

INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 144)

ELEMENT NAME: PATIENT ZIP CODE (1-100)

VALIDITY EDITS

1-100-01 MUST BE 9 CHARACTERS, EITHER 9 DIGITS, **OR** 5 DIGITS (NOT 5 ZEROES **OR** 5 NINES) FOLLOWED BY 4 BLANKS, **OR** 2 CHARACTERS FOLLOWED BY 7 BLANKS. MUST NOT BE ALL ZEROES **OR** ALL NINES.

1-100-02 MUST BE VALID ZIP CODE IN THE ELECTRONIC ZIP CODE FILE, BASED ON THE ADMISSION DATE **OR** THE FIRST 2 CHARACTERS AGAINST COUNTRY CODES TABLE (SEE [CHAPTER 2, ADDENDUM A](#))⁴

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NAS EXCEPTION REASON	SEE BELOW	
NAS NUMBER	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
ENROLLMENT STATUS	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

NO ERROR IF ADMISSION DATE IS OLDER THAN 6 YEARS THEN DO NOT CHECK PATIENT ZIP CODE AND BYPASS ALL PATIENT ZIP CODE EDITS

1-100-03R IF NAS EXCEPTION REASON IS CODED
 THEN PATIENT ZIP CODE MUST BE **WITHIN** AN MTF³ CATCHMENT AREA¹
UNLESS NAS EXCEPTION CODE = LIVING-RELATED DONOR LIVER TRANSPLANT
OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = ST² SPECIALIZED TREATMENT FACILITY
 THEN BYPASS THIS EDIT

1-100-04R IF NAS NUMBER IS PRESENT
 THEN PATIENT ZIP CODE MUST BE **WITHIN** AN MTF³ CATCHMENT AREA¹

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.
² STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.
³ MTF IS A 40 MILE CATCHMENT AREA.
⁴ **IF ADMISSION DATE IS > THAN 6 YEARS ZIP CODE TABLE WILL NOT BE CHECKED.**

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

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

THEN BYPASS THIS EDIT

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

1-100-06R IF ENROLLMENT STATUS = 'A', 'B', 'C', 'K', 'L', 'M', 'N', OR 'S'
 AND NO OCCURRENCE OF OVERRIDE CODE = 'S'
 PATIENT ZIP CODE MUST BE IN CALIFORNIA OR HAWAII

1-100-07R IF ENROLLMENT STATUS = 'H', 'I', 'J', 'O', 'P', OR 'Q'
 AND NO OCCURRENCE OF OVERRIDE CODE = 'S'
 PATIENT ZIP CODE MUST BE A VALID ZIP CODE FOR THE NEW ORLEANS
 COORDINATED CARE PROGRAM, OR A BASE REALIGNMENT AND CLOSURE (BRAC)
 SITE (SEE CHAPTER 2, ADDENDUM K).

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.
² STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT
 AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.
³ MTF IS A 40 MILE CATCHMENT AREA.
⁴ IF ADMISSION DATE IS > THAN 6 YEARS ZIP CODE TABLE WILL NOT BE CHECKED.

ELEMENT NAME: ENROLLMENT STATUS (1-105)

VALIDITY EDITS

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

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

1-105-02R IF ANY OCCURRENCE OF
 OVERRIDE CODE = Z ENHANCED BENEFIT

ENROLLMENT STATUS MUST = A FOUNDATION HEALTH PLAN

B PARTNERS HEALTH PLAN

C QUEEN'S HEALTH CARE PLAN

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

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

N	NON-PRIME; E.G., EXTRA
O	NEW ORLEANS PRIME
P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM
E	MCS - TRICARE-TIDEWATER PRIME
H	MCS - HOMESTEAD, ENROLLED PATIENT
K	MCS - CALIFORNIA/HAWAII, ENROLLED PATIENT
U	MCS - PRIME, CIVILIAN PCM
Z	MCS - PRIME, MTF/PCM

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

THEN ENROLLMENT STATUS MUST =	
A	FOUNDATION HEALTH PLAN OR
B	PARTNERS HEALTH PLAN OR
C	QUEEN'S HEALTH CARE PLAN OR
D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM OR
E	MCS - TRICARE-TIDEWATER PRIME OR
G	MCS - TRICARE-TIDEWATER EXTRA OR
N	NON-PRIME OR
R	TRICARE EXTRA - NORTH CAROLINA OR
S	CRI STANDARD PROGRAM OR
U	MCS - PRIME, CIVILIAN PCM OR
V	MCS - EXTRA OR
Y	CHCBP STANDARD OR
Z	MCS - PRIME, MTF/PCM OR
AA	CHCBP EXTRA

IF SOURCE OF HEALTH CARE DATA IS A FI

THEN ENROLLMENT STATUS MUST =	
F	FI STANDARD PROGRAM OR
D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM OR
E	MCS - TRICARE-TIDEWATER PRIME OR
G	MCS - TRICARE-TIDEWATER EXTRA OR
Y	CHCBP STANDARD OR
AA	CHCBP EXTRA OR
H	MCS - HOMESTEAD, ENROLLED PATIENT OR
J	MCS - HOMESTEAD STANDARD PROGRAM OR

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

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

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

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

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

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

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

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

		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
1-105-09R	IF ENROLLMENT STATUS =	Z	MCS - PRIME, MTF/PCM
	THEN BEGIN DATE OF CARE MUST BE \geq 10/01/1997		
1-105-10R	IF ENROLLMENT STATUS =	TS	TRICARE SENIOR SUPPLEMENT
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		
		SN	TRICARE SENIOR SUPPLEMENT (NON-NETWORK) OR
		SS	TRICARE SENIOR SUPPLEMENT (NETWORK)
1-105-11R	IF BEGIN DATE OF CARE \geq 10/01/2001		
	AND ENROLLMENT STATUS =	FE	TFL - EXTRA OR
		FS	TFL - STANDARD
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		
		FF	TFL (FIRST PAYOR) OR
		FS	TFL (SECOND PAYOR)
1-105-12R	IF ENROLLMENT STATUS =	FE	TFL - EXTRA OR
		FS	TFL - STANDARD
	THEN PATIENT'S DATE OF BIRTH MUST BE \geq 64 YEARS AND 11 MONTHS¹		
1-105-13R	IF ENROLLMENT STATUS =	FE	TFL - EXTRA OR
		FS	TFL - STANDARD
	THEN BEGIN DATE OF CARE \geq 10/01/2001		
1-105-14R	IF ENROLLMENT STATUS =	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPECIAL RATE CODE \neq	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR

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

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

		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
THEN BEGIN DATE OF CARE IS \geq 09/01/2002			
	AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	GN	TPR ENROLLED ADFM - NON-NETWORK OR
		GT	TPR ENROLLED ADFM - NETWORK
1-105-15R	IF ENROLLMENT STATUS =	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADMS
	AND SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR
THEN END DATE OF CARE IS \geq 09/01/2002			
	AND AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	GN	TPR ENROLLED ADFM - NON-NETWORK OR
		GT	TPR ENROLLED ADFM - NETWORK

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

ELEMENT NAME: NAS NUMBER (1-110)

VALIDITY EDITS

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

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001
	AN	SHCP - NON-MTF-REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU	ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR OR
	MS	TSP (NETWORK) OR
	MN	TSP (NON-NETWORK) OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR

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

ELEMENT NAME: NAS NUMBER (1-110) (CONTINUED)SE SHCP - TRICARE ELIGIBLE **OR**SM SHCP - EMERGENCY **OR**

WR MENTAL HEALTH WRAP AROUND

THEN NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.**NO ERROR** IF SPONSOR STATUS = T FOREIGN MILITARY (NATO)**THEN NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.****NO ERROR** IF ANY OCCURRENCE OF
DENIAL REASON CODE = 9 NONAVAILABILITY STATEMENT CANCELLED OR
NOT PROVIDED **OR**2 INELIGIBLE CLAIMANT **OR**A DEERS INELIGIBLE **OR**

N MULTIPLE DENIAL REASONS

THEN NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.**NO ERROR** IF PROGRAM INDICATOR = H PROGRAM FOR PERSONS WITH DISABILITIES**THEN NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.****NO ERROR** IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO**THEN NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.****NO ERROR** IF BEGIN DATE OF CARE ≥ 09/23/1996**AND ENROLLMENT
STATUS =**E MCS - TRICARE-TIDEWATER PRIME **OR**H MCS - HOMESTEAD ENROLLED PATIENT **OR**K MCS - CALIFORNIA/HAWAII, TRICARE PRIME
ENROLLED PATIENT **OR**O NEW ORLEANS PRIME **OR**U MCS - PRIME, CIVILIAN PCM **OR**W TPR **ADSM** - USA **OR**Y CHCBP STANDARD **OR**Z MCS - PRIME, MTF/PCM **OR**AA CHCBP EXTRA **OR**FE TRICARE FOR LIFE - EXTRA **OR**FS TRICARE FOR LIFE - STANDARD **OR**WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR
ELIGIBLE **ADSM****THEN NO NAS IS REQUIRED - BYPASS ALL NAS NUMBER EDITING.****NO ERROR** IF ADMISSION DATE IS OLDER THAN 6 YEARS
THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.² STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.³ MTF IS A 40 MILE CATCHMENT AREA.

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

1-110-02R	IF PATIENT ZIP CODE IS NOT IN AN MTF ³ CATCHMENT AREA ¹ THEN NAS NUMBER MUST = BLANK UNLESS SPECIAL PROCESSING CODE = ST ² SPECIALIZED TREATMENT
1-110-03R	IF NAS EXCEPTION REASON IS NOT BLANK THEN NAS NUMBER MUST = BLANK.
1-110-04R	IF NAS EXCEPTION REASON = BLANK AND PATIENT ZIP CODE IS IN AN MTF ³ CATCHMENT AREA ¹ THEN NAS NUMBER MUST BE CODED UNLESS HEALTH CARE PLAN CODE = 11 MCS - FORT BRAGG DEMO OR ANY OCCURRENCE OF OVERRIDE CODE = C GOOD FAITH PAYMENT THEN NAS NUMBER MUST BE BLANK.
1-110-05R	IF SPECIAL PROCESSING CODE = I BERGSTROM AFB CATCHMENT AREA OR J LUKE/WILLIAMS AFB CATCHMENT AREA THEN NAS NUMBER MUST NOT = 46000000000.
1-110-06R	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY FOR REGION 3) IF NAS EXCEPTION REASON = BLANK AND DRG = 104, 105, 106, 107, 108, 109, OR 112 AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER STSF CATCHMENT AREA AND REGION CODE = '03' (REGION 3) AND BEGIN DATE OF CARE ≥ 03/01/1997 AND ≤ 05/31/2003 THEN NAS NUMBER MUST BE CODED
1-110-07R	(NATIONAL STSF) IF NAS EXCEPTION REASON = BLANK AND PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF COLUMBIA AND (DRG = 480 [LIVER TRANSPLANT] AND BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤ 02/19/1998) OR (DRG = 481 [ALLOGENEIC BONE MARROW TRANSPLANTATION] AND BEGIN DATE OF CARE ≥ 10/01/1997 AND ≤ 12/31/2002) OR (DRG = 302 [KIDNEY TRANSPLANTATION] AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003) THEN NAS NUMBER MUST BE CODED

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

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

³ MTF IS A 40 MILE CATCHMENT AREA.

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

	UNLESS TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL INITIAL HCSR
1-110-08R	(MULTI-REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 1 & 2)
	IF NAS EXCEPTION REASON = BLANK
	AND REGION CODE = '01' (REGION 1)
	OR REGION CODE = '02' (REGION 2)
	AND DRG = 104, 105, 106, 107, 108, 109, 110, OR 111
	AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC)
	OR NATIONAL NAVAL MEDICAL CENTER (NNMC) MULTI-REGIONAL STSF CATCHMENT AREA
	AND BEGIN DATE OF CARE ≥ 10/01/1997 AND ≤ 05/31/2003
	THEN NAS NUMBER MUST BE CODED
1-110-10R	(REGIONAL STS FACILITIES FOR GENERAL SURGERY & ORTHOPEDIC SURGERY FOR REGION 1)
	IF NAS EXCEPTION REASON = BLANK
	AND REGION CODE = '01' (REGION 1)
	AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)
	OR WALTER REED ARMY MEDICAL CENTER (WRAMC)
	OR MALCOLM CROW MEDICAL CENTER (MGMC) STSF CATCHMENT AREA
	AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003
	AND DRG = 191, 209, 286, 491
	THEN NAS NUMBER MUST BE CODED
1-110-11R	(REGIONAL STS FACILITIES FOR NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 1)
	IF NAS EXCEPTION REASON = BLANK
	AND REGION CODE = '01' (REGION 1)
	AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)
	OR WALTER REED ARMY MEDICAL CENTER (WRAMC) STSF CATCHMENT AREA
	AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003
	AND DRG = 001, 003, 004, 049, 286, 357
	THEN NAS NUMBER MUST BE CODED
1-110-12R	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY, AND FOR NEUROSURGERY, ORTHOPEDIC SURGERY, GENERAL SURGERY, PERIPHERAL VASCULAR SURGERY, AND HEAD AND NECK SURGERY FOR REGION 3)

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

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

³ MTF IS A 40 MILE CATCHMENT AREA.

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

	IF NAS EXCEPTION REASON = BLANK
	AND REGION CODE = '03' (REGION 3)
	AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER (EAMC) STSF CATCHMENT AREA
	AND ((BEGIN DATE OF CARE ≥ 03/01/1997 AND ≤ 05/31/2003
	AND DRG = 104, 105, 106, 107, 108, 109, OR 112)
	(OR BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003
	AND DRG = 001, 004, 049, 110, 111, 191, 209, 286, OR 491))
	THEN NAS NUMBER MUST BE CODED
1-110-14R	(REGIONAL STS FACILITIES FOR NEONATAL INTENSIVE CARE FOR REGION 4)
	IF NAS EXCEPTION REASON = BLANK
	AND REGION CODE = '04' (REGION 4)
	AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA
	AND BEGIN DATE OF CARE ≥ 05/01/1998 AND ≤ 05/31/2003
	AND DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, 636
	THEN NAS NUMBER MUST BE CODED
1-110-15R	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 4)
	IF NAS EXCEPTION REASON = BLANK
	AND REGION CODE = '04' (REGION 4)
	AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA
	AND BEGIN DATE OF CARE ≥ 05/01/1998 AND ≤ 05/31/2003
	AND DRG = 104, 105, 106, 107, 108, 109, 110, 111, 112, 124, OR 125
	THEN NAS NUMBER MUST BE CODED
1-110-16R	(REGIONAL STS FACILITY FOR GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 4)
	IF NAS EXCEPTION REASON = BLANK
	AND REGION CODE = '04' (REGION 4)
	AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA
	AND BEGIN DATE OF CARE ≥ 06/01/2000 AND ≤ 05/31/2003
	AND DRG = 357
	THEN NAS NUMBER MUST BE CODED
1-110-17R	(REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 6)
	IF NAS EXCEPTION REASON = BLANK
	AND REGION CODE = '06' (REGION 6)

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² STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.
³ MTF IS A 40 MILE CATCHMENT AREA.

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

AND PATIENT ZIP CODE IS IN BROOKE ARMY MEDICAL CENTER (BAMC)

OR WILFORD HALL MEDICAL CENTER (WHMC) STSF CATCHMENT AREA

AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 12/31/2002

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

THEN NAS NUMBER MUST BE CODED

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

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '10' (REGION 10)

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

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

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

THEN NAS NUMBER MUST BE CODED

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

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '01' (REGION 01)

OR REGION CODE = '02' (REGION 02)

OR REGION CODE = '05' (REGION 05)

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

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

AND DRG = 480

THEN NAS NUMBER MUST BE CODED

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

IF NAS EXCEPTION REASON = BLANK

AND REGION CODE = '10' (REGION 10)

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

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

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

AND DRG = 104 - 109

THEN NAS NUMBER MUST BE CODED

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

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

³ MTF IS A 40 MILE CATCHMENT AREA.

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

VALIDITY EDITS

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

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

1-113-02R IF AMOUNT OF PAYMENT REDUCTION IS NOT EQUAL TO ZERO
 AND NUMBER OF PAYMENT REDUCTION DAYS/SERVICES IS **NOT** EQUAL TO ZEROS.
THEN REASON FOR PAYMENT REDUCTION MUST NOT BE BLANK
**UNLESS ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 'CA' (CIVIL ACTION
 PAYMENT)**

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

ELEMENT NAME: AMOUNT BILLED (1-115)**VALIDITY EDITS****1-115-01** MUST BE NUMERIC**RELATIONAL EDITS**

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

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

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

1-115-03R AMOUNT BILLED MUST = TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODE 001.**1-115-04R** AMOUNT BILLED MUST BE ≤\$200.00 **WHEN** PRINCIPAL TREATMENT DIAGNOSIS EQUALS 799.9.

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

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

ENROLLMENT STATUS =	F FI STANDARD PROGRAM
	D MCS - TRICARE-TIDEWATER STANDARD PROGRAM
	J MCS - HOMESTEAD STANDARD PROGRAM

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

	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MCS - STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
SPECIAL RATE CODE =	B	NO SPECIAL RATE (BLANK)
	D	DISCOUNT RATE
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		

1-115-06R IF DATES OF ADMISSION < 12/01/1996

AND SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
AND FREQUENCY CODE =	2	INTERIM - INITIAL OR
	3	INTERIM - INTERIM
AND TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX OR
	I	INITIAL SUBMISSION OR
	R	RESUBMISSION OF ERROR REJECT OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	D	COMPLETE DENIAL OR
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	COMPLETE CANCELLATION

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

THEN AMOUNT BILLED MUST BE > \$90,000

ELEMENT NAME: AMOUNT ALLOWED (1-120)**VALIDITY EDITS****1-120-01** MUST BE NUMERIC.**RELATIONAL EDITS**

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

EDITED ELEMENT RELATIONSHIP**1-120-02R** AMOUNT ALLOWED MUST BE ZERO

WHEN TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

1-120-03R AMOUNT ALLOWED MUST BE ZERO

WHEN TYPE OF SUBMISSION = C COMPLETE CANCELLATION

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

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

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

OR TYPE OF SUBMISSION = A ADJUSTMENT
C COMPLETE CANCELLATION

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

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

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

OR TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATA BASE

THEN AMOUNT ALLOWED MUST BE \leq ZERO

ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (1-125)

VALIDITY EDITS

1-125-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

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

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT WITH 100% OHI/TPL

F ADJUSTMENT NEW SUFFIX

D COMPLETE DENIAL

G ADDITIONAL DRG INTERIM BILLING

OR TYPE OF SUBMISSION = A ADJUSTMENT

C COMPLETE CANCELLATION

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

1-125-03R AMOUNT OF OTHER HEALTH INSURANCE MUST EQUAL ZERO

WHEN ANY OCCURRENCE OF OVERRIDE CODE =

U BENEFICIARY INDEMINIFICATION PAYMENT

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

VALIDITY EDITS

1-127-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

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

VALIDITY EDITS

1-130-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

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

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

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

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

WHEN ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
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ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (1-133)

VALIDITY EDITS

1-133-01 MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

1-133-02R AMOUNT OF PAYMENT REDUCTION MUST BE GREATER THAN ZERO

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

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

ELEMENT NAME: PATIENT COINSURANCE (1-140)

VALIDITY EDITS

1-140-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPONSOR STATUS	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP TO SPONSOR, SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP TO SPONSOR, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT DOB, BEGIN DATE OF CARE, PATIENT COPAYMENT, OVERRIDE CODE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE, AMOUNT ALLOWED
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE
OVERRIDE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT DOB, BEGIN DATE OF CARE, PATIENT COPAYMENT
OVERRIDE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001
	FS	TFL (SECOND PAYOR) OR
	MS	TSP (NETWORK) OR
	MN	TSP (NON-NETWORK)

THEN BYPASS ALL COINSURANCE EDITING.

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

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

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

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

1-140-03R PATIENT COINSURANCE MUST BE ZERO WHEN:

TYPE OF SUBMISSION = C COMPLETE CANCELLATION WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE

UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COINSURANCE MUST BE ≥ ZERO.

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

PROGRAM INDICATOR = I INSTITUTIONAL

ENROLLMENT STATUS = D MCS - TRICARE-TIDEWATER STANDARD PROGRAM

F FI STANDARD PROGRAM

J MCS - HOMESTEAD STANDARD PROGRAM

M MCS - CALIFORNIA/HAWAII STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

S CRI STANDARD PROGRAM

T MCS - STANDARD PROGRAM

Y CHCBP STANDARD

TYPE OF SUBMISSION = I INITIAL SUBMISSION

F ADJUSTMENT NEW SUFFIX

O ZERO PAYMENT WITH 100% OHI/TPL

R RESUBMISSION OF ERROR REJECT

OR TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION WITH AMOUNT ALLOWED > ZERO

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

SPECIAL RATE CODE = D DISCOUNT RATE AGREEMENT

P PER DIEM RATE AGREEMENT

NO OCCURRENCE OF OVERRIDE CODE = K CATASTROPHIC LOSS

L NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION

NO OCCURRENCE OF SPECIAL PROCESSING CODE = F ARMY CAM DEMONSTRATIONS
 G

K GEORGIA/FLORIDA PPO

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

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

R MEDICARE/CHAMPUS DUAL ENTITLEMENT

HOSPICE

- 1-145-09R** • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (**OR** FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, **1-140-07R** (PATIENT NOT NEWBORN). SEE BELOW

PATIENT COINSURANCE MUST EQUAL ZERO

UNLESS 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE) IS LESS THAN [AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE] **WHEN:**

PROGRAM INDICATOR = I INSTITUTIONAL

PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);

ENROLLMENT STATUS = D **MCS** - TRICARE-TIDEWATER STANDARD PROGRAM

F FI STANDARD PROGRAM

J **MCS** - HOMESTEAD STANDARD PROGRAMM **MCS** - CALIFORNIA/HAWAII STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

S CRI STANDARD PROGRAM

T **MCS** - STANDARD PROGRAMY **CHCBP** STANDARD

SPECIAL RATE CODE = G DRG LONG STAY

H DRG SHORT STAY

I DRG COST OUTLIER

J DRG NO OUTLIER

M DISCOUNTED DRG LONG STAY

N DISCOUNTED DRG SHORT STAY

O DISCOUNTED DRG COST OUTLIER

Q DISCOUNTED DRG NO OUTLIER

TYPE OF SUBMISSION = F ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING

I INITIAL SUBMISSION

O ZERO PAYMENT WITH 100% OHI/TPL

R RESUBMISSION OF ERROR REJECT

OR TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION WITH AMOUNT ALLOWED > ZERO

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

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

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

SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	

NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT

NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

1-145-09R • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS
1-140-08R OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN.

PATIENT COINSURANCE MUST EQUAL ZERO

UNLESS 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG/ APPLICABLE DAILY RATE] **WHEN:**

PROGRAM INDICATOR =	I	INSTITUTIONAL
PATIENT DATE OF BIRTH =	BEGIN DATE OF CARE (NEWBORN)	
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MCS - HOMESTEAD STANDARD PROGRAM

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

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

	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MCS - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
	Y	CHCBP STANDARD
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	

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

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

K GEORGIA/FLORIDA PPO

N CHAMPUS SELECT

R MEDICARE/TRICARE DUAL ENTITLEMENT

* VA MEDICAL CENTER CLAIM

HOSPICE

IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 25% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES AND DUPLICATE BILLING (1) DENIAL REASON CODE).

1-145-09R WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST BE ZERO IF PATIENT COPAYMENT IS NOT ZERO. (USE 1-140-07R OR 1-140-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.)

NOTE: PATIENT COINSURANCE = ZERO FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEES, INSTITUTIONAL HCSRs. SEE PATIENT COPAYMENT, EDIT 1-145-13R.

1-140-10R • EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS
1-140-11R OF DECEASED SPONSORS (OR FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDS

PATIENT COINSURANCE MUST BE 25% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED AND

PATIENT COPAYMENT MUST BE ZERO WHEN:

PROGRAM INDICATOR = I INSTITUTIONAL

SPONSOR STATUS = F FORMER MEMBER

I PERMANENTLY DISABLED

O TEMPORARILY DISABLED

R RETIRED

H MEDAL OF HONOR

K DECEASED

D 100% DISABLED

W TITLE III RETIREE

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

J MCS - HOMESTEAD STANDARD PROGRAM

M MCS - CALIFORNIA/HAWAII STANDARD PROGRAM

T MCS - STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

D MCS - TRICARE-TIDEWATER STANDARD PROGRAM

Y CHCBP STANDARD

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

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

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

1-140-14R PATIENT COST-SHARE MUST BE THE LESSER OF:a.) 25% (ALLOW 1^c ROUNDING ERROR) OF AMOUNT ALLOWED, **OR** THE LESSER OF:**¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

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

b.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE) **OR**

c.) AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE

1-145-14R	WHEN ANY OCCURRENCE OF OVERRIDE CODE =	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MCS - HOMESTEAD STANDARD PROGRAM
		M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MCS - STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
		Y	CHCBP STANDARD
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	#	HOSPICE
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT WITH 100% OHI/TPL
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE;		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		H	MEDAL OF HONOR
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE

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

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

PATIENT RELATIONSHIP TO SPONSOR = T FORMER SPOUSE
 H
 R
 Y

1-140-16R COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) **OR** b.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO

1-145-16R COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN c.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.

1-145-15R IF PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN), USE (AUTHORIZED BED DAYS MINUS THREE) TIMES THE DRG DAILY RATE TO CALCULATE. DON'T DO IF BASED ON PATIENT RELATIONSHIP TO SPONSOR = FORMER SPOUSE. IF (AUTHORIZED BED DAYS MINUS THREE) IS NEGATIVE, CALCULATE USING 0 DAYS.

1-140-18R • EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (**OR** FORMER SPOUSE), REGION-SPECIFIC PSYCHIATRIC PER DIEM RECORDS
1-140-17R

PATIENT COINSURANCE MUST EQUAL ZERO

UNLESS 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) (DENIAL REASON CODE) IS LESS THAN [AUTHORIZED BED DAYS TIMES THE PSYCH PER DIEM COST-SHARE DAILY RATE] **WHEN**

PROGRAM INDICATOR = I INSTITUTIONAL

ENROLLMENT STATUS = S CRI STANDARD PROGRAM

D **MCS** - TRICARE-TIDEWATER STANDARD PROGRAM

J **MCS** - HOMESTEAD STANDARD PROGRAM

M **MCS** - CALIFORNIA/HAWAII STANDARD PROGRAM

T **MCS** - STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

F FI STANDARD PROGRAM

Y **CHCBP** STANDARD

SPECIAL RATE CODE = L REGION SPECIFIC PSYCH PER DIEM

TYPE OF SUBMISSION = I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT WITH 100% OHI/TPL

F ADJUSTMENT NEW SUFFIX

OR TYPE OF SUBMISSION = A ADJUSTMENT

C CANCELLATION WITH AMOUNT ALLOWED

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

SPONSOR STATUS = F FORMER MEMBER

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

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

	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T	UNREMARIED FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
	T	MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED
	U	BENEFICIARY INDEMNIFICATION PAYMENT
IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 25% (ALLOW 1 [¢] ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR DUPLICATE BILLING (1) DENIAL REASON CODE.		
1-140-18R	WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST EQUAL ZERO IF PATIENT COPAYMENT IS NOT ZERO.	
1-140-19R	<ul style="list-style-type: none"> EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE), HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RECORDS. 	
PATIENT COINSURANCE MUST BE 25% (ALLOW 1 [¢] ROUNDING ERROR) OF AMOUNT ALLOWED AND		
1-145-19R	PATIENT COPAYMENT MUST BE ZERO WHEN:	
PROGRAM INDICATOR =	I	INSTITUTIONAL
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED

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

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

	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MCS - HOMESTEAD STANDARD PROGRAM
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MCS - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CHCBP STANDARD
SPECIAL RATE CODE =	K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT > ZERO
WITH FILING DATE WITHIN THE AND NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
	T	MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED

NOTE: IF THE HCSR BEGIN/END DATES OF CARE CROSSOVER A CHANGE IN THE ACTIVE DUTY DAILY RATE, THE DRG DAILY RATE, OR THE PSYCH PER DIEM COST-SHARES DAILY RATE (WHICHEVER APPLIES TO THAT HCSR), THE RATES MUST BE APPLIED APPROPRIATELY TO EACH PERIOD OF TIME, FOR COST-SHARE CALCULATIONS.

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

1-145-20R

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

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

PATIENT COINSURANCE MUST BE 50% (ALLOW 1 ^e ROUNDING ERROR) OF AMOUNT ALLOWED	
AND PATIENT COPAYMENT MUST BE ZERO WHEN:	
ENROLLMENT STATUS =	U MCS - PRIME OR
	Z MCS - PRIME, MTF/PCM OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
AND SPECIAL PROCESSING CODE =	PO TRICARE PRIME - POINT OF SERVICE
1-140-21R	• EDITS FOR TRICARE, ARMY CAM DEMONSTRATIONS, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE).
PATIENT COINSURANCE MUST BE 20% (ALLOW 1 ^e ROUNDING ERROR) OF AMOUNT ALLOWED AND	
1-145-21R	PATIENT COPAYMENT MUST BE ZERO WHEN:
PROGRAM INDICATOR =	I INSTITUTIONAL
SPONSOR STATUS =	F FORMER MEMBER
	I PERMANENTLY DISABLED
	O TEMPORARILY DISABLED
	R RETIRED
	H MEDAL OF HONOR
	K DECEASED
	D 100% DISABLED
	W TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T FORMER SPOUSE
	H
	R
	Y
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	F FI STANDARD PROGRAM
	Y CHCBP STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F ARMY CAM DEMONSTRATIONS
	G
SPECIAL RATE CODE =	B NO SPECIAL RATE
	D DISCOUNT RATE AGREEMENT

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

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

TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON DATABASE;		
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
1-140-23R	•	EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), FOR ARMY CAM DEMONSTRATIONS
		PATIENT COINSURANCE MUST EQUAL ZERO UNLESS
1-140-24R		20% OF [AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] IS LESS THAN [AUTHORIZED BED DAYS TIMES THE DRG DAILY RATE] WHEN:
PROGRAM INDICATOR =	I	INSTITUTIONAL
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);		
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER

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

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

	Q	DISCOUNTED DRG NO OUTLIER
ANY SPECIAL OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATA BASE;		
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
OR PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
1-140-25R	•	EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN, FOR ARMY CAM DEMONSTRATIONS.

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

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

PATIENT COINSURANCE MUST EQUAL ZERO UNLESS

1-140-26R 20% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG DAILY RATE] **WHEN:**

PROGRAM INDICATOR =	I	INSTITUTIONAL
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);		
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY OUTLIER
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR

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

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

	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 20% (ALLOW 1 [¢] ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES AND DUPLICATE BILLING (1) DENIAL REASON CODE).		
NOTE: THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST BE ZERO IF PATIENT COPAYMENT IS NOT ZERO.		
1-140-27R	PATIENT COINSURANCE MUST EQUAL ZERO WHEN:	
	ANY OCCURRENCE OF OVERRIDE CODE =	U BENEFICIARY INDEMNIFICATION PAYMENT
1-140-29R	<ul style="list-style-type: none"> EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS SELECT. 	
	PATIENT COINSURANCE MUST = ZERO WHEN: SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY OR TAMP DESIGNEE ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 'N' (CHAMPUS SELECT) ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '#' (HOSPICE) SPECIAL PROCESSING CODE = 'AD' (FOREIGN ADSM CLAIMS)	
1-140-33R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1 [¢] ROUNDING ERROR) OF AMOUNT ALLOWED AND	
1-145-33R	PATIENT COPAYMENT MUST BE ZERO WHEN:	
	SPONSOR STATUS =	F FORMER MEMBER
		I PERMANENTLY DISABLED
		O TEMPORARILY DISABLED
		R RETIRED
		H MEDAL OF HONOR
		K DECEASED
		D 100% DISABLED
		W TITLE III RETIREE

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

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

OR PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
SPECIAL RATE CODE =	K	HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM
	L	REGION SPECIFIC PSYCHIATRIC PER DIEM
OR TYPE OF INSTITUTION =	72	RESIDENTIAL TREATMENT CENTER
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITION DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
1-140-34R	PATIENT COST-SHARE MUST BE THE LESSER OF:	
	a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED OR	
	b.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE	
1-145-34R	WHEN SPONSOR STATUS =	F FORMER MEMBER
		I PERMANENTLY DISABLED
		O TEMPORARILY DISABLED
		R RETIRED
		H MEDAL OF HONOR
		K DECEASED
		D 100% DISABLED
		W TITLE III RETIREE
OR PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE

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

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

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
1-140-35R	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO	
1-145-35R	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN b.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.	
1-140-36R	PATIENT COST-SHARE MUST BE THE LESSER OF:	
	a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED OR	
	b.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE	
1-145-36R	WHEN SPONSOR STATUS =	F FORMER MEMBER
		I PERMANENTLY DISABLED
		O TEMPORARILY DISABLED
		R RETIRED
		H MEDAL OF HONOR
		K DECEASED
		D 100% DISABLED

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

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

	W	TITLE III RETIREE
OR PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
SPECIAL RATE CODE ≠	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	K	HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM
	L	REGION SPECIFIC PSYCHIATRIC PER DIEM
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
TYPE OF INSTITUTION ≠	72	RESIDENTIAL TREATMENT CENTER
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
1-140-37R	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO	
1-145-37R	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN b.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.	
1-140-38R	PATIENT COINSURANCE MUST BE ZERO WHEN:	
SPECIAL PROCESSING CODE =	AD	FOREIGN ADSM CLAIMS OR

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

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

	AN SHCP - NON-MTF-REFERRED CARE OR
	AR SHCP - REFERRED CARE OR
	CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR OR
	SC SHCP - NON- TRICARE ELIGIBLE OR
	SE SHCP - TRICARE ELIGIBLE OR
	SM SHCP - EMERGENCY
1-140-39R	<ul style="list-style-type: none"> AS OF 04/01/2001 - NO COST-SHARES ARE REQUIRED FOR PRIME ACTIVE DUTY FAMILY MEMBERS. (THIS EDIT IS CHECKED FIRST PRIOR TO CHECKING ANY PATIENT COINSURANCE EDITS. IF THE BENEFICIARY IS PRIME, THEN THE ONLY PATIENT COINSURANCE EDITING REQUIRED IS TO MAKE SURE THAT THE PATIENT COINSURANCE IS ZERO) EXCEPT POINT OF SERVICE & PFPWD.
	IF BEGINNING DATE OF CARE ≥ 04/01/2001
AND ENROLLMENT STATUS =	U MCS - PRIME, CIVILIAN PCM OR
	W TPR ADSM - USA OR
	X FOREIGN ADSM OR
	Z MCS - PRIME, MTF/PCM OR
	WA FOREIGN REMOTE ADSM OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM OR
	WO FOREIGN REMOTE ADFM OR
	XF FOREIGN PRIME ADFM
AND SPONSOR STATUS =	A ACTIVE DUTY
	B RECALLED TO ACTIVE DUTY OR
	N NATIONAL GUARD OR
	V RESERVE
AND PATIENT RELATIONSHIP TO SPONSOR =	h SPONSOR OR
	C CHILD OR
	S SPOUSE OR
	V STEPCHILD OR
	W WARD
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	PO POINT OF SERVICE

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

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

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

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

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

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

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