

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 165 - 199)

ELEMENT NAME: PROCESSING CODE (2-165)		
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	
PROCEDURE TEXT 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 9 ELEMENTS LISTED. IT HAS NO EDIT CRITERIA ITSELF. IF THE COMPONENT ELEMENTS ARE CORRECT, THIS ELEMENT IS CORRECT.

ELEMENT NAME: OVERRIDE CODE (2-170)

VALIDITY EDITS

2-170-01,	OCCURRENCE NUMBER 1
2-170-02,	OCCURRENCE NUMBER 2
2-170-03	OCCURRENCE NUMBER 3
	VALUE MUST BE ONE OF THE VALID OVERRIDE CODES 'A' - 'V', 'S', 'U', 'Z', '11', '12', '13', '14', '15', OR BLANK.
2-170-04	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
TREATMENT DIAGNOSIS	SEE BELOW	PATIENT DATE OF BIRTH
PROCEDURE CODE	SEE BELOW	TREATMENT DIAGNOSIS
FILING DATE	SEE BELOW	BEGIN DATE OF CARE
SPONSOR STATUS	SEE BELOW	
OVERRIDE CODE (OCCURRENCES)	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

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

¹ 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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

² IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: OVERRIDE CODE (2-170) (CONTINUED)

PATIENT AGE² MUST BE < 12 FOR AT LEAST ONE OCCURRENCE.

AND PATIENT
RELATIONSHIP TO SPONSOR
MUST BE =

S SPOUSE

F UNREMARIED WIDOW(ER)

G UNMARRIED WIDOW(ER)

2-170-08R IF PATIENT RELATIONSHIP TO
SPONSOR =

T FORMER SPOUSE

H

R

Y

AND PATIENT DATE OF BIRTH INDICATES AGE¹ < 34

ONE OVERRIDE CODE MUST = 'T'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'T'

PATIENT AGE² MUST BE < 34 FOR AT LEAST ONE OCCURRENCE

PATIENT RELATIONSHIP TO
SPONSOR =

T FORMER SPOUSE

H

R

Y

2-170-09R IF FILING DATE IS LATER THAN LAST DAY OF CALENDAR YEAR FOLLOWING CALENDAR
YEAR IN WHICH CARE WAS RECEIVED (BASED ON EARLIEST BEGIN DATE OF CARE) ONE
OVERRIDE CODE MUST = 'F'.

OR

IF THE EARLIEST BEGIN DATE OF CARE ≥ 01/01/1994

IF FILING DATE > THE EARLIEST END DATE OF CARE PLUS ONE YEAR ONE OVERRIDE
CODE MUST = 'F'

IF ANY OCCURRENCE OF OVERRIDE CODE = 'F'

FILING DATE MUST BE LATER THAN LAST DAY OF CALENDAR YEAR FOLLOWING
CALENDAR YEAR IN WHICH CARE WAS RECEIVED (BASED ON EARLIEST BEGIN DATE
OF CARE).

2-170-10R IF ANY OCCURRENCE OF
OVERRIDE CODE =

M NATO

SPONSOR STATUS MUST = T FOREIGN MILITARY

2-170-11R IF ANY TREATMENT DIAGNOSIS = MATERNITY AND PATIENT DATE OF BIRTH INDICATES
AGE¹ < 12

ONE OVERRIDE CODE MUST = 'E'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'E'

PATIENT AGE² MUST BE < 12 AND AT LEAST ONE TREATMENT DIAGNOSIS MUST =
MATERNITY

¹ 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 EARLIEST
BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

² IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM
EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: OVERRIDE CODE (2-170) (CONTINUED)

2-170-12R IF ANY PROCEDURE **OR** 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 PROCEDURE **OR** DIAGNOSIS CODE MUST BE FOR FEMALE AND PATIENT SEX MUST BE MALE.

IF ANY PROCEDURE **OR** DIAGNOSIS CODE IS FOR MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX IS FEMALE

ONE OVERRIDE CODE MUST = 'H'.

IF ANY OCCURRENCE OF OVERRIDE CODE= 'H'

AT LEAST ONE PROCEDURE **OR** DIAGNOSIS CODE MUST BE FOR MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX MUST BE FEMALE.

2-170-13R OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED.

2-170-14R IF ANY OCCURRENCE OF OVERRIDE CODE = 'S'

**THEN CONTRACTOR
NUMBER MUST =**

03 MANAGED CARE SUPPORT - REGION 3/4 **OR**

06 MANAGED CARE SUPPORT - REGION 6 **OR**

07 MANAGED CARE SUPPORT - CENTRAL REGION
CENTRAL **OR**

11 MANAGED CARE SUPPORT - REGION 11 **OR**

25 MANAGED CARE SUPPORT - REGION 2/5 **OR**

26 MANAGED CARE SUPPORT - REGION 1 **OR**

53 FOUNDATION HEALTH FEDERAL SERVICES (CRI)
OR

57 NEW ORLEANS COORDINATED CARE PROGRAM
OR

59 AETNA GOVERNMENT HEALTH PLANS, INC **OR**

60 MANAGED CARE SUPPORT REGION 9, 10, 12 **OR**

72 MANAGED CARE SUPPORT - FHC OPTIONS

2-170-15R 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) AND CONTRACTOR NUMBER MUST = 45.

¹ 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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

² IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: TYPE OF SUBMISSION (2-175)**VALIDITY EDITS****2-175-01** VALUE MUST = 'A', 'B', 'C', 'D', 'E', 'F', '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
AMOUNT OF OHI/TPL	SEE BELOW	
2-155-02R AMOUNT PAID BY GOVERNMENT CONTRACTOR		FILING DATE
FILING DATE	SEE BELOW	
DENIAL REASON CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-175-02R WHEN TYPE OF SUBMISSION =	I INITIAL
	R RESUBMISSION
	O ZERO PAYMENT WITH 100% OHI/TPL
	D COMPLETE DENIAL
	F ADJUSTMENT NEW SUFFIX
THIS HCSR INDICATOR MUST NOT BE PRESENT ON THE DATABASE FOR THIS CONTRACT NUMBER	

2-175-03R WHEN TYPE OF SUBMISSION IS EQUAL TO 'F' (ADJUSTMENT NEW SUFFIX), 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 (2-175-04R AND 2-175-06R) 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 (2-175-04R), OR NO MATCH IS FOUND (2-175-06R).

¹ 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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: TYPE OF SUBMISSION (2-175) (CONTINUED)

2-175-04R INCOMPATIBLE MATCH FOUND.
 MULTIPLE 'A' (ADJUSTMENTS) ARE ALLOWED FOR A HCSR. ONLY ONE 'C' (CANCELLATION) IS ALLOWED FOR AN HCSR, THERE WILL BE NO SUBSEQUENT 'A's. A CANCELLATION (C) CANNOT BE APPLIED TO A 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), A 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'.)

2-175-06R NO MATCH FOUND.
WHEN TYPE OF SUBMISSION IS EQUAL TO 'A' (ADJUSTMENT) **OR** 'C' (CANCELLATION), THERE MUST BE A 'MATCH' OF A 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 2-175-05R, WHERE SPONSOR SOCIAL SECURITY NUMBER1, AND CONTRACT NUMBER2 MAY ALSO BE INCLUDED.

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

2-175-05R ¹SPONSOR 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.

²CONTRACT 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)

2-175-07R IF TYPE OF SUBMISSION = **O** ZERO PAYMENT **WITH 100% OHI/TPL**
 EITHER/BOTH AMOUNT OF OHI/TPL MUST BE > ZERO.

2-175-09R IF ALL DETAIL OCCURRENCES ARE DENIED (DENIAL REASON CODE **NOT** BLANK)

TYPE OF SUBMISSION MUST BE =

C COMPLETE CANCELLATION

D COMPLETE DENIAL

B ADJUSTMENT NON-HCSR DATA

E CANCELLATION NON-HCSR DATA

F ADJUSTMENT NEW SUFFIX

A ADJUSTMENT TO PRIOR HCSR DATA

2-175-10R IF TYPE OF SUBMISSION = **I** INITIAL

R RESUBMISSION

D COMPLETE DENIAL

¹ 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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: TYPE OF SUBMISSION (2-175) (CONTINUED)

O ZERO PAYMENT WITH 100% OHI/TPL

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.

2-175-11R A HCSR SUFFIX PREVIOUSLY ASSIGNED CANNOT BE 'RE-USED' WHEN 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.

2-175-12R IF AMOUNT ALLOWED = '0',

THEN TYPE OF SUBMISSION
MUST =

A ADJUSTMENT TO PRIOR HCSR DATA

B ADJUSTMENT NON-HCSR DATA

C CANCELLATION

D COMPLETE DENIAL

E COMPLETE CANCELLATION OF NON-HCSR DATA

F ADJUSTMENT NEW SUFFIX

2-175-13R IF RESUBMISSION NUMBER = ZERO FOR THIS BATCH OR VOUCHER,

TYPE OF SUBMISSION MUST =

A ADJUSTMENT TO PRIOR HCSR DATA

B ADJUSTMENT NON-HCSR DATA

C COMPLETE CANCELLATION PRIOR HCSR DATA

D COMPLETE DENIAL

E COMPLETE CANCELLATION NON-HCSR DATA

F ADJUSTMENT NEW SUFFIX

I INITIAL

O ZERO PAYMENT WITH 100% OHI/TPL

2-175-14R IF RESUBMISSION NUMBER > ZERO FOR THIS BATCH OR VOUCHER

TYPE OF SUBMISSION MUST =

A ADJUSTMENT TO PRIOR HCSR DATA

B ADJUSTMENT NON-HCSR DATA

C COMPLETE CANCELLATION PRIOR HCSR DATA

D COMPLETE DENIAL

E COMPLETE CANCELLATION NON-HCSR DATA

F ADJUSTMENT NEW SUFFIX

O ZERO PAYMENT WITH 100% OHI/TPL

R RESUBMISSION OF 'I'

2-175-15R IF TYPE OF SUBMISSION =

I INITIAL

F ADJUSTMENT NEW SUFFIX

¹ 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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: TYPE OF SUBMISSION (2-175) (CONTINUED)

R RESUBMISSION

AMOUNT BILLED, AMOUNT ALLOWED, 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 APPLIED TOWARD DEDUCTIBLE, AMOUNT PAID BY GOVT CONTRACTOR, NUMBER OF PAYMENT REDUCTION DAYS/SERVICES, NUMBER OF SERVICES, TOTAL CHARGES BY PROCEDURE CODE, AMOUNT ALLOWED BY PROCEDURE CODE MUST BE \geq '0'.

2-175-16R 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.

2-175-17R IF DATE HCSR PROCESSING TO COMPLETION > 01/01/1996

AND SPONSOR BRANCH OF SERVICE = **C** CHAMPVA

THEN TYPE OF SUBMISSION MUST = **D** COMPLETE CONTRACTOR DENIAL INITIAL HCSR SUBMISSION

¹ 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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: NAS EXCEPTION REASON (2-180)**VALIDITY EDITS****2-180-01** VALUE MUST BE IN RANGE '1' - '9', 'A' - 'F', 'H', 'I', 'K' - 'O', 'Q', OR BLANK**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-110-03R NAS NUMBER		
PATIENT ZIP CODE	SEE BELOW	SPONSOR BRANCH OF SERVICE, TYPE OF SERVICE, DENIAL REASON CODE, NAS NUMBER, BEGIN DATE OF CARE, PROGRAM INDICATOR
SPECIAL PROCESSING CODE	SEE BELOW	PATIENT ZIP CODE, TYPE OF SERVICE, BEGIN DATE OF CARE
PROGRAM INDICATOR	SEE BELOW	

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

FS TRICARE FOR LIFE - STANDARD

THEN BYPASS THE RELATIONAL EDITS FOR NAS EXCEPTION REASON

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

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

ELEMENT NAME: NAS EXCEPTION REASON (2-180) (CONTINUED)

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

SM SUPPLEMENTAL HEALTH CARE PROGRAM -
 EMERGENCY

THEN BYPASS ALL NAS EXCEPTION REASON EDITING.

2-180-02R IF PATIENT ZIP CODE IS **NOT** IN A CATCHMENT AREA¹

NAS EXCEPTION REASON MUST = BLANK

UNLESS SPECIAL PROCESSING CODE = 'ST'.

2-180-04R 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

Z MANAGED CARE SUPPORT - PRIME, MTF/PCM

EXIT.

IF PATIENT ZIP CODE IS IN A CATCHMENT AREA¹ **AND** NAS NUMBER IS NOT CODED

AND TYPE OF SERVICE (FIRST
 BYTE) =

I INPATIENT

NAS EXCEPTION REASON MUST BE CODED

UNLESS SPECIAL PROCESSING
 CODE =

B EXTERNAL PARTNERSHIP PROVIDER WITH SIGNED
 AGREEMENT

C EXTERNAL PARTNERSHIP PROVIDER WITHOUT
 SIGNED AGREEMENT

S RESOURCE SHARING

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

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

ELEMENT NAME: NAS EXCEPTION REASON (2-180) (CONTINUED)

OR HEALTH CARE PLAN CODE =	11	MCS FORT BRAGG DEMO
IN WHICH CASE NAS EXCEPTION REASON MUST BE BLANK		
2-180-05R	IF EARLIEST BEGIN DATE OF CARE \geq 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 TYPE OF SERVICE =	I	FIRST BYTE
	M	
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA ¹		
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 TYPE OF SERVICE =	I	FIRST BYTE
	M	
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA		
AND BEGIN DATE OF CARE \leq 04/01/1995		

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

ELEMENT NAME: NAS EXCEPTION REASON (2-180) (CONTINUED)

THEN NAS EXCEPTION REASON MUST =	8	HEART/LIVER TRANSPLANT
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF ANY SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
	#	HOSPICE
	O	HOSPICE NON-AFFILIATED PROVIDER
	AND TYPE OF SERVICE =	I M
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA¹		
NAS EXCEPTION REASON MUST =	6	PARTNERSHIPS
	1	ENROLLMENT IN OHI WHICH IS PRIMARY COVERAGE
	2	EMERGENCY MEDICAL TREATMENT
	L	HOSPICE
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF ANY SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
	O	CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES
	S	RESOURCE SHARING
	#	HOSPICE
AND TYPE OF SERVICE =	A C O N	FIRST BYTE
	O	HOSPICE NON-AFFILIATED PROVIDER
	AND BEGIN DATE OF CARE ≥ 11/01/1991	

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

ELEMENT NAME: NAS EXCEPTION REASON (2-180) (CONTINUED)

AND 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.

NAS EXCEPTION REASON MUST =	6	PARTNERSHIPS/RESOURCE SHARING
	1	ENROLLMENT IN OHI WHICH IS PRIMARY COVERAGE
	2	EMERGENCY MEDICAL TREATMENT
	I	TRICARE-TIDEWATER DRUG CLAIM
	J	TRICARE-TIDEWATER PREVENTATIVE CARE CLAIM
	L	HOSPICE
IF ANY SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY CLAIMS
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA		
NAS EXCEPTION REASON MUST =	Q	ACTIVE DUTY CLAIMS
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
2-180-06R IF PROGRAM INDICATOR =	H	PPWD
	D	DRUGS
	T	DENTAL
NAS EXCEPTION REASON CANNOT = 'A'.		
2-180-07R IF PATIENT ZIP CODE IS IN A CATCHMENT AREA ¹ AND NAS NUMBER IS NOT CODED		
TYPE OF SERVICE =	A	FIRST BYTE
	C	
	O	
	N	
AND BEGIN DATE OF CARE ≥ 11/01/1991 AND < 09/23/1996		
AND 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.		
NAS EXCEPTION REASON MUST BE CODED		
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
OR ANY OCCURRENCE OF DENIAL REASON CODE =	9	NONAVAILABILITY STATEMENT NOT PROVIDED
	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS

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

ELEMENT NAME: NAS EXCEPTION REASON (2-180) (CONTINUED)

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 BE = BLANK.		

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

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185)

VALIDITY EDITS

2-185-01 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 =	PS	TRICARE SENIOR PHARMACY OR
	FE	TRICARE FOR LIFE - EXTRA OR
	FS	TRICARE FOR LIFE - STANDARD

THEN BYPASS THE RELATIONAL EDITS FOR HEALTH CARE PLAN IDENTIFIER

2-185-03R IF ENROLLMENT STATUS =	A	CRI - FOUNDATION HEALTH PLAN
	B	CRI - PARTNERS HEALTH PLAN
	C	CRI - QUEENS HEALTH PLAN
	N	CRI - NOT ENROLLED, NOT STANDARD (EXTRA)

HEALTH CARE PLAN CODE MUST BE =	01	CRI - PARTNERS HEALTH PLAN
	02	CRI - PARTNERS HEALTH PLAN
	03	CRI - QUEENS HEALTH PLAN

UNLESS TYPE OF SUBMISSION =	D	DENIAL
	C	CANCELLATION
	E	CANCELLATION OF NON-HCSR DATA

2-185-04R IF ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)

		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
HEALTH CARE PLAN CODE MUST BE BLANK			
	UNLESS TYPE OF SUBMISSION =	D	DENIAL
		C	CANCELLATION
		E	CANCELLATION OF NON-HCSR DATA
2-185-05R	IF ENROLLMENT STATUS =	O	NEW ORLEANS PRIME
		P	NEW ORLEANS NOT ENROLLED < NOT STANDARD PROGRAM
HEALTH CARE PLAN CODE MUST BE '10'			
	UNLESS TYPE OF SUBMISSION =	D	DENIAL
		C	CANCELLATION
		E	CANCELLATION OF NON-HCSR DATA
2-185-06R	IF ENROLLMENT STATUS =	H	MANAGED CARE SUPPORT - HOMESTEAD, STANDARD PROGRAM
		I	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
		J	MANAGED CARE SUPPORT - HOMESTEAD, NON-ENROLLED PATIENT, NETWORK PROVIDER
HEALTH CARE PLAN CODE MUST BE '05'			
	UNLESS TYPE OF SUBMISSION =	D	DENIAL
		C	CANCELLATION
		E	CANCELLATION OF NON-HCSR DATA
2-185-07R	IF CONTRACTOR FHC OPTIONS (MENTAL HEALTH)		
THEN HEALTH CARE PLAN CODE MUST BE '06' (MANAGED CARE SUPPORT - HOMESTEAD)			
	UNLESS ENROLLMENT STATUS =	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
THEN HEALTH CARE PLAN CODE MUST BE BLANK			
2-185-08R	IF HEALTH CARE PLAN CODE = '06' (MANAGED CARE SUPPORT - HOMESTEAD)		
	UNLESS ENROLLMENT STATUS =	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)

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

2-185-09R IF CONTRACTOR WASHINGTON/OREGON

THEN HEALTH CARE PLAN CODE MUST BE '07' (MANAGED CARE SUPPORT - WASHINGTON-OREGON)

UNLESS ENROLLMENT STATUS =

Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA

THEN HEALTH CARE PLAN CODE MUST BE BLANK

2-185-10R 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 FOR TRICARE ELIGIBLE

2-185-11R IF CONTRACTOR FHC OPTIONS (FORT BRAGG DEMO)

THEN HEALTH CARE PLAN CODE MUST BE '11' (MANAGED CARE SUPPORT - FORT BRAGG, NC)

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)

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			
2-185-12R	IF HEALTH CARE PLAN CODE = '11' (FORT BRAGG DEMO)		
THEN ENROLLMENT STATUS MUST =		R	TRICARE EXTRA - NORTH CAROLINA OR
		T	MANAGED CARE SUPPORT - STANDARD 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 NTF/CLINIC PCM)
2-185-13R	IF CONTRACTOR (REGION 06) TEXAS/OKLAHOMA/LOUISIANA/ARKANSAS		
THEN HEALTH CARE PLAN CODE MUST BE '09' (MANAGED CARE SUPPORT - REGION 6)			
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			
2-185-14R	IF HEALTH CARE PLAN CODE = '09' (MANAGED CARE SUPPORT - REGION 6)		
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
		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 OR

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)

TS TRICARE SENIOR SUPPLEMENT

2-185-15R IF CONTRACTOR (REGION 09, 10, 12) CALIFORNIA/HAWAII

THEN HEALTH CARE PLAN CODE MUST BE '08' (MANAGED CARE SUPPORT - REGION 9, 10, 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

2-185-16R IF HEALTH CARE PLAN CODE = '08' (MANAGED CARE SUPPORT - REGIONS 9, 10, 12)

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 FOR TRICARE ELIGIBLE **OR**

TS TRICARE SENIOR SUPPLEMENT

2-185-17R IF CONTRACTOR (REGION 03, 04) HUMANA

THEN HEALTH CARE PLAN CODE MUST BE '13', '14', '15', '16'

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

2-185-18R IF HEALTH CARE PLAN CODE = '13', '14', '15', '16' (MANAGED CARE SUPPORT - REGIONS 3/4, EUROPE, PACIFIC, AND SOUTHCOM)

THEN ENROLLMENT STATUS MUST =

R TRICARE EXTRA - NORTH CAROLINA **OR**

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)

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
X	ACTIVE DUTY - EUROPE 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

2-185-19R IF CONTRACTOR (CENTRAL REGION) TRIWEST**THEN HEALTH CARE PLAN CODE MUST BE = '12'****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.**2-185-20R** IF HEALTH CARE PLAN CODE = '12' (MANAGED CARE CENTRAL REGION (REGION 7/8))**THEN ENROLLMENT STATUS =**

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

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)

	SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE OR
	ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
2-185-21R	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.	
2-185-22R	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 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
	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
2-185-23R	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.	
2-185-24R	IF HEALTH CARE PLAN CODE = '18' (MANAGED CARE SUPPORT - REGION 1)	
	THEN ENROLLMENT STATUS MUST =	
	R	TRICARE EXTRA - NORTH CAROLINA OR

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)	
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: DIAGNOSIS EDITION IDENTIFIER (2-190)	
VALIDITY EDITS	
2-190-01	MUST BE A VALID CODE; CURRENTLY, ONLY '9' IS VALID
RELATIONAL EDITS	
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP ALSO RELATES TO ELEMENT(S)
NONE	

ELEMENT NAME: PROCEDURE TEXT IDENTIFIER (2-195)	
VALIDITY EDITS	
2-198-01	VALUE MUST BE '4' OR '8'.
RELATIONAL EDITS	
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP ALSO RELATES TO ELEMENT(S)
PROGRAM INDICATOR	SEE BELOW
EDITED ELEMENT RELATIONSHIP	
2-195-02R	IF PROGRAM INDICATOR = T DENTAL PROCEDURE TEXT IDENTIFIER MUST = '8'.
	IF PROGRAM INDICATOR ≠ T DENTAL PROCEDURE TEXT IDENTIFIER MUST = '4'.

