

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](#))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	
PROGRAM INDICATOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

**NO ERROR IF EARLIEST BEGIN DATE OF CARE IS OLDER THAN 6 YEARS
THEN DO NOT CHECK PATIENT ZIP CODE
AND BYPASS ALL PATIENT ZIP CODE EDITS**

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

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 EARLIEST BEGIN DATE IS > THAN 6 YEARS ZIP CODE TABLE WILL NOT BE CHECKED.**

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

THEN PATIENT ZIP CODE MUST BE WITHIN AN MTF³ CATCHMENT AREA¹

UNLESS ANY OCCURRENCE OF
SPECIAL PROCESSING CODE = ST² SPECIALIZED TREATMENT FACILITY^Y

OR ENROLLMENT STATUS = PS TRICARE SENIOR PHARMACY

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.

⁴ IF EARLIEST BEGIN DATE IS > THAN 6 YEARS ZIP CODE TABLE WILL NOT BE CHECKED.

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	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
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	MCS - TRICARE-TIDEWATER PRIME
		G	MCS - TRICARE-TIDEWATER EXTRA
		R	TRICARE EXTRA - NORTH CAROLINA
		N	NON-PRIME

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

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

S	CRI STANDARD PROGRAM
D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
Y	CHCBP STANDARD
AA	CHCBP EXTRA
T	MCS - STANDARD PROGRAM
U	MCS - PRIME
V	MCS - EXTRA
Z	MCS - PRIME (WITH MTF/CLINIC PCM)

IF SOURCE OF HEALTH CARE DATA IS AN FI

**THEN ENROLLMENT STATUS
 MUST =**

F	FI STANDARD PROGRAM
D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
E	MCS - TRICARE -TIDEWATER PRIME
G	MCS - TRICARE-TIDEWATER EXTRA
H	MCS - HOMESTEAD, ENROLLED PATIENT
I	MCS - HOMESTEAD, NON-ENROLLED PATIENT, NETWORK PROVIDER
J	MCS - HOMESTEAD STANDARD PROGRAM
Y	CHCBP STANDARD
AA	CHCBP 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
P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM OR
Q	NEW ORLEANS COORDINATED 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

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

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

	O	NEW ORLEANS PRIME OR
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM OR
	Q	NEW ORLEANS COORDINATED CARE STANDARD PROGRAM OR
	T	MCS - STANDARD PROGRAM OR
	U	MCS - PRIME, CIVILIAN PCM OR
	V	MCS - EXTRA OR
	Y	CHCBP STANDARD OR
	AA	CHCBP EXTRA OR
	R	TRICARE EXTRA - NORTH CAROLINA OR
	W	ACTIVE DUTY - USA OR
	X	ACTIVE DUTY - EUROPE OR
	Z	MCS - PRIME, MTF/PCM OR
	BB	TSP OR
	FE	TFL - EXTRA OR
	FS	TFL - STANDARD OR
	PS	TRICARE SENIOR PHARMACY OR
	SR	SHCP - REFERRED CARE OR
	SN	SHCP - NON-MTF-REFERRED CARE OR
	SO	SHCP - NON-TRICARE ELIGIBLE OR
	ST	SHCP - 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

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

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

		N	NON-PRIME
	THEN PRICING CODE IN FIRST DETAIL OCCURRENCE IS '9'.		
2-105-06R	IF ENROLLMENT STATUS =	Y	CHCBP (CHCBP) STANDARD OR
		AA	CHCBP (CHCBP) EXTRA
	THEN PROGRAM INDICATOR MUST NOT =		
		H	PPWD
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 CLAIMS OR
		GU	ADSM ENROLLED IN TPR: 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
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
2-105-09R	IF ENROLLMENT STATUS =	Z	MCS - PRIME, MTF/PCM
	THEN ADMISSION DATE MUST BE > 10/01/1997		
2-105-10R	IF ENROLLMENT STATUS =	SN	SHCP - NON-MTF-REFERRED CARE OR
		SO	SHCP - NON-TRICARE ELIGIBLE OR
		SR	SHCP - MTF-REFERRED CARE OR
		ST	SHCP FOR TRICARE ELIGIBLE
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		
		AN	SHCP - NON-MTF-REFERRED CARE
		AR	SHCP - MTF-REFERRED CARE
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM
		SC	SHCP - NON-TRICARE ELIGIBLE
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - 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)

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

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

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		
	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	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)
2-105-17R	IF ENROLLMENT STATUS =	PS	TRICARE SENIOR PHARMACY OR
		FE	TFL - EXTRA OR
		FS	TFL - 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

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

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

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**

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)

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
CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
GU	ADSM ENROLLED IN TPR: 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
W	MENTAL HEALTH WRAP AROUND

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

NO ERROR IF SPONSOR STATUS = T FOREIGN MILITARY (NATO)

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

NO ERROR IF ANY OCCURRENCE OF DENIAL REASON CODE = 9 NON-AVAILABILITY STATEMENT CANCELLED OR NOT PROVIDED OR

2 INELIGIBLE CLAIMANT OR

A DEERS INELIGIBLE OR

N MULTIPLE DENIAL REASONS

NO ERROR IF PROGRAM INDICATOR = H PFPWD

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

NO ERROR IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO

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

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)

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
FE	TRICARE FOR LIFE - EXTRA OR
FS	TRICARE FOR LIFE - STANDARD 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.

**NO ERROR IF EARLIEST BEGIN DATE OF CARE IS OLDER THAN 6 YEARS
THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA**

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

THEN NAS NUMBER MUST = BLANK

UNLESS SPECIAL PROCESSING CODE = 'ST'² SPECIALIZED TREATMENT

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

THEN NAS NUMBER MUST = BLANK.

2-110-04R IF NAS EXCEPTION REASON = BLANK

AND TYPE OF SERVICE (FIRST BYTE) = 'I'

AND PATIENT ZIP CODE IS IN AN MTF³ CATCHMENT AREA¹

THEN NAS NUMBER MUST BE CODED

UNLESS HEALTH CARE PLAN
CODE =

11 MCS FORT BRAGG DEMO

OR ANY OCCURRENCE OF
OVERRIDE CODE =

Q FORMER SPOUSE WITH PRE-EXISTING CONDITION

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.

2-110-06R 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 HEALTH CARE PLAN
 CODE = 11 MCS FORT BRAGG DEMO

OR ANY OCCURRENCE OF
 OVERRIDE CODE = Q FORMER SPOUSE WITH PRE-EXISTING CONDITION

THEN 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 CODE² = 47133, 47135 OR 47136 [LIVER TRANSPLANT]⁴)
 AND BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤ 02/19/1998)
 OR (PROCEDURE CODE² = 38240 [ALLOGENEIC BONE MARROW TRANSPLANT]⁴)
 AND BEGIN DATE OF CARE ≥ 10/01/1997 AND ≤ 12/31/2002)
 OR (PROCEDURE CODE² = 50300, 50320, 50340, 50360, 50365, 50370, OR 50380 [KIDNEY TRANSPLANT]⁴)

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)

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

THEN NAS NUMBER MUST BE CODED

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

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

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s 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

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

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

AMOUNT ALLOWED BY PROCEDURE SEE BELOW SPECIAL RATE CODE
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
- | | | |
|----------------------------------|---|--|
| AND TYPE OF SUBMISSION = | I | INITIAL SUBMISSION OR |
| | R | RESUBMISSION OF ERROR REJECT OR |
| | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | F | ADJUSTMENT NEW SUFFIX OR |
| | D | COMPLETE DENIAL |
| ELSE TYPE OF SUBMISSION = | B | ADJUSTMENT NON-HCSR DATA OR |
| | E | CANCELLATION NON-HCSR DATA |
| OR TYPE OF SUBMISSION = | A | ADJUSTMENT OR |
| | C | COMPLETE CANCELLATION |
- WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE
- THEN** AMOUNT ALLOWED MUST BE ≤ZERO.
- 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	

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

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

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 ≥ ZERO WHEN		
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION

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

	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.		

2-130-03R	AMOUNT OF THIRD PARTY LIABILITY MUST EQUAL ZERO WHEN	
	ANY OCCURRENCE OF OVERRIDE CODE =	U BENEFICIARY INDEMNIFICATION PAYMENT

ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (2-133)

VALIDITY EDITS

2-133-01	MUST BE NUMERIC.
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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 OR
	B	ADJUNCTIVE DENTAL CARE PREAUTHORIZATION NOT OBTAINED OR
	C	PROCEDURE/SERVICES IN TRICARE REGIONS CARE NOT PRE-AUTHORIZED
TYPE OF SUBMISSION =	A	ADJUSTMENT TO PRIOR HCSR DATA OR
	C	COMPLETE CANCELLATION OF PRIOR HCSR DATA OR
	F	ADJUSTMENT NEW SUFFIX OR
	I	INITIAL SUBMISSION OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION OF REJECT

ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (2-133) (CONTINUED)

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

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 \geq 04/01/2001 AND $<$ 10/01/2001

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)

AND PROGRAM
INDICATOR = D DRUG

THEN BYPASS THE RELATIONAL EDITS FOR PATIENT COINSURANCE

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

FS TFL (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 ≥ 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 ≥ ZERO.

2-140-05R PATIENT COINSURANCE MUST BE ≤ AMOUNT ALLOWED WHEN

PROGRAM INDICATOR = I INSTITUTIONAL

N NON-INSTITUTIONAL

D DRUG

T DENTAL

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

J MCS - HOMESTEAD STANDARD PROGRAM

M MCS - CALIFORNIA/HAWAII STANDARD
PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

D MCS - TRICARE-TIDEWATER STANDARD PROGRAM

T MCS - STANDARD PROGRAM

Y CHCBP STANDARD

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 HCSR _s 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
	D	COMPLETE DENIAL
TYPE OF SUBMISSION =	A	ADJUSTMENT

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)

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 ≤ZERO.	
2-140-08R	• EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS & EXCLUDING PHARMACY CLAIM
PATIENT COINSURANCE MUST BE = ZERO	
WHEN SPONSOR STATUS =	A ACTIVE DUTY OR
	B RECALLED ACTIVE DUTY OR
	E MEPCOM ENLISTEE OR
	J ACADEMY/OCS OR
	N NATIONAL GUARD OR
	P TAMP DESIGNEE OR
	Q PRISON/APPELLATE OR
	T FOREIGN MILITARY OR
	V RESERVE
AND PATIENT RELATIONSHIP TO SPONSOR ≠	T FORMER SPOUSE H R Y
AND PROGRAM INDICATOR =	D DRUG OR
	I INSTITUTIONAL OR
	N NON-INSTITUTIONAL OR
	T DENTAL
AND ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	A AMBULATORY SURGERY COST-SHARED AS INPATIENT OR
	I INPATIENT OR

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

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

	K	EMERGENCY ROOM ADMISSION OR
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT OR
	P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST-SHARED AS INPATIENT
ENROLLMENT STATUS =	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM OR
	F	FI STANDARD PROGRAM OR
	J	MCS - HOMESTEAD STANDARD PROGRAM OR
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	Q	NEW ORLEANS STANDARD PROGRAM OR
	S	CRI STANDARD PROGRAM OR
	T	MCS - STANDARD PROGRAM OR
	Y	CHCBP STANDARD
AND NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS OR
	U	BENEFICIARY INDEMNIFICATION PAYMENT OR
	V	ADFM SERVICES PROVIDED IN TRICARE EUROPE
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM OR
	6	HOME HEALTH CARE OR
	A	INTERNAL PARTNERSHIP OR
	F	ARMY CAM DEMONSTRATIONS OR
	G	ARMY CAM DEMONSTRATIONS OR
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA OR
	K	GEORGIA/FLORIDA PPO OR
	N	CHAMPUS SELECT OR
	O	CAMCHAS OR
	R	MEDICARE/TRICARE DUAL ENTITLEMENT OR
	S	RESOURCE SHARING OR
	*	VA MEDICAL CENTER CLAIM OR
	#	HOSPICE OR
	!	NORTHERN REGION COORDINATED CARE
AND TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX OR

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

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)I INITIAL SUBMISSION **OR**O ZERO PAYMENT WITH 100% OHI/TPL **OR**

R RESUBMISSION OF ERROR REJECT

THEN PATIENT COINSURANCE MUST BE = ZERO**ELSE TYPE OF SUBMISSION =** A ADJUSTMENT **OR**B ADJUSTMENT NON-HCSR DATA **OR**C CANCELLATION **OR**

E CANCELLATION OF NON-HCSR DATA

AND WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE**THEN PATIENT COINSURANCE MUST BE ≤ZERO.****UNLESS PROGRAM INDICATOR = 'D' (DRUG)****AND EARLIEST BEGIN DATE OF CARE IS ≥ 10/01/2001****THEN BYPASS THIS EDIT****2-140-09R** • **EDITS FOR STANDARD OUTPATIENT WITH NO DISCOUNT AGREEMENT EXCLUDING PHARMACY CLAIMS**PATIENT COINSURANCE MUST BE 20% (ALLOW 1[¢] ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)**WHEN** SPONSOR STATUS = A ACTIVE DUTY **OR**B RECALLED ACTIVE DUTY **OR**E MEPCOM ENLISTEE **OR**J ACADEMY/OCS **OR**N NATIONAL GUARD **OR**P TAMP DESIGNEE **OR**Q PRISON/APPELLATE **OR**T FOREIGN MILITARY **OR**

V RESERVE

OR PATIENT
RELATIONSHIP TO
SPONSOR ≠

T FORMER SPOUSE

H

R

Y

AND PROGRAM
INDICATOR =D DRUG **OR**I INSTITUTIONAL **OR**N NON-INSTITUTIONAL **OR**

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)

AND ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT
AND ENROLLMENT STATUS =	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM OR
	F	FI STANDARD PROGRAM OR
	J	MCS - HOMESTEAD STANDARD PROGRAM OR
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	Q	NEW ORLEANS STANDARD PROGRAM OR
	S	CRI STANDARD PROGRAM OR
	T	MCS - STANDARD PROGRAM OR
	Y	CHCBP STANDARD
AND SPECIAL RATE CODE ≠	D	DISCOUNT RATE AGREEMENT
AND TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX OR
	I	INITIAL SUBMISSION OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
AND WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
AND NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS OR
	U	BENEFICIARY INDEMNIFICATION PAYMENT OR
	V	ADFM SERVICES PROVIDED IN TRICARE EUROPE
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	6	HOME HEALTH CARE OR
	9	FORT DRUM OR
	A	INTERNAL PARTNERSHIP OR
	F	ARMY CAM DEMONSTRATIONS OR
	G	ARMY CAM DEMONSTRATIONS OR
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA OR

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

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

	K	GEORGIA/FLORIDA PPO	OR
	N	CHAMPUS SELECT	OR
	O	CAMCHAS	OR
	R	MEDICARE/TRICARE DUAL ENTITLEMENT	OR
	S	RESOURCE SHARING	OR
	*	VA MEDICAL CENTER CLAIM	OR
	#	HOSPICE	OR
	!	NORTHERN REGION COORDINATED CARE	
UNLESS PROGRAM INDICATOR = 'D' (DRUG) AND EARLIEST BEGIN DATE OF CARE IS ≤10/01/2001 THEN BYPASS THIS EDIT			
2-140-10R	<ul style="list-style-type: none"> EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE) EXCLUDING PHARMACY CLAIMS. 		
PATIENT COINSURANCE MUST BE 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED			
WHEN SPONSOR STATUS =	D	100% DISABLED	OR
	F	FORMER MEMBER	OR
	H	MEDAL OF HONOR	OR
	I	PERMANENTLY DISABLED	OR
	K	DECEASED	OR
	O	TEMPORARILY DISABLED	OR
	R	RETIRED	OR
	W	TITLE III RETIREE	
OR PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE	
	H		
	R		
	Y		
AND PROGRAM INDICATOR =	D	DRUG	OR
	I	INSTITUTIONAL	OR
	N	NON-INSTITUTIONAL	OR
	T	DENTAL	
AND ENROLLMENT STATUS =	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM	OR
	F	FI STANDARD PROGRAM	OR

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

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

	J	MCS - HOMESTEAD STANDARD PROGRAM OR
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	Q	NEW ORLEANS STANDARD PROGRAM OR
	S	CRI STANDARD PROGRAM OR
	T	MCS - STANDARD PROGRAM OR
	Y	CHCBP STANDARD
AND ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =	I	INPATIENT OR
	K	EMERGENCY ROOM ADMISSION OR
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT OR
	P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST-SHARED AS INPATIENT
AND SPECIAL RATE CODE =	h	NO SPECIAL RATE OR
	A	DRG 4% DISCOUNT OR
	B	DRG 3% DISCOUNT OR
	C	DRG 2% DISCOUNT OR
	E	DRG 1% DISCOUNT OR
	F	DRG NO DISCOUNT
AND NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS OR
	U	BENEFICIARY INDEMNIFICATION PAYMENT
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	6	HOME HEALTH CARE OR
	9	FORT DRUM OR
	A	INTERNAL PARTNERSHIP OR
	F	ARMY CAM DEMONSTRATIONS OR
	G	ARMY CAM DEMONSTRATIONS OR
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA OR
	K	GEORGIA/FLORIDA PPO OR
	N	CHAMPUS SELECT OR
	O	CAMCHAS OR
	R	MEDICARE/TRICARE DUAL ENTITLEMENT OR

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

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

	S	RESOURCE SHARING OR
	U	MEDICARE PHARMACY OR
	*	VA MEDICAL CENTER CLAIM OR
	#	HOSPICE OR
	!	NORTHERN REGION COORDINATED CARE
AND TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX OR
	I	INITIAL SUBMISSION OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
AND WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
UNLESS PROGRAM INDICATOR = 'D' (DRUG) AND EARLIEST BEGIN DATE OF CARE IS ≥ 10/01/2001 THEN BYPASS THIS EDIT		
2-140-11R	PATIENT COINSURANCE MUST BE 25% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) OR 25% (ALLOW 1 ^c ROUNDING ERROR) OF AMOUNT BILLED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)	
WHEN SPONSOR STATUS =	D	100% DISABLED OR
	F	FORMER MEMBER OR
	H	MEDAL OF HONOR OR
	I	PERMANENTLY DISABLED OR
	K	DECEASED OR
	O	TEMPORARILY DISABLED OR
	R	RETIRED OR
	W	TITLE III RETIREE
OR PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
AND PROGRAM INDICATOR =	D	DRUG OR
	I	INSTITUTIONAL OR

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

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

	N	NON-INSTITUTIONAL OR
	T	DENTAL
AND ENROLLMENT STATUS =	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM OR
	F	FI STANDARD PROGRAM OR
	J	MCS - HOMESTEAD STANDARD PROGRAM OR
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	Q	NEW ORLEANS STANDARD PROGRAM OR
	S	CRI STANDARD PROGRAM OR
	T	MCS - STANDARD PROGRAM OR
	Y	CHCBP STANDARD
AND ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT
AND SPECIAL RATE CODE ≠	D	DISCOUNT RATE AGREEMENT
AND NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS OR
	U	BENEFICIARY INDEMNIFICATION PAYMENT
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	6	HOME HEALTH CARE OR
	9	FORT DRUM OR
	A	INTERNAL PARTNERSHIP OR
	F	ARMY CAM DEMONSTRATIONS OR
	G	ARMY CAM DEMONSTRATIONS OR
	H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA OR
	K	GEORGIA/FLORIDA PPO OR
	N	CHAMPUS SELECT OR
	O	CAMCHAS OR
	S	RESOURCE SHARING OR
	U	MEDICARE PHARMACY OR
		WR MENTAL HEALTH WRAP AROUND OR
	*	VA MEDICAL CENTER CLAIM OR

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

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

	#	HOSPICE OR
	!	NORTHERN REGION COORDINATED CARE OR
	?	AMBULATORY SURGERY FACILITY CHARGE
AND TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX OR
	I	INITIAL SUBMISSION OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
AND FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
UNLESS PROGRAM INDICATOR = 'D' (DRUG) AND EARLIEST BEGIN DATE OF CARE IS ≥ 10/01/2001 THEN BYPASS THIS EDIT		
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 =	D	100% DISABLED OR
	F	FORMER MEMBER OR
	H	MEDAL OF HONOR OR
	I	PERMANENTLY DISABLED OR
	K	DECEASED OR
	O	TEMPORARILY DISABLED OR
	R	RETIRED OR
	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	MCS - HOMESTEAD STANDARD PROGRAM

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

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

	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	TRICARE BASIC STANDARD PROGRAM
	T	MCS - STANDARD PROGRAM
	Y	CHCBP 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
	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 HCSR _s STORED ON THE DATABASE.		
2-140-14R	• EDITS FOR TRICARE PRIME - POINT OF SERVICE PROGRAM.	
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 (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.	

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)

PATIENT COINSURANCE MUST BE 15% (ALLOW 1^e ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **EXCLUDING PHARMACY CLAIMS**

WHEN SPONSOR STATUS =	A ACTIVE DUTY OR
	B RECALLED ACTIVE DUTY OR
	E MEPCOM ENLISTEE OR
	J ACADEMY/OCS OR
	N NATIONAL GUARD OR
	P TAMP DESIGNEE OR
	Q PRISON/APPELLATE OR
	T FOREIGN MILITARY
	V RESERVE
OR PATIENT RELATIONSHIP TO SPONSOR ≠	T FORMER SPOUSE
	H
	R
	Y
AND PROGRAM INDICATOR =	D DRUG OR
	I INSTITUTIONAL OR
	N NON-INSTITUTIONAL OR
	T DENTAL
AND ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =	O OUTPATIENT
AND ENROLLMENT STATUS =	F FI STANDARD PROGRAM OR
	Q NEW ORLEANS STANDARD PROGRAM OR
	S CRI STANDARD PROGRAM
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F ARMY CAM DEMONSTRATIONS
	G
AND TYPE OF SUBMISSION =	F ADJUSTMENT NEW SUFFIX OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A ADJUSTMENT OR

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

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

	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
AND WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
AND NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS OR
	U	BENEFICIARY INDEMNIFICATION PAYMENT OR
	V	ADFM SERVICES PROVIDED IN TRICARE EUROPE
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM OR
	A	INTERNAL PARTNERSHIP OR
	R	MEDICARE/TRICARE DUAL ENTITLEMENT OR
	S	RESOURCE SHARING
UNLESS PROGRAM INDICATOR = 'D' (DRUG) AND EARLIEST BEGIN DATE OF CARE IS ≥ 10/01/2001 THEN BYPASS THIS EDIT		
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 [¢] ROUNDING ERROR) OF AMOUNT ALLOWED	
WHEN SPONSOR STATUS =	D	100% DISABLED OR
	F	FORMER MEMBER OR
	H	MEDAL OF HONOR OR
	I	PERMANENTLY DISABLED OR
	K	DECEASED OR
	O	TEMPORARILY DISABLED OR
	R	RETIRED OR
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR =	D	DRUG OR
	I	INSTITUTIONAL OR
	N	NON-INSTITUTIONAL OR
	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)

ENROLLMENT STATUS =	F	FI STANDARD PROGRAM OR
	Q	NEW ORLEANS STANDARD PROGRAM OR
	S	CRI STANDARD PROGRAM OR
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	I	INPATIENT OR
	K	EMERGENCY ROOM ADMISSION OR
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS OR
	G	ARMY CAM DEMONSTRATIONS
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS OR
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM OR
	A	INTERNAL PARTNERSHIP OR
	R	MEDICARE/TRICARE DUAL ENTITLEMENT OR
	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

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)

	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	CHCBP 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

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)

	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
	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 SERVICE¹ =	O	OUTPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
	V	ADFM SERVICES PROVIDED IN TRICARE EUROPE
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL

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	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > 0
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS 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
	S	RESOURCE SHARING
2-140-19R	<ul style="list-style-type: none"> 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

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
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
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

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	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
	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	• 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	• EDIT FOR CHAMPUS SELECT, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS	
PATIENT COINSURANCE MUST = ZERO		

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

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

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 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 ADFM SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 FORT DRUM
	6 HOME HEALTH 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)

	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
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		
2-140-24R	• EDIT FOR CHAMPUS SELECT, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS	
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
	T	FOREIGN MILITARY
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT

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)

ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CHCBP 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
	V	ADFM SERVICES PROVIDED IN TRICARE EUROPE
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
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.		
2-140-25R	• 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

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)

	W	TITLE III RETIREE
OR NO OCCURRENCE OF PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
PROGRAM INDICATOR =	I N D T	INSTITUTIONAL NON-INSTITUTIONAL DRUG DENTAL
ENROLLMENT STATUS =	F Y	FI STANDARD PROGRAM CHCBP STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	I K M P	INPATIENT EMERGENCY ROOM ADMISSION MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
NO OCCURRENCE OF OVERRIDE CODE =	K U V	CATASTROPHIC LOSS OR BENEFICIARY INDEMNIFICATION PAYMENT OR ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
TYPE OF SUBMISSION =	F I O R	ADJUSTMENT NEW SUFFIX OR INITIAL SUBMISSION OR ZERO PAYMENT WITH 100% OHI/TPL OR RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A C	ADJUSTMENT OR CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		

2-140-26R PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE)

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)

WHEN SPONSOR STATUS =	D 100% DISABLED OR
	F FORMER MEMBER OR
	H MEDAL OF HONOR OR
	I PERMANENTLY DISABLED OR
	K DECEASED OR
	O TEMPORARILY DISABLED OR
	R RETIRED OR
	W TITLE III RETIREE
OR PATIENT RELATIONSHIP TO SPONSOR =	T FORMER SPOUSE H R Y
AND PROGRAM INDICATOR =	D DRUG OR
	I INSTITUTIONAL OR
	N NON-INSTITUTIONAL OR
	T DENTAL
AND ENROLLMENT STATUS =	F FI STANDARD PROGRAM OR
	Y CHCBP STANDARD
AND ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =	A AMBULATORY SURGERY OR
	O OUTPATIENT
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N CHAMPUS SELECT
AND NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS OR
	U BENEFICIARY INDEMNIFICATION PAYMENT OR
	V ADFM PROVIDED IN TRICARE EUROPE
AND TYPE OF SUBMISSION =	F ADJUSTMENT NEW SUFFIX OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A ADJUSTMENT OR

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

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

C CANCELLATION WITH AMOUNT ALLOWED >
ZERO

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

**UNLESS PROGRAM INDICATOR = 'D' (DRUG)
AND EARLIEST BEGIN DATE OF CARE IS ≥ 10/01/2001
THEN BYPASS THIS EDIT**

2-140-27R PATIENT COINSURANCE MUST BE 15% (ALLOW 1[¢] ROUNDING ERROR) OF AMOUNT
ALLOWED

WHEN SPONSOR STATUS =

A	ACTIVE DUTY OR
B	RECALLED ACTIVE DUTY OR
E	MEPCOM ENLISTEE OR
J	ACADEMY/OCS OR
N	NATIONAL GUARD OR
P	TAMP DESIGNEE OR
Q	PRISON/APPELLATE OR
T	FOREIGN MILITARY OR
V	RESERVE

**PATIENT RELATIONSHIP TO
SPONSOR ≠**

T	FORMER SPOUSE
H	
R	
Y	

**ANY OCCURRENCE OF
SPECIAL PROCESSING
CODE =**

!	NORTHERN REGION COORDINATED CARE
---	----------------------------------

**NO OCCURRENCE OF
OVERRIDE CODE =**

K	CATASTROPHIC LOSS OR
V	ADFM SERVICES PROVIDED IN TRICARE EUROPE

**ANY OCCURRENCE OF FIRST
POSITION OF TYPE OF
SERVICE =**

O	OUTPATIENT
---	------------

TYPE OF SUBMISSION =

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 ERROR REJECT

OR TYPE OF SUBMISSION =

A	ADJUSTMENT OR
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.

2-145-27R PATIENT COPAYMENT MUST EQUAL ZERO

WHEN SPONSOR STATUS =	A	ACTIVE DUTY OR
	B	RECALLED ACTIVE DUTY OR
	E	MEPCOM ENLISTEE OR
	J	ACADEMY/OCS OR
	N	NATIONAL GUARD OR
	P	TAMP DESIGNEE OR
	Q	PRISON/APPELLATE OR
	T	FOREIGN MILITARY OR
	V	RESERVE
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	V	ADFM 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	PERMANANTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED

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)

	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
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

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 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
	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 OR
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE.		
2-140-29R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 [¢] ROUNDING ERROR) OF AMOUNT ALLOWED	
WHEN SPONSOR STATUS =	D	100% DISABLED OR
	F	FORMER MEMBER OR
	H	MEDAL OF HONOR OR
	I	PERMANENTLY DISABLED OR
	K	DECEASED OR
	O	TEMPORARILY DISABLED OR
	R	RETIRED OR
	W	TITLE III RETIREE
OR PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	MEDICARE PHARMACY

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)

AND NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
AND PROGRAM INDICATOR =	D	DRUG
AND TYPE OF SUBMISSION =	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 ERROR REJECT
OR TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
AND WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
UNLESS PROGRAM INDICATOR = 'D' (DRUG) AND EARLIEST BEGIN DATE OF CARE IS ≥ 10/01/2001 THEN BYPASS THIS EDIT		
2-145-29R	PATIENT COPAYMENT MUST EQUAL ZERO	
WHEN SPONSOR STATUS =	D	100% DISABLED OR
	F	FORMER MEMBER OR
	H	MEDAL OF HONOR OR
	I	PERMANENTLY DISABLED OR
	K	DECEASED OR
	O	TEMPORARILY DISABLED OR
	R	RETIRED OR
	W	TITLE III RETIREE
OR PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	MEDICARE PHARMACY
AND PROGRAM INDICATOR =	D	DRUG
AND TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX OR
	G	ADDITIONAL DRG INTERIM BILLING OR

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

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

	I	INITIAL SUBMISSION OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
AND WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE.		
UNLESS PROGRAM INDICATOR = 'D' (DRUG) AND EARLIEST BEGIN DATE OF CARE IS ≥ 10/01/2001 THEN BYPASS THIS EDIT		
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
	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 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

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)

SC **SHCP** - NON-TRICARE ELIGIBLE **OR**

SE **SHCP** - TRICARE ELIGIBLE **OR**

SM **SHCP** - EMERGENCY

2-140-32R • AS OF 04/01/2001 - NO COST-SHARES ARE REQUIREMENT FOR ACTIVE DUTY FAMILY MEMBERS **EXCEPT** FOR PHARMACY & **PPPWD** 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 **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 **OR**

B RECALLED TO ACTIVE DUTY **OR**

N NATIONAL GUARD **OR**

V RESERVE

AND PATIENT RELATIONSHIP TO SPONSOR =

b SPONSOR **OR**

C CHILD **OR**

S SPOUSE **OR**

V STEPCHILD **OR**

W WARD

AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =

PO POINT OF SERVICE

AND NO PROGRAM INDICATOR CAN =

D DRUG **OR**

H PROGRAM FOR PERSONS WITH DISABILITIES

THEN PATIENT COINSURANCE MUST ≤ ZERO

2-140-33R • EDIT FOR PHARMACY CLAIMS WHERE BENEFICIARY IS PRIME/EXTRA - NETWORK PHARMACY - NOT POINT OF SERVICE

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)IF EARLIEST BEGIN DATE OF CARE \geq 10/01/2001AND ENROLLMENT
STATUS =

V MCS - EXTRA OR

U MCS - PRIME OR

Z MCS - PRIME (WITH MTF/CLINIC PCM) OR

AA 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

1-140-35R IF ANY OCCURRENCE OF
SPECIAL PROCESSING CODE =GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR
ELIGIBLE ADSMTHEN EARLIEST BEGIN DATE OF CARE IS \geq 10/30/2000 AND $<$ 09/01/2002AND 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 PFPWD

AND PATIENT COINSURANCE MUST = ZERO

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

