

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 144)

ELEMENT NAME: PATIENT ZIP CODE (2-100)

VALIDITY EDITS

2-100-01 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.

2-100-02 MUST BE VALID ZIP CODE IN THE ELECTRONIC ZIP CODE FILE, BASED ON THE EARLIEST BEGIN DATE OF CARE **OR** THE FIRST 2 CHARACTERS AGAINST OF 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	
PROGRAM INDICATOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-100-03R IF NAS EXCEPTION REASON IS CODED

THEN PATIENT ZIP CODE MUST BE WITHIN AN MTF³ CATCHMENT AREA¹

UNLESS NAS EXCEPTION REASON CODE =

O LIVING-RELATED DONOR LIVER TRANSPLANT

OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

ST² SPECIALIZED TREATMENT FACILITY

THEN BYPASS THIS EDIT

2-100-04R IF NAS NUMBER IS PRESENT

THEN PATIENT ZIP CODE MUST BE WITHIN AN MTF³ CATCHMENT AREA¹

UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

ST² SPECIALIZED TREATMENT FACILITY **OR**

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

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

³ MTF IS A 40 MILE CATCHMENT AREA.

ELEMENT NAME: PATIENT ZIP CODE (2-100) (CONTINUED)

R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR

T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001

OR ENROLLMENT STATUS = PS TRICARE SENIOR PHARMACY

FE TRICARE FOR LIFE - EXTRA OR

FS TRICARE FOR LIFE - STANDARD

THEN BYPASS THIS EDIT

2-100-05R IF SPECIAL PROCESSING CODE 9 FORT DRUM COOPERATIVE MEDICAL CARE

PATIENT ZIP CODE MUST BE IN THE FORT DRUM DEMONSTRATION PROJECT AREA

2-100-06R 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.

2-100-07R 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](#))

2-100-08R IF PROGRAM INDICATOR = T DENTAL

AND PATIENT ZIP CODE IS A VALID ZIP CODE FOR THE HOMESTEAD MANAGED CARE SUPPORT AREA (SEE [CHAPTER 2, ADDENDUM K](#))

CONTRACTOR NUMBER

MUST = 45 WISCONSIN PHYSICIANS SERVICE

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

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

³ MTF IS A 40 MILE CATCHMENT AREA.

ELEMENT NAME: ENROLLMENT STATUS (2-105)**VALIDITY EDITS****2-105-01** 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

2-105-02R	IF ANY OCCURRENCE OF OVERRIDE CODE =	Z	ENHANCED BENEFIT
	ENROLLMENT STATUS MUST BE =	A	FOUNDATION HEALTH PLAN
		B	PARTNERS HEALTH PLAN
		C	QUEENS 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
2-105-03R	IF SOURCE OF HEALTH CARE DATA (THIS IS A DERIVED ELEMENT) IS A CRI CONTRACTOR THEN ENROLLMENT STATUS MUST =	A	FOUNDATION HEALTH PLAN
		B	PARTNERS HEALTH PLAN
		C	QUEENS HEALTH CARE PLAN
		E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND EARLIEST BEGIN DATE OF CARE

ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)

G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA
R	TRICARE EXTRA - NORTH CAROLINA
N	NON-PRIME
S	CRI STANDARD PROGRAM
D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
T	MANAGED CARE SUPPORT - STANDARD PROGRAM
U	MANAGED CARE SUPPORT - PRIME
V	MANAGED CARE SUPPORT - EXTRA
Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)

IF SOURCE OF HEALTH CARE DATA IS AN FI

THEN ENROLLMENT STATUS
 MUST =

F	FI STANDARD PROGRAM
D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
E	MANAGED CARE SUPPORT - TRICARE -TIDEWATER PRIME
G	MANAGED CARE SUPPORT-TRICARE-TIDEWATER EXTRA
H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
I	MANAGED CARE SUPPORT - HOMESTEAD, NON-ENROLLED PATIENT, NETWORK PROVIDER
J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA OR
R	TRICARE EXTRA - NORTH CAROLINA

IF SOURCE OF HEALTH CARE DATA IS NEW ORLEANS DEMONSTRATION

THEN ENROLLMENT STATUS
 MUST BE =

O NEW ORLEANS PRIME **OR**

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND EARLIEST BEGIN DATE OF CARE

ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)

P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM OR
Q	NEW ORLEANS COORDINATED CARE STANDARD PROGRAM OR
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
IF SOURCE OF HEALTH CARE DATA IS MANAGED CARE SUPPORT	
THEN ENROLLMENT STATUS MUST =	
K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, ENROLLED PATIENT OR
L	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, NON- ENROLLED PATIENT, NETWORK PROVIDER OR
M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM OR
O	NEW ORLEANS PRIME OR
P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM OR
Q	NEW ORLEANS COORDINATED CARE STANDARD PROGRAM OR
T	MANAGED CARE SUPPORT - STANDARD PROGRAM OR
U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM OR
V	MANAGED CARE SUPPORT - EXTRA OR
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA OR
R	TRICARE EXTRA - NORTH CAROLINA OR
W	ACTIVE DUTY - USA OR
X	ACTIVE DUTY - EUROPE OR
Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM OR
BB	TRICARE SENIOR PRIME OR
FE	TRICARE FOR LIFE - EXTRA OR
FS	TRICARE FOR LIFE - STANDARD OR
PS	TRICARE SENIOR PHARMACY OR
SR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND EARLIEST BEGIN DATE OF CARE

ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)

	SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
	SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
	ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
	TS	TRICARE SENIOR SUPPLEMENT OR
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADMS
2-105-04R	IF PROVIDER CONTRACT AFFILIATION CODE =	1 CONTRACTED
	THEN ENROLLMENT STATUS MUST NOT =	S CRI STANDARD PROGRAM FOUNDATION HEALTH PLAN
	IF PROVIDER CONTRACT AFFILIATION CODE =	2 NOT CONTRACTED
	THEN ENROLLMENT STATUS MUST NOT =	N NON-PRIME
2-105-05R	IF ENROLLMENT STATUS MUST BE =	A FOUNDATION HEALTH PLAN OR
		B PARTNERS HEALTH PLAN OR
		C QUEENS HEALTH PLAN OR
		N NON-PRIME
	THEN PRICING CODE IN FIRST DETAIL OCCURRENCE IS '9'.	
2-105-06R	IF ENROLLMENT STATUS =	Y CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) STANDARD OR
		AA CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) EXTRA
	THEN PROGRAM INDICATOR MUST NOT =	H PROGRAM FOR PERSONS WITH DISABILITIES
2-105-07R	IF ENROLLMENT STATUS =	W TPR ACTIVE DUTY - USA OR
		X ACTIVE DUTY - EUROPE
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AD ACTIVE DUTY OR
		GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REPORT: NOT-AT-RISK PAYMENT BY CONTRACTOR
2-105-08R	IF ENROLLMENT STATUS =	BB TRICARE SENIOR PRIME
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	MS TRICARE SENIOR PRIME (NETWORK) OR

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND EARLIEST BEGIN DATE OF CARE

ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)

		MN	TRICARE SENIOR PRIME (NON-NETWORK)
2-105-09R	IF ENROLLMENT STATUS =	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM
	THEN ADMISSION DATE MUST BE > 10/01/1997		
2-105-10R	IF ENROLLMENT STATUS =	SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
		SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
		SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE OR
		ST	SUPPLEMENTAL HEALTH CARE PROGRAM FOR TRICARE ELIGIBLE
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
2-105-11R	IF ENROLLMENT STATUS =	TS	TRICARE SENIOR SUPPLEMENT
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SN	TRICARE SENIOR SUPPLEMENT (NON-NETWORK) OR
		SS	TRICARE SENIOR SUPPLEMENT (NETWORK)
2-105-12R	IF ENROLLMENT STATUS =	PS	TRICARE SENIOR PHARMACY
	THEN PROGRAM INDICATOR MUST =	D	DRUG
	OR ALL OCCURRENCES OF TYPE OF SERVICE SECOND BYTE MUST =	9	OTHER MEDICAL SERVICES & SUPPLIES OR
		1	MEDICAL CARE
	OR DENIAL REASON CODE ≠ BLANK		
2-105-13R	IF EARLIEST BEGIN DATE OF CARE ≥ 04/01/2001		

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND EARLIEST BEGIN DATE OF CARE

ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)

	AND ENROLLMENT STATUS =	PS TRICARE SENIOR PHARMACY
	AND CLAIM FORM TYPE =	I ELECTRONIC DRUG CLAIM SUBMISSION
	THEN NAS NUMBER (NDC CODE) MUST NOT BE BLANK.	
	UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	1 MEDICAID
2-105-14R	IF ENROLLMENT STATUS =	PS TRICARE SENIOR PHARMACY
	THEN EARLIEST BEGIN DATE OF CARE ≥ 04/01/2001	
2-105-15R	IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001	
	AND ENROLLMENT STATUS =	FE TRICARE FOR LIFE - EXTRA OR FS TRICARE FOR LIFE - STANDARD
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	FF TRICARE FOR LIFE (FIRST PAYOR) OR FS TRICARE FOR LIFE (SECOND PAYOR)
2-105-16R	IF ENROLLMENT STATUS =	FE TRICARE FOR LIFE - EXTRA OR FS TRICARE FOR LIFE - STANDARD
	THEN EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001	
2-105-17R	IF ENROLLMENT STATUS =	PS TRICARE SENIOR PHARMACY OR FE TRICARE FOR LIFE - EXTRA OR FS TRICARE FOR LIFE - STANDARD
	THEN PATIENT'S DATE OF BIRTH MUST BE ≥ 64 YEARS AND 11 MONTHS¹	
2-105-18R	IF ENROLLMENT STATUS =	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	THEN EARLIEST BEGIN DATE OF CARE IS ≥ 09/01/2002	
	AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	GN TPR ENROLLED ADFM - NON-NETWORK OR GT TPR ENROLLED ADFM - NETWORK

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND EARLIEST BEGIN DATE OF CARE

ELEMENT NAME: NAS NUMBER (2-110)

VALIDITY EDITS

2-110-01 IF NAS NUMBER IS CODED

POSITION 2 - 4 (MTF FACILITY #), MUST BE VALID (USER SUPPLIED USE MTF NUMBERS).
POSITION 1 MUST BE ZERO.

POSITION 5 - 8 (JULIAN DATE; FORMAT YDDD), 'Y' MUST BE 0 - 9, DDD MUST BE 001 - 366.
POSITION 9 - 11 (SEQUENCE #), MUST BE NUMERIC AND NOT ZERO.

UNLESS FIRST 4 DIGITS = '6501'
AND PATIENT ZIP CODE IS BETWEEN 23000 - 23899 INCLUSIVE
THEN BYPASS THIS EDIT

OR POSITION 1-2 MUST BE '46' OR '47' AND POSITION 3-11 MUST BE ZEROS.

IF NAS NUMBER IS NOT CODED, MUST BE BLANK-FILLED.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NAS EXCEPTION REASON	SEE BELOW	TYPE OF SERVICE, PATIENT ZIP CODE, SPONSOR BRANCH OF SERVICE, DENIAL REASON CODE, CARE BEGIN DATE, PROGRAM INDICATOR
TYPE OF SERVICE	SEE BELOW	
PATIENT ZIP CODE	SEE BELOW	CARE BEGIN DATE

EDITED ELEMENT RELATIONSHIP

NO ERROR IF ENROLLMENT STATUS = PS TRICARE SENIOR PHARMACY
THEN BYPASS BOTH THE VALIDITY AND RELATIONAL EDITS FOR NAS NUMBER

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR

T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR

AN SHCP - NON-MTF-REFERRED CARE OR

AR SHCP - REFERRED CARE OR

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.
² STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.
³ MTF IS A 40 MILE CATCHMENT AREA.
⁴ 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: NAS NUMBER (2-110) (CONTINUED)

CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR OR
MN	TRICARE SENIOR PRIME (NON-NETWORK) OR
MS	TRICARE SENIOR PRIME (NETWORK) OR
SC	SHCP - NON-TRICARE ELIGIBLE OR
SE	SHCP - TRICARE ELIGIBLE OR
SM	SHCP - EMERGENCY
OR ENROLLMENT STATUS =	FE TRICARE FOR LIFE - EXTRA OR
	FS TRICARE FOR LIFE - STANDARD
THEN NO NAS NUMBER IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.	

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

AND ENROLLMENT STATUS =	E MCS - TRICARE-TIDEWATER PRIME OR
	H MCS - HOMESTEAD ENROLLED PATIENT OR
	K MCS - CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT OR
	O NEW ORLEANS PRIME OR
	U MCS - PRIME, CIVILIAN PCM OR
	W TPR ACTIVE DUTY CLAIMS - USA OR
	Y CHCBP STANDARD OR
	Z MCS - PRIME, MTF/PCM OR
	AA CHCBP EXTRA OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM

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

2-110-02R IF PATIENT ZIP CODE IS NOT IN AN MTF³ CATCHMENT AREA¹

THEN NAS NUMBER MUST = BLANK

UNLESS SPECIAL PROCESSING CODE = ST² SPECIALIZED TREATMENT

2-110-03R IF NAS EXCEPTION REASON IS NOT BLANK

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.
² STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.
³ MTF IS A 40 MILE CATCHMENT AREA.
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ELEMENT NAME: NAS NUMBER (2-110) (CONTINUED)**THEN** NAS NUMBER MUST = BLANK.**2-110-04R** IF NAS EXCEPTION REASON = BLANK**AND** TYPE OF SERVICE (FIRST BYTE) = 'T' **OR** 'M',**AND** PATIENT ZIP CODE IS IN A CATCHMENT AREA¹**THEN** NAS NUMBER MUST BE CODED**UNLESS** HEALTH CARE PLAN
CODE =

11 MCS FORT BRAGG DEMO

OR ANY OCCURRENCE OF
DENIAL REASON CODE =

9 NON-AVAILABILITY STATEMENT NOT PROVIDED

OR2 INELIGIBLE CLAIMANT **OR**A DEERS **OR**

N MULTIPLE DENIAL REASONS

OR ANY OCCURRENCE OF
OVERRIDE CODE =

Q FORMER SPOUSE WITH PRE-EXISTING CONDITION

OR PROGRAM INDICATOR =

H PROGRAM FOR PERSONS WITH DISABILITIES

OR SPONSOR STATUS =

T NATO

IN WHICH CASE NAS NUMBER MUST = BLANK.

2-100-06R IF SPECIAL PROCESSING FLAG =

I BERGSTROM AIR FORCE BASE

J LUKE/WILLIAMS AFB CATCHMENT AREA

NAS NUMBER ≠ 46000000000

2-110-07R IF NAS EXCEPTION REASON = BLANK**AND** ONE PROCEDURE CODE = ONE OF THE APPLICABLE (I.E., CODE BASED ON DATE OF SERVICE) PROCEDURE CODES LISTED IN [CHAPTER 6, ADDENDUM A, FIGURE 6-A-2A, FIGURE 6-A-2B, FIGURE 6-A-2C, AND FIGURE 6-A-2D.](#)**AND** TYPE OF SERVICE =

A FIRST BYTE

C

O

N

AND PATIENT ZIP CODE IS IN A CATCHMENT AREA**AND** BEGIN DATE OF CARE > 11/01/1991 **AND** < 09/23/1996**THEN** NAS NUMBER MUST BE CODED**UNLESS** SPONSOR STATUS =

T FOREIGN MILITARY

OR HEALTH CARE PLAN
CODE =

11 MCS FORT BRAGG DEMO

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.² STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.³ MTF IS A 40 MILE CATCHMENT AREA.⁴ **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: NAS NUMBER (2-110) (CONTINUED)

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 ANY OCCURRENCE OF OVERRIDE CODE =	Q	FORMER SPOUSE WITH PRE-EXISTING CONDITION
OR PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
IN WHICH CASE NAS NUMBER MUST BE = BLANK		

2-110-09R (NATIONAL STSF)

IF NAS EXCEPTION REASON = BLANK		
AND PATIENT ZIP CODE IS IN THE 48 CONTIGUOUS UNITED STATES AND THE DISTRICT OF COLUMBIA		
AND (PROCEDURE CODE ² = 47133, 47135 OR 47136 [LIVER TRANSPLANT] ⁴)		
AND BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤02/19/1998)		
OR (PROCEDURE CODE ² = 38240 [ALLOGENEIC BONE MARROW TRANSPLANT] ⁴)		
AND BEGIN DATE OF CARE ≥ 10/01/1997 AND ≤12/31/2002)		
OR (PROCEDURE CODE ² = 50300, 50320, 50340, 50360, 50365, 50370, OR 50380 [KIDNEY TRANSPLANT] ⁴)		
AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤05/31/2003)		
THEN NAS NUMBER MUST BE CODED		

2-110-11R NAS NUMBER MUST BE BLANK

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		

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.
² STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.
³ MTF IS A 40 MILE CATCHMENT AREA.
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ELEMENT NAME: REASON FOR PAYMENT REDUCTION (2-113)**VALIDITY EDITS****2-113-01** MUST BE 'A', 'B', OR 'C'.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
ENROLLMENT STATUS	SEE BELOW	
REASON FOR PAYMENT REDUCTION	SEE BELOW	
NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	SEE BELOW	

EDITED ELEMENT RELATIONSHIP**2-113-02R** IF AMOUNT OF PAYMENT REDUCTION IS NOT EQUAL TO ZERO AND NUMBER OF PAYMENT REDUCTION DAYS/SERVICES IS NOT EQUAL TO ZERO.
REASON FOR PAYMENT REDUCTION MUST NOT BE BLANK.**2-113-03R** IF ENROLLMENT STATUS EQUALS 'T', 'U', 'V', 'Y', 'Z', 'AA', OR 'BB'
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 (2-115)****VALIDITY EDITS****2-115-01** MUST BE NUMERIC.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	FILING DATE
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	TYPE OF SUBMISSION, SPECIAL PROCESSING CODE
AMOUNT ALLOWED	SEE BELOW	SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE
TOTAL CHARGES BY PROCEDURE CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP**2-115-02R** AMOUNT BILLED MUST BE > ZERO WHEN

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	D	COMPLETE DENIAL
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL

ELEMENT NAME: AMOUNT BILLED (2-115) (CONTINUED)

	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
2-115-03R	AMOUNT BILLED MUST = THE TOTAL OF ALL DETAIL TOTAL CHARGES BY PROCEDURE CODE.	
2-115-05R	AMOUNT BILLED MUST BE \geq AMOUNT ALLOWED WHEN	
SPECIAL RATE CODE =	b	NO SPECIAL RATE
	D	DISCOUNT RATE
PRICING CODE IN FIRST DETAIL OCCURRENCE IS NOT 9		
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.		
2-115-06R	IF AMOUNT BILLED IS LESS THAN THE AMOUNT ALLOWED	
THEN NO OCCURRENCE OF		
TYPE OF SUBMISSION =	A	ADJUSTMENT TO HCSR DATA
	B	ADJUSTMENT TO NON-HCSR DATA
	C	COMPLETE CANCELLATION OF HCSR DATA
	E	COMPLETE CANCELLATION OF NON-HCSR DATA
SPECIAL RATE CODE MUST BE =	R	AMBULATORY SURGERY-FACILITY PAYMENT RATE
	S	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
OR PRICING CODE MUST BE =	C	AMBULATORY SURGERY-FACILITY PAYMENT RATE
	D	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
	E	AMBULATORY SURGERY-PAID AS BILLED
	P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
	Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE

ELEMENT NAME: AMOUNT BILLED (2-115) (CONTINUED)

R TRICARE CLAIMCHECK-ADDED PROCEDURE,
AMBULATORY SURGERY-PAID AS BILLED

WITH PROVIDER PARTICIPATION INDICATOR EQUAL 'Y'.

UNLESS TYPE OF SUBMISSION = 'A', 'C', 'B', OR 'E'

ELEMENT NAME: AMOUNT ALLOWED (2-120)

VALIDITY EDITS

2-120-01 MUST BE NUMERIC.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-115-05R	AMOUNT BILLED		SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE
	TYPE OF SUBMISSION	SEE BELOW	AMOUNT PAID BY OHI/TPL, FILING DATE, PATIENT COINSURANCE, PATIENT COPAYMENT, AMOUNT APPLIED TOWARD DEDUCTIBLE
	DENIAL REASON CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
	AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	SPECIAL RATE CODE

EDITED ELEMENT RELATIONSHIP

2-120-02R AMOUNT ALLOWED MUST BE ZERO **WHEN** TYPE OF SUBMISSION IS COMPLETE CONTRACTOR DENIAL (D).

2-120-03R AMOUNT ALLOWED MUST BE ZERO **WHEN** TYPE OF SUBMISSION IS COMPLETE CANCELLATION (C) WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE, **UNLESS** THE CANCELLED NET HCSR REPORTS AMOUNT PAID BY OHI **OR** AMOUNT OF TPL > ZERO, IN WHICH CASE AMOUNT ALLOWED MUST BE ZERO, AND (AMOUNT PAID BY OHI PLUS AMOUNT OF TPL PLUS COINSURANCE PLUS COPAYMENT) MUST BE ≥ AMOUNT ALLOWED.

2-120-04R AMOUNT ALLOWED MUST BE ZERO **WHEN** ALL DETAIL DENIAL REASON CODES CONTAIN DENIAL CODE VALUES AND

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

ELEMENT NAME: AMOUNT ALLOWED (2-120) (CONTINUED)

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

- | | | |
|---------------------------|---|--------------------------------------|
| ELSE TYPE OF SUBMISSION = | B | ADJUSTMENT NON-HCSR DATA |
| | E | CANCELLATION NON-HCSR DATA OR |
| TYPE OF SUBMISSION = | A | ADJUSTMENT |
| | C | COMPLETE CANCELLATION |

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

THEN AMOUNT ALLOWED MUST BE \leq ZERO.

2-120-06R IF AMOUNT ALLOWED IS GREATER THAN THE AMOUNT BILLED

THEN NO OCCURRENCE OF TYPE OF SUBMISSION =

- | | |
|---|--|
| A | ADJUSTMENT TO HCSR DATA |
| B | ADJUSTMENT TO NON-HCSR DATA |
| C | COMPLETE CANCELLATION OF HCSR DATA |
| E | COMPLETE CANCELLATION OF NON-HCSR DATA |

SPECIAL RATE CODE MUST BE =

- | | |
|---|---|
| R | AMBULATORY SURGERY-FACILITY PAYMENT RATE |
| S | DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE |

OR PRICING CODE MUST BE =

- | | |
|---|---|
| C | AMBULATORY SURGERY-FACILITY PAYMENT RATE |
| D | DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE |
| E | AMBULATORY SURGERY-PAID AS BILLED |
| P | TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE |
| Q | TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE |
| R | TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED |

WITH PROVIDER PARTICIPATION INDICATOR EQUAL 'Y'.

UNLESS TYPE OF SUBMISSION = 'A', 'C', 'B', **OR** 'E'

2-120-07R AMOUNT ALLOWED MUST EQUAL THE TOTAL DETAIL OCCURRENCES OF AMOUNT ALLOWED BY PROCEDURE CODE (DOES NOT INCLUDE DENIED OCCURRENCES).

ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (2-125)

VALIDITY EDITS

2-125-01 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

2-125-02R AMOUNT PAID BY OTHER HEALTH INSURANCE 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 OR
TYPE OF SUBMISSION =	A ADJUSTMENT
	C COMPLETE CANCELLATION

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

2-125-03R AMOUNT PAID BY OTHER HEALTH INSURANCE MUST EQUAL ZERO WHEN:

ANY OCCURRENCE OF OVERRIDE CODE =	U BENEFICIARY INDEMNIFICATION PAYMENT
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ELEMENT NAME: OTHER HEALTH INSURANCE AMOUNT ALLOWED (2-127)

VALIDITY EDITS

2-127-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

ELEMENT NAME: AMOUNT OF THIRD PARTY LIABILITY (2-130)

VALIDITY EDITS

2-130-01 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

2-130-02R AMOUNT OF THIRD PARTY LIABILITY 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 OR
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE.		

2-130-03R AMOUNT OF THIRD PARTY LIABILITY MUST EQUAL ZERO **WHEN**

ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
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ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (2-133)**VALIDITY EDITS****2-133-01** MUST BE NUMERIC.**RELATIONAL EDITS**

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

EDITED ELEMENT RELATIONSHIP**2-133-02R** AMOUNT OF PAYMENT REDUCTION MUST BE GREATER THAN ZERO **WHEN:**

REASON FOR PAYMENT REDUCTION =	A	MENTAL HEALTH PREAUTHORIZATION NOT OBTAINED TIMELY
	B	ADJUNCTIVE DENTAL CARE PREAUTHORIZATION NOT OBTAINED
	C	PROCEDURE/SERVICES IN TRICARE REGIONS CARE NOT PRE-AUTHORIZED
TYPE OF SUBMISSION =	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 DRG INTERIM BILLING

ELEMENT NAME: PATIENT COINSURANCE (2-140)

VALIDITY EDITS

2-140-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

NO ERROR IF EARLIEST BEGIN DATE OF CARE ≥ 04/01/2001 AND < 10/01/2001

AND PROGRAM INDICATOR = D DRUG

THEN BYPASS THE RELATIONAL EDITS FOR PATIENT COINSURANCE

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)**NO ERROR** IF ANY OCCURRENCE OFSPECIAL PROCESSING CODE = T MEDICARE/TRICARE DUAL ENTITLEMENT
(SECOND PAYOR) **AND** EARLIEST BEGIN DATE OF
CARE \geq 10/01/2001 **OR**FS TRICARE FOR LIFE (SECOND PAYOR) **OR**MS TRICARE SENIOR PRIME (NETWORK) **OR**

MN TRICARE SENIOR PRIME (NON-NETWORK)

THEN BYPASS ALL COINSURANCE RELATIONAL EDITING.**NO ERROR** IF EARLIEST BEGIN DATE OF CARE \geq 04/01/2001**AND ENROLLMENT**

STATUS = PS TRICARE SENIOR PHARMACY

THEN BYPASS ALL COINSURANCE RELATIONAL EDITING.**2-140-02R** PATIENT COINSURANCE MUST BE ZERO **WHEN**

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

2-140-03R PATIENT COINSURANCE MUST BE ZERO **WHEN**TYPE OF SUBMISSION = C COMPLETE CANCELLATION WITH FILING DATE
WITHIN THE NUMBER OF MONTHS OF HCSRS
STORED ON THE DATABASE**UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH
CASE PATIENT COINSURANCE MUST BE \geq ZERO.****2-140-05R** PATIENT COINSURANCE 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 PROGRAMM MANAGED CARE SUPPORT - CALIFORNIA/HAWAII
STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER
STANDARD PROGRAMT MANAGED CARE SUPPORT - STANDARD
PROGRAM**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!**

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	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
	A	INTERNAL PARTNERSHIP
	F	ARMY CAM DEMONSTRATIONS
	G	ARMY CAM DEMONSTRATIONS
	O	CAMCHAS
	K	GEORGIA/FLORIDA PPO
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
2-140-07R	PATIENT COINSURANCE MUST BE ZERO WHEN:	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
	S	RESOURCE SHARING
	#	HOSPICE
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	D	COMPLETE DENIAL
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 PATIENT COINSURANCE MUST BE \leq ZERO.		
2-140-08R	•	EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.
PATIENT COINSURANCE 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
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR \neq	T	FORMER SPOUSE
	H	
	R	
	Y	
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 ADMISSION

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
	P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST-SHARED AS INPATIENT
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	6	HOME HEALTH CARE
	F	ARMY CAM DEMONSTRATIONS
	G	ARMY CAM DEMONSTRATIONS
	K	GEORGIA/FLORIDA PPO
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
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 =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION OF NON-HCSR DATA
	A	ADJUSTMENT
	C	CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE		
THEN PATIENT COINSURANCE MUST BE \leqZERO.		
2-140-09R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) 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 \neq	T	FORMER SPOUSE
	H	
	R	
	Y	
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 =	O	OUTPATIENT
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	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
SPECIAL RATE CODE ≠	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
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
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	F	ARMY CAM DEMONSTRATIONS
	G	ARMY CAM DEMONSTRATIONS
	O	CAMCHAS
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
2-140-10R	•	EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE).
		PATIENT COINSURANCE MUST BE 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED
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
OR PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG PRIOR TO 10/01/2001
	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

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	I INPATIENT
	K EMERGENCY ROOM ADMISSION
	M MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	P PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST-SHARED AS INPATIENT
SPECIAL RATE CODE =	Ø NO SPECIAL RATE
	A DRG 4% DISCOUNT
	B DRG 3% DISCOUNT
	C DRG 2% DISCOUNT
	E DRG 1% DISCOUNT
	F DRG NO DISCOUNT
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM
	A INTERNAL PARTNERSHIP
	6 HOME HEALTH CARE
	F ARMY CAM DEMONSTRATIONS
	G ARMY CAM DEMONSTRATIONS
	H CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
	O CAMCHAS
	K GEORGIA/FLORIDA PPO
	N CHAMPUS SELECT
	R MEDICARE/TRICARE DUAL ENTITLEMENT
	S RESOURCE SHARING
	U MEDICARE PHARMACY
	* VA MEDICAL CENTER CLAIM
	# HOSPICE
	! NORTHERN REGION COORDINATED CARE

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

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.		
2-140-11R	PATIENT COINSURANCE MUST BE 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) 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
OR PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG PRIOR TO 10/01/2001
	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

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT
	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
SPECIAL RATE CODE ≠	D	DISCOUNT RATE AGREEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	F	ARMY CAM DEMONSTRATIONS
	G	ARMY CAM DEMONSTRATIONS
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
	O	CAMCHAS
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	6	HOME HEALTH CARE
	S	RESOURCE SHARING
	U	MEDICARE PHARMACY
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
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

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

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

2-140-12R PATIENT COINSURANCE MUST BE 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **OR** 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **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 FUTURE RESERVE RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
SPECIAL PROCESSING CODE =	?	AMBULATORY SURGERY FACILITY CHARGE
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	TRICARE BASIC 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
SPECIAL RATE CODE =	R	AMBULATORY SURGERY FACILITY PAYMENT RATE

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	S	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	D	DENIAL
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.		
2-140-14R	• EDITS FOR TRICARE PRIME - POINT OF SERVICE PROGRAM.	
PATIENT COINSURANCE MUST BE 50% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT ALLOWED AND		
PATIENT COPAYMENT MUST BE ZERO		
WHEN ENROLLMENT STATUS =	U	MANAGED CARE SUPPORT - PRIME OR
	Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM) OR
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
AND SPECIAL PROCESSING CODE =	PO	TRICARE PRIME - POINT OF SERVICE
2-140-15R	• EDIT FOR ARMY CAM DEMONSTRATIONS/TRICARE, FAMILY MEMBERS OF ACTIVE DUTY SPONSOR.	
PATIENT COINSURANCE MUST BE 15% (ALLOW 1 ^c ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)		
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

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	T	FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
PROGRAM INDICATOR =	I N D T	INSTITUTIONAL NON-INSTITUTIONAL DRUG PRIOR TO 10/01/2001 DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT
ENROLLMENT STATUS =	S Q F	CRI STANDARD PROGRAM NEW ORLEANS STANDARD PROGRAM FI STANDARD PROGRAM
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
TYPE OF SUBMISSION =	I R O F	INITIAL SUBMISSION RESUBMISSION OF ERROR REJECT ZERO PAYMENT WITH 100% OHI/TPL ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A R C	ADJUSTMENT MEDICARE/TRICARE DUAL ENTITLEMENT 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 U V	CATASTROPHIC LOSS BENEFICIARY INDEMNIFICATION PAYMENT ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 A R	FORT DRUM INTERNAL PARTNERSHIP MEDICARE/TRICARE DUAL ENTITLEMENT

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

S RESOURCE SHARING

2-140-16R • EDIT FOR ARMY CAM DEMONSTRATIONS, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (**OR** FORMER SPOUSE).

PATIENT COINSURANCE MUST BE 20% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED

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

PROGRAM INDICATOR = I INSTITUTIONAL

N NON-INSTITUTIONAL

D DRUG

T DENTAL

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 FIRST POSITION OF TYPE OF SERVICE¹ = I INPATIENT

K EMERGENCY ROOM ADMISSION

M MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT

ANY OCCURRENCE OF SPECIAL PROCESSING CODE = F ARMY CAM DEMONSTRATIONS

G ARMY CAM DEMONSTRATIONS

NO OCCURRENCE OF OVERRIDE CODE = K CATASTROPHIC LOSS

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	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
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.		
2-140-17R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) 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	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ENROLLMENT STATUS =	S	CRI 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. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT
	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	ARMY CAM DEMONSTRATIONS
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	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
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.		
2-140-18R	• EDIT FOR GEORGIA/FLORIDA PPO, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.	
PATIENT COINSURANCE MUST BE 15% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)		
WHEN SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	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
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
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 > 0
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE.		
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASROPHIC LOSS
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	R	MEDICARE/TRICARE DUAL ENTITLEMENT

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

S RESOURCE SHARING

2-140-19R • EDIT FOR GEORGIA/FLORIDA PPO, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (**OR** FORMER SPOUSE).

PATIENT COINSURANCE MUST BE 20% (ALLOW 1[¢] ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)

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

OR PATIENT RELATIONSHIP TO SPONSOR = T FORMER SPOUSE
H
R
Y

PROGRAM INDICATOR = I INSTITUTIONAL

N NON-INSTITUTIONAL

D DRUG

T DENTAL

ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ = I INPATIENT

K EMERGENCY ROOM ADMISSION

M MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT

ANY OCCURRENCE OF SPECIAL PROCESSING CODE = K GEORGIA/FLORIDA PPO

NO OCCURRENCE OF OVERRIDE CODE = K CATASTROPHIC LOSS

U BENEFICIARY INDEMNIFICATION PAYMENT

NO OCCURRENCE OF SPECIAL PROCESSING CODE = 9 FORT DRUM

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

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.		
2-140-20R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 [¢] ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)	
WHEN SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
PROGRAM INDICATOR =	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT
	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	R	MEDICARE/TRICARE DUAL ENTITLEMENT

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	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
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.		
2-140-21R	PATIENT COINSURANCE MUST EQUAL ZERO WHEN	
ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
2-140-22R	<ul style="list-style-type: none"> EDIT FOR AIR FORCE CAM DEMONSTRATION PRIMARY/PREVENTIVE CARE SERVICES 	
PATIENT COINSURANCE MUST = ZERO		
WHEN SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA
	J	LUKE/WILLIAMS AFB CATCHMENT AREA
FIRST POSITION TYPE OF SERVICE ¹ =	C	AIR FORCE CAM PRIMARY/PREVENTIVE CARE
2-140-23R	<ul style="list-style-type: none"> EDIT FOR CHAMPUS SELECT, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS 	
PATIENT COINSURANCE MUST = 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
	V	RESERVE
	T	FOREIGN MILITARY
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	I	INPATIENT
	K	EMERGENCY ROOM ADMISSION
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
	P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST-SHARED AS INPATIENT
	N	OUTPATIENT COST-SHARED AS INPATIENT
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
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
	A	INTERNAL PARTNERSHIP
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	#	HOSPICE
NO OCCURRENCE OF 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

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

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		
2-140-24R	• EDIT FOR CHAMPUS SELECT, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS	
PATIENT COINSURANCE MUST BE 15% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)		
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
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =	O	OUTPATIENT
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	6	HOME HEALTH CARE
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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
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.		
2-140-25R	• EDITS FOR CHAMPUS SELECT, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS.	
PATIENT COINSURANCE MUST BE 15% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)		
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
OR NO OCCURRENCE OF PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	I INPATIENT
	K EMERGENCY ROOM ADMISSION
	M MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	P OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N CHAMPUS SELECT
NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS
	U BENEFICIARY INDEMNIFICATION PAYMENT
	V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
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.	
2-140-26R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1^c ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)
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

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

OR PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG PRIOR TO 10/01/2001
	T	DENTAL
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT
	A	AMBULATORY SURGERY
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
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.		
2-140-27R	PATIENT COINSURANCE MUST BE 15% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED	
WHEN SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT
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 _s STORED ON THE DATABASE.		
2-145-27R	PATIENT COPAYMENT MUST EQUAL 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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	V	RESERVE
	T	FOREIGN MILITARY
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT
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.		
2-140-28R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 [¢] ROUNDING ERROR) OF AMOUNT ALLOWED	
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
OR PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE

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!

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

NO OCCURRENCE OF SPECIAL PROCESSING CODE =	?	AMBULATORY SURGERY
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT
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 _s STORED ON THE DATABASE.		
2-145-28R	PATIENT COPAYMENT MUST EQUAL ZERO	
WHEN SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANANTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
OR PATIENT RELATIONSHIP TO SPONSOR =	T H R	FORMER SPOUSE
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	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.		
2-140-29R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 [¢] ROUNDING ERROR) OF AMOUNT ALLOWED	
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
OR PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	MEDICARE PHARMACY
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
PROGRAM INDICATOR =	D	DRUG PRIOR TO 10/01/2001
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

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

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

2-145-29R PATIENT COPAYMENT MUST EQUAL ZERO

WHEN SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANANTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
OR PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	MEDICARE PHARMACY
PROGRAM INDICATOR =	D	DRUG PRIOR TO 10/01/2001
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_s STORED ON THE DATABASE.

2-140-30R AMOUNT OF COINSURANCE MUST BE EQUAL TO ZERO AND

2-145-30R AMOUNT OF COPAYMENT MUST BE GREATER THAN ZERO WHEN

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	*	VA MEDICAL CENTER CLAIM
PROGRAM INDICATOR =	D	DRUGS
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO OR
	F	ADJUSTMENT NEW SUFFIX OR
	G	ADDITIONAL DRG INTERIM BILLING OR
	I	INITIAL SUBMISSION OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION OF REJECT
2-140-31R	AMOUNT OF COINSURANCE MUST BE EQUAL TO 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
	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
2-140-32R	<ul style="list-style-type: none"> 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 COINSURANCE EDITS. IF THE BENEFICIARY IS A PRIME ADFM AND THIS IS NOT A DRUG CLAIM, THEN THE ONLY PATIENT COINSURANCE EDITING REQUIRED IS TO MAKE SURE THAT THE PATIENT COINSURANCE 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

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
AND SPONSOR STATUS =	A ACTIVE DUTY OR
	B RECALLED TO ACTIVE DUTY OR
	N NATIONAL GUARD OR
	V RESERVE
AND PATIENT RELATIONSHIP TO SPONSOR =	W SPONSOR OR
	C CHILD OR
	S SPOUSE OR
	V STEPCHILD OR
	W WARD
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	PO POINT OF SERVICE
THEN PATIENT COINSURANCE MUST = ZERO	
UNLESS PROGRAM INDICATOR =	D DRUG
THEN BYPASS THIS EDIT	
2-140-33R	• EDIT FOR PHARMACY CLAIMS WHERE BENEFICIARY IS PRIME/EXTRA - NETWORK PHARMACY - NOT 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) OR
	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
THEN PATIENT COINSURANCE MUST = ZERO	
2-140-34R	• EDIT FOR PHARMACY CLAIMS WHERE BENEFICIARY IS STANDARD
IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001	

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

AND ENROLLMENT STATUS =	T	MANAGED CARE SUPPORT - STANDARD OR
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) STANDARD
AND PROGRAM INDICATOR =	D	DRUG
AND NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS PROTECTION LIMIT REACHED
THEN PATIENT COPAYMENT MUST ≥ \$9.00		
OR PATIENT COINSURANCE MUST = 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED WHICH EVER IS GREATER		
1-140-35R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADMS
THEN EARLIEST BEGIN DATE OF CARE IS ≥ 10/30/2000 AND < 09/01/2002		
AND SPONSOR STATUS MUST =	A	ACTIVE DUTY OR
	B	RECALLED 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
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		

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