

CHAPTER 6
SECTION 3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 145 - 164)

ELEMENT NAME: PATIENT COPAYMENT (2-145)

VALIDITY EDITS

2-145-01 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

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

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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 ≥ 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 ≥ 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 ≥ 04/01/2001

AND ENROLLMENT STATUS =

PS TRICARE SENIOR PHARMACY

THEN BYPASS ALL COINSURANCE RELATIONAL EDITING.

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = NE OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM (RESERVIST CALLED TO ACTIVE DUTY UNDER EXECUTIVE ORDER 13223)

AND ANY OCCURRENCE OF PRICING CODE =

W PRICED OVER CMAC

THEN BYPASS ALL COINSURANCE 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 HCSRs STORED ON THE DATABASE

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

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
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

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

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

	A	INTERNAL PARTNERSHIP
	S	RESOURCE SHARING
	#	HOSPICE
2-145-06R	PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED (AND COINSURANCE MUST BE ZERO) WHEN	
PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	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 _s 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

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

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

HOSPICE

MH MENTAL HEALTH

2-145-07R PATIENT COPAYMENT MUST BE ZERO WHENANY 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

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

TYPE OF SUBMISSION =

A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRS STORED ON THE
DATABASE**THEN PATIENT COPAYMENT MUST BE ≤ ZERO.****2-145-08R • EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.**PATIENT COPAYMENT MUST BE ZERO **WHEN**

SPONSOR STATUS =

A ACTIVE DUTY

P TAMP DESIGNEE

B RECALLED ACTIVE DUTY

E MEPCOM ENLISTEE

J ACADEMY/OCS

N NATIONAL GUARD

Q PRISON/APPELLATE

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

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

	V	RESERVE
	T	FOREIGN MILITARY
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG PRIOR TO 10/01/2001
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	I	INPATIENT
	K	EMERGENCY ROOM COST-SHARED AS INPATIENT
	O	OUTPATIENT
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
AND PROVIDER MAJOR SPECIALTY NOT =	BC	BIRTHING CENTER
	O	OUTPATIENT
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
PATIENT RELATIONSHIP TO SPONSOR ≠	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT

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

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

	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	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
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
ELSE 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 HCSR _s STORED ON THE DATABASE		
THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
PATIENT COPAYMENT MUST BE ZERO WHEN		
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD

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

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

	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PROGRAM INDICATOR =	N	NON-INSTITUTIONAL
	D	DRUG PRIOR TO 10/01/2001
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	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
	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

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

	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
ELSE 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		
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	

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

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 ¹ =	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	O	OUTPATIENT
AND PROVIDER MAJOR SPECIALTY =	BC	BIRTHING CENTER
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

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

	* 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 HCSRs STORED ON THE DATABASE.	
2-145-10R	• 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
	W TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T FORMER SPOUSE
	H
	R
	Y
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

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

	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 WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

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

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

THEN PATIENT COPAYMENT MUST BE \leq ZERO.

UNLESS EARLIEST BEGIN DATE OF CARE IS \geq 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 SERVICE¹ = O OUTPATIENT

A AMBULATORY SURGERY COST-SHARED AS INPATIENT

PRINCIPAL TREATMENT DIAGNOSIS \neq 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

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

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

C CANCELLATION

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

THEN PATIENT COPAYMENT MUST BE ≤ ZERO.

2-145-15R PATIENT COPAYMENT MUST BE \$4.00 TIMES NUMBER OF SERVICES (WHERE AMOUNT ALLOWED BY PROCEDURE CODE ≠ ZERO FOR DETAIL OCCURRENCE) **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

PRINCIPAL TREATMENT DIAGNOSIS = 290 - 316 (MENTAL HEALTH)

ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ = O OUTPATIENT

A AMBULATORY SURGERY 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

OR TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION WITH AMOUNT ALLOWED > ZERO

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

2-145-16R • EDIT FOR ARMY CAM DEMONSTRATIONS, FAMILY MEMBERS OF ACTIVE DUTY SPONSOR.

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

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)	
	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 ¹ =	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 ² = 92891, 92892, 92893, 92898, OR 92899	
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 OR C CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE	
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS OR U BENEFICIARY INDEMNIFICATION PAYMENT OR

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

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

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

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

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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 • **AS OF 04/01/2001 - NO COST-SHARES ARE REQUIREMENT FOR ACTIVE DUTY FAMILY MEMBERS EXCEPT FOR PHARMACY CLAIMS. (THIS EDIT IS CHECKED FIRST PRIOR TO CHECKING ANY PATIENT COPAYMENT EDITS. IF THE BENEFICIARY IS A PRIME ADFM AND THIS IS NOT A DRUG CLAIM, THEN THE ONLY PATIENT COPAYMENT EDITING REQUIRED IS TO MAKE SURE THAT THE PATIENT COPAYMENT IS ZERO).**

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
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADMS
AND SPONSOR STATUS =	A	ACTIVE DUTY OR
	B	RECALLED TO ACTIVE DUTY OR
	N	NATIONAL GUARD OR
	V	RESERVE
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

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

² **CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.**

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

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
	Z MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)
	AA CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) EXTRA OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
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 CATASTROPHIC LOSS PROTECTION LIMIT REACHED
THEN PATIENT COPAYMENT MUST ≠ ZERO AND ≤ \$9.00	
2-145-31R	IF AN OCCURRENCE OF SPECIAL PROCESSING CODE =
	GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
THEN EARLIEST BEGIN DATE OF CARE IS ≥ 10/30/2000 AND < 09/01/2002	
AND SPONSOR STATUS MUST =	A ACTIVE DUTY OR
	B RECALLED TO ACTIVE DUTY OR
	N NATIONAL GUARD OR
	V RESERVE
AND PATIENT RELATIONSHIP TO SPONSOR MUST =	C CHILD OR
	S SPOUSE OR
	V STEP CHILD OR
	W WARD

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

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

**AND NO OCCURRENCE
OF SPECIAL PROCESSING
CODE CAN = PO POINT OF SERVICE**

**AND NO PROGRAM
INDICATOR CAN = H PROGRAM FOR PERSONS WITH DISABILITIES**

AND PATIENT COPAYMENT MUST = ZERO

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

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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_s 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

¹ 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)	
	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 ¹ 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	
THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.	
2-150-06R	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
	M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM

¹ 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 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)		
THEN 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 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

¹ 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)

OR TYPE OF SUBMISSION =	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.		
2-150-08R	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
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
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
TYPE OF SERVICE¹ FOR ANY DETAIL OCCURRENCE =	A	AMBULATORY SURGERY (FIRST BYTE)
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		

¹ 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)	
ELSE TYPE OF SUBMISSION =	B ADJUSTMENT NON-HCSR DATA
	E CANCELLATION NON-HCSR DATA
OR TYPE OF SUBMISSION =	A ADJUSTMENT
	C COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE	
THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.	
2-150-09R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN	
ENROLLMENT STATUS =	F FI STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	S CRI STANDARD PROGRAM
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F ARMY CAM DEMONSTRATIONS
	G
TYPE OF SERVICE¹ FOR ANY DETAIL OCCURRENCE =	O OUTPATIENT (FIRST BYTE)
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 OR
	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	

¹ 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
2-150-11R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO WHEN		
	SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA OR
		J	LUKE/WILLIAMS AFB CATCHMENT AREA OR
		AD	ACTIVE DUTY OR
		AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE OR
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR OR
		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
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
2-150-12R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
	AND ENROLLMENT STATUS =	T	MCS - STANDARD PROGRAM OR
		V	MCS - EXTRA PROGRAM
	THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO		
2-150-13R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	THEN BEGIN DATE OF CARE IS \geq 10/30/2000 AND $<$ 09/01/2002		
	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY OR
		B	RECALLED TO ACTIVE DUTY OR
		N	NATIONAL GUARD OR

¹ 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)

V RESERVE

AND PATIENT
RELATIONSHIP TO
SPONSOR MUST =

C CHILD OR

S SPOUSE OR

V STEP CHILD OR

W WARD

AND NO OCCURRENCE
OF SPECIAL PROCESSING
CODE CAN =

PO POINT OF SERVICE

AND NO PROGRAM
INDICATOR CAN =

H PROGRAM FOR PERSONS WITH DISABILITIES

AND PATIENT AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO

¹ 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 **OR**
O ZERO PAYMENT WITH 100% OHI/TPL **OR**
C COMPLETE CANCELLATION

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

TYPE OF SUBMISSION = A ADJUSTMENT **OR**
B ADJUSTMENT TO NON-HCSR DATA **OR**

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

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

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

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.
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ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM OR
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	Q	NEW ORLEANS STANDARD PROGRAM OR
	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^c ROUNDING ERROR IN THIS EDIT.)	
	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL NON-DISCOUNTABLE HOSPITAL SERVICES (TOTAL CHARGES BY PROCEDURE CODE FOR PROCEDURE CODES² 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	

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

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

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
AND ENROLLMENT STATUS =	F FI STANDARD PROGRAM OR
	D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM OR
	J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM OR
	M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	T MANAGED CARE SUPPORT - STANDARD PROGRAM OR
	Q NEW ORLEANS STANDARD PROGRAM OR
	S CRI STANDARD PROGRAM OR
	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO; AMOUNT OF THIRD PARTY LIABILITY = ZERO;	
AND PROGRAM INDICATOR =	I INSTITUTIONAL OR
	N NON-INSTITUTIONAL OR
	D DRUG OR
	T DENTAL
AND SPECIAL RATE CODE =	A DRG 4% DISCOUNT OR
	B DRG 3% DISCOUNT OR
	C DRG 2% DISCOUNT OR
	E DRG 1% DISCOUNT

2-155-11R IF ALL DETAIL OCCURRENCES ARE DENIED
 AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE = ZERO **WHEN**

TYPE OF SUBMISSION =	A ADJUSTMENT OR
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL OR

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

	F	ADJUSTMENT NEW SUFFIX OR
	I	INITIAL SUBMISSION OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION OF ERROR REJECT
ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA OR
	E	CANCELLATION NON-HCSR DATA

THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE \leq ZERO.

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

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