

## NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 165 - 199)

<b>ELEMENT NAME: PROCESSING CODE (2-165)</b>		
<b>VALIDITY EDITS</b>		
N/A		
<b>RELATIONAL EDITS</b>		
<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
OVERRIDE CODE	SEE BELOW	
TYPE OF SUBMISSION	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
HEALTH CARE PLAN CODE	SEE BELOW	
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PROCEDURE TEXT IDENTIFIER	SEE BELOW	
REASON FOR ADJUSTMENT	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
<b>EDITED ELEMENT RELATIONSHIP</b>		
<p>PROCESSING CODE IS A GROUP NAME FOR THE 9 ELEMENTS LISTED. IT HAS NO EDIT CRITERIA ITSELF. IF THE COMPONENT ELEMENTS ARE CORRECT, THIS ELEMENT IS CORRECT.</p>		

**ELEMENT NAME: OVERRIDE CODE (2-170)**

**VALIDITY EDITS**

2-170-01,	OCCURRENCE NUMBER 1
2-170-02,	OCCURRENCE NUMBER 2
2-170-03	OCCURRENCE NUMBER 3
	VALUE MUST BE ONE OF THE VALID OVERRIDE CODES <b>LOCATED IN CHAPTER 2, SECTION 6 OR BLANK.</b>
2-170-04	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PATIENT DATE OF BIRTH	SEE BELOW	PATIENT RELATIONSHIP TO SPONSOR
TREATMENT DIAGNOSIS	SEE BELOW	PATIENT DATE OF BIRTH
PROCEDURE CODE	SEE BELOW	TREATMENT DIAGNOSIS
FILING DATE	SEE BELOW	BEGIN DATE OF CARE
SPONSOR STATUS	SEE BELOW	
OVERRIDE CODE (OCCURRENCES)	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

2-170-05R	IF PATIENT DATE OF BIRTH INDICATES AGE <sup>1</sup> ≥ 65
	ONE OVERRIDE CODE MUST = 'A'.
	<b>UNLESS ENROLLMENT STATUS =</b>
	FE TRICARE FOR LIFE - EXTRA <b>OR</b>
	FS TRICARE FOR LIFE - STANDARD <b>OR</b>
	PS TRICARE SENIOR PHARMACY
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'A'
	PATIENT AGE <sup>2</sup> FOR AT LEAST ONE OCCURRENCE MUST BE ≥ 65.
2-170-06R	IF PATIENT DATE OF BIRTH INDICATES AGE <sup>1</sup> < 12
	<b>AND PATIENT RELATIONSHIP TO SPONSOR =</b>
	S SPOUSE
	F UNREMARIED WIDOW(ER)
	G UNMARRIED WIDOW(ER)
	ONE OVERRIDE CODE MUST = 'B'.
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'B'

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES, OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT **ANY** TIME SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

<sup>2</sup> IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT **SOME** TIME, SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

**ELEMENT NAME: OVERRIDE CODE (2-170) (CONTINUED)**

PATIENT AGE<sup>2</sup> MUST BE < 12 FOR AT LEAST ONE OCCURRENCE.

AND PATIENT  
RELATIONSHIP TO SPONSOR  
MUST BE =

S SPOUSE

F UNREARRIED WIDOW(ER)

G UNMARRIED WIDOW(ER)

**2-170-07R** IF OVERRIDE CODE = 'D' (PATIENT IS FAMILY MEMBER 21 YEARS OR OLDER)  
THEN PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> ≥ 21

AND PATIENT  
RELATIONSHIP TO  
SPONSOR MUST =

C CHILD OR

V STEPCHILD OR

W WARD

**2-170-08R** IF PATIENT RELATIONSHIP TO  
SPONSOR =

T FORMER SPOUSE

H

R

Y

AND PATIENT DATE OF BIRTH INDICATES AGE<sup>1</sup> < 34

ONE OVERRIDE CODE MUST = 'I'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'I'

PATIENT AGE<sup>2</sup> MUST BE < 34 FOR AT LEAST ONE OCCURRENCE

PATIENT RELATIONSHIP TO  
SPONSOR =

T FORMER SPOUSE

H

R

Y

**2-170-10R** IF ANY OCCURRENCE OF  
OVERRIDE CODE =

M NATO

SPONSOR STATUS MUST = T FOREIGN MILITARY

**2-170-11R** IF ANY TREATMENT DIAGNOSIS = MATERNITY AND PATIENT DATE OF BIRTH INDICATES  
AGE<sup>1</sup> < 12

ONE OVERRIDE CODE MUST = 'E'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'E'

PATIENT AGE<sup>2</sup> MUST BE < 12 AND AT LEAST ONE TREATMENT DIAGNOSIS MUST =  
MATERNITY

**2-170-12R** IF ANY PROCEDURE OR DIAGNOSIS CODE IS FOR FEMALE AND PATIENT SEX IS MALE

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES, OVERRIDE  
MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM EARLIEST  
BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

<sup>2</sup> IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM  
EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

**ELEMENT NAME: OVERRIDE CODE (2-170) (CONTINUED)**

ONE OVERRIDE CODE MUST = 'G'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'G'

AT LEAST ONE PROCEDURE **OR** DIAGNOSIS CODE MUST BE FOR FEMALE AND PATIENT SEX MUST BE MALE.

IF ANY PROCEDURE **OR** DIAGNOSIS CODE IS FOR MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX IS FEMALE

ONE OVERRIDE CODE MUST = 'H'.

IF ANY OCCURRENCE OF OVERRIDE CODE= 'H'

AT LEAST ONE PROCEDURE **OR** DIAGNOSIS CODE MUST BE FOR MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX MUST BE FEMALE.

**2-170-13R** OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED.

**2-170-15R** IF ANY OCCURRENCE OF OVERRIDE CODE = 'O', AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE = 'M' (HEALTH CARE FINDER AND PARTICIPATING PROVIDER PROGRAM) AND CONTRACTOR NUMBER MUST = 45.

**2-170-16R** IF ANY OCCURRENCE OF  
 OVERRIDE CODE = NC NON-CERTIFIED PROVIDER (DOES NOT INCLUDE  
 SANCTIONED/SUSPENDED PROVIDERS)

**THEN PROVIDER CONTRACT  
 AFFILIATION CODE =** 5 NON-CERTIFIED PROVIDER (DOES NOT INCLUDE  
 SANCTIONED/SUSPENDED PROVIDERS)

**AND ANY OCCURRENCE  
 OF SPECIAL PROCESSING  
 CODE MUST =** AN SHCP - NON-MTF-REFERRED CARE **OR**

AR SHCP - REFERRED CARE **OR**

CE SHCP - COMPREHENSIVE CLINICAL EVALUATION  
 PROGRAM **OR**

EU EMERGENCY SERVICES RENDERED BY AN  
 UNAUTHORIZED PROVIDER **OR**

GU ADSM ENROLLED IN TPR; NOT-AT-RISK PAYMENT  
 BY MCS CONSTRUCTOR **OR**

MN TRICARE SENIOR PRIME (NETWORK) **OR**

MS TRICARE SENIOR PRIME (NON-NETWORK) **OR**

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

SE SHCP - TRICARE ELIGIBLE **OR**

SM SHCP - EMERGENCY

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES, OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

<sup>2</sup> IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

**ELEMENT NAME: TYPE OF SUBMISSION (2-175)**

**VALIDITY EDITS**

**2-175-01** VALUE MUST = 'A', 'B', 'C', 'D', 'E', 'F', 'T', 'O', OR 'R'.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
HCSR INDICATOR	SEE BELOW	FILING DATE, TYPE OF NET RECORD ON PREVIOUS HCSR ON DATABASE, AMOUNT PAID BY GOVERNMENT CONTRACTOR, CONTRACT NUMBER, CONTRACT BEGIN AND END DATES, SPONSOR SOCIAL SECURITY NUMBER, BATCH/VOUCHER NUMBER
AMOUNT OF OHI/TPL	SEE BELOW	
<b>2-155-02R</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR		FILING DATE
FILING DATE	SEE BELOW	
DENIAL REASON CODE	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

<b>2-175-02R</b> WHEN TYPE OF SUBMISSION =	I INITIAL
	R RESUBMISSION
	O ZERO PAYMENT WITH 100% OHI/TPL
	D COMPLETE DENIAL
	F ADJUSTMENT NEW SUFFIX

THIS HCSR INDICATOR MUST NOT BE PRESENT ON THE DATABASE FOR THIS CONTRACT NUMBER

**2-175-03R** WHEN TYPE OF SUBMISSION IS EQUAL TO 'F' (ADJUSTMENT NEW SUFFIX), A HCSR EXCLUSIVE OF SUFFIX MUST BE PRESENT ON THE DATABASE (I.E., IF THE 'NEW SUFFIX' HCSR BEING SUBMITTED IS SUFFIX = 'D', AT LEAST ONE HCSR WITH THE SAME ICN AND SUFFIX NOT EQUAL TO 'D' MUST EXIST ON THE DATABASE).

- THE FOLLOWING EDITS (2-175-04R AND 2-175-06R) ARE GENERATED WHEN PROCESSING ADJUSTMENT AND COMPLETE CANCELLATION HCSRS. THESE RECORDS ARE MATCHED AND APPLIED TO THEIR CORRESPONDING INITIAL SUBMISSION HCSR AND ANY CORRESPONDING ADJUSTMENT HCSRS DURING EDITING. THE RESULT IS EITHER A SUCCESSFUL MATCH WITH THE 'NET' (WHICH IS THEN EDITED) OR AN INCOMPATIBLE MATCH (2-175-04R), OR NO MATCH IS FOUND (2-175-06R).

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

**ELEMENT NAME: TYPE OF SUBMISSION (2-175) (CONTINUED)**

**2-175-04R** INCOMPATIBLE MATCH FOUND.  
MULTIPLE 'A' (ADJUSTMENTS) ARE ALLOWED FOR A HCSR. ONLY ONE 'C' (CANCELLATION) IS ALLOWED FOR AN HCSR, THERE WILL BE NO SUBSEQUENT 'A's. A CANCELLATION (C) CANNOT BE APPLIED TO A HCSR ALREADY ON THE DATABASE WITH ZERO IN (NET) AMOUNT PAID BY GOVERNMENT CONTRACTOR, **UNLESS** TYPE OF NET RECORD = 'A'.

**WHEN** TYPE OF SUBMISSION IS EQUAL TO 'B' (ADJUSTMENT TO NON-HCSR DATA) **OR** 'E' (CANCELLATION OF NON-HCSR DATA), A HCSR WITH TYPE OF NET RECORD = 'I', 'R', 'O', 'D', 'A', 'C', 'F', 'X', **OR** 'E' **MUST NOT** BE PRESENT ON THE DATABASE. (THERE **CAN** BE A HCSR WITH TYPE OF NET RECORD = 'B'.)

**2-175-06R** NO MATCH FOUND.  
**WHEN** TYPE OF SUBMISSION IS EQUAL TO 'A' (ADJUSTMENT) **OR** 'C' (CANCELLATION), THERE MUST BE A 'MATCH' OF A HCSR (WITH TYPE OF NET RECORD = 'I', 'F', 'R', **OR** 'O') ON THE DATABASE, **UNLESS** FILING DATE IS MORE THAN XX MONTHS OLD (TO BE DETERMINED BY DATABASE PURGE PARAMETER). THIS 'MATCH' CONSISTS OF HCSR INDICATOR (ICN AND HCSR SUFFIX). REFER ALSO TO 2-175-05R, WHERE SPONSOR SOCIAL SECURITY NUMBER1, AND CONTRACT NUMBER2 MAY ALSO BE INCLUDED.

NOTE: IF FILING DATE IS MORE THAN XX MONTHS OLD, A HCSR WITH TYPE OF NET RECORD = 'A', 'I', 'F', 'R', **OR** 'O' **MAY (OR MAY NOT)** EXIST ON THE DATABASE. THUS, THE MATCH IS APPLIED IF NET RECORD EXISTS.

**2-175-05R** <sup>1</sup>SPONSOR SOCIAL SECURITY NUMBER IS ONLY LOOKED AT AS 'MATCH' CRITERIA IF THERE ARE DUPLICATE HCSR SUFFIXES. **IN THAT CASE**, IF A MATCH IS NOT FOUND ON SPONSOR SOCIAL SECURITY NUMBER FOR THIS HCSR INDICATOR (ICN AND HCSR SUFFIX), THEN THE HCSR CANNOT BE MATCHED AND NETTED. THE ORIGINAL SPONSOR SSAN MUST BE SUBMITTED ON ALL SUBSEQUENT ADJUSTMENTS/CANCELLATIONS.

<sup>2</sup>CONTRACT NUMBER IS ONLY LOOKED AT AS 'MATCH' CRITERIA IF THERE ARE DUPLICATE SPONSOR SOCIAL SECURITY NUMBERS FOR DUPLICATE HCSR SUFFIXES. FOR ADJUSTMENTS AND CANCELLATIONS WITH FILING DATES OUTSIDE OF THE BEGIN AND END DATES OF THE CURRENT CONTRACT, THE MATCH ON CONTRACT NUMBER IS OPTIONAL. (1-175-06R)

**2-175-07R** IF TYPE OF SUBMISSION =  ZERO PAYMENT **WITH 100% OHI/TPL**  
EITHER/BOTH AMOUNT OF OHI/TPL MUST BE > ZERO.

**2-175-09R** IF ALL DETAIL OCCURRENCES ARE DENIED (DENIAL REASON CODE **NOT** BLANK)

TYPE OF SUBMISSION MUST  
BE =

C COMPLETE CANCELLATION

D COMPLETE DENIAL

B ADJUSTMENT NON-HCSR DATA

E CANCELLATION NON-HCSR DATA

F ADJUSTMENT NEW SUFFIX

A ADJUSTMENT TO PRIOR HCSR DATA

**2-175-10R** IF TYPE OF SUBMISSION = I INITIAL

R RESUBMISSION

D COMPLETE DENIAL

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

**ELEMENT NAME: TYPE OF SUBMISSION (2-175) (CONTINUED)**

O ZERO PAYMENT WITH 100% OHI/TPL

A HCSR MUST NOT BE PRESENT ON THE DATABASE WITH THIS HCSR INDICATOR, EXCLUDING THE SUFFIX (20 BYTES), FOR THIS CONTRACT NUMBER, WITH A DIFFERENT BATCH/VOUCHER NUMBER.

**2-175-11R** A HCSR SUFFIX PREVIOUSLY ASSIGNED CANNOT BE 'RE-USED' WHEN TYPE OF SUBMISSION = 'F' (ADJUSTMENT TO PRIOR HCSR DATA, ADDITIONAL HCSR SUFFIX) FOR THIS SAME INTERNAL CONTROL NUMBER.

NOTE: THIS EDIT RELATES TO ADMINISTRATIVE CLAIM COUNT ASSIGNMENT ONLY.

**2-175-12R** IF AMOUNT ALLOWED = '0',

THEN TYPE OF SUBMISSION  
MUST =

A ADJUSTMENT TO PRIOR HCSR DATA

B ADJUSTMENT NON-HCSR DATA

C CANCELLATION

D COMPLETE DENIAL

E COMPLETE CANCELLATION OF NON-HCSR DATA

F ADJUSTMENT NEW SUFFIX

**2-175-13R** IF RESUBMISSION NUMBER = ZERO FOR THIS BATCH OR VOUCHER,

TYPE OF SUBMISSION MUST =

A ADJUSTMENT TO PRIOR HCSR DATA

B ADJUSTMENT NON-HCSR DATA

C COMPLETE CANCELLATION PRIOR HCSR DATA

D COMPLETE DENIAL

E COMPLETE CANCELLATION NON-HCSR DATA

F ADJUSTMENT NEW SUFFIX

I INITIAL

O ZERO PAYMENT WITH 100% OHI/TPL

**2-175-14R** IF RESUBMISSION NUMBER > ZERO FOR THIS BATCH OR VOUCHER

TYPE OF SUBMISSION MUST =

A ADJUSTMENT TO PRIOR HCSR DATA

B ADJUSTMENT NON-HCSR DATA

C COMPLETE CANCELLATION PRIOR HCSR DATA

D COMPLETE DENIAL

E COMPLETE CANCELLATION NON-HCSR DATA

F ADJUSTMENT NEW SUFFIX

O ZERO PAYMENT WITH 100% OHI/TPL

R RESUBMISSION OF 'I'

**2-175-15R** IF TYPE OF SUBMISSION =

I INITIAL

F ADJUSTMENT NEW SUFFIX

<sup>1</sup> PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

**ELEMENT NAME: TYPE OF SUBMISSION (2-175) (CONTINUED)**

R RESUBMISSION

AMOUNT BILLED, AMOUNT ALLOWED, AMOUNT PAID BY OTHER HEALTH INSURANCE, AMOUNT ALLOWED BY OTHER HEALTH INSURANCE, AMOUNT OF THIRD PARTY LIABILITY, AMOUNT OF PAYMENT REDUCTION, PATIENT COINSURANCE, PATIENT COPAYMENT, AMOUNT APPLIED TOWARD DEDUCTIBLE, AMOUNT PAID BY GOVT CONTRACTOR, NUMBER OF PAYMENT REDUCTION DAYS/SERVICES, NUMBER OF SERVICES, TOTAL CHARGES BY PROCEDURE CODE, AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≥ '0'.

**2-175-16R** IF TYPE OF SUBMISSION = B ADJUSTMENT TO NON-HCSR DATA **OR**  
 E COMPLETE CANCELLATION OF PRIOR HCSR DATA

**THEN** BEGIN DATE OF CARE MUST BE < 10/01/1994.

**2-175-17R** IF DATE HCSR PROCESSING TO COMPLETION > 01/01/1996

**AND** SPONSOR BRANCH OF SERVICE = C CHAMPVA

**THEN** TYPE OF SUBMISSION MUST = **C COMPLETE CANCELLATION OF PRIOR HCSR DATA OR**

D COMPLETE CONTRACTOR DENIAL INITIAL HCSR SUBMISSION

<sup>1</sup> **PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.**



**ELEMENT NAME: NAS EXCEPTION REASON (2-180)**

**VALIDITY EDITS**

**2-180-01** VALUE MUST BE A VALID CODE LISTED UNDER NAS EXCEPTION REASON LOCATED IN CHAPTER 2, SECTION 6 OR BLANK

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-110-03R NAS NUMBER		
PATIENT ZIP CODE	SEE BELOW	SPONSOR BRANCH OF SERVICE, TYPE OF SERVICE, DENIAL REASON CODE, NAS NUMBER, BEGIN DATE OF CARE, PROGRAM INDICATOR
SPECIAL PROCESSING CODE	SEE BELOW	PATIENT ZIP CODE, TYPE OF SERVICE, BEGIN DATE OF CARE
PROGRAM INDICATOR	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

<b>NO ERROR</b> IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR
	AN	SHCP - NON-MTF-REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	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 OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY OR

<sup>1</sup> FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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

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

**ELEMENT NAME: NAS EXCEPTION REASON (2-180) (CONTINUED)**

**WR MENTAL HEALTH WRAP AROUND**

**THEN BYPASS ALL NAS EXCEPTION REASON EDITING.**

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

**THEN BYPASS ALL NAS EXCEPTION REASON 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 BYPASS ALL NAS EXCEPTION REASON EDITING.**

**NO ERROR IF PROGRAM INDICATOR = H PFPWD**

**THEN BYPASS ALL NAS EXCEPTION REASON EDITING.**

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

**THEN BYPASS ALL NAS EXCEPTION REASON EDITING.**

**NO ERROR IF BEGINNING DATE OF CARE ≥ 9/23/96**

**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**

**PS TRICARE SENIOR PHARMACY OR**

**FE TFL - EXTRA OR**

**FS TFL - STANDARD OR**

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

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

**2-180-02R IF PATIENT ZIP CODE IS NOT IN AN MTF<sup>3</sup> CATCHMENT AREA<sup>1</sup>**

**THEN NAS EXCEPTION REASON MUST = BLANK**

<sup>1</sup> FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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

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

**ELEMENT NAME: NAS EXCEPTION REASON (2-180) (CONTINUED)**

	UNLESS SPECIAL PROCESSING CODE =	ST <sup>2</sup> SPECIALIZED TREATMENT
<b>2-180-03R</b>	IF NAS NUMBER IS CODED THEN NAS EXCEPTION REASON MUST = BLANK	
<b>2-180-04R</b>	IF PATIENT ZIP CODE IS IN AN MTF <sup>3</sup> CATCHMENT AREA <sup>1</sup> AND NAS NUMBER IS NOT CODED AND TYPE OF SERVICE (FIRST BYTE) =	I INPATIENT
	THEN NAS EXCEPTION REASON MUST BE CODED	
	UNLESS SPECIAL PROCESSING CODE =	B EXTERNAL PARTNERSHIP PROVIDER WITH SIGNED AGREEMENT <b>OR</b>
		C EXTERNAL PARTNERSHIP PROVIDER WITHOUT SIGNED AGREEMENT <b>OR</b>
		S RESOURCE SHARING
	OR ANY OCCURRENCE OF OVERRIDE CODE =	Q FORMER SPOUSE WITH PRE-EXISTING CONDITION
	OR HEALTH CARE PLAN CODE =	11 MCS FORT BRAGG DEMO
	THEN NAS EXCEPTION REASON MUST BE BLANK	
<b>2-180-05R</b>	• THIS EDIT IS FOR DEMONSTRATION PROJECTS. IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	3 ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY <b>OR</b>
		4 ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY <b>OR</b>
		6 HOME HEALTH CARE <b>OR</b>
		9 FORT DRUM COOPERATIVE MEDICAL CARE <b>OR</b>
		E HHC/CM <b>OR</b>
		NE OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM <b>AND EARLIEST BEGIN DATE OF CARE ≥ 09/14/2001 AND &lt; 11/01/2003</b>
	AND TYPE OF SERVICE =	I FIRST BYTE M
	AND PATIENT ZIP CODE IS IN AN MTF <sup>3</sup> CATCHMENT AREA <sup>1</sup>	
	THEN NAS EXCEPTION REASON MUST =	9 DEMONSTRATION
	UNLESS HEALTH CARE PLAN CODE =	11 MCS - FORT BRAGG DEMO

<sup>1</sup> FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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

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

**ELEMENT NAME: NAS EXCEPTION REASON (2-180) (CONTINUED)**

IF ANY SPECIAL PROCESSING CODE =	5	LIVER TRANSPLANT <b>OR</b>
	7	HEART TRANSPLANT
AND TYPE OF SERVICE =	I	FIRST BYTE
	M	
AND PATIENT ZIP CODE IS IN AN MTF3 CATCHMENT AREA		
AND BEGIN DATE OF CARE ≤04/01/1995		
THEN NAS EXCEPTION REASON MUST =	8	HEART/LIVER TRANSPLANT
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF ANY SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS <b>OR</b>
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS <b>OR</b>
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS <b>OR</b>
	#	HOSPICE <b>OR</b>
	O	HOSPICE NON-AFFILIATED PROVIDER
AND TYPE OF SERVICE =	I	FIRST BYTE
	M	
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA <sup>1</sup>		
THEN NAS EXCEPTION REASON MUST =	6	PARTNERSHIPS <b>OR</b>
	1	ENROLLMENT IN OHI WHICH IS PRIMARY COVERAGE <b>OR</b>
	2	EMERGENCY MEDICAL TREATMENT <b>OR</b>
	L	HOSPICE
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF ANY SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS <b>OR</b>
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS <b>OR</b>
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS <b>OR</b>

<sup>1</sup> FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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

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

**ELEMENT NAME: NAS EXCEPTION REASON (2-180) (CONTINUED)**

	O	CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES <b>OR</b>
	S	RESOURCE SHARING <b>OR</b>
	#	HOSPICE <b>OR</b>
	O	HOSPICE NON-AFFILIATED PROVIDER
AND TYPE OF SERVICE =	A	FIRST BYTE
	C	
	N	
AND BEGIN DATE OF CARE ≥ 11/01/1991		
AND 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.		
THEN NAS EXCEPTION REASON MUST =	6	PARTNERSHIPS/RESOURCE SHARING <b>OR</b>
	1	ENROLLMENT IN OHI WHICH IS PRIMARY COVERAGE <b>OR</b>
	2	EMERGENCY MEDICAL TREATMENT <b>OR</b>
	I	TRICARE-TIDEWATER DRUG CLAIM <b>OR</b>
	J	TRICARE-TIDEWATER PREVENTATIVE CARE CLAIM <b>OR</b>
	L	HOSPICE
2-180-06R IF PROGRAM INDICATOR =	H	PPPWD <b>OR</b>
	D	DRUGS <b>OR</b>
	T	DENTAL
THEN NAS EXCEPTION REASON CANNOT = 'A'.		
2-180-07R IF PATIENT ZIP CODE IS IN AN MTF <sup>3</sup> CATCHMENT AREA <sup>1</sup> AND NAS NUMBER IS NOT CODED		
AND TYPE OF SERVICE =	A	FIRST BYTE
	C	
	O	
	N	
AND BEGIN DATE OF CARE ≥ 11/01/1991 AND < 09/23/1996		
AND 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.		
THEN NAS EXCEPTION REASON MUST BE CODED		
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO

<sup>1</sup> FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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

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

**ELEMENT NAME: NAS EXCEPTION REASON (2-180) (CONTINUED)**

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

THEN NAS NUMBER MUST BE = BLANK.

- <sup>1</sup> FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.
- <sup>2</sup> STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE O STSF BEING PROCESSED.
- <sup>3</sup> MTF IS A 40 MILE CATCHMENT AREA.

**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185)**

**VALIDITY EDITS**

2-185-01 MUST BE A VALID CODE AS DEFINED IN CHAPTER 2 OR BLANK FILLED.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
ENROLLMENT STATUS	SEE BELOW	TYPE OF SUBMISSION

**EDITED ELEMENT RELATIONSHIP**

NO ERROR IF ENROLLMENT STATUS =	PS TRICARE SENIOR PHARMACY OR
	FE TFL - EXTRA OR
	FS TFL - STANDARD

THEN BYPASS THE RELATIONAL EDITS FOR HEALTH CARE PLAN IDENTIFIER

2-185-03R IF ENROLLMENT STATUS =	A CRI - FOUNDATION HEALTH PLAN OR
	B CRI - PARTNERS HEALTH PLAN OR
	C CRI - QUEENS HEALTH PLAN OR
	N CRI - NOT ENROLLED, NOT STANDARD (EXTRA)

THEN HEALTH CARE PLAN CODE MUST =	01 CRI - PARTNERS HEALTH PLAN OR
	02 CRI - PARTNERS HEALTH PLAN OR
	03 CRI - QUEENS HEALTH PLAN

UNLESS TYPE OF SUBMISSION =	D DENIAL OR
	C CANCELLATION OR
	E CANCELLATION OF NON-HCSR DATA

2-185-04R IF ENROLLMENT STATUS =	F FI STANDARD PROGRAM OR
	D MCS - TRICARE STANDARD PROGRAM OR
	M MCS - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	Y CHCBP STANDARD

THEN HEALTH CARE PLAN CODE MUST BE BLANK

**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)**

	UNLESS TYPE OF SUBMISSION =	D DENIAL <b>OR</b>
		C CANCELLATION <b>OR</b>
		E CANCELLATION OF NON-HCSR DATA
<b>2-185-05R</b>	IF ENROLLMENT STATUS =	O NEW ORLEANS PRIME <b>OR</b>
		P NEW ORLEANS NOT ENROLLED < NOT STANDARD PROGRAM
	<b>THEN</b> HEALTH CARE PLAN CODE MUST = '10'	
	UNLESS TYPE OF SUBMISSION =	D DENIAL <b>OR</b>
		C CANCELLATION <b>OR</b>
		E CANCELLATION OF NON-HCSR DATA <b>OR</b>
<b>2-185-06R</b>	IF ENROLLMENT STATUS =	H MCS - HOMESTEAD, STANDARD PROGRAM <b>OR</b>
		I MCS - HOMESTEAD, ENROLLED PATIENT <b>OR</b>
		J MCS - HOMESTEAD, NON-ENROLLED PATIENT, NETWORK PROVIDER
	<b>THEN</b> HEALTH CARE PLAN CODE MUST = '05'	
	UNLESS TYPE OF SUBMISSION =	D DENIAL <b>OR</b>
		C CANCELLATION <b>OR</b>
		E CANCELLATION OF NON-HCSR DATA
<b>2-185-07R</b>	IF CONTRACTOR FHC OPTIONS (MENTAL HEALTH)	
	<b>THEN</b> HEALTH CARE PLAN CODE MUST =	06 <b>MCS - HOMESTEAD</b>
	UNLESS ENROLLMENT STATUS =	Y CHCBP STANDARD
		AA CHCBP EXTRA
	<b>THEN</b> HEALTH CARE PLAN CODE MUST BE BLANK	
<b>2-185-08R</b>	IF HEALTH CARE PLAN CODE =	06 <b>MCS - HOMESTEAD</b>
	UNLESS ENROLLMENT STATUS =	D MCS - TRICARE-TIDEWATER STANDARD PROGRAM <b>OR</b>
		E MCS - TRICARE-TIDEWATER EXTRA <b>OR</b>
		G MCS - TRICARE-TIDEWATER PRIME <b>OR</b>
		R TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
		T MCS - STANDARD PROGRAM <b>OR</b>
		U MCS - PRIME <b>OR</b>
		V MCS - EXTRA <b>OR</b>
		W TPR ACTIVE DUTY - USA
<b>2-185-09R</b>	IF CONTRACTOR WASHINGTON/OREGON	
	<b>THEN</b> HEALTH CARE PLAN CODE MUST =	07 <b>MCS - REGION 11</b> (WASHINGTON-OREGON)

**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)**

	<b>UNLESS ENROLLMENT STATUS =</b>	Y	CHCBP STANDARD <b>OR</b>
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	<b>THEN HEALTH CARE PLAN CODE MUST BE BLANK</b>		
<b>2-185-10R</b>	IF HEALTH CARE PLAN CODE =	07	MCS - REGION 11 (WASHINGTON/OREGON)
	<b>THEN ENROLLMENT STATUS MUST =</b>	R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
		T	MCS - STANDARD TRICARE PROGRAM <b>OR</b>
		U	MCS - PRIME WITH CONTRACTOR NETWORK (PCM) <b>OR</b>
		V	MCS - EXTRA <b>OR</b>
		W	TPR ACTIVE DUTY - USA <b>OR</b>
		Z	MCS - PRIME (WITH MTF/CLINIC PCM) <b>OR</b>
		BB	TRICARE SENIOR PRIME <b>OR</b>
		SN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
		SO	SHCP - NON- TRICARE ELIGIBLE <b>OR</b>
		SR	SHCP - MTF-REFERRED CARE <b>OR</b>
		ST	SHCP FOR TRICARE ELIGIBLE <b>OR</b>
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE AD SM
<b>2-185-11R</b>	IF CONTRACTOR FHC OPTIONS (FORT BRAGG DEMO)		
	<b>THEN HEALTH CARE PLAN CODE MUST =</b>	11	MCS - FORT BRAGG, NC
	<b>UNLESS ENROLLMENT STATUS =</b>	Y	CHCBP STANDARD <b>OR</b>
		AA	CHCBP EXTRA
	<b>THEN HEALTH CARE PLAN CODE MUST BE BLANK</b>		
<b>2-185-12R</b>	IF HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG, NC DEMO
	<b>THEN ENROLLMENT STATUS MUST =</b>	R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
		T	MCS - STANDARD PROGRAM <b>OR</b>
		U	MCS - PRIME <b>OR</b>
		V	MCS - EXTRA <b>OR</b>
		W	TPR ACTIVE DUTY - USA <b>OR</b>
		Z	MCS - PRIME (WITH MTF/CLINIC PCM)
<b>2-185-13R</b>	IF CONTRACTOR (REGION 06) TEXAS/OKLAHOMA/LOUISIANA/ARKANSAS		
	<b>THEN HEALTH CARE PLAN CODE MUST =</b>	09	MCS - REGION 6



**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)**

<b>UNLESS ENROLLMENT STATUS =</b>		Y	CHCBP STANDARD <b>OR</b>
		AA	CHCBP EXTRA
<b>THEN HEALTH CARE PLAN CODE MUST BE BLANK</b>			
<b>2-185-14R</b>	IF HEALTH CARE PLAN CODE =	09	MCS - REGION 6
<b>THEN ENROLLMENT STATUS MUST =</b>		R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
		T	MCS - STANDARD TRICARE PROGRAM <b>OR</b>
		U	MCS - PRIME WITH CONTRACTOR NETWORK PCM) <b>OR</b>
		V	MCS - EXTRA <b>OR</b>
		W	TPR ACTIVE DUTY - USA <b>OR</b>
		BB	TRICARE SENIOR PRIME <b>OR</b>
		SN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
		SO	SHCP - NON- TRICARE ELIGIBLE <b>OR</b>
		SR	SHCP - MTF-REFERRED CARE <b>OR</b>
		ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
		TS	TRICARE SENIOR SUPPLEMENT <b>OR</b>
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADMS
<b>2-185-15R</b>	IF CONTRACTOR (REGION 09, 10, 12) CALIFORNIA/HAWAII		
<b>THEN HEALTH CARE PLAN CODE MUST =</b>		08	MCS - REGIONS 9, 10, 12
<b>UNLESS ENROLLMENT STATUS =</b>		Y	CHCBP STANDARD <b>OR</b>
		AA	CHCBP EXTRA
<b>THEN HEALTH CARE PLAN CODE MUST BE BLANK</b>			
<b>2-185-16R</b>	IF HEALTH CARE PLAN CODE =	08	MCS - REGIONS 9, 10, 12
<b>THEN ENROLLMENT STATUS MUST =</b>		R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
		T	MCS - STANDARD TRICARE PROGRAM <b>OR</b>
		U	MCS - PRIME WITH CONTRACTOR NETWORK PCM) <b>OR</b>
		V	MCS - EXTRA <b>OR</b>
		W	TPR ACTIVE DUTY - USA <b>OR</b>
		Z	MCS - PRIME (WITH MTF/CLINIC PCM) <b>OR</b>
		BB	TRICARE SENIOR PRIME <b>OR</b>
		SN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
		SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>

**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)**

SR	SHCP - MTF-REFERRED CARE OR
ST	SHCP FOR TRICARE ELIGIBLE OR
TS	TRICARE SENIOR SUPPLEMENT OR
WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM

**2-185-17R** IF CONTRACTOR (REGION 03, 04) HUMANA

**THEN** HEALTH CARE PLAN

CODE MUST = 13, 14, MCS - REGIONS 3/4, EUROPE, PACIFIC, AND 15, 16 SOUTHCOM)

**UNLESS** ENROLLMENT STATUS =

Y CHCBP STANDARD OR

AA CHCBP EXTRA

**THEN** HEALTH CARE PLAN CODE MUST BE BLANK

**2-185-18R** IF HEALTH CARE PLAN CODE = 13, 14, MCS - REGIONS 3/4, EUROPE, PACIFIC, AND 15, 16 SOUTHCOM)

**THEN** ENROLLMENT STATUS MUST =

R TRICARE EXTRA - NORTH CAROLINA OR

T MCS - STANDARD TRICARE PROGRAM OR

U MCS - PRIME WITH CONTRACTOR NETWORK PCM OR

V MCS - EXTRA OR

W TPR ACTIVE DUTY - USA OR

X ACTIVE DUTY - EUROPE OR

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

BB TRICARE SENIOR PRIME OR

SN SHCP - NON-MTF-REFERRED CARE OR

SO SHCP - NON-TRICARE ELIGIBLE OR

SR SHCP - MTF-REFERRED CARE OR

ST SHCP - TRICARE ELIGIBLE OR

WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM

**2-185-19R** IF CONTRACTOR (CENTRAL REGION) TRIWEST

**THEN** HEALTH CARE PLAN CODE MUST =

12 MCS - CENTRAL REGION (REGION 7/8)

**UNLESS** ENROLLMENT STATUS MUST =

Y CHCBP STANDARD OR

AA CHCBP EXTRA

**THEN** HEALTH CARE PLAN CODE MUST BE BLANK.

**2-185-20R** IF HEALTH CARE PLAN CODE = 12 MCS - CENTRAL REGION (REGION 7/8)

**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)**

<b>THEN ENROLLMENT STATUS =</b>	R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
	T	MCS - STANDARD TRICARE PROGRAM <b>OR</b>
	U	MCS - PRIME WITH CONTRACTOR NETWORK PCM <b>OR</b>
	V	MCS - EXTRA <b>OR</b>
	W	TPR ACTIVE DUTY - USA <b>OR</b>
	Z	MCS - PRIME (WITH MTF/CLINIC PCM) <b>OR</b>
	BB	TRICARE SENIOR PRIME <b>OR</b>
	SN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
	SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SR	SHCP - MTF-REFERRED CARE <b>OR</b>
	ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
<b>2-185-21R</b>	IF CONTRACTOR (REGION 2/5)	
<b>THEN HEALTH CARE PLAN CODE MUST =</b>	17	<b>MCS - REGION 2/5</b>
<b>UNLESS ENROLLMENT STATUS MUST =</b>	Y	CHCBP STANDARD <b>OR</b>
	AA	CHCBP EXTRA
<b>THEN HEALTH CARE PLAN CODE MUST BE BLANK.</b>		
<b>2-185-22R</b>	IF HEALTH CARE PLAN CODE =	
	17	<b>MCS - REGION 2/5</b>
<b>THEN ENROLLMENT STATUS MUST =</b>	R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
	T	MCS - STANDARD TRICARE PROGRAM <b>OR</b>
	U	MCS - PRIME WITH CONTRACTOR NETWORK PCM <b>OR</b>
	V	MCS - EXTRA <b>OR</b>
	W	TPR ACTIVE DUTY - USA <b>OR</b>
	Z	MCS - PRIME (WITH MTF/CLINIC PCM) <b>OR</b>
	SN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
	SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
	SR	SHCP - MTF-REFERRED CARE <b>OR</b>
	ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
<b>2-185-23R</b>	IF CONTRACTOR (REGION 1)	
<b>THEN HEALTH CARE PLAN CODE MUST =</b>	18	<b>MCS - REGION 1</b>

**ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (2-185) (CONTINUED)**

<b>UNLESS ENROLLMENT STATUS MUST =</b>		Y	CHCBP STANDARD <b>OR</b>
		AA	CHCBP EXTRA
<b>THEN HEALTH CARE PLAN CODE MUST BE BLANK.</b>			
<b>2-185-24R</b>	IF HEALTH CARE PLAN CODE =	18	MCS - REGION 1
<b>THEN ENROLLMENT STATUS MUST =</b>		R	TRICARE EXTRA - NORTH CAROLINA <b>OR</b>
		T	MCS - STANDARD TRICARE PROGRAM <b>OR</b>
		U	MCS - PRIME WITH CONTRACTOR NETWORK PCM <b>OR</b>
		V	MCS - EXTRA <b>OR</b>
		W	TPR ACTIVE DUTY - USA <b>OR</b>
		Z	MCS - PRIME (WITH MTF/CLINIC PCM) <b>OR</b>
		BB	TRICARE SENIOR PRIME <b>OR</b>
		SN	SHCP - NON-MTF-REFERRED CARE <b>OR</b>
		SO	SHCP - NON-TRICARE ELIGIBLE <b>OR</b>
		SR	SHCP - MTF-REFERRED CARE <b>OR</b>
		ST	SHCP - TRICARE ELIGIBLE <b>OR</b>
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE AD SM

**ELEMENT NAME: DIAGNOSIS EDITION IDENTIFIER (2-190)**

**VALIDITY EDITS**

**2-190-01** MUST BE A VALID CODE; CURRENTLY, ONLY '9' IS VALID

**RELATIONAL EDITS**

<b>RELATED TO ELEMENT</b>	<b>EDITED ELEMENT RELATIONSHIP</b>	<b>ALSO RELATES TO ELEMENT(S)</b>
NONE		

**ELEMENT NAME: PROCEDURE TEXT IDENTIFIER (2-195)**

**VALIDITY EDITS**

**2-195-01** VALUE MUST BE '4' OR '8'.

**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PROGRAM INDICATOR	SEE BELOW	

**EDITED ELEMENT RELATIONSHIP**

<b>2-195-02R</b>	IF PROGRAM INDICATOR =	T	DENTAL
	PROCEDURE TEXT IDENTIFIER MUST =	'8'.	
	IF PROGRAM INDICATOR ≠	T	DENTAL
	PROCEDURE TEXT IDENTIFIER MUST =	'4'.	

