CHAPTER 5
SECTION 2

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)[4]	

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		
NO ERROR	IF ADMISSION DATE IS OLDER THAN 6 YEARS **THEN** DO NOT CHECK PATIENT ZIP CODE **AND** BYPASS ALL PATIENT ZIP CODE EDITS	
1-100-03R	IF NAS EXCEPTION REASON IS CODED	
	THEN PATIENT ZIP CODE MUST BE **WITHIN** AN MTF[3] CATCHMENT AREA[1]	
	UNLESS NAS EXCEPTION CODE =	O LIVING-RELATED DONOR LIVER TRANSPLANT
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	ST[2] SPECIALIZED TREATMENT FACILITY
	THEN BYPASS THIS EDIT	
1-100-04R	IF NAS NUMBER IS PRESENT	
	THEN PATIENT ZIP CODE MUST BE **WITHIN** AN MTF[3] CATCHMENT AREA[1]	

[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.**
[4] **IF ADMISSION DATE IS > THAN 6 YEARS ZIP CODE TABLE WILL NOT BE CHECKED.**

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

	UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	ST[2]	SPECIALIZED TREATMENT FACILITY

	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).

[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.
[4] IF ADMISSION DATE IS > THAN 6 YEARS ZIP CODE TABLE WILL NOT BE CHECKED.

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
		B	PARTNERS HEALTH PLAN
		C	QUEEN'S HEALTH CARE PLAN

[1] PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.

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

		N	NON-PRIME; E.G., EXTRA
		O	NEW ORLEANS PRIME
		P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM
		E	MCS - TRICARE-TIDEWATER PRIME
		H	MCS - HOMESTEAD, ENROLLED PATIENT
		K	MCS - CALIFORNIA/HAWAII, ENROLLED PATIENT
		U	MCS - PRIME, CIVILIAN PCM
		Z	MCS - 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 **OR**
		B	PARTNERS HEALTH PLAN **OR**
		C	QUEEN'S HEALTH CARE PLAN **OR**
		D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM **OR**
		E	MCS - TRICARE-TIDEWATER PRIME **OR**
		G	MCS - TRICARE-TIDEWATER EXTRA **OR**
		N	NON-PRIME **OR**
		R	TRICARE EXTRA - NORTH CAROLINA **OR**
		S	CRI STANDARD PROGRAM **OR**
		U	MCS - PRIME, CIVILIAN PCM **OR**
		V	MCS - EXTRA **OR**
		Y	CHCBP STANDARD **OR**
		Z	MCS - PRIME, MTF/PCM **OR**
		AA	CHCBP EXTRA
	IF SOURCE OF HEALTH CARE DATA IS A FI		
	THEN ENROLLMENT STATUS MUST =	F	FI STANDARD PROGRAM **OR**
		D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM **OR**
		E	MCS - TRICARE-TIDEWATER PRIME **OR**
		G	MCS - TRICARE-TIDEWATER EXTRA **OR**
		Y	CHCBP STANDARD **OR**
		AA	CHCBP EXTRA **OR**
		H	MCS - HOMESTEAD, ENROLLED PATIENT **OR**
		J	MCS - HOMESTEAD STANDARD PROGRAM **OR**

[1] **PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.**

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

	R	TRICARE EXTRA - NORTH CAROLINA
IF SOURCE OF HEALTH CARE DATA IS ORLEANS DEMONSTRATION		
THEN ENROLLMENT STATUS MUST =	O	NEW ORLEANS PRIME **OR**
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD **OR**
	Q	NEW ORLEANS COORDINATE CARE STANDARD PROGRAM **OR**
	Y	CHCBP STANDARD **OR**
	AA	CHCBP EXTRA
IF SOURCE OF HEALTH CARE DATA IS MANAGED CARE SUPPORT		
THEN ENROLLMENT STATUS MUST =	K	MCS - CALIFORNIA/HAWAII, ENROLLED PATIENT **OR**
	L	MCS - CALIFORNIA/HAWAII, NON-ENROLLED PATIENT, NETWORK PROVIDER **OR**
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM **OR**
	O	NEW ORLEANS PRIME **OR**
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD **OR**
	Q	NEW ORLEANS COORDINATED CARE STANDARD PROGRAM **OR**
	R	TRICARE EXTRA - NORTH CAROLINA **OR**
	T	MCS - STANDARD PROGRAM **OR**
	U	MCS - PRIME, CIVILIAN PCM **OR**
	V	MCS - EXTRA **OR**
	W	ACTIVE DUTY USA **OR**
	X	ACTIVE DUTY EUROPE **OR**
	Y	CHCBP STANDARD **OR**
	Z	MCS - PRIME, MTF/PCM **OR**
	AA	CHCBP EXTRA **OR**
	BB	TSP **OR**
	FE	TFL - EXTRA **OR**
	FS	TFL - STANDARD **OR**
	SN	SHCP - NON-MTF-REFERRED CARE **OR**
	SO	SHCP - NON-TRICARE ELIGIBLE **OR**
	SR	SHCP - REFERRED CARE **OR**
	ST	SHCP - TRICARE ELIGIBLE **OR**

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

		TS	TRICARE SENIOR SUPPLEMENT **OR**
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
1-105-04R	IF PROVIDER CONTRACT AFFILIATION CODE =	1	CONTRACTED
	THEN ENROLLMENT STATUS MUST NOT =	S	STANDARD PROGRAMS
	IF PROVIDER CONTRACT AFFILIATION CODE =	2	NOT CONTRACTED
	THEN ENROLLMENT STATUS MUST NOT =	N	NON-PRIME
1-105-05R	IF ENROLLMENT STATUS =	Y	CHCBP STANDARD **OR**
		AA	CHCBP EXTRA
	THEN PROGRAM INDICATOR MUST NOT =	H	PROGRAM FOR PERSONS WITH DISABILITIES
1-105-06R	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 CLAIMS **OR**
		GU	ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR
1-105-07R	IF ENROLLMENT STATUS =	BB	TRICARE SENIOR PRIME (TSP)
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	MS	TSP (NETWORK) **OR**
		MN	TSP (NON-NETWORK)
1-105-08R	IF ENROLLMENT STATUS =	SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - MTF-REFERRED CARE **OR**
		ST	SHCP - TRICARE ELIGIBLE
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-MTF-REFERRED CARE **OR**
		AR	SHCP - MTF-REFERRED CARE **OR**
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SE	SHCP - TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY

[1] **PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.**

ELEMENT NAME:	ENROLLMENT STATUS (1-105) (CONTINUED)		
1-105-09R	IF ENROLLMENT STATUS =	Z	MCS - PRIME, MTF/PCM
	THEN BEGIN DATE OF CARE MUST BE ≥ 10/01/1997		
1-105-10R	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)
1-105-11R	IF BEGIN DATE OF CARE ≥ 10/01/2001		
	AND ENROLLMENT STATUS =	FE	TFL - EXTRA **OR**
		FS	TFL - STANDARD
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	FF	TFL (FIRST PAYOR) **OR**
		FS	TFL (SECOND PAYOR)
1-105-12R	IF ENROLLMENT STATUS =	FE	TFL - EXTRA **OR**
		FS	TFL - STANDARD
	THEN PATIENT'S DATE OF BIRTH MUST BE ≥ 64 YEARS AND 11 MONTHS[1]		
1-105-13R	IF ENROLLMENT STATUS =	FE	TFL - EXTRA **OR**
		FS	TFL - STANDARD
	THEN BEGIN DATE OF CARE ≥ 10/01/2001		
1-105-14R	IF ENROLLMENT STATUS =	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPECIAL RATE CODE ≠	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER

[1] **PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND BEGIN DATE OF CARE.**

ELEMENT NAME:	ENROLLMENT STATUS (1-105) (CONTINUED)		
	THEN 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
1-105-15R	IF ENROLLMENT STATUS =	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
	THEN END 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 BEGIN DATE OF CARE.**

ELEMENT NAME:	NAS NUMBER (1-110)		
VALIDITY EDITS			
1-110-01	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.		

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[3] **MTF IS A 40 MILE CATCHMENT AREA.**

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

POSITIONS 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 POSITIONS 1 - 2 MUST BE '46' **OR** '47' AND POSITIONS 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)**
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		
NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** BEGIN DATE OF CARE ≥ 10/01/2001
	AN	SHCP - NON-MTF-REFERRED CARE **OR**
	AR	SHCP - REFERRED CARE **OR**
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
	GU	ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR **OR**
	MS	TSP (NETWORK) **OR**
	MN	TSP (NON-NETWORK) **OR**
	SC	SHCP - NON-TRICARE ELIGIBLE **OR**
	SE	SHCP - TRICARE ELIGIBLE **OR**
	SM	SHCP - EMERGENCY **OR**
	WR	MENTAL HEALTH WRAP AROUND

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

[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: NAS NUMBER (1-110) (CONTINUED)		
NO ERROR IF SPONSOR STATUS =	T	FOREIGN MILITARY (NATO)
THEN NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.		
NO ERROR IF ANY OCCURRENCE OF DENIAL REASON CODE =	9	NONAVAILABILITY STATEMENT CANCELLED OR NOT PROVIDED OR
	2	INELIGIBLE CLAIMANT OR
	A	DEERS INELIGIBLE OR
	N	MULTIPLE DENIAL REASONS
THEN NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.		
NO ERROR IF PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
THEN NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.		
NO ERROR IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO		
THEN NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.		
NO ERROR IF 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
	FE	TRICARE FOR LIFE - EXTRA OR
	FS	TRICARE FOR LIFE - STANDARD OR
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
THEN NO NAS IS REQUIRED - BYPASS ALL NAS NUMBER EDITING.		
NO ERROR IF ADMISSION DATE IS OLDER THAN 6 YEARS THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA		
1-110-02R IF PATIENT ZIP CODE IS NOT IN AN MTF[3] CATCHMENT AREA[1]		
THEN NAS NUMBER MUST = BLANK		
UNLESS SPECIAL PROCESSING CODE =	ST[2]	SPECIALIZED TREATMENT

[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: NAS NUMBER (1-110) (CONTINUED)

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[3] CATCHMENT AREA[1]

               THEN NAS NUMBER MUST BE CODED

               UNLESS HEALTH CARE PLAN
               CODE =   11   MCS - FORT BRAGG DEMO

               OR ANY OCCURRENCE OF
               OVERRIDE CODE =   C   GOOD FAITH PAYMENT

               THEN NAS NUMBER MUST BE BLANK.

1-110-05R   IF SPECIAL PROCESSING CODE =   I   BERGSTROM AFB CATCHMENT AREA **OR**

                                               J   LUKE/WILLIAMS AFB CATCHMENT AREA

               THEN 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 [LIVER 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

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     AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.**
[3]   **MTF IS A 40 MILE CATCHMENT AREA.**

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

	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)
	OR 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
1-110-10R	(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)
	OR WALTER REED ARMY MEDICAL CENTER (WRAMC)
	OR MALCOLM CROW MEDICAL CENTER (MGMC) STSF CATCHMENT AREA
	AND BEGIN DATE OF CARE ≥ 09/01/1999 **AND** ≤ 05/31/2003
	AND DRG = 191, 209, 286, 491
	THEN NAS NUMBER MUST BE CODED
1-110-11R	(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)
	OR 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
1-110-12R	(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)

[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: NAS NUMBER (1-110) (CONTINUED)	
	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)
	(**OR** BEGIN DATE OF CARE ≥ 09/01/1999 **AND** ≤ 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 ≥ 05/01/1998 **AND** ≤ 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 ≥ 05/01/1998 **AND** ≤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 ≥ 06/01/2000 **AND** ≤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)

[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: NAS NUMBER (1-110) (CONTINUED)

	AND PATIENT ZIP CODE IS IN BROOKE ARMY MEDICAL CENTER (BAMC)
	OR WILFORD HALL MEDICAL CENTER (WHMC) STSF CATCHMENT AREA
	AND BEGIN DATE OF CARE ≥ 09/01/1999 **AND** ≤ 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
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 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)
	OR SAN FRANCISCO VA MEDICAL CENTER (SFVAMC) STSF CATCHMENT AREA
	AND BEGIN DATE OF CARE ≥ 11/01/1999 **AND** ≤12/31/2001
	AND DRG = 104 - 109
	THEN NAS NUMBER MUST BE CODED

[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: 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.
	        THEN REASON FOR PAYMENT REDUCTION MUST NOT BE BLANK
	    UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 'CA' (CIVIL ACTION PAYMENT)

1-113-03R	IF ENROLLMENT STATUS EQUALS 'T', 'U', 'V', 'Z', 'Y', 'AA', **OR** 'BB'
	        THEN 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 =	D	COMPLETE DENIAL
		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	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	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
		J	MCS - HOMESTEAD STANDARD PROGRAM

ELEMENT NAME:	AMOUNT BILLED (1-115) (CONTINUED)		
		M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MCS - STANDARD PROGRAM
		S	CRI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
	SPECIAL RATE CODE =	b̶	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 HCSRs STORED ON THE DATABASE.		

1-115-06R	IF DATES OF ADMISSION < 12/01/1996		
	AND SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
	AND FREQUENCY CODE =	2	INTERIM - INITIAL **OR**
		3	INTERIM - INTERIM
	AND TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX **OR**
		I	INITIAL SUBMISSION **OR**
		R	RESUBMISSION OF ERROR REJECT **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		D	COMPLETE DENIAL **OR**
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		

THEN AMOUNT BILLED MUST BE > $90,000

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)**
1-115-05R	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 HCSRs 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 HCSRs 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 HCSRs STORED ON THE DATA BASE		
THEN AMOUNT ALLOWED MUST BE ≤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 ≥ 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.		
1-125-03R 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.		
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 HCSRs 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.

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
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

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

UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 'CA' (CIVIL ACTION PAYMENT)

ELEMENT NAME:	PATIENT COINSURANCE (1-140)		

VALIDITY EDITS			

1-140-01	MUST BE NUMERIC.		

RELATIONAL EDITS			
	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	SPONSOR STATUS	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP TO SPONSOR, SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE
	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	TFL (SECOND PAYOR) **OR**
	MS	TSP (NETWORK) **OR**
	MN	TSP (NON-NETWORK)
THEN BYPASS ALL COINSURANCE EDITING.		

[1] **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)

1-140-02R	PATIENT COINSURANCE MUST BE ZERO **WHEN:**		
	TYPE OF SUBMISSION =	D	COMPLETE CONTRACTOR DENIAL
1-140-03R	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 ≥ ZERO.		
1-140-05R	PATIENT COINSURANCE MUST BE ≤ AMOUNT ALLOWED **WHEN:**		
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		J	MCS - HOMESTEAD STANDARD PROGRAM
		M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		S	CRI STANDARD PROGRAM
		T	MCS - STANDARD PROGRAM
		Y	CHCBP 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 HCSRs 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 G	ARMY CAM DEMONSTRATIONS
		K	GEORGIA/FLORIDA PPO

[1] 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/CHAMPUS DUAL ENTITLEMENT
		#	HOSPICE
1-145-09R 1-140-07R	• 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		
	PATIENT COINSURANCE MUST EQUAL ZERO		
	UNLESS 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES[1] 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	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		J	MCS - HOMESTEAD STANDARD PROGRAM
		M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		S	CRI STANDARD PROGRAM
		T	MCS - STANDARD PROGRAM
		Y	CHCBP 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

[1] **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)

	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 H R Y	FORMER SPOUSE
	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 G	ARMY CAM DEMONSTRATIONS
		K	GEORGIA/FLORIDA PPO
		N	CHAMPUS SELECT
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE

1-145-09R
1-140-08R   • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS 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[1] 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	MCS - HOMESTEAD STANDARD PROGRAM

[1] **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)

	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM	
	T	MCS - STANDARD PROGRAM	
	Q	NEW ORLEANS STANDARD PROGRAM	
	F	FI STANDARD PROGRAM	
	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM	
	Y	CHCBP 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 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	
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		

[1] **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	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¢ 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
1-140-11R — • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (**OR** FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDS

PATIENT COINSURANCE MUST BE 25% (ALLOW 1¢ 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	MCS - HOMESTEAD STANDARD PROGRAM
		M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MCS - STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
		Y	CHCBP STANDARD

[1] **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 =	~~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 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	
	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 G	ARMY CAM DEMONSTRATIONS	
	K	GEORGIA/FLORIDA PPO	
	N	CHAMPUS SELECT	
	R	MEDICARE/TRICARE DUAL ENTITLEMENT	
	*	VA MEDICAL CENTER CLAIM	
	#	HOSPICE	

1-140-14R PATIENT COST-SHARE MUST BE THE LESSER OF:

a.) 25% (ALLOW 1$^{\cent}$ ROUNDING ERROR) OF AMOUNT ALLOWED, **OR** THE LESSER OF:

[1] **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.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE CODES[1] AND DUPLICATE BILLING (1) DENIAL REASON CODE) **OR**		
	c.) AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE		
1-145-14R	**WHEN** ANY OCCURRENCE OF OVERRIDE CODE =	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MCS - HOMESTEAD STANDARD PROGRAM
		M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MCS - STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
		Y	CHCBP 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
	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;		
	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] **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 RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
1-140-16R	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) **OR** b.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO		
1-145-16R	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN c.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.		
1-145-15R	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.		
1-140-18R **1-140-17R**	• EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (**OR** FORMER SPOUSE), REGION-SPECIFIC PSYCHIATRIC PER DIEM RECORDS		
	PATIENT COINSURANCE MUST EQUAL ZERO		
	UNLESS 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON REIMBURSABLE REVENUE CODES[1] AND DUPLICATE BILLING (1) (DENIAL REASON CODE) IS LESS THAN [AUTHORIZED BED DAYS TIMES THE PSYCH PER DIEM COST-SHARE DAILY RATE] **WHEN**		
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
		J	MCS - HOMESTEAD STANDARD PROGRAM
		M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MCS - STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		Y	CHCBP 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

[1] **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 H R Y	UNREMARRIED FORMER SPOUSE
	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$^\cent$ 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.
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$^\cent$ 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

[1] **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)

	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MCS - HOMESTEAD STANDARD PROGRAM
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MCS - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CHCBP 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
	C	CANCELLATION WITH AMOUNT > ZERO
WITH FILING DATE WITHIN THE AND NUMBER OF MONTHS OF HCSRs 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, **OR** 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.

1-140-20R   •   EDITS FOR TRICARE PRIME - POINT OF SERVICE PROGRAM.
1-145-20R

[1] **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 BE 50% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED		
	AND PATIENT COPAYMENT MUST BE ZERO **WHEN**:		
	ENROLLMENT STATUS =	U	MCS - PRIME **OR**
		Z	MCS - PRIME, MTF/PCM **OR**
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPECIAL PROCESSING CODE =	PO	TRICARE PRIME - POINT OF SERVICE
1-140-21R	• EDITS FOR TRICARE, 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¢ ROUNDING ERROR) OF AMOUNT ALLOWED **AND**		
1-145-21R	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 H R Y	FORMER SPOUSE
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		Y	CHCBP STANDARD
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
	SPECIAL RATE CODE =	b̶	NO SPECIAL RATE
		D	DISCOUNT RATE AGREEMENT

[1] **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)

	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 HCSRs 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
1-140-23R	• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (**OR** FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), FOR ARMY CAM DEMONSTRATIONS		
	PATIENT COINSURANCE MUST EQUAL ZERO **UNLESS**		
1-140-24R	20% OF [AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES[1] 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

[1] **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	DISCOUNTED DRG NO OUTLIER
	ANY SPECIAL OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
	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 DATA BASE;		
	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 H R Y	FORMER SPOUSE
	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

1-140-25R • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN, FOR ARMY CAM DEMONSTRATIONS.

[1] **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 EQUAL ZERO **UNLESS**

1-140-26R 20% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES[1] AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG DAILY RATE] **WHEN**:

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
	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;		
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR

[1] 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
	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¢ 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.

1-140-27R	PATIENT COINSURANCE MUST EQUAL ZERO **WHEN**:		
	ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT

1-140-29R   • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS SELECT.

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 CLAIMS)

1-140-33R   PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ 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

[1] **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)		
	OR 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
	SPECIAL RATE CODE =	K	HOSPITAL SPECIFIC PSYCHATRIC PER DIEM
		L	REGION SPECIFIC PSYCHATRIC PER DIEM
	OR 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
	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		
1-140-34R	PATIENT COST-SHARE MUST BE THE LESSER OF:		
	a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED **OR**		
	b.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE		
1-145-34R	**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 H R Y	FORMER SPOUSE

[1] **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)

	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	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 =	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;		
1-140-35R	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO		
1-145-35R	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN b.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.		
1-140-36R	PATIENT COST-SHARE MUST BE THE LESSER OF:		
	a.) 25% (ALLOW 1$^{\text{¢}}$ ROUNDING ERROR) OF AMOUNT ALLOWED **OR**		
	b.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE		
1-145-36R	**WHEN** SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		H	MEDAL OF HONOR
		K	DECEASED
		D	100% DISABLED

[1] **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)		
		W	TITLE III RETIREE
	OR 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
	SPECIAL RATE CODE ≠	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
	TYPE OF INSTITUTION ≠	72	RESIDENTIAL TREATMENT CENTER
	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;		
1-140-37R	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO		
1-145-37R	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN b.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.		
1-140-38R	PATIENT COINSURANCE MUST BE ZERO WHEN:		
	SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY CLAIMS OR

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ELEMENT NAME:	PATIENT COINSURANCE (1-140) (CONTINUED)		
		AN	SHCP - NON-MTF-REFERRED CARE OR
		AR	SHCP - REFERRED CARE OR
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		GU	ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR OR
		SC	SHCP - NON- TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
1-140-39R	• AS OF 04/01/2001 - NO COST-SHARES ARE REQUIRED 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) EXCEPT POINT OF SERVICE & PFPWD.		
	IF BEGINNING DATE OF CARE ≥ 04/01/2001		
	AND ENROLLMENT STATUS =	U	MCS - PRIME, CIVILIAN PCM OR
		W	TPR ACTIVE DUTY CLAIMS, USA OR
		X	ACTIVE DUTY CLAIMS, EUROPE OR
		Z	MCS - PRIME, MTF/PCM OR
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPONSOR STATUS =	A	ACTIVE DUTY
		B	RECALLED TO ACTIVE DUTY OR
		N	NATIONAL GUARD OR
		V	RESERVE
	AND PATIENT RELATIONSHIP TO SPONSOR =	~~b~~	SPONSOR OR
		C	CHILD OR
		S	SPOUSE OR
		V	STEPCHILD OR
		W	WARD
	AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	PO	POINT OF SERVICE
	AND NO PROGRAM INDICATOR CAN =	H	PFPWD
	THEN PATIENT COINSURANCE MUST ≤ZERO		
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ELEMENT NAME: PATIENT COINSURANCE (1-140) (CONTINUED)

1-140-40R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPECIAL RATE CODE ≠	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	THEN BEGIN DATE OF CARE IS ≥ 10/30/2000 **AND** < 09/01/2002		
	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY **OR**
		B	RECALLED TO ACTIVE DUTY **OR**
		N	NATIONAL GUARD **OR**
		V	RESERVE
	AND PATIENT RELATIONSHIP TO SPONSOR MUST =	C	CHILD **OR**
		S	SPOUSE **OR**
		V	STEP CHILD **OR**
		W	WARD
	AND NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =	PO	POINT OF SERVICE
	AND NO PROGRAM INDICATOR CAN =	H	PFPWD
	AND PATIENT COINSURANCE MUST = ZERO		
1-140-41R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**

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ELEMENT NAME:	PATIENT COINSURANCE (1-140) (CONTINUED)		
	H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**	
	I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**	
	J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**	
	M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**	
	N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**	
	O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**	
	Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER	
THEN END DATE OF CARE IS $\geq$ 10/30/2000 AND < 09/01/2002			
AND SPONSOR STATUS MUST =	A	ACTIVE DUTY **OR**	
	B	RECALLED TO ACTIVE DUTY **OR**	
	N	NATIONAL GUARD **OR**	
	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	PFPWD	
AND PATIENT COINSURANCE MUST = ZERO			

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