OF CARE ≥ 05/01/1998**

**ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)**

**AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA**

**AND DRG = 104, 105, 106, 107, 108, 109, 110, 111, 112, 124, OR 125**

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**1-197-32R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY, ORTHOPEDIC SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 4)

IF REGION CODE = '04' (REGION 4)

**AND BEGIN DATE OF CARE ≥ 05/01/2000**

**AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA**

**AND DRG = 001, 003, 004, 049, 191, 209, 286, 357, OR 491**

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**1-197-33R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 6)

IF REGION CODE = '06' (REGION 6)

**AND BEGIN DATE OF CARE ≥ 09/01/1999**

**AND PATIENT ZIP CODE IS IN BROOKE ARMY MEDICAL CENTER (BAMC)**

**OR WILFORD HALL MEDICAL CENTER (WHMC) STSF CATCHMENT AREA**

**AND DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, OR 491**

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**1-197-34R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 9)

IF REGION CODE = '09' (REGION 9)

**AND BEGIN DATE OF CARE ≥ 09/01/1999**

**AND PATIENT ZIP CODE IS IN NAVAL MEDICAL CENTER SAN DIEGO (NMCS D) STSF CATCHMENT AREA**

**AND DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, OR 491**

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**1-197-35R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 10)

IF REGION CODE = '10' (REGION 10)

**AND BEGIN DATE OF CARE ≥ 09/01/1999**

**AND PATIENT ZIP CODE IS IN DAVID GRANT MEDICAL CENTER (DGMC) STSF CATCHMENT AREA**

**AND DRG = 001, 003, 004, 049, 110, 111, 191, 209, 286, 357, OR 491**

**THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'**

**1-197-36R** (MULTI-REGIONAL STS FACILITIES FOR LIVER TRANSPLANTS FOR REGIONS 1, 2 AND 5)

IF DRG = 480

**ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)**

<b>AND REGION CODE = '01' (REGION 01)</b>	
<b>OR REGION CODE = '02' (REGION 02)</b>	
<b>OR REGION CODE = '05' (REGION 05)</b>	
<b>AND BEGIN DATE OF CARE ≥ 09/01/1999</b>	
<b>AND INCLUDES ALL PATIENT ZIP CODES WITHIN REGIONS 1, 2 OR 5</b>	
<b>THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'</b>	
<b>1-197-37R</b>	(VA REGIONAL STS FACILITIES CARDIOTHORACIC SURGERY FOR REGION 10)
<b>IF REGION CODE = '10' (REGION 10)</b>	
<b>AND BEGIN DATE OF CARE ≥ 11/01/1999</b>	
<b>AND PATIENT ZIP CODE IS IN VA PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)</b>	
<b>OR SAN FRANCISCO VA MEDICAL CENTER (SFMVC) STSF CATCHMENT AREA</b>	
<b>AND DRG = 004 - 109</b>	
<b>THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'</b>	
<b>1-197-38R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	SN TRICARE SENIOR SUPPLEMENT (NON-NETWORK) <b>OR</b>
	SS TRICARE SENIOR SUPPLEMENT (NETWORK)
	<b>THEN ENROLLMENT CODE MUST =</b>
	TS TRICARE SENIOR SUPPLEMENT
<b>1-197-41R</b>	IF BEGIN DATE OF CARE IS ≥ 03/15/1999
	<b>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>
	E HOME HEALTH CARE/CASE MANAGEMENT (HHC/CM) DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE INDIVIDUAL CASE MANAGEMENT PROGRAM)
	<b>THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>
	CM INDIVIDUAL CASE MANAGEMENT PROGRAM (ICMP) CLAIMS
<b>1-197-42R</b>	IF BEGIN DATE OF CARE ≥ 10/01/2001
	<b>AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>
	FF TRICARE FOR LIFE (FIRST PAYOR) <b>OR</b>
	FS TRICARE FOR LIFE (SECOND PAYOR)
	<b>THEN ENROLLMENT STATUS MUST =</b>
	FE TRICARE FOR LIFE - EXTRA <b>OR</b>
	FS TRICARE FOR LIFE - STANDARD
<b>1-197-43R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	FF TRICARE FOR LIFE (FIRST PAYOR) <b>OR</b>
	FS TRICARE FOR LIFE (SECOND PAYOR)
<b>THEN BEGIN DATE OF CARE ≥ 10/01/2001</b>	

**ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)**

**1-197-44R** IF ANY OCCURRENCE OF  
 SPECIAL PROCESSING CODE = NE OPERATION NOBLE EAGLE/OPERATION  
 ENDURING FREEDOM

**THEN BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2003**

**ELEMENT NAME: SPECIAL RATE CODE (1-198)**

**VALIDITY EDITS**

**1-198-01** VALUE MUST = BLANK, 'A' - 'V'

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
FILING STATE	SEE BELOW	
DRG NUMBER	SEE BELOW	
DATE OF ADMISSION	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
OVERRIDE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**1-198-02R** IF FILING STATE = 34 NEW JERSEY  
 SPECIAL RATE CODE MUST = 'A', 'B', 'C', 'D', 'E', 'F', 'P', 'K', 'L', OR BLANK.

IF FILING STATE NOT = 34 NEW JERSEY  
 SPECIAL RATE CODE CANNOT = 'A', 'B', 'C', 'E', 'F'.

IF FILING STATE = 24 MARYLAND  
 SPECIAL RATE CODE CANNOT = 'A', 'B', 'C', 'E', 'F', 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q'.

**1-198-03R** IF DRG NUMBER IS CODED (OTHER THAN ZERO)  
 THEN SPECIAL RATE CODE  
 MUST =

G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR
M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR

**ELEMENT NAME: SPECIAL RATE CODE (1-198) (CONTINUED)**

	O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
	Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
	U	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS <b>OR</b>
	V	MEDICARE REIMBURSEMENT RATE
<b>1-198-04R</b>	IF SPECIAL PROCESSING CODE =	D DRG QUALIFYING FOR INTERIM PAYMENT
	<b>THEN SPECIAL RATE CODE MUST =</b>	G TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER
		I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER
		J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
		M DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER
		O DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER
		U SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS
<b>1-198-05R</b>	IF DATE OF ADMISSION IS < 01/01/1989	
		SPECIAL RATE CODE MUST NOT = 'K' <b>OR</b> 'L'.
<b>1-198-06R</b>	IF PROGRAM INDICATOR =	H PFPWD
		SPECIAL RATE CODE MUST NOT = 'G', 'H', 'I', 'J', 'M', 'N', 'O', <b>OR</b> 'Q'.
<b>1-198-07R</b>	IF ANY OCCURRENCE OF OVERRIDE CODE =	T MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED
		SPECIAL RATE CODE MUST = 'K' <b>OR</b> 'L'
<b>1-198-08R</b>	<b>WHEN THE SPECIAL RATE CODE IS 'A' <b>OR</b> 'B' <b>OR</b> 'C' <b>OR</b> 'E' <b>OR</b> 'F'</b>	
		<b>THEN THE END DATE OF CARE MUST BE LESS THAN 19890101.</b>
<b>1-198-09R</b>	IF SPECIAL PROCESSING CODE =	# HOSPICE
	<b>THEN SPECIAL RATE CODE MUST =</b>	P PER DIEM RATE AGREEMENT <b>OR</b>
		D DISCOUNT RATE AGREEMENT <b>OR</b>
		U SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS
		V MEDICARE REIMBURSEMENT RATE
	<b>UNLESS TYPE OF SUBMISSION =.</b>	D COMPLETE CONTRACTOR DENIAL
<b>1-198-10R</b>	IF SPECIAL RATE CODE =	V MEDICARE

**ELEMENT NAME: SPECIAL RATE CODE (1-198) (CONTINUED)**

<b>THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>		T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) <b>AND</b> BEGIN DATE OF CARE ≥ 10/01/2001 <b>OR</b>
		FS	TRICARE FOR LIFE (SECOND PAYOR) <b>OR</b>
		MS	TRICARE SENIOR PRIME (NETWORK) <b>OR</b>
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
<b>1-198-11R</b>	IF SPECIAL RATE CODE =	U	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM PAID OUTSIDE NORMAL LIMITS
<b>THEN SPECIAL PROCESSING CODE MUST =</b>		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE <b>OR</b>
		AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-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>
		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