

## INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 144)

ELEMENT NAME: PATIENT ZIP CODE (1-100)		
VALIDITY EDITS		
1-100-01	MUST BE 9 CHARACTERS, EITHER 9 DIGITS, OR 5 DIGITS (NOT 5 ZEROES OR 5 NINES) FOLLOWED BY 4 BLANKS, OR 2 CHARACTERS FOLLOWED BY 7 BLANKS. MUST NOT BE ALL ZEROES OR ALL NINES.	
1-100-02	MUST BE VALID ZIP CODE IN THE ELECTRONIC ZIP CODE FILE, BASED ON THE ADMISSION DATE OR THE FIRST 2 CHARACTERS AGAINST COUNTRY CODES TABLE (SEE CHAPTER 2, ADDENDUM A)	
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NAS EXCEPTION REASON	SEE BELOW	
NAS NUMBER	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
ENROLLMENT STATUS	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		
1-100-03R	IF NAS EXCEPTION REASON IS CODED THEN PATIENT ZIP CODE MUST BE WITHIN AN MTF <sup>3</sup> CATCHMENT AREA <sup>1</sup> UNLESS NAS EXCEPTION CODE = O LIVING-RELATED DONOR LIVER TRANSPLANT OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = ST <sup>2</sup> SPECIALIZED TREATMENT FACILITY THEN BYPASS THIS EDIT	
1-100-04R	IF NAS NUMBER IS PRESENT THEN PATIENT ZIP CODE MUST BE WITHIN AN MTF <sup>3</sup> CATCHMENT AREA <sup>1</sup> UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE = ST <sup>2</sup> SPECIALIZED TREATMENT FACILITY OR	
<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE. <sup>2</sup> STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED. <sup>3</sup> MTF IS A 40 MILE CATCHMENT AREA.		

**ELEMENT NAME: PATIENT ZIP CODE (1-100) (CONTINUED)**

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 ENROLLMENT STATUS = FE TRICARE FOR LIFE - EXTRA OR

FS TRICARE FOR LIFE - STANDARD

**THEN BYPASS THIS EDIT**

1-100-05R IF SPECIAL PROCESSING CODE = '9' (FORT DRUM COOPERATIVE MEDICAL CARE) PATIENT ZIP CODE MUST BE IN THE FORT DRUM DEMONSTRATION PROJECT AREA.

1-100-06R IF ENROLLMENT STATUS = 'A', 'B', 'C', 'K', 'L', 'M', 'N', OR 'S'

AND NO OCCURRENCE OF OVERRIDE CODE = 'S'  
 PATIENT ZIP CODE MUST BE IN CALIFORNIA OR HAWAII

1-100-07R IF ENROLLMENT STATUS = 'H', 'I', 'J', 'O', 'P', OR 'Q'

AND NO OCCURRENCE OF OVERRIDE CODE = 'S'  
 PATIENT ZIP CODE MUST BE A VALID ZIP CODE FOR THE NEW ORLEANS COORDINATED CARE PROGRAM, OR A BASE REALIGNMENT AND CLOSURE (BRAC) SITE (SEE CHAPTER 2, ADDENDUM K).

- <sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.
- <sup>2</sup> STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.
- <sup>3</sup> MTF IS A 40 MILE CATCHMENT AREA.

**ELEMENT NAME: ENROLLMENT STATUS (1-105)**

**VALIDITY EDITS**

1-105-01 MUST BE A VALID VALUE LISTED IN CHAPTER 2.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

1-105-02R IF ANY OCCURRENCE OF OVERRIDE CODE = Z ENHANCED BENEFIT  
 ENROLLMENT STATUS MUST = A FOUNDATION HEALTH PLAN

- <sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

**ELEMENT NAME: ENROLLMENT STATUS (1-105) (CONTINUED)**

B	PARTNERS HEALTH PLAN
C	QUEEN'S HEALTH CARE PLAN
N	NON-PRIME; E.G., EXTRA
O	NEW ORLEANS PRIME
P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM
E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME
H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, ENROLLED PATIENT
U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM
Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM

**1-105-03R** IF SOURCE OF HEALTH CARE DATA (THIS IS A **DERIVED** ELEMENT) IS A CRI CONTRACTOR

**THEN ENROLLMENT STATUS  
MUST =**

A	FOUNDATION HEALTH PLAN <b>OR</b>
B	PARTNERS HEALTH PLAN <b>OR</b>
C	QUEEN'S HEALTH CARE PLAN <b>OR</b>
D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM <b>OR</b>
E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME <b>OR</b>
G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA <b>OR</b>
N	NON-PRIME <b>OR</b>
R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
S	CRI STANDARD PROGRAM <b>OR</b>
U	MANAGED CARE SUPPORT - PRIME, CIVILLIAN PCM <b>OR</b>
V	MANAGED CARE SUPPORT - EXTRA <b>OR</b>
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD <b>OR</b>
Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM <b>OR</b>
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA

IF SOURCE OF HEALTH CARE DATA IS A FI

**THEN ENROLLMENT STATUS  
MUST =**

F FI STANDARD PROGRAM **OR**

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

**ELEMENT NAME: ENROLLMENT STATUS (1-105) (CONTINUED)**

D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM <b>OR</b>
E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME <b>OR</b>
G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA <b>OR</b>
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD <b>OR</b>
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA <b>OR</b>
H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT <b>OR</b>
J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM <b>OR</b>
R	TRICARE EXTRA - NORTH CAROLINA
IF SOURCE OF HEALTH CARE DATA IS ORLEANS DEMONSTRATION	
<b>THEN ENROLLMENT STATUS MUST =</b>	
O	NEW ORLEANS PRIME <b>OR</b>
P	NEW ORLEANS NOT ENROLLED, NOT STANDARD <b>OR</b>
Q	NEW ORLEANS COORDINATE CARE STANDARD PROGRAM <b>OR</b>
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD <b>OR</b>
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
IF SOURCE OF HEALTH CARE DATA IS MANAGED CARE SUPPORT	
<b>THEN ENROLLMENT STATUS MUST =</b>	
K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, ENROLLED PATIENT <b>OR</b>
L	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, NON-ENROLLED PATIENT, NETWORK PROVIDER <b>OR</b>
M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM <b>OR</b>
O	NEW ORLEANS PRIME <b>OR</b>
P	NEW ORLEANS NOT ENROLLED, NOT STANDARD <b>OR</b>
Q	NEW ORLEANS COORDINATED CARE STANDARD PROGRAM <b>OR</b>
R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
T	MANAGED CARE SUPPORT - STANDARD PROGRAM <b>OR</b>

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

**ELEMENT NAME: ENROLLMENT STATUS (1-105) (CONTINUED)**

	U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM <b>OR</b>
	V	MANAGED CARE SUPPORT - EXTRA <b>OR</b>
	W	ACTIVE DUTY USA <b>OR</b>
	X	ACTIVE DUTY EUROPE <b>OR</b>
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD <b>OR</b>
	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM <b>OR</b>
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA <b>OR</b>
	BB	TRICARE SENIOR PRIME <b>OR</b>
	FE	TRICARE FOR LIFE - EXTRA <b>OR</b>
	FS	TRICARE FOR LIFE - STANDARD <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 - REFERRED CARE <b>OR</b>
	ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE <b>OR</b>
	TS	TRICARE SENIOR SUPPLEMENT <b>OR</b>
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
<b>1-105-04R</b>	IF PROVIDER CONTRACT AFFILIATION CODE =	1 CONTRACTED
	<b>THEN ENROLLMENT STATUS MUST NOT =</b>	S STANDARD PROGRAMS
	IF PROVIDER CONTRACT AFFILIATION CODE =	2 NOT CONTRACTED
	<b>THEN ENROLLMENT STATUS MUST NOT =</b>	N NON-PRIME
<b>1-105-05R</b>	IF ENROLLMENT STATUS =	Y CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) STANDARD <b>OR</b>
		AA CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) EXTRA
	<b>THEN PROGRAM INDICATOR MUST NOT =</b>	H PROGRAM FOR PERSONS WITH DISABILITIES
<b>1-105-06R</b>	IF ENROLLMENT STATUS =	W TPR ACTIVE DUTY - USA <b>OR</b>
		X ACTIVE DUTY - EUROPE

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

**ELEMENT NAME: ENROLLMENT STATUS (1-105) (CONTINUED)**

	<b>THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	AD	ACTIVE DUTY <b>OR</b>
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR
<b>1-105-07R</b>	IF ENROLLMENT STATUS =	BB	TRICARE SENIOR PRIME
	<b>THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	MS	TRICARE SENIOR PRIME (NETWORK) <b>OR</b>
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
<b>1-105-08R</b>	IF ENROLLMENT STATUS =	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>THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE <b>OR</b>
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE <b>OR</b>
		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>1-105-09R</b>	IF ENROLLMENT STATUS =	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM
	<b>THEN BEGIN DATE OF CARE MUST BE <math>\geq</math> 10/01/1997</b>		
<b>1-105-10R</b>	IF ENROLLMENT STATUS =	TS	TRICARE SENIOR SUPPLEMENT
	<b>THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	SN	TRICARE SENIOR SUPPLEMENT (NON-NETWORK) <b>OR</b>
		SS	TRICARE SENIOR SUPPLEMENT (NETWORK)
<b>1-105-11R</b>	IF BEGIN DATE OF CARE $\geq$ 10/01/2001		

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

**ELEMENT NAME: ENROLLMENT STATUS (1-105) (CONTINUED)**

	<b>AND ENROLLMENT STATUS =</b>	FE	TRICARE FOR LIFE - EXTRA <b>OR</b>
		FS	TRICARE FOR LIFE - STANDARD
	<b>THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	FF	TRICARE FOR LIFE (FIRST PAYOR) <b>OR</b>
		FS	TRICARE FOR LIFE (SECOND PAYOR)
<b>1-105-12R</b>	<b>IF ENROLLMENT STATUS =</b>	FE	TRICARE FOR LIFE - EXTRA <b>OR</b>
		FS	TRICARE FOR LIFE - STANDARD
	<b>THEN PATIENT'S DATE OF BIRTH MUST BE ≥ 64 YEARS AND 11 MONTHS<sup>1</sup></b>		
<b>1-105-13R</b>	<b>IF ENROLLMENT STATUS =</b>	FE	TRICARE FOR LIFE - EXTRA <b>OR</b>
		FS	TRICARE FOR LIFE - STANDARD
	<b>THEN BEGIN DATE OF CARE ≥ 10/01/2001</b>		
<b>1-105-14R</b>	<b>IF ENROLLMENT STATUS =</b>	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	<b>AND SPECIAL RATE CODE ≠</b>	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	<b>THEN BEGIN DATE OF CARE IS ≥ 09/01/2002</b>		
	<b>AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	GN	TPR ENROLLED ADFM - NON-NETWORK <b>OR</b>
		GT	TPR ENROLLED ADFM - NETWORK
<b>1-105-15R</b>	<b>IF ENROLLMENT STATUS =</b>	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	<b>AND SPECIAL RATE CODE =</b>	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

**ELEMENT NAME: ENROLLMENT STATUS (1-105) (CONTINUED)**

H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
<b>THEN END DATE OF CARE IS ≥ 09/01/2002</b>	
<b>AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =</b>	
GN	TPR ENROLLED ADFM - NON-NETWORK <b>OR</b>
GT	TPR ENROLLED ADFM - NETWORK

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

**ELEMENT NAME: NAS NUMBER (1-110)**

**VALIDITY EDITS**

<b>1-110-01</b>	IF NAS NUMBER IS CODED
	POSITIONS 2 - 4 (MTF FACILITY #), MUST BE VALID (USER SUPPLIED: USE MTF NUMBERS). POSITION 1 MUST BE ZERO.
	POSITIONS 5 - 8 (JULIAN DATE; FORMAT; YDDD), Y MUST BE 0 - 9, DDD MUST BE 001 - 366.
	POSITIONS 9 - 11 (SEQUENCE #), MUST BE NUMERIC AND NOT ZERO.
	<b>UNLESS FIRST 4 DIGITS = '6501' AND PATIENT ZIP CODE IS BETWEEN 23000 - 23899 INCLUSIVE THEN BYPASS THIS EDIT</b>
	<b>OR POSITIONS 1 - 2 MUST BE '46' OR '47' AND POSITIONS 3 - 11 MUST BE ZEROS.</b>
	IF NAS NUMBER IS NOT CODED, MUST BE BLANK-FILLED.

- <sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.
- <sup>2</sup> STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.
- <sup>3</sup> MTF IS A 40 MILE CATCHMENT AREA.



**ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)****RELATIONAL EDITS**

<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
PATIENT ZIP CODE	SEE BELOW	ADMISSION DATE
NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE, SPONSOR BRANCH OF SERVICE, DENIAL REASON CODE, ADMISSION DATE, PROGRAM INDICATOR
SPECIAL PROCESSING FLAG	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

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

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

**NO ERROR** IF BEGIN DATE OF CARE ≥ 09/23/1996

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

**<sup>2</sup> STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.**

**<sup>3</sup> MTF IS A 40 MILE CATCHMENT AREA.**

**ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)**

AND ENROLLMENT STATUS =	E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME <b>OR</b>
	H	MANAGED CARE SUPPORT - HOMESTEAD ENROLLED PATIENT <b>OR</b>
	K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT <b>OR</b>
	O	NEW ORLEANS PRIME <b>OR</b>
	U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM <b>OR</b>
	W	TPR ACTIVE DUTY CLAIMS - USA <b>OR</b>
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) STANDARD <b>OR</b>
	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM <b>OR</b>
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) EXTRA <b>OR</b>
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM

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

**1-110-02R** IF PATIENT ZIP CODE IS NOT IN **AN MTF<sup>3</sup>** CATCHMENT AREA<sup>A<sup>1</sup></sup>

**THEN** NAS NUMBER MUST = BLANK

**UNLESS** SPECIAL PROCESSING CODE = **ST<sup>2</sup>** SPECIALIZED TREATMENT

**1-110-03R** IF NAS EXCEPTION REASON IS NOT BLANK **THEN** NAS NUMBER MUST = BLANK.

**1-110-04R** IF NAS EXCEPTION REASON = BLANK **AND** PATIENT ZIP CODE IS IN **AN MTF<sup>3</sup>** CATCHMENT AREA<sup>A<sup>1</sup></sup>

**THEN** NAS NUMBER MUST BE CODED, **UNLESS**

**OR** HEALTH CARE PLAN CODE = 11 MCS - FORT BRAGG DEMO

**OR** ANY OCCURRENCE OF DENIAL REASON CODE = 9 NAS NOT PROVIDED **OR**

2 INELIGIBLE CLAIMANT **OR**

A DEERS **OR**

N MULTIPLE DENIAL REASONS

**OR** ANY OCCURRENCE OF OVERRIDE CODE = C GOOD FAITH PAYMENT

**OR** PROGRAM INDICATOR = H PROGRAM FOR PERSONS WITH DISABILITIES **OR**

**OR** SPONSOR STATUS = T NATO

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

<sup>2</sup> STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

<sup>3</sup> MTF IS A 40 MILE CATCHMENT AREA.

**ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)**

IN WHICH CASE NAS NUMBER MUST BE BLANK.

**1-110-05R** IF SPECIAL PROCESSING CODE = I BERGSTROM AFB CATCHMENT AREA  
J LUKE/WILLIAMS AFB CATCHMENT AREA

NAS NUMBER MUST NOT = 46000000000.

**1-110-06R** (REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL  
CARDIOLOGY FOR REGION 3)

IF NAS EXCEPTION REASON = BLANK

AND DRG = 104, 105, 106, 107, 108, 109, OR 112

AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER STSF  
CATCHMENT AREA

AND REGION CODE = '03' (REGION 3)

AND BEGIN DATE OF CARE ≥ 03/01/1997 AND ≤ 05/31/2003

THEN NAS NUMBER MUST BE CODED

**1-110-07R** (NATIONAL STSF)

IF NAS EXCEPTION REASON = BLANK

AND PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF  
COLUMBIA

AND (DRG = 480 [LIVIER TRANSPLANT]

AND BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤ 02/19/1998)

OR (DRG = 481 [ALLOGENEIC BONE MARROW TRANSPLANTATION]

AND BEGIN DATE OF CARE ≥ 10/01/1997 AND ≤ 12/31/2002)

OR (DRG = 302 [KIDNEY TRANSPLANTATION]

AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003)

THEN NAS NUMBER MUST BE CODED

UNLESS TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL INITIAL HCSR

**1-110-08R** (MULTI-REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 1 & 2)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '01' (REGION 1)

OR REGION CODE = '02' (REGION 2)

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

AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC)

AND NATIONAL NAVAL MEDICAL CENTER (NNMC) MULTI-REGIONAL STSF  
CATCHMENT AREA

AND BEGIN DATE OF CARE ≥ 10/01/1997 AND ≤ 05/31/2003

THEN NAS NUMBER MUST BE CODED

**1-110-09R** NAS NUMBER MUST BE BLANK

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

<sup>2</sup> STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT  
AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

<sup>3</sup> MTF IS A 40 MILE CATCHMENT AREA.

**ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)**

	WHEN SPONSOR STATUS =	T FOREIGN MILITARY
	OR ANY OCCURRENCE OF DENIAL REASON CODE =	9 NONAVAILABILITY STATEMENT NOT PROVIDED OR
		2 INELIGIBLE CLAIMANT OR
		A DEERS OR
		N MULTIPLE DENIAL REASONS
	OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO	
<b>1-110-10R</b>	(REGIONAL STS FACILITIES FOR GENERAL SURGERY & ORTHOPEDIC SURGERY FOR REGION 1)	
	IF NAS EXCEPTION REASON = BLANK	
	AND REGION CODE = '01' (REGION 1)	
	AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)	
	AND WALTER REED ARMY MEDICAL CENTER (WRAMC) STSF CATCHMENT AREA (INCLUDES MALCOLM CROW MEDICAL CENTER (MGMC) STSF)	
	AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤05/31/2003	
	AND DRG - 191, 209, 286, 491	
	THEN NAS NUMBER MUST BE CODED	
<b>1-110-11R</b>	(REGIONAL STS FACILITIES FOR NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 1)	
	IF NAS EXCEPTION REASON = BLANK	
	AND REGION CODE = '01' (REGION 1)	
	AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)	
	AND WALTER REED ARMY MEDICAL CENTER (WRAMC) STSF CATCHMENT AREA	
	AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤05/31/2003	
	AND DRG = 001, 003, 004, 049, 286, 357	
	THEN NAS NUMBER MUST BE CODED	
<b>1-110-12R</b>	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY, AND FOR NEUROSURGERY, ORTHOPEDIC SURGERY, GENERAL SURGERY, PERIPHERAL VASCULAR SURGERY, AND HEAD AND NECK SURGERY FOR REGION 3)	
	IF NAS EXCEPTION REASON = BLANK	
	AND REGION CODE = '03' (REGION 3)	
	AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER (EAMC) STSF CATCHMENT AREA	
	AND BEGIN DATE OF CARE ≥ 03/01/1997 AND ≤05/31/2003	
	AND DRG = 104, 105, 106, 107, 108, 109, OR 112	

<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.  
<sup>2</sup> STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.  
<sup>3</sup> MTF IS A 40 MILE CATCHMENT AREA.

**ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)****OR** BEGIN DATE OF CARE  $\geq$  09/01/1999 **AND**  $\leq$  05/31/2003**AND** DRG = 001, 004, 049, 110, 111, 191, 209, 286, **OR** 491**THEN** NAS NUMBER MUST BE CODED**1-110-14R** (REGIONAL STS FACILITIES FOR NEONATAL INTENSIVE CARE FOR REGION 4)

IF NAS EXCEPTION REASON = BLANK

**AND** REGION CODE = '04' (REGION 4)**AND** PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA**AND** BEGIN DATE OF CARE  $\geq$  05/01/1998 **AND**  $\leq$  05/31/2003**AND** DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, 636**THEN** NAS NUMBER MUST BE CODED**1-110-15R** (REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 4)

IF NAS EXCEPTION REASON = BLANK

**AND** REGION CODE = '04' (REGION 4)**AND** PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA**AND** BEGIN DATE OF CARE  $\geq$  05/01/1998 **AND**  $\leq$  05/31/2003**AND** DRG = 104, 105, 106, 107, 108, 109, 110, 111, 112, 124, **OR** 125**THEN** NAS NUMBER MUST BE CODED**1-110-16R** (REGIONAL STS **FACILITY** **FOR** GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 4)

IF NAS EXCEPTION REASON = BLANK

**AND** REGION CODE = '04' (REGION 4)**AND** PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA**AND** BEGIN DATE OF CARE  $\geq$  06/01/2000 **AND**  $\leq$  05/31/2003**AND** DRG = **357****THEN** NAS NUMBER MUST BE CODED**1-110-17R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 6)

IF NAS EXCEPTION REASON = BLANK

**AND** REGION CODE = '06' (REGION 6)**AND** PATIENT ZIP CODE IS IN BROOKE ARMY MEDICAL CENTER (BAMC)**AND** WILFORD HALL MEDICAL CENTER (WHMC) STSF CATCHMENT AREA**AND** BEGIN DATE OF CARE  $\geq$  09/01/1999 **AND**  $\leq$  12/31/2002**AND** DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, **OR** 491**THEN** NAS NUMBER MUST BE CODED<sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.<sup>2</sup> STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.<sup>3</sup> MTF IS A 40 MILE CATCHMENT AREA.

**ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)**

**1-110-18R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 9)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '09' (REGION 9)

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

AND BEGIN DATE OF CARE ≥ 07/17/2000 AND ≤ 12/31/2001

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

THEN NAS NUMBER MUST BE CODED

**1-110-19R** (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 10)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '10' (REGION 10)

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

AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 12/31/2001

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

THEN NAS NUMBER MUST BE CODED

**1-110-20R** (MULTI-REGIONAL STS FACILITIES FOR LIVER TRANSPLANTS FOR REGIONS 1, 2, AND 5)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '01' (REGION 01)

OR REGION CODE = '02' (REGION 02)

OR REGION CODE = '05' (REGION 05)

AND INCLUDES ALL PATIENT ZIP CODES WITHIN REGIONS 1, 2, OR 5

AND WALTER REED ARMY MEDICAL CENTER (WRAMC)

AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003

AND DRG = 480

THEN NAS NUMBER MUST BE CODED

**1-110-21R** (VA REGIONAL STS FACILITIES FOR CARDIOTHORACIC SURGERY FOR REGION 10)

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '10' (REGION 10)

AND PATIENT ZIP CODE IS IN VA PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)

AND SAN FRANCISCO VA MEDICAL CENTER (SFVAMC) STSF CATCHMENT AREA

AND BEGIN DATE OF CARE ≥ 11/01/1999 AND ≤ 12/31/2001

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

<sup>2</sup> STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

<sup>3</sup> MTF IS A 40 MILE CATCHMENT AREA.

**ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)**

AND DRG = 104 - 109

THEN NAS NUMBER MUST BE CODED

- <sup>1</sup> CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.
- <sup>2</sup> STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.
- <sup>3</sup> MTF IS A 40 MILE CATCHMENT AREA.

**ELEMENT NAME: REASON FOR PAYMENT REDUCTION (1-113)**

**VALIDITY EDITS**

**1-113-01** MUST BE 'A', 'B', 'C' OR BLANK

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	
NUMBER OF PAYMENT REDUCTION	SEE BELOW	
NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**1-113-02R** IF AMOUNT OF PAYMENT REDUCTION IS NOT EQUAL TO ZERO AND NUMBER OF PAYMENT REDUCTION DAYS/SERVICES IS NOT EQUAL TO ZEROS.  
 REASON FOR PAYMENT REDUCTION MUST NOT BE BLANK.

**1-113-03R** IF ENROLLMENT STATUS EQUALS 'T', 'U', 'V', 'Z', 'Y', OR 'AA'  
 REASON FOR PAYMENT REDUCTION MUST BE 'A', 'B', 'C', OR BLANK  
 ELSE REASON FOR PAYMENT REDUCTION MUST BE 'A', 'B', OR BLANK.

**ELEMENT NAME: AMOUNT BILLED (1-115)**

**VALIDITY EDITS**

**1-115-01** MUST BE NUMERIC

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	FILING DATE
REVENUE CODE	SEE BELOW	TOTAL CHARGE BY REVENUE CODE
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	TYPE OF SUBMISSION, SPECIAL PROCESSING CODE
AMOUNT ALLOWED	SEE BELOW	SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE, ENROLLMENT STATUS
SPECIAL PROCESSING CODE	SEE BELOW	FREQUENCY CODE, TYPE OF SUBMISSION, FILING DATE

**EDITED ELEMENT RELATIONSHIP**

**1-115-02R** AMOUNT BILLED MUST BE > ZERO WHEN:

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

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

**1-115-03R** AMOUNT BILLED MUST = TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODE 001.

**1-115-04R** AMOUNT BILLED MUST BE ≤\$200.00 WHEN PRINCIPAL TREATMENT DIAGNOSIS EQUALS 799.9.

UNLESS TYPE OF SUBMISSION =	D COMPLETE DENIAL
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	1 MEDICAID

**1-115-05R** AMOUNT BILLED MUST BE ≥ AMOUNT ALLOWED WHEN:

ENROLLMENT STATUS =	F FI STANDARD PROGRAM
	D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM



**ELEMENT NAME: AMOUNT BILLED (1-115) (CONTINUED)**

	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
SPECIAL RATE CODE =	b/	NO SPECIAL RATE (BLANK)
	D	DISCOUNT RATE
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
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE.		
<b>1-115-06R</b>	AMOUNT BILLED MUST BE > \$90,000	
<b>WHEN DATES OF ADMISSION PRIOR TO 12/01/1996</b>		
SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
FREQUENCY CODE =	2	INTERIM - INITIAL
	3	INTERIM - INTERIM
TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX
	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE.		

**ELEMENT NAME: AMOUNT ALLOWED (1-120)**

**VALIDITY EDITS**

**1-120-01** MUST BE NUMERIC.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
<b>1-115-05R</b> AMOUNT BILLED		SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE, ENROLLMENT STATUS
TYPE OF SUBMISSION	SEE BELOW	AMOUNT PAID BY OHI/TPL, PATIENT COINSURANCE, PATIENT COPAYMENT, FILING DATE
DENIAL REASON CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE

**EDITED ELEMENT RELATIONSHIP**

**1-120-02R** AMOUNT ALLOWED MUST BE ZERO

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

**1-120-03R** AMOUNT ALLOWED MUST BE ZERO

**WHEN** TYPE OF SUBMISSION = C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> STORED ON THE DATABASE, **UNLESS** THE CANCELLED HCSR REPORTS AMOUNT PAID BY OTHER HEALTH INSURANCE **OR** THIRD PARTY LIABILITY > ZERO, IN WHICH CASE AMOUNT ALLOWED MUST BE ≥ ZERO, AND OHI PLUS TPL PLUS COPAYMENT PLUS COINSURANCE MUST BE ≥ AMOUNT ALLOWED.

**1-120-04R** AMOUNT ALLOWED MUST BE ZERO **WHEN** ALL DETAIL DENIAL REASON CODES CONTAIN DENIAL CODE VALUES **WHEN**:

TYPE OF SUBMISSION = I INITIAL SUBMISSION  
 R RESUBMISSION OF ERROR REJECT  
 O ZERO PAYMENT WITH 100% OHI/TPL  
 F ADJUSTMENT NEW SUFFIX  
 D COMPLETE DENIAL  
 G ADDITIONAL DRG INTERIM BILLING

**OR** TYPE OF SUBMISSION = A ADJUSTMENT  
 C COMPLETE CANCELLATION

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

**ELSE** TYPE OF SUBMISSION = B ADJUSTMENT NON-HCSR DATA  
 E CANCELLATION NON-HCSR DATA

**ELEMENT NAME: AMOUNT ALLOWED (1-120) (CONTINUED)****OR** TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> STORED ON THE DATA BASE**THEN** AMOUNT ALLOWED MUST BE  $\leq$  ZERO**ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (1-125)****VALIDITY EDITS****1-125-01** MUST BE NUMERIC.**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP****1-125-02R** AMOUNT OF OTHER HEALTH INSURANCE MUST BE  $\geq$  ZERO **WHEN**

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT WITH 100% OHI/TPL

F ADJUSTMENT NEW SUFFIX

D COMPLETE DENIAL

G ADDITIONAL DRG INTERIM BILLING

**OR** TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR<sub>s</sub> STORED ON THE DATABASE.**1-125-03R** AMOUNT OF OTHER HEALTH INSURANCE MUST EQUAL ZERO**WHEN** ANY OCCURRENCE OF OVERRIDE CODE = U BENEFICIARY INDEMINIFICATION PAYMENT**ELEMENT NAME: AMOUNT ALLOWED BY OTHER HEALTH INSURANCE (1-127)****VALIDITY EDITS****1-127-01** MUST BE NUMERIC.

**ELEMENT NAME: AMOUNT ALLOWED BY OTHER HEALTH INSURANCE (1-127) (CONTINUED)**

**RELATIONAL EDITS**

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

**ELEMENT NAME: AMOUNT OF THIRD PARTY LIABILITY (1-130)**

**VALIDITY EDITS**

**1-130-01** MUST BE NUMERIC.

**RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP**

**1-130-02R** AMOUNT OF THIRD PARTY LIABILITY MUST BE ≥ ZERO

WHEN TYPE OF SUBMISSION =	
	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT WITH 100% OHI/TPL
	F ADJUSTMENT NEW SUFFIX
	D COMPLETE DENIAL
	G ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	
	A ADJUSTMENT
	C COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE.	

**1-130-03R** AMOUNT OF THIRD PARTY LIABILITY MUST EQUAL ZERO

WHEN ANY OCCURRENCE OF OVERRIDE CODE =	
	U BENEFICIARY INDEMNIFICATION PAYMENT

**ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (1-133)**

**VALIDITY EDITS**

**1-133-01** MUST BE NUMERIC.

**ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (1-133) (CONTINUED)****RELATIONAL EDITS**

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

**EDITED ELEMENT RELATIONSHIP****1-133-02R** AMOUNT OF PAYMENT REDUCTION MUST BE GREATER THAN ZERO

<b>WHEN REASON FOR PAYMENT REDUCTION =</b>	A	MENTAL HEALTH PREAUTHORIZATION NOT OBTAINED TIMELY
	B	ADJUNCTIVE DENTAL CARE PREAUTHORIZATION NOT OBTAINED
	C	PROCEDURE/SERVICES IN TRICARE REGIONS CARE NOT PRE-AUTHORIZED
<b>TYPE OF SUBMISSION =</b>	A	ADJUSTMENT TO PRIOR HCSR DATA
	C	COMPLETE CANCELLATION OF PRIOR HCSR DATA
	I	INITIAL SUBMISSION
	R	RESUBMISSION OF REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRUG INTERIM BILLING

**ELEMENT NAME: PATIENT COINSURANCE (1-140)****VALIDITY EDITS****1-140-01** MUST BE NUMERIC.**RELATIONAL EDITS**

<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
SPONSOR STATUS	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP TO SPONSOR, SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP TO SPONSOR, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT DOB, BEGIN DATE OF CARE, PATIENT COPAYMENT, OVERRIDE CODE
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
OVERRIDE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT DOB, BEGIN DATE OF CARE, PATIENT COPAYMENT
OVERRIDE CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

**NO ERROR** IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001
FS	TRICARE FOR LIFE (SECOND PAYOR) OR
MS	TRICARE SENIOR PRIME (NETWORK) OR
MN	TRICARE SENIOR PRIME (NON-NETWORK)

**THEN BYPASS ALL COINSURANCE EDITING.**

**1-140-02R PATIENT COINSURANCE MUST BE ZERO WHEN:**

TYPE OF SUBMISSION =	D COMPLETE CONTRACTOR DENIAL
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**1-140-03R PATIENT COINSURANCE MUST BE ZERO WHEN:**

TYPE OF SUBMISSION =	C COMPLETE CANCELLATION WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE
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**UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COINSURANCE MUST BE ≥ ZERO.**

**1-140-05R PATIENT COINSURANCE MUST BE ≤AMOUNT ALLOWED WHEN:**

PROGRAM INDICATOR =	I INSTITUTIONAL
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<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

ENROLLMENT STATUS =	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	F	FI 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
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	F	ADJUSTMENT NEW SUFFIX
	O	ZERO PAYMENT WITH 100% OHI/TPL
	R	RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE;		
SPECIAL RATE CODE =	D	DISCOUNT RATE AGREEMENT
	P	PER DIEM RATE AGREEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
	K	GEORGIA/FLORIDA PPO
	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	#	HOSPICE
<b>1-145-09R</b>	•	EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN). SEE BELOW
<b>1-140-07R</b>		
PATIENT COINSURANCE MUST EQUAL ZERO		

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

**UNLESS** 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES<sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE) IS LESS THAN [AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE] **WHEN:**

PROGRAM INDICATOR =	I	INSTITUTIONAL
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);		
ENROLLMENT STATUS =	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	F	FI 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
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
	I	INITIAL SUBMISSION
	O	ZERO PAYMENT WITH 100% OHI/TPL
	R	RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE;		
SPONSOR STATUS =	F	FORMER MEMBER

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).



**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

	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	
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
<b>1-145-09R</b>	•	EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS
<b>1-140-08R</b>		OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN.

PATIENT COINSURANCE MUST EQUAL ZERO

**UNLESS** 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES<sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG/ APPLICABLE DAILY RATE] **WHEN:**

PROGRAM INDICATOR = I INSTITUTIONAL

PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN)

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM

M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE;		
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
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**NO OCCURRENCE OF  
SPECIAL PROCESSING  
CODE =F ARMY CAM DEMONSTRATIONS  
G

K GEORGIA/FLORIDA PPO

N CHAMPUS SELECT

R MEDICARE/TRICARE DUAL ENTITLEMENT

\* VA MEDICAL CENTER CLAIM

# HOSPICE

IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 25% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES AND DUPLICATE BILLING (1) DENIAL REASON CODE).**1-145-09R** WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST BE ZERO IF PATIENT COPAYMENT IS NOT ZERO. (USE 1-140-07R **OR** 1-140-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.)NOTE: PATIENT COINSURANCE = ZERO FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS **OR** TAMP DESIGNEES, INSTITUTIONAL HCSRs. SEE PATIENT COPAYMENT, EDIT 1-145-13R.**1-140-10R** • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS  
**1-140-11R** OF DECEASED SPONSORS (**OR** FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDSPATIENT COINSURANCE MUST BE 25% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED **AND**PATIENT COPAYMENT MUST BE ZERO **WHEN:**

PROGRAM INDICATOR = I INSTITUTIONAL

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

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

J MANAGED CARE SUPPORT - HOMESTEAD  
STANDARD PROGRAMM MANAGED CARE SUPPORT - CALIFORNIA/HAWAII  
STANDARD PROGRAMT MANAGED CARE SUPPORT - STANDARD  
PROGRAM<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	b/	NO SPECIAL RATE
	A	DRG 4% DISCOUNT
	B	DRG 3% DISCOUNT
	C	DRG 2% DISCOUNT
	E	DRG 1% DISCOUNT (E)
	F	DRG NO DISCOUNT
	P	PER DIEM RATE
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
<b>1-140-14R</b>	PATIENT COST-SHARE MUST BE THE LESSER OF:	
	a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED, <b>OR</b> THE LESSER OF:	
	b.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE CODES <sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE) <b>OR</b>	
	c.) AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE	
<b>1-145-14R</b>	<b>WHEN ANY OCCURRENCE OF OVERRIDE CODE =</b>	
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	I	INSTITUTIONAL
	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	
	#	HOSPICE
	TYPE OF SUBMISSION =	
	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
	<b>OR</b> 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;	

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

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	
<b>1-140-16R</b>	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) <b>OR</b> b.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO	
<b>1-145-16R</b>	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN c.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.	
<b>1-145-15R</b>	IF PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN), USE (AUTHORIZED BED DAYS MINUS THREE) TIMES THE DRG DAILY RATE TO CALCULATE. DON'T DO IF BASED ON PATIENT RELATIONSHIP TO SPONSOR = FORMER SPOUSE. IF (AUTHORIZED BED DAYS MINUS THREE) IS NEGATIVE, CALCULATE USING 0 DAYS.	
<b>1-140-18R</b> <b>1-140-17R</b>	<ul style="list-style-type: none"> <li>EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (<b>OR</b> FORMER SPOUSE), REGION-SPECIFIC PSYCHIATRIC PER DIEM RECORDS</li> </ul>	
PATIENT COINSURANCE MUST EQUAL ZERO		
<p><b>UNLESS</b> 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON REIMBURSABLE REVENUE CODES<sup>1</sup> AND DUPLICATE BILLING (1) (DENIAL REASON CODE) IS LESS THAN [AUTHORIZED BED DAYS TIMES THE PSYCH PER DIEM COST-SHARE DAILY RATE] <b>WHEN</b></p>		
PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	S	CRI 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
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	L	REGION SPECIFIC PSYCH PER DIEM
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
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
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	UNREMARIED FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
	T	MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED
	U	BENEFICIARY INDEMNIFICATION PAYMENT

IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 25% (ALLOW 1<sup>st</sup> ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR DUPLICATE BILLING (1) DENIAL REASON CODE.

**1-140-18R** WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST EQUAL ZERO IF PATIENT COPAYMENT IS NOT ZERO.

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

**1-140-19R** • EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE), HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RECORDS.

PATIENT COINSURANCE MUST BE 25% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED AND

**1-145-19R** PATIENT COPAYMENT MUST BE ZERO WHEN:

PROGRAM INDICATOR =	I	INSTITUTIONAL
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
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).



**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

	C	CANCELLATION WITH AMOUNT > ZERO
WITH FILING DATE WITHIN THE AND NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE		
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
	T	MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED
NOTE: IF THE HCSR BEGIN/END DATES OF CARE CROSSOVER A CHANGE IN THE ACTIVE DUTY DAILY RATE, THE DRG DAILY RATE, <b>OR</b> THE PSYCH PER DIEM COST-SHARES DAILY RATE (WHICHEVER APPLIES TO THAT HCSR), THE RATES MUST BE APPLIED APPROPRIATELY TO EACH PERIOD OF TIME, FOR COST-SHARE CALCULATIONS.		
<b>1-140-20R</b>	• EDITS FOR TRICARE PRIME - POINT OF SERVICE PROGRAM.	
<b>1-145-20R</b>	PATIENT COINSURANCE MUST BE 50% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED	
<b>AND PATIENT COPAYMENT MUST BE ZERO WHEN:</b>		
ENROLLMENT STATUS =	U	MANAGED CARE SUPPORT - PRIME <b>OR</b>
	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM <b>OR</b>
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE AD <sub>SM</sub>
<b>AND SPECIAL PROCESSING CODE =</b>	PO	TRICARE PRIME - POINT OF SERVICE
<b>1-140-21R</b>	• EDITS FOR TRICARE, ARMY CAM DEMONSTRATIONS, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS ( <b>OR</b> FORMER SPOUSE).	
PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED <b>AND</b>		
<b>1-145-21R</b>	PATIENT COPAYMENT MUST BE ZERO <b>WHEN:</b>	
PROGRAM INDICATOR =	I	INSTITUTIONAL
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

	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
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
SPECIAL RATE CODE =	∅	NO SPECIAL RATE
	D	DISCOUNT RATE AGREEMENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON DATABASE;		
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
<b>1-140-23R</b>	•	EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS ( <b>OR</b> FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), FOR ARMY CAM DEMONSTRATIONS

PATIENT COINSURANCE MUST EQUAL ZERO UNLESS

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

**1-140-24R** 20% OF [AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES<sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE)] IS LESS THAN [AUTHORIZED BED DAYS TIMES THE DRG DAILY RATE] **WHEN:**

PROGRAM INDICATOR =	I	INSTITUTIONAL
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);		
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
ANY SPECIAL OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATA BASE;		
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

	D	100% DISABLED
	W	TITLE III RETIREE
<b>OR</b> PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
<b>1-140-25R</b>	• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN, FOR ARMY CAM DEMONSTRATIONS.	
	PATIENT COINSURANCE MUST EQUAL ZERO <b>UNLESS</b>	
<b>1-140-26R</b>	20% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES <sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG DAILY RATE] <b>WHEN:</b>	
PROGRAM INDICATOR =	I	INSTITUTIONAL
PATIENT DATE OF BIRTH =	BEGIN DATE OF CARE (NEWBORN);	
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY OUTLIER
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
<b>OR TYPE OF SUBMISSION =</b>	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
<b>SPONSOR STATUS =</b>	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 20% (ALLOW 1 <sup>c</sup> ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES AND DUPLICATE BILLING (1) DENIAL REASON CODE).		
NOTE: THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST BE ZERO IF PATIENT COPAYMENT IS NOT ZERO.		
<b>1-140-27R</b>	<b>PATIENT COINSURANCE MUST EQUAL ZERO WHEN:</b>	
ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
<b>1-140-29R</b>	• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS SELECT.	

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

PATIENT COINSURANCE MUST = ZERO **WHEN:**  
 SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY OR TAMP DESIGNEE  
 ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 'N' (CHAMPUS SELECT)  
 ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '#' (HOSPICE)  
 SPECIAL PROCESSING CODE = 'AD' (ACTIVE DUTY)

**1-140-33R** PATIENT COINSURANCE MUST BE 20% (ALLOW 1<sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED AND

**1-145-33R** PATIENT COPAYMENT MUST BE 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
<b>OR</b> PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
SPECIAL RATE CODE =	K	HOSPITAL SPECIFIC PSYCHATRIC PER DIEM
	L	REGION SPECIFIC PSYCHATRIC PER DIEM
<b>OR</b> TYPE OF INSTITUTION =	72	RESIDENTIAL TREATMENT CENTER
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITION DRG INTERIM BILLING
<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR <sub>s</sub> STORED ON THE DATABASE		

**1-140-34R** PATIENT COST-SHARE MUST BE THE LESSER OF:

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED **OR**

b.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE

<b>1-145-34R</b>	<b>WHEN SPONSOR STATUS =</b>	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		H	MEDAL OF HONOR
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	<b>OR PATIENT RELATIONSHIP TO SPONSOR =</b>	T	FORMER SPOUSE
		H	
		R	
		Y	
	<b>ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	!	NORTHERN REGION COORDINATED CARE
	<b>NO OCCURRENCE OF OVERRIDE CODE =</b>	K	CATASTROPHIC LOSS
	<b>SPECIAL RATE CODE =</b>	G	DRG LONG STAY
		H	DRG SHORT STAY
		I	DRG COST OUTLIER
		J	DRG NO OUTLIER
		M	DISCOUNTED DRG LONG STAY
		N	DISCOUNTED DRG SHORT STAY
		O	DISCOUNTED DRG COST OUTLIER
		Q	DISCOUNTED DRG NO OUTLIER
	<b>TYPE OF SUBMISSION =</b>	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT WITH 100% OHI/TPL
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	<b>OR TYPE OF SUBMISSION =</b>	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

<b>1-140-35R</b>	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO	
<b>1-145-35R</b>	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN b.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.	
<b>1-140-36R</b>	PATIENT COST-SHARE MUST BE THE LESSER OF:	
	a.) 25% (ALLOW 1 <sup>c</sup> ROUNDING ERROR) OF AMOUNT ALLOWED OR	
	b.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE	
<b>1-145-36R</b>	<b>WHEN SPONSOR STATUS =</b>	F FORMER MEMBER
		I PERMANENTLY DISABLED
		O TEMPORARILY DISABLED
		R RETIRED
		H MEDAL OF HONOR
		K DECEASED
		D 100% DISABLED
		W TITLE III RETIREE
	<b>OR PATIENT RELATIONSHIP TO SPONSOR =</b>	T FORMER SPOUSE
		H
		R
		Y
	<b>ANY OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	! NORTHERN REGION COORDINATED CARE
	<b>NO OCCURRENCE OF OVERRIDE CODE =</b>	K CATASTROPHIC LOSS
	<b>SPECIAL RATE CODE ≠</b>	G DRG LONG STAY
		H DRG SHORT STAY
		I DRG COST OUTLIER
		J DRG NO OUTLIER
		K HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM
		L REGION SPECIFIC PSYCHIATRIC PER DIEM
		M DISCOUNTED DRG LONG STAY
		N DISCOUNTED DRG SHORT STAY
		O DISCOUNTED DRG COST OUTLIER
		Q DISCOUNTED DRG NO OUTLIER
	<b>TYPE OF INSTITUTION ≠</b>	72 RESIDENTIAL TREATMENT CENTER
	<b>TYPE OF SUBMISSION =</b>	I INITIAL SUBMISSION
		R RESUBMISSION OF ERROR REJECT

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).



**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
<b>OR TYPE OF SUBMISSION =</b>	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
<b>1-140-37R</b>	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO	
<b>1-145-37R</b>	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN b.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.	
<b>1-140-38R</b>	PATIENT COINSURANCE MUST BE ZERO <b>WHEN:</b>	
	SPECIAL PROCESSING CODE =	AD ACTIVE DUTY <b>OR</b>
		AN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE <b>OR</b>
		AR SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE <b>OR</b>
		CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
		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
<b>1-140-39R</b>	<ul style="list-style-type: none"> <li>AS OF 04/01/2001 - NO COST-SHARES ARE REQUIREMENT FOR PRIME ACTIVE DUTY FAMILY MEMBERS. (THIS EDIT IS CHECKED FIRST PRIOR TO CHECKING ANY PATIENT COINSURANCE EDITS. IF THE BENEFICIARY IS A PRIME, ADFM, THEN THE ONLY PATIENT COINSURANCE EDITING REQUIRED IS TO MAKE SURE THAT THE PATIENT COINSURANCE IS ZERO).</li> </ul>	
	IF BEGINNING DATE OF CARE ≥ 04/01/2001	
	<b>AND ENROLLMENT STATUS =</b>	U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM <b>OR</b>
		W TPR ACTIVE DUTY CLAIMS, USA <b>OR</b>
		X ACTIVE DUTY CLAIMS, EUROPE <b>OR</b>
		Z MANAGED CARE SUPPORT - PRIME, MTF/PCM <b>OR</b>

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
<b>AND SPONSOR STATUS =</b>	A	ACTIVE DUTY
	B	RECALLED TO ACTIVE DUTY <b>OR</b>
	N	NATIONAL GUARD <b>OR</b>
	V	RESERVE
<b>AND PATIENT RELATIONSHIP TO SPONSOR =</b>	Ø	SPONSOR <b>OR</b>
	C	CHILD <b>OR</b>
	S	SPOUSE <b>OR</b>
	V	STEPCHILD <b>OR</b>
	W	WARD
<b>AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =</b>	PO	POINT OF SERVICE
<b>THEN PATIENT COINSURANCE MUST = ZERO</b>		
<b>1-140-40R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	<b>AND SPECIAL RATE CODE ≠</b>	G TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
		H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
		M DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
		N DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		O DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		Q DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
<b>THEN BEGIN DATE OF CARE IS ≥ 10/30/2000 AND &lt; 09/01/2002</b>		
	<b>AND SPONSOR STATUS MUST =</b>	A ACTIVE DUTY <b>OR</b>
		B RECALLED TO ACTIVE DUTY <b>OR</b>
		N NATIONAL GUARD <b>OR</b>

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

	V	RESERVE
<b>AND PATIENT RELATIONSHIP TO SPONSOR MUST =</b>	C	CHILD <b>OR</b>
	S	SPOUSE <b>OR</b>
	V	STEP CHILD <b>OR</b>
	W	WARD
<b>AND NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =</b>	PO	POINT OF SERVICE
<b>AND NO PROGRAM INDICATOR CAN =</b>	H	PROGRAM FOR PERSONS WITH DISABILITIES
<b>AND PATIENT COINSURANCE MUST = ZERO</b>		
<b>1-140-41R</b>	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADMS
	<b>AND SPECIAL RATE CODE =</b>	G TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
		H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER <b>OR</b>
		M DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER <b>OR</b>
		N DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>
		O DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		Q DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
<b>THEN END DATE OF CARE IS ≥ 10/30/2000 AND &lt; 09/01/2002</b>		
	<b>AND SPONSOR STATUS MUST =</b>	A ACTIVE DUTY <b>OR</b>
		B RECALLED TO ACTIVE DUTY <b>OR</b>
		N NATIONAL GUARD <b>OR</b>
		V RESERVE
	<b>AND PATIENT RELATIONSHIP TO SPONSOR MUST =</b>	C CHILD <b>OR</b>

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

**ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)**

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 COINSURANCE MUST = ZERO

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).