

INSTITUTIONAL EDIT REQUIREMENTS (ELN 165 - 199)

| ELEMENT NAME: PROCESSING CODE (1-165) | | |
|--|------------------------------------|-----------------------------------|
| VALIDITY EDITS | | |
| N/A | | |
| RELATIONAL EDITS | | |
| RELATED TO ELEMENT | EDITED ELEMENT RELATIONSHIP | ALSO RELATES TO ELEMENT(S) |
| 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 | |
| REASON FOR ADJUSTMENT | SEE BELOW | |
| SPECIAL PROCESSING CODE | SEE BELOW | |
| SPECIAL RATE CODE | SEE BELOW | |
| EDITED ELEMENT RELATIONSHIP | | |

PROCESSING CODE IS A GROUP NAME FOR THE 8 ELEMENTS LISTED. IT HAS NO EDIT CRITERIA ITSELF. IF THE COMPONENT ELEMENTS ARE CORRECT, THIS ELEMENT IS CORRECT.

ELEMENT NAME: OVERRIDE CODE (1-170)

VALIDITY EDITS

| | |
|----------|---|
| 1-170-01 | OCCURRENCE NUMBER 1 |
| 1-170-02 | OCCURRENCE NUMBER 2 |
| 1-170-03 | OCCURRENCE NUMBER 3 |
| | VALUE MUST BE ONE OF THE VALID OVERRIDE CODES LOCATED IN CHAPTER 2, SECTION 6 OR BLANK |
| 1-170-04 | 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 |
| FILING DATE | SEE BELOW | BEGIN DATE OF CARE |
| SPONSOR STATUS | SEE BELOW | |
| TREATMENT DIAGNOSIS | SEE BELOW | PATIENT DATE OF BIRTH |
| OP/NSP | SEE BELOW | TREATMENT DIAGNOSIS |
| OVERRIDE CODE (OCCURRENCES) | SEE BELOW | |
| SPECIAL RATE CODE | SEE BELOW | TYPE OF SUBMISSION |
| SPONSOR STATUS | SEE BELOW | PATIENT RELATIONSHIP TO SPONSOR |

EDITED ELEMENT RELATIONSHIP

| | |
|-----------|--|
| 1-170-05R | IF PATIENT DATE OF BIRTH INDICATES AGE ¹ ≥ 65 |
| | THEN ONE OVERRIDE CODE MUST = 'A'. |
| | UNLESS ENROLLMENT STATUS = |
| | FE TFL - EXTRA OR |
| | FS TFL - STANDARD |
| | IF ANY OCCURRENCE OF OVERRIDE CODE = 'A' |
| | THEN PATIENT AGE² MUST BE ≥ 65. |
| 1-170-06R | IF PATIENT DATE OF BIRTH INDICATES AGE ¹ < 12 |
| | AND PATIENT RELATIONSHIP TO SPONSOR = |
| | S SPOUSE OR |
| | F UNREMARIED WIDOW(ER) |
| | G UNMARRIED WIDOW(ER) |

¹ 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 BEGIN DATE OF CARE TO END DATE OF CARE.

² IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: OVERRIDE CODE (1-170) (CONTINUED)

ONE OVERRIDE CODE MUST = 'B'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'B'

PATIENT AGE² MUST BE < 12AND PATIENT
RELATIONSHIP TO
SPONSOR =

S SPOUSE OR

F UNREMARIED WIDOW(ER)

G UNMARRIED WIDOW(ER)

1-170-07R IF OVERRIDE CODE = 'D' (PATIENT IS FAMILY MEMBER 21 YEARS OR OLDER)
THEN PATIENT DATE OF BIRTH INDICATES AGE¹ ≥ 21AND PATIENT
RELATIONSHIP MUST =

C CHILD OR

V STEPCHILD OR

W WARD

1-170-08R IF PATIENT RELATIONSHIP TO
SPONSOR =

T FORMER SPOUSE

H

R

Y

AND PATIENT DATE OF BIRTH INDICATES AGE¹ < 34

THEN ONE OVERRIDE CODE MUST = 'I'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'I'

THEN PATIENT AGE² MUST BE < 34AND PATIENT
RELATIONSHIP TO
SPONSOR MUST =

T FORMER SPOUSE

H

R

Y

1-170-10R IF ANY OCCURRENCE OF
OVERRIDE CODE =

M NATO

SPONSOR STATUS MUST =

T FOREIGN MILITARY

1-170-11R IF ANY TREATMENT DIAGNOSIS = MATERNITYAND PATIENT DATE OF BIRTH INDICATES AGE¹ < 12

THEN ONE OVERRIDE CODE MUST = 'E'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'E'

¹ 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 BEGIN DATE OF CARE TO END DATE OF CARE.² IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: OVERRIDE CODE (1-170) (CONTINUED)

| | | |
|------------------|--|--|
| | THEN PATIENT AGE² MUST BE < 12 | |
| | AND AT LEAST ONE TREATMENT DIAGNOSIS MUST = MATERNITY | |
| 1-170-12R | IF ANY OP/NSP OR DIAGNOSIS CODE IS FOR FEMALE AND PATIENT SEX IS MALE | |
| | ONE OVERRIDE CODE MUST = 'G' | |
| | IF ANY OCCURRENCE OF OVERRIDE CODE = 'G' | |
| | AT LEAST ONE OP/NSP OR DIAGNOSIS CODE MUST BE FOR FEMALE AND PATIENT SEX MUST BE MALE. | |
| | IF ANY OP/NSP OR DIAGNOSIS CODE IS FOR MALE (AND NOT FOR CIRCUMCISION, AND PRINCIPAL OR 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 OP/NSP OR DIAGNOSIS CODE MUST BE FOR MALE AND PATIENT SEX MUST BE FEMALE. | |
| 1-170-13R | OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED. | |
| 1-170-14R | IF ANY OCCURRENCE OF OVERRIDE CODE = | N RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH |
| | SPECIAL RATE CODE MUST = | K HOSPITAL-SPECIFIC PSYCH PER DIEM RATE OR |
| | | L REGION-SPECIFIC PSYCH PER DIEM RATE |
| | AND TYPE OF SUBMISSION MUST = | A ADJUSTMENT |
| | | C CANCELLATION |
| | | B ADJUSTMENT NON-HCSR DATA |
| | | E CANCELLATION NON-HCSR DATA |
| 1-170-16R | IF ANY OCCURRENCE OF OVERRIDE CODE = 'Y' | |
| | PATIENT MUST BE NEWBORN (PATIENT DATE OF BIRTH EQUAL TO ADMISSION DATE). | |
| 1-170-17R | IF ADMISSION DATE < 871001 | |
| | NO OCCURRENCE OF OVERRIDE CODE MAY = 'Y' | |
| 1-170-19R | 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 OR |

¹ 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 BEGIN DATE OF CARE TO END DATE OF CARE.

² IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: OVERRIDE CODE (1-170) (CONTINUED)

N CHAMPUS SELECT

AND CONTRACTOR NUMBER MUST = 45.

| | | |
|------------------|---|---|
| 1-170-20R | IF ANY OCCURRENCE OF OVERRIDE CODE = | NC NON-CERTIFIED PROVIDER (DOES NOT INCLUDE SANCTIONED/SUSPENDED PROVIDERS) |
| | THEN PROVIDER CONTRACT AFFILIATION CODE = | 5 NON-CERTIFIED PROVIDERS (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 AD SM ENROLLED IN TPR; NO-AT-RISK PAYMENT BY MCS CONTRACTOR OR MN TSP (NETWORK) OR MS TSP (NON-NETWORK) OR SC SHCP - NON-TRICARE ELIGIBLE OR SE SHCP - TRICARE ELIGIBLE OR SM SHCP - EMERGENCY |

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

² IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: TYPE OF SUBMISSION (1-175)

VALIDITY EDITS

1-175-01 VALUE MUST = 'A', 'B', 'C', 'D', 'E', 'F', 'G', 'I', '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 |
| 1-155-02R AMOUNT PAID BY GOVERNMENT CONTRACTOR | | FILING DATE |
| AMOUNT OF OHI/AMOUNT OF TPL | SEE BELOW | |
| FILING DATE | SEE BELOW | |
| SPECIAL PROCESSING CODE | SEE BELOW | FREQUENCY CODE |
| DENIAL REASON CODE | SEE BELOW | |

EDITED ELEMENT RELATIONSHIP

| | |
|--|----------------------------------|
| 1-175-02R WHEN TYPE OF SUBMISSION = | I INITIAL |
| | R RESUBMISSION |
| | O ZERO PAYMENT WITH 100% OHI/TPL |
| | D COMPLETE DENIAL |
| | F ADJUSTMENT NEW SUFFIX |
| | G ADDITIONAL DRG INTERIM BILLING |

THIS HCSR INDICATOR MUST **NOT** BE PRESENT ON THE DATABASE.

1-175-03R WHEN TYPE OF SUBMISSION IS EQUAL TO 'F' (ADJUSTMENT NEW SUFFIX) OR 'G' (ADDITIONAL DRG INTERIM BILLING), 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 (1-175-04R AND 1-175-06R) 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 (1-175-04R), OR NO MATCH IS FOUND (1-175-06R).

1-175-04R INCOMPATIBLE MATCH FOUND.

ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)

MULTIPLE 'A' (ADJUSTMENTS) ARE ALLOWED FOR AN HCSR. ONLY ONE 'C' (CANCELLATION) IS ALLOWED FOR AN HCSR, THERE WILL BE NO SUBSEQUENT 'A'. A CANCELLATION (C) CANNOT BE APPLIED TO AN 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), AN 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'.)

1-175-05R * 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.

** 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).

1-175-06R NO MATCH FOUND.

WHEN TYPE OF SUBMISSION IS EQUAL TO 'A' (ADJUSTMENT) **OR** 'C' (CANCELLATION), THERE MUST BE A "MATCH" OF AN 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 1-175-05R, WHERE SPONSOR SOCIAL SECURITY NUMBER*, AND CONTRACT NUMBER** MAY ALSO BE INCLUDED.

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

1-175-07R IF TYPE OF SUBMISSION = O ZERO PAYMENT WITH 100% OHI/TPL
EITHER/BOTH AMOUNT OF OHI/AMOUNT OF TPL MUST BE > ZERO.

1-175-09R IF SPECIAL PROCESSING CODE = D DRG QUALIFYING FOR INTERIM PAYMENT

AND FREQUENCY CODE = 2 INTERIM-INITIAL

TYPE OF SUBMISSION MUST
BE =

I INITIAL

R RESUBMISSION

A ADJUSTMENT

C CANCELLATIONS

E CANCELLATION OF NON-HCSR DATA

B ADJUSTMENT TO NON-HCSR DATA

IF SPECIAL PROCESSING CODE = D DRG QUALIFYING FOR INTERIM PAYMENT

AND FREQUENCY CODE = 3 INTERIM-INTERIM

4 INTERIM-FINAL

ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)

| | | |
|------------------------------|---|--------------------------------|
| TYPE OF SUBMISSION MUST BE = | A | ADJUSTMENT |
| | C | CANCELLATION |
| | B | ADJUSTMENT TO NON-HCSR DATA |
| | E | CANCELLATION OF NON-HCSR DATA |
| | G | ADDITIONAL DRG INTERIM BILLING |

1-175-10R IF ALL DETAIL OCCURRENCES ARE DENIED (DENIAL REASON CODE NOT BLANK)

| | | |
|------------------------------|---|--------------------------------|
| TYPE OF SUBMISSION MUST BE = | A | ADJUSTMENT TO PRIOR HCSR |
| | C | COMPLETE CANCELLATION |
| | D | COMPLETE DENIAL |
| | B | ADJUSTMENT NON-HCSR DATA |
| | E | CANCELLATION NON-HCSR DATA |
| | F | ADJUSTMENT NEW SUFFIX |
| | G | ADDITIONAL DRG INTERIM BILLING |

1-175-11R IF TYPE OF SUBMISSION =

| | | |
|--|---|--------------------------------|
| | I | INITIAL |
| | R | RESUBMISSION |
| | D | COMPLETE DENIAL |
| | 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.

1-175-12R 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.

1-175-13R IF AMOUNT ALLOWED = '0'

| | | |
|--------------------------------|---|--|
| THEN TYPE OF SUBMISSION MUST = | A | ADJUSTMENT PRIOR HCSR DATA |
| | B | ADJUSTMENT NON-HCSR DATA |
| | C | CANCELLATION |
| | D | COMPLETE DENIAL |
| | E | COMPLETE CANCELLATION TO NON-HCSR DATA |
| | F | ADJUSTMENT NEW SUFFIX |
| | G | ADDITIONAL DRG INTERIM BILLINGS |

1-175-14R IF RESUBMISSION NUMBER = ZERO FOR THIS BATCH OR VOUCHER,

| | | |
|------------------------------|---|---------------------------------------|
| TYPE OF SUBMISSION MUST BE = | A | ADJUSTMENT TO PRIOR HCSR DATA |
| | B | ADJUSTMENT NON-HCSR DATA |
| | C | COMPLETE CANCELLATION PRIOR HCSR DATA |

| ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED) | |
|---|--|
| | D COMPLETE DENIAL |
| | E COMPLETE CANCELLATION NON-HCSR DATA |
| | F ADJUSTMENT NEW SUFFIX |
| | G ADDITIONAL DRG INTERIM BILLING |
| | I INITIAL |
| | O ZERO PAYMENT WITH 100% OHI/TPL |
| 1-175-15R | IF RESUBMISSION NUMBER > ZERO FOR THIS BATCH OR VOUCHER, TYPE OF SUBMISSION MUST BE = |
| | A ADJUSTMENT TO PRIOR HCSR DATA |
| | B ADJUSTMENT NON-HCSR DATA |
| | C COMPLETE CANCELLATION NON-HCSR DATA |
| | D COMPLETE DENIAL |
| | E COMPLETE CANCELLATION NON-HCSR DATA |
| | F ADJUSTMENT NEW SUFFIX |
| | G ADDITIONAL DRG INTERIM BILLING |
| | O ZERO PAYMENT WITH 100% OHI/TPL |
| | R RESUBMISSION OF 'I' |
| 1-175-16R | IF TYPE OF SUBMISSION = |
| | I INITIAL |
| | F ADJUSTMENT NEW SUFFIX |
| | R RESUBMISSION |
| | AMOUNT BILLED, AMOUNT ALLOWED, NUMBER OF BIRTHS, TOTAL BED DAYS, GOVERNMENT AUTHORIZED BED DAYS, 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 PAID BY GOVT CONTRACTOR, NUMBER OF PAYMENT REDUCTION DAYS/SERVICES, UNITS OF SERVICE BY REVENUE CODE, TOTAL CHARGE BY REVENUE CODE MUST BE ≥ 0 . |
| 1-175-17R | 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. |
| 1-175-18R | 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 |

ELEMENT NAME: NAS EXCEPTION REASON (1-180)

VALIDITY EDITS

1-180-01 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) |
|-------------------------|-----------------------------|--|
| PATIENT ZIP CODE | SEE BELOW | SPONSOR BRANCH OF SERVICE, NAS NUMBER, DENIAL REASON CODE, ADMISSION DATE, PROGRAM INDICATOR |
| NAS NUMBER | SEE BELOW | |
| SPECIAL PROCESSING CODE | SEE BELOW | PATIENT ZIP CODE, ADMISSION DATE |
| TYPE OF INSTITUTION | SEE BELOW | PATIENT ZIP CODE, NAS NUMBER, ADMISSION DATE |

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 OR |
| | AR | SHCP - REFERRED CARE OR |
| | AN | SHCP - NON-MTF-REFERRED CARE OR |
| | CE | SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR |
| | GU | ADSM ENROLLED IN TPR: NOT AT RISK PAYMENT BY CONTRACTOR OR |
| | MS | TSP (NETWORK) OR |
| | MN | TSP (NON-NETWORK) OR |
| | SC | SHCP - NON-TRICARE ELIGIBLE OR |
| | SE | SHCP - TRICARE ELIGIBLE OR |
| | SM | SHCP - EMERGENCY OR |
| | | WR MENTAL HEALTH WRAP AROUND |

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 EXCEPTION REASON (1-180) (CONTINUED)

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 ≥ 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 TFL - EXTRA OR

FS TFL - STANDARD OR

SN SHCP - NON-MTF-REFERRED CARE OR

SR SHCP - MTF-REFERRED CARE

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

NO ERROR IF ADMISSION DATE IS OLDER THAN 6 YEARS

THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA

1-180-02R IF PATIENT ZIP CODE IS NOT IN AN MTF³ CATCHMENT AREA¹

THEN NAS EXCEPTION REASON MUST = BLANK

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 EXCEPTION REASON (1-180) (CONTINUED)

| | | |
|------------------|--|--|
| | UNLESS SPECIAL PROCESSING CODE = | ST ² SPECIALIZED TREATMENT |
| 1-180-03R | IF NAS NUMBER IS CODED | |
| | THEN NAS EXCEPTION REASON MUST = BLANK. | |
| 1-180-04R | IF PATIENT ZIP CODE IS IN AN MTF ³ CATCHMENT AREA ¹ | |
| | AND NAS NUMBER IS NOT CODED | |
| | THEN NAS EXCEPTION REASON 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 EXCEPTION REASON MUST BE BLANK. | |
| 1-180-05R | • THIS EDIT IS FOR DEMONSTRATION PROJECTS. | |
| | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | 3 ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY OR |
| | | 4 ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY OR |
| | | 6 HOME HEALTH CARE OR |
| | | 9 FORT DRUM COOPERATIVE MEDICAL CARE OR |
| | | E HHC/CM OR |
| | | NE OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2003 |
| | AND PATIENT ZIP CODE IS IN AN MTF ³ CATCHMENT AREA ¹ | |
| | THEN NAS EXCEPTION REASON MUST = | 9 DEMONSTRATION |
| | UNLESS HEALTH CARE PLAN CODE = | 11 MCS - FORT BRAGG DEMO |
| | IF ANY SPECIAL PROCESSING CODE = | 5 LIVER TRANSPLANT OR |
| | | 7 HEART TRANSPLANT |
| | AND PATIENT ZIP CODE IS IN AN MTF ³ CATCHMENT AREA ¹ | |
| | THEN NAS EXCEPTION REASON MUST = | 8 LIVER/HEART TRANSPLANT |
| | UNLESS HEALTH CARE PLAN CODE = | 11 MCS - FORT BRAGG DEMO |

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 EXCEPTION REASON (1-180) (CONTINUED)

| | | |
|---|----|--|
| IF NAS EXCEPTION REASON = | L | HOSPICE |
| THEN SPECIAL PROCESSING CODE MUST = | # | HOSPICE |
| IF ANY SPECIAL PROCESSING CODE = | B | PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS OR |
| | O | CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES |
| AND PATIENT ZIP CODE IS IN AN MTF³ CATCHMENT AREA¹ | | |
| THEN NAS EXCEPTION REASON MUST = | 6 | PARTNERSHIPS OR |
| | 1 | COVERAGE BY OTHER INSURANCE OR |
| | 2 | EMERGENCY MEDICAL TREATMENT OR |
| | I | TRICARE-TIDEWATER DRUG CLAIM OR |
| | J | TRICARE-TIDEWATER PREVENTATIVE CARE CLAIM |
| 1-180-06R IF TYPE OF INSTITUTION = | 71 | SPECIALIZED TREATMENT FACILITY OR |
| | 82 | ALCOHOLISM AND OTHER CHEMICAL DEPENDENCY |
| THEN NAS EXCEPTION REASON = | 7 | SPECIALIZED TREATMENT FACILITY OR |
| | 2 | EMERGENCY OR |
| | 1 | OTHER PRIMARY INSURANCE OR |
| | Q | ACTIVE DUTY CLAIMS |
| IF TYPE OF INSTITUTION = | 72 | RESIDENTIAL TREATMENT CENTER |
| THEN NAS EXCEPTION REASON = | 5 | RESIDENTIAL TREATMENT CENTER OR |
| | 2 | EMERGENCY OR |
| | 1 | OTHER PRIMARY INSURANCE OR |
| | Q | ACTIVE DUTY CLAIMS |

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: HEALTH CARE PLAN CODE IDENTIFIER (1-185)

VALIDITY EDITS

1-185-01 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 = FE TFL - EXTRA **OR**
 FS TFL - STANDARD

THEN BYPASS THE RELATIONAL EDITS FOR HEALTH CARE PLAN CODE IDENTIFIER

1-185-03R IF ENROLLEMENT 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 PROGRAM (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

1-185-04R IF ENROLLMENT STATUS = F FI STANDARD PROGRAM **OR**
 S CRI STANDARD PROGRAM **OR**
 Q NEW ORLEANS 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

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

1-185-05R IF ENROLLMENT STATUS = O NEW ORLEANS PRIME **OR**
 P NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM

THEN HEALTH CARE PLAN CODE MUST BE '10'

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

| | | |
|------------------|--|--|
| | UNLESS TYPE OF SUBMISSION = | D DENIAL OR |
| | | C CANCELLATION OR |
| | | E CANCELLATION OF NON-HCSR DATA |
| 1-185-06R | IF ENROLLMENT STATUS = | H MCS - HOMESTEAD, ENROLLED PATIENT OR |
| | | I MCS - HOMESTEAD, NON-ENROLLED PATIENT, NETWORK PROVIDER OR |
| | | J MCS - HOMESTEAD STANDARD PROGRAM |
| | THEN HEALTH CARE PLAN CODE MUST BE '05' | |
| | UNLESS TYPE OF SUBMISSION = | D DENIAL OR |
| | | C CANCELLATION OR |
| | | E CANCELLATION OF NON-HCSR DATA |
| 1-185-07R | IF CONTRACTOR FHC OPTIONS (MENTAL HEALTH) | |
| | THEN HEALTH CARE PLAN CODE MUST BE '06' | |
| | UNLESS ENROLLMENT STATUS = | Y CHCBP STANDARD OR |
| | | AA CHCBP EXTRA |
| | THEN HEALTH CARE PLAN CODE MUST BE BLANK | |
| 1-185-08R | IF HEALTH CARE PLAN CODE = '06' | |
| | THEN ENROLLMENT STATUS MUST = | D MCS - TRICARE-TIDEWATER STANDARD PROGRAM OR |
| | | E MCS - TRICARE-TIDEWATER PRIME OR |
| | | G MCS - TRICARE-TIDEWATER EXTRA OR |
| | | R TRICARE EXTRA - NORTH CAROLINA OR |
| | | T MCS - STANDARD PROGRAM OR |
| | | U MCS - PRIME WITH CONTRACTOR NETWORK PCM OR |
| | | V MCS - EXTRA OR |
| | | W TPR ADSM - USA OR |
| | | Z MCS - PRIME (WITH MTF/CLINIC PCM) |
| 1-185-09R | IF CONTRACTOR WASHINGTON/OREGON | |
| | THEN HEALTH CARE PLAN CODE MUST = | 07 MCS - REGION 11 [WASHINGTON/OREGON] |
| | UNLESS ENROLLMENT STATUS = | AA CHCBP EXTRA OR |
| | | Y CHCBP STANDARD |
| | THEN HEALTH CARE PLAN CODE MUST BE BLANK | |
| 1-185-10R | IF HEALTH CARE PLAN CODE = | 07 MCS - REGION 11 [WASHINGTON/OREGON] |

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

| | | | |
|---|---|----|---|
| 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 ADSM - USA 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 |
| 1-185-11R | IF CONTRACTOR FHC OPTIONS (FORT BRAGG DEMO) | | |
| THEN HEALTH CARE PLAN CODE MUST BE = | | 11 | MCS - FORT BRAGG, NC |
| UNLESS ENROLLMENT STATUS = | | Y | CHCBP STANDARD OR |
| | | AA | CHCBP EXTRA |
| THEN HEALTH CARE PLAN CODE MUST BE BLANK | | | |
| 1-185-12R | IF HEALTH CARE PLAN CODE = | 11 | MCS - FORT BRAGG, NC |
| THEN ENROLLMENT STATUS MUST = | | R | TRICARE EXTRA - NORTH CAROLINA OR |
| | | T | MCS - STANDARD PROGRAM OR |
| | | U | MCS - PRIME (WITH CONTRACTOR NETWORK PCM) OR |
| | | V | MCS - EXTRA OR |
| | | W | TPR ACTIVE DUTY - USA OR |
| | | Z | MCS - PRIME (WITH MTF/CLINIC PCM) |
| 1-185-13R | IF CONTRACTOR (REGION 06) TEXAS/OKLAHOMA/LOUISIANA/ARKANSAS | | |
| THEN HEALTH CARE PLAN CODE MUST BE = | | 09 | MCS - REGION 6 |
| UNLESS ENROLLMENT STATUS = | | Y | CHCBP STANDARD OR |
| | | AA | CHCBP EXTRA |
| THEN HEALTH CARE PLAN CODE MUST BE BLANK | | | |
| 1-185-14R | IF HEALTH CARE PLAN CODE = | 09 | MCS - REGION 6 |

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

| | | |
|---|---|--|
| 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 ADSM - USA 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 |
| | TS | TRICARE SENIOR SUPPLEMENT OR |
| | WF | TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM |
| 1-185-15R | IF CONTRACTOR (REGION 09, 10, 12) CALIFORNIA/HAWAII | |
| THEN HEALTH CARE PLAN CODE MUST = '08' | 08 | MCS - REGIONS 9, 10, 12 |
| UNLESS ENROLLMENT STATUS = | Y | CHCBP STANDARD OR |
| | AA | CHCBP EXTRA |
| THEN HEALTH CARE PLAN CODE MUST BE BLANK | | |
| 1-185-16R | IF HEALTH CARE PLAN CODE = | |
| | 08 | MCS - REGIONS 9, 10, 12 |
| 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 ADSM - USA 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 |
| | TS | TRICARE SENIOR SUPPLEMENT OR |

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM

1-185-17R IF CONTRACTOR (REGION 03, 04) HUMANA

THEN HEALTH CARE PLAN CODE MUST =

- 13 MCS - REGIONS 3/4 **OR**
- 14 MCS - EUROPE **OR**
- 15 MCS - PACIFIC **OR**
- 16 MCS - SOUTHCOM

UNLESS ENROLLMENT STATUS =

- Y CHCBP STANDARD **OR**
- AA CHCBP EXTRA

THEN HEALTH CARE PLAN CODE MUST BE BLANK

1-185-18R IF HEALTH CARE PLAN CODE = '13', '14', '15', '16' (MCS - REGIONS 3/4, EUROPE, PACIFIC, **OR** LATIN AMERICA & CANADA INCLUDING THE CARIBBEAN BASIN)

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 **ADSM** - USA **OR**
- X **FOREIGN ADSM** **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**
- 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**

1-185-19R IF CONTRACTOR (REGION 07, 08) TRIWEST

THEN HEALTH CARE PLAN CODE MUST =

- 12 MCS - CENTRAL REGION (REGION 7/8)

UNLESS ENROLLMENT STATUS =

- Y CHCBP STANDARD **OR**

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

| | | | |
|------------------|--|----|---|
| | | AA | CHCBP EXTRA |
| | THEN HEALTH CARE PLAN CODE MUST BE BLANK. | | |
| 1-185-20R | IF HEALTH CARE PLAN CODE = | 12 | MCS - CENTRAL REGION (REGION 7/8) |
| | 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 ADSM - USA 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 |
| 1-185-21R | IF CONTRACTOR (REGION 2/5) | | |
| | THEN HEALTH CARE PLAN CODE MUST = | 17 | MCS - REGION 2/5 |
| | UNLESS ENROLLMENT STATUS MUST = | Y | CHCBP STANDARD OR |
| | | AA | CHCBP EXTRA |
| | THEN HEALTH CARE PLAN CODE MUST BE BLANK. | | |
| 1-185-22R | IF HEALTH CARE PLAN CODE = | 17 | MCS - REGION 2/5 |
| | THEN ENROLLMENT STATUS MUST = | R | TRICARE EXTRA - NORTH CAROLINA OR |
| | | T | MCS - STANDARD TRICARE PROGRAM OR |
| | | U | MCS - PRIME OR |
| | | V | MCS - EXTRA OR |
| | | W | TPR ADSM - USA OR |
| | | Z | MCS - PRIME (WITH MTF/CLINIC PCM) 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 |

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

| | | | |
|------------------|--|----|--|
| 1-185-23R | IF CONTRACTOR (REGION 1) | | |
| | THEN HEALTH CARE PLAN CODE MUST = | 18 | MCS - REGION 1 |
| | UNLESS ENROLLMENT STATUS = | Y | CHCBP STANDARD OR |
| | | AA | CHCBP EXTRA |
| | THEN HEALTH CARE PLAN CODE MUST BE BLANK. | | |
| 1-185-24R | IF HEALTH CARE PLAN CODE = | 18 | MCS - REGION 1 |
| | THEN ENROLLMENT STATUS MUST = | R | TRICARE EXTRA - NORTH CAROLINA OR |
| | | T | MCS - STANDARD TRICARE PROGRAM OR |
| | | U | MCS - PRIME OR |
| | | V | MCS - EXTRA OR |
| | | W | TPR ADSM - USA 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 |

ELEMENT NAME: REASON FOR ADJUSTMENT (1-195)

VALIDITY EDITS

1-195-01 VALUE MUST BE 'A' - 'F' **OR** BLANK.

RELATIONAL EDITS

| RELATED TO ELEMENT | EDITED ELEMENT RELATIONSHIP | ALSO RELATES TO ELEMENT(S) |
|---------------------------|------------------------------------|-----------------------------------|
| TYPE OF SUBMISSION | SEE BELOW | |

EDITED ELEMENT RELATIONSHIP

| | |
|------------------|--|
| 1-195-02R | IF TYPE OF SUBMISSION = 'A', 'B', OR 'F' |
| | REASON FOR ADJUSTMENT MUST = 'A' - 'F'. |
| | IF TYPE OF SUBMISSION = 'D', 'I', 'R', OR 'O' |
| | REASON FOR ADJUSTMENT MUST = SPACE. |
| | IF TYPE OF SUBMISSION = 'C' OR 'E' |
| | REASON FOR ADJUSTMENT MUST = 'D' - 'F'. |

ELEMENT NAME: REASON FOR ADJUSTMENT (1-195) (CONTINUED)

IF TYPE OF SUBMISSION = 'G'

REASON FOR ADJUSTMENT MUST = 'A'.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197)**VALIDITY EDITS**

| | |
|-----------|--|
| 1-197-01, | OCCURRENCE NUMBER 1 |
| 1-197-02, | OCCURRENCE NUMBER 2 |
| 1-197-03 | OCCURRENCE NUMBER 3 VALUE MUST BE A VALID CODE LISTED UNDER SPECIAL PROCESSING CODE LOCATED IN ADP MANUAL, CHAPTER 2, SECTION 8 OR BLANK. |
| 1-197-04 | A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK). |

RELATIONAL EDITS

| | RELATED TO ELEMENT | EDITED ELEMENT RELATIONSHIP | ALSO RELATES TO ELEMENT(S) |
|-----------|---------------------------------------|-----------------------------|----------------------------|
| | NAS EXCEPTION REASON | SEE BELOW | PATIENT ZIP CODE |
| | CONTRACTOR NUMBER | SEE BELOW | |
| 1-100-05R | PATIENT ZIP CODE | | |
| | PRINCIPAL/SECONDARY OP/NSP | SEE BELOW | |
| | SPONSOR STATUS | SEE BELOW | |
| | SPONSOR BRANCH OF SERVICE | SEE BELOW | |
| | PROGRAM INDICATOR | SEE BELOW | |
| | SPECIAL PROCESSING CODE (OCCURRENCES) | SEE BELOW | |
| | SPECIAL RATE CODE | SEE BELOW | FREQUENCY CODE |
| | FILING DATE | SEE BELOW | |
| | PROVIDER STATE OR COUNTRY | SEE BELOW | |
| | BEGIN DATE OF CARE | SEE BELOW | |
| | DENIAL REASON CODE | SEE BELOW | |
| | PATIENT RELATIONSHIP TO SPONSOR | SEE BELOW | |

EDITED ELEMENT RELATIONSHIP

| | | | |
|-----------|--|---|--|
| 1-197-05R | IF NAS EXCEPTION REASON = | 9 | DEMONSTRATION PROJECTS |
| | THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = | 3 | ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY OR |

¹ STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

| | | |
|---|----|---|
| | 4 | ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY OR |
| | 9 | FORT DRUM COOPERATIVE MEDICAL CARE OR |
| | E | HHC/CM OR |
| | NE | OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2003 |
| IF NAS EXCEPTION REASON = | 8 | HEART/LIVER TRANSPLANT |
| THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = | 5 | LIVER TRANSPLANT OR |
| | 7 | HEART TRANSPLANT |
| IF NAS EXCEPTION REASON = | 6 | PARTNERSHIPS |
| THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = | B | PARTNERSHIP PROGRAM (EXTERNAL WITH SIGNED AGREEMENTS) |
| IF NAS EXCEPTION REASON = | L | HOSPICE |
| THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = | # | HOSPICE |
| IF NAS EXCEPTION REASON = | Q | ACTIVE DUTY CLAIMS |
| THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST = | AD | FOREIGN ADSM CLAIMS |

1-197-06R

- ALLOGENEIC BONE MARROW RECIPIENTS

IF PRINCIPAL/SECONDARY OP/NSP CODE IS 41.02 **OR** 41.03

THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =

| | |
|---|----------------------------------|
| 3 | ALLOGENEIC BONE MARROW RECIPIENT |
|---|----------------------------------|

- LIVER TRANSPLANTS

IF BEGIN DATE OF CARE < 03/01/1997 **OR** (> 02/19/1998 **AND** < 09/01/1999) **OR** > 05/31/2003

AND PRINCIPAL/SECONDARY OP/NSP CODE IS 50.51 **OR** 50.59

THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =

| | |
|---|------------------|
| 5 | LIVER TRANSPLANT |
|---|------------------|

ELSE BEGIN DATE OF CARE (≥ 03/01/1997 **AND** ≤ 02/19/1998) **OR** (≥ 09/01/1999 **AND** ≤ 05/31/2003)

AND PRINCIPAL/SECONDARY OP/NSP CODE IS 50.51 **OR** 50.59

THEN SPECIAL PROCESSING CODE =

| | |
|-----------------|--------------------------------|
| ST ¹ | SPECIALIZED TREATMENT FACILITY |
|-----------------|--------------------------------|

¹ STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

- HEART TRANSPLANTS

IF PRINCIPAL/SECONDARY OP/NSP CODE IS 37.5

**THEN AT LEAST ONE
SPECIAL PROCESSING CODE
MUST =**

7 HEART TRANSPLANT

1-197-07R IF SPONSOR STATUS

T FOREIGN MILITARY

**THEN NO OCCURRENCE OF
SPECIAL PROCESSING CODE
MUST =**

B PARTNERSHIP PROGRAM, EXTERNAL WITH
SIGNED AGREEMENTS

1-197-09R IF PROGRAM INDICATOR

H PFPWD

**NO OCCURRENCE OF
SPECIAL PROCESSING CODE
MUST =**

B PARTNERSHIP PROGRAM, EXTERNAL WITH
SIGNED AGREEMENTS

F CAM DEMONSTRATIONS

G

I

J

E HHC/CM

N CHAMPUS SELECT

1-197-10R SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.

1-197-11R IF SPECIAL RATE CODE = 'G', 'T', 'J', 'M' OR 'O' (TRICARE/CHAMPUS DRG, WITH LONG STAY OR COST OUTLIER)

AND FREQUENCY CODE = 2 INITIAL OR

3 INTERIM OR

4 FINAL

**THEN SPECIAL
PROCESSING CODE
MUST =**

D DRG QUALIFYING FOR INTERIM PAYMENT

1-197-12R IF FILING DATE ≤ 10/01/1988

**THEN SPECIAL PROCESSING
CODE MUST ≠**

D DRG QUALIFYING FOR INTERIM PAYMENT

IF SPECIAL PROCESSING CODE =

F REYNOLDS ARMY COMMUNITY HOSPITAL, FT. SILL

THE FILING DATE MUST BE ≥ 06/01/1989, DATE OF ADMISSION ≤ 05/31/1992.

IF SPECIAL PROCESSING CODE =

G EVANS ARMY COMMUNITY HOSPITAL, FT. CARSON

THE FILING DATE MUST BE ≥ 10/01/1989, DATE OF ADMISSION ≤ 09/30/1992

IF SPECIAL PROCESSING CODE =

I BERGSTROM AFB CATCHMENT AREA

THE FILING DATE MUST BE ≥ 03/01/1990 AND DATE OF ADMISSION ≤ 04/30/1993.

IF SPECIAL PROCESSING CODE =

J LUKE/WILLIAMS AFB CATCHMENT AREA

¹ STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

THE FILING DATE MUST BE ≥ 03/01/1990.

| | | | |
|------------------|---|----|---|
| 1-197-13R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | K | GEORGIA/FLORIDA PPO |
| | THEN PROVIDER STATE OR COUNTRY CODE MUST = | 09 | FLORIDA OR |
| | | 10 | GEORGIA |
| 1-197-14R | IF BEGIN DATE OF CARE < 06/30/1988 | | |
| | THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | E | HHC/CM |
| 1-197-15R | IF ANY DENIAL REASON CODE | G | DEMONSTRATION AUTHORIZATION NOT ON FILE |
| | AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | F | ARMY CAM DEMONSTRATIONS |
| | | G | |
| | | E | HHC/CM |
| | | N | CHAMPUS SELECT |
| 1-197-18R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | PO | POINT OF SERVICE |
| | THEN ENROLLMENT STATUS MUST = | E | MCS - TRICARE-TIDEWATER PRIME OR |
| | | K | MCS - CA/HI ENROLLED OR |
| | | O | NEW ORLEANS PRIME OR |
| | | U | MCS - PRIME (WITH CONTRACTOR NETWORK PCM) OR |
| | | Z | MCS - PRIME (WITH MTF/CLINIC PCM) OR |
| | | WF | TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM |
| | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AD | FOREIGN ADSM CLAIMS OR |
| | | GU | ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR |
| | THEN ENROLLMENT STATUS MUST = | W | TPR ADSM - USA OR |
| | | X | FOREIGN ADSM OR |
| | | WA | FOREIGN REMOTE ADSM |
| 1-197-19R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AD | FOREIGN ADSM CLAIMS |
| | THEN PATIENT RELATIONSHIP TO SPONSOR MUST = | ↳ | SPONSOR |

¹ STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

| | | |
|------------------|---|--|
| | AND SPONSOR STATUS MUST = | A ACTIVE DUTY OR |
| | | B RECALLED TO ACTIVE DUTY OR |
| | | J ACADEMY STUDENT/NAVY OCS OR |
| | | N NATIONAL GUARD OR |
| | | Q PRISONER/APPELLATE OR |
| | | V RESERVE OR |
| | | T FOREIGN MILITARY (NATO) |
| 1-197-20R | IF ONE OCCURRENCE OF SPECIAL PROCESSING CODE = 'WR' | |
| | THEN CONTRACTOR NUMBER MUST = | 07 REGIONS 7 AND 8 |
| 1-197-21R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | MS TSP (NETWORK) OR |
| | | MN TSP (NON-NETWORK) |
| | THEN ENROLLMENT STATUS MUST = | BB TRICARE SENIOR PRIME |
| 1-197-23R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AN SHCP - NON-MTF-REFERRED CARE OR |
| | | AR SHCP - REFERRED CARE OR |
| | | CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR |
| | | SC SHCP - NON-TRICARE ELIGIBLE OR |
| | | SE SHCP - TRICARE ELIGIBLE OR |
| | | SM SHCP - EMERGENCY |
| | THEN ENROLLMENT STATUS MUST = | SR SHCP - REFERRED CARE OR |
| | | SN SHCP - NON-MTF-REFERRED CARE OR |
| | | SO SHCP - NON-TRICARE ELIGIBLE OR |
| | | ST SHCP - TRICARE ELIGIBLE |
| 1-197-24R | (REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY FOR REGION 3) | |
| | IF (DRG NUMBER = 104, 105, 106, 107, 108, 109, OR 112 | |
| | AND REGION CODE = '03' (REGION 03) | |
| | AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER STSF CATCHMENT AREA | |
| | AND BEGIN DATE OF CARE (\geq 03/01/97 AND \leq 05/31/2003) | |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'. | |
| 1-197-25R | (NATIONAL STSF) | |

¹ STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

| | |
|------------------|--|
| | IF (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))) |
| | AND PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF COLUMBIA |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST' |
| | UNLESS NAS EXCEPTION |
| | REASON = K CHCBP |
| 1-197-26R | (MULTI-REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 1 & 2) |
| | IF REGION CODE = 01 REGION 1 OR |
| | 02 REGION 2 |
| | AND BEGIN DATE OF CARE ≥ 10/01/1997 AND ≤ 05/31/2003 |
| | AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC) |
| | OR NATIONAL NAVAL MEDICAL CENTER (NNMC) MULTI-REGIONAL STSF CATCHMENT AREA |
| | AND DRG = 104, 105, 106, 107, 108, 109, 110, OR 111 |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST' |
| 1-197-27R | (REGIONAL STS FACILITIES FOR GENERAL SURGERY & ORTHOPEDIC SURGERY FOR REGION 1) |
| | IF REGION CODE = 01 REGION 1 |
| | AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003 |
| | AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC) |
| | OR WALTER REED ARMY MEDICAL CENTER (WRAMC) |
| | OR MALCOLM GROW MEDICAL CENTER (MGMC) STSF CATCHMENT AREA |
| | AND DRG = 191, 209, 286, OR 491 |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST' |
| 1-197-28R | (REGIONAL STS FACILITIES FOR NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 1) |
| | IF REGION CODE = 01 REGION 1 |
| | AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003 |
| | AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC) |
| | OR WALTER REED ARMY MEDICAL CENTER (WRAMC) STSF CATCHMENT AREA |
| | AND DRG = 001, 003, 004, 049, 286, OR 357 |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST' |

¹ STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

1-197-29R (REGIONAL STS FACILITIES FOR NEUROSURGERY, ORTHOPEDIC SURGERY, GENERAL SURGERY, PERIPHERAL VASCULAR SURGERY, AND HEAD AND NECK SURGERY FOR REGION 3)

IF REGION CODE = 03 REGION 3

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

AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER (EAMC) STSF CATCHMENT AREA

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

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-197-30R (REGIONAL STS FACILITIES FOR NEONATAL INTENSIVE CARE FOR REGION 4)

IF REGION CODE = '04' 04 REGION 4

AND BEGIN DATE OF CARE ≥ 05/01/1998 AND ≤ 05/31/2003

AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA

AND DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, OR 636

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-197-31R (REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 4)

IF REGION CODE = 04 REGION 4

AND BEGIN DATE OF CARE ≥ 05/01/1998 AND ≤ 05/31/2003

AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA

AND DRG = 104, 105, 106, 107, 108, 109, 110, 111, 112, 124, OR 125

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-197-32R (REGIONAL STS FACILITY FOR GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 4)

IF REGION CODE = 04 REGION 4

AND BEGIN DATE OF CARE ≥ 06/01/2000 AND ≤ 05/31/2003

AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA

AND DRG = 357

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-197-33R (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 6)

IF REGION CODE = 06 REGION 6

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

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

OR WILFORD HALL MEDICAL CENTER (WHMC) STSF CATCHMENT AREA

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

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

¹ STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

| | |
|------------------|--|
| 1-197-35R | (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 10) |
| | IF REGION CODE = 10 REGION 10 |
| | AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 12/31/2001 |
| | AND PATIENT ZIP CODE IS IN DAVID GRANT MEDICAL CENTER (DGMC) STSF CATCHMENT AREA |
| | AND DRG = 001, 003, 004, 049, 110, 111, 191, 209, 286, 357, OR 491 |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST' |
| 1-197-36R | (MULTI-REGIONAL STS FACILITIES FOR LIVER TRANSPLANTS FOR REGIONS 1, 2 AND 5) |
| | IF DRG = 480 |
| | AND REGION CODE = 01 REGION 1 OR |
| | 02 REGION 2 OR |
| | 05 REGION 5 |
| | AND BEGIN DATE OF CARE ≥ 09/01/1999 AND ≤ 05/31/2003 |
| | AND INCLUDES ALL PATIENT ZIP CODES WITHIN REGIONS 1, 2 OR 5 |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST' |
| 1-197-37R | (VA REGIONAL STS FACILITIES CARDIOTHORACIC SURGERY FOR REGION 10) |
| | IF REGION CODE = 10 REGION 10 |
| | AND BEGIN DATE OF CARE ≥ 11/01/1999 AND ≤ 12/31/2001 |
| | AND PATIENT ZIP CODE IS IN VA PALO ALTO HEALTH CARE SYSTEM (VAPAHCS) |
| | OR SAN FRANCISCO VA MEDICAL CENTER (SFVAMC) STSF CATCHMENT AREA |
| | AND DRG = 104 - 109 |
| | THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST' |
| 1-197-38R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = SN TRICARE SENIOR SUPPLEMENT (NON-NETWORK) OR |
| | SS TRICARE SENIOR SUPPLEMENT (NETWORK) |
| | THEN ENROLLMENT STATUS MUST = TS TRICARE SENIOR SUPPLEMENT |
| 1-197-41R | IF BEGIN DATE OF CARE IS ≥ 03/15/1999 |
| | AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE = E HOME HEALTH CARE/CASE MANAGEMENT (HHC/CM) DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE INDIVIDUAL CASE MANAGEMENT PROGRAM) |

¹ STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

| | | | |
|------------------|---|----|--|
| | THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | CM | INDIVIDUAL CASE MANAGEMENT PROGRAM (ICMP) CLAIMS |
| 1-197-42R | IF BEGIN DATE OF CARE \geq 10/01/2001 | | |
| | AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | FF | TFL (FIRST PAYOR) OR |
| | | FS | TFL (SECOND PAYOR) |
| | THEN ENROLLMENT STATUS MUST = | FE | TFL - EXTRA OR |
| | | FS | TFL - STANDARD |
| 1-197-43R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | FF | TFL (FIRST PAYOR) OR |
| | | FS | TFL (SECOND PAYOR) |
| | THEN BEGIN DATE OF CARE \geq 10/01/2001 | | |
| 1-197-46R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | GF | TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADMS |
| | 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 |
| | | 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 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 |

¹ STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

| | | |
|------------------|--|---|
| | AND PATIENT RELATIONSHIP TO SPONSOR MUST = | C CHILD OR |
| | | S SPOUSE OR |
| | | V STEP CHILD OR |
| | | W WARD |
| 1-197-47R | IF ANY OCCURRENCE OR 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 |
| 1-197-48R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | GN TPR ENROLLED ADFM - NON-NETWORK OR |
| | | GT TPR ENROLLED ADFM - NETWORK |

¹ STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

| | | |
|---|----|--|
| 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 ≥ 09/01/2002 | | |
| AND ENROLLMENT STATUS MUST = | WF | TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADMS |
| 1-197-49R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | GN | TPR ENROLLED ADFM - NON-NETWORK OR |
| | GT | TPR ENROLLED ADFM - NETWORK |
| 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 ≥ 09/01/2002 | | |

¹ STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

| | | |
|---|--|---|
| | AND ENROLLMENT STATUS MUST = | WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE AD SM |
| 1-197-50R | • SPECIAL PROCESSING CODE "V" IS USED FOR CARE NORMALLY PROVIDED - WHILE SPECIAL PROCESSING CODE "W" IS USED FOR CARE OVER AND ABOVE THOSE NORMAL LIMITS | |
| | IF BEGIN DATE OF CARE IS ≥ 12/28/2001 | |
| | AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | CT CUSTODIAL CARE TRANSITIONAL POLICY |
| | THEN AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | V AT-RISK PAYMENT BY AT-RISK CLAIMS PROCESSOR OR W NOT-AT-RISK PAYMENT BY AT-RISK CLAIMS PROCESSOR |
| ¹ STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED. | | |

ELEMENT NAME: SPECIAL RATE CODE (1-198)

VALIDITY EDITS

1-198-01 VALUE MUST = BLANK, 'A' - 'V'

RELATIONAL EDITS

| RELATED TO ELEMENT | EDITED ELEMENT RELATIONSHIP | ALSO RELATES TO ELEMENT(S) |
|-------------------------|-----------------------------|----------------------------|
| FILING STATE | SEE BELOW | |
| DRG NUMBER | SEE BELOW | |
| DATE OF ADMISSION | SEE BELOW | |
| SPECIAL PROCESSING CODE | SEE BELOW | |
| PROGRAM INDICATOR | SEE BELOW | |
| OVERRIDE CODE | SEE BELOW | |

EDITED ELEMENT RELATIONSHIP

| | | |
|-----------|---|---------------|
| 1-198-02R | IF FILING STATE = | 34 NEW JERSEY |
| | THEN SPECIAL RATE CODE MUST = 'A', 'B', 'C', 'D', 'E', 'F', 'P', 'K', 'L', OR BLANK. | |
| | IF FILING STATE NOT = | 34 NEW JERSEY |
| | THEN SPECIAL RATE CODE CANNOT = 'A', 'B', 'C', 'E', 'F'. | |
| | IF FILING STATE = | 24 MARYLAND |
| | THEN SPECIAL RATE CODE CANNOT = 'A', 'B', 'C', 'E', 'F', 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q'. | |

ELEMENT NAME: SPECIAL RATE CODE (1-198) (CONTINUED)**1-198-03R** IF DRG NUMBER IS CODED (OTHER THAN ZERO)**THEN** SPECIAL RATE CODE
MUST =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**U SHCP CLAIM OR ACTIVE DUTY MEMBER GSU
CLAIM PAID OUTSIDE NORMAL LIMITS **OR**

V MEDICARE REIMBURSEMENT RATE

1-198-04R IF SPECIAL PROCESSING CODE = D DRG QUALIFYING FOR INTERIM PAYMENT**THEN** SPECIAL RATE CODE
MUST =G TRICARE/CHAMPUS DRG REIMBURSEMENT WITH
LONG 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**O DISCOUNTED TRICARE/CHAMPUS DRG
REIMBURSEMENT WITH COST OUTLIER **OR**U SHCP CLAIM OR ACTIVE DUTY MEMBER GSU
CLAIM PAID OUTSIDE NORMAL LIMITS**1-198-05R** IF DATE OF ADMISSION IS < 01/01/1989**THEN** SPECIAL RATE CODE MUST NOT = 'K' **OR** 'L'.**1-198-06R** IF PROGRAM INDICATOR = H PFPWD**THEN** SPECIAL RATE CODE MUST NOT = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q'.**1-198-07R** IF ANY OCCURRENCE OF
OVERRIDE CODE =T MHPD RECALCULATION OF RATES, NO
COST-SHARE APPLIED**THEN** SPECIAL RATE CODE MUST = 'K' **OR** 'L'

ELEMENT NAME: SPECIAL RATE CODE (1-198) (CONTINUED)

| | | |
|------------------|--|---|
| 1-198-08R | WHEN THE SPECIAL RATE CODE IS 'A' OR 'B' OR 'C' OR 'E' OR 'F' | |
| | THEN THE END DATE OF CARE MUST < 19890101. | |
| 1-198-09R | IF SPECIAL PROCESSING CODE = # HOSPICE | |
| | THEN SPECIAL RATE CODE MUST = | P PER DIEM RATE AGREEMENT OR |
| | | D DISCOUNT RATE AGREEMENT OR |
| | | U SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR |
| | | V MEDICARE REIMBURSEMENT RATE |
| | UNLESS TYPE OF SUBMISSION = | D COMPLETE CONTRACTOR DENIAL |
| 1-198-10R | IF SPECIAL RATE CODE = | V MEDICARE REIMBURSEMENT RATE |
| | THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR |
| | | FS TFL - SECOND PAYOR OR |
| | | MS TFL - NETWORK OR |
| | | MN TFL - NON-NETWORK |
| | OR TYPE OF INSTITUTION = | 76 SKILLED NURSING FACILITY |
| 1-198-11R | IF SPECIAL RATE CODE = | U SHCP CLAIM PAID OUTSIDE NORMAL LIMITS |
| | THEN SPECIAL PROCESSING CODE MUST = | AR SHCP - MTF-REFERRED CARE OR |
| | | AN SHCP - NON-MTF-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 |
| 1-198-12R | IF ANY OCCURRENCE OF REVENUE CODE = | 022 SKILLED NURSING FACILITY CHARGE |
| | THEN SPECIAL RATE CODE MUST = | V MEDICARE REIMBURSEMENT RATE OR |
| | | D DISCOUNT RATE AGREEMENT |