

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 165 - 199)

ELEMENT NAME: PROCESSING CODE (2-165)		
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	
PROCEDURE TEXT 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 9 ELEMENTS LISTED. IT HAS NO EDIT CRITERIA ITSELF. IF THE COMPONENT ELEMENTS ARE CORRECT, THIS ELEMENT IS CORRECT.		

ELEMENT NAME: OVERRIDE CODE (2-170)

VALIDITY EDITS

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

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

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

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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

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

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

PATIENT AGE² MUST BE < 12 FOR AT LEAST ONE OCCURRENCE.

AND PATIENT
RELATIONSHIP TO SPONSOR
MUST BE =

S SPOUSE

F UNREARRIED WIDOW(ER)

G UNMARRIED WIDOW(ER)

2-170-07R IF OVERRIDE CODE = 'D' (PATIENT IS FAMILY MEMBER 21 YEARS OR OLDER)
THEN PATIENT DATE OF BIRTH INDICATES AGE¹ ≥ 21

AND PATIENT
RELATIONSHIP TO
SPONSOR MUST =

C CHILD OR

V STEPCHILD OR

W WARD

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

T FORMER SPOUSE

H

R

Y

AND PATIENT DATE OF BIRTH INDICATES AGE¹ < 34

ONE OVERRIDE CODE MUST = 'I'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'I'

PATIENT AGE² MUST BE < 34 FOR AT LEAST ONE OCCURRENCE

PATIENT RELATIONSHIP TO
SPONSOR =

T FORMER SPOUSE

H

R

Y

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

M NATO

SPONSOR STATUS MUST = T FOREIGN MILITARY

2-170-11R IF ANY TREATMENT DIAGNOSIS = MATERNITY AND PATIENT DATE OF BIRTH INDICATES
AGE¹ < 12

ONE OVERRIDE CODE MUST = 'E'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'E'

PATIENT AGE² MUST BE < 12 AND AT LEAST ONE TREATMENT DIAGNOSIS MUST =
MATERNITY

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

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 EARLIEST
BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

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

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

ONE OVERRIDE CODE MUST = 'G'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'G'

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

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

ONE OVERRIDE CODE MUST = 'H'.

IF ANY OCCURRENCE OF OVERRIDE CODE= 'H'

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

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

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

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

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

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

AR SHCP - REFERRED CARE **OR**

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

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

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

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

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

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

SE SHCP - TRICARE ELIGIBLE **OR**

SM SHCP - EMERGENCY

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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

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

ELEMENT NAME: TYPE OF SUBMISSION (2-175)

VALIDITY EDITS

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

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

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

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

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

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

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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

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

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

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

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

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

2-175-05R ¹SPONSOR 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.

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

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

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

TYPE OF SUBMISSION MUST BE =

C	COMPLETE CANCELLATION
D	COMPLETE DENIAL
B	ADJUSTMENT NON-HCSR DATA
E	CANCELLATION NON-HCSR DATA
F	ADJUSTMENT NEW SUFFIX
A	ADJUSTMENT TO PRIOR HCSR DATA

2-175-10R IF TYPE OF SUBMISSION =

I	INITIAL
R	RESUBMISSION
D	COMPLETE DENIAL

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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.**

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

O ZERO PAYMENT WITH 100% OHI/TPL

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

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

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

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

THEN TYPE OF SUBMISSION
MUST =

A ADJUSTMENT TO PRIOR HCSR DATA

B ADJUSTMENT NON-HCSR DATA

C CANCELLATION

D COMPLETE DENIAL

E COMPLETE CANCELLATION OF NON-HCSR DATA

F ADJUSTMENT NEW SUFFIX

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

TYPE OF SUBMISSION MUST =

A ADJUSTMENT TO PRIOR HCSR DATA

B ADJUSTMENT NON-HCSR DATA

C COMPLETE CANCELLATION PRIOR HCSR DATA

D COMPLETE DENIAL

E COMPLETE CANCELLATION NON-HCSR DATA

F ADJUSTMENT NEW SUFFIX

I INITIAL

O ZERO PAYMENT WITH 100% OHI/TPL

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

TYPE OF SUBMISSION MUST =

A ADJUSTMENT TO PRIOR HCSR DATA

B ADJUSTMENT NON-HCSR DATA

C COMPLETE CANCELLATION PRIOR HCSR DATA

D COMPLETE DENIAL

E COMPLETE CANCELLATION NON-HCSR DATA

F ADJUSTMENT NEW SUFFIX

O ZERO PAYMENT WITH 100% OHI/TPL

R RESUBMISSION OF 'I'

2-175-15R IF TYPE OF SUBMISSION =

I INITIAL

F ADJUSTMENT NEW SUFFIX

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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

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

R RESUBMISSION

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

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

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

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

AND SPONSOR BRANCH OF SERVICE = C CHAMPVA

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

D COMPLETE CONTRACTOR DENIAL INITIAL HCSR SUBMISSION

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 EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.**

ELEMENT NAME: NAS EXCEPTION REASON (2-180)

VALIDITY EDITS

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

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

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

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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

³ MTF IS A 40 MILE CATCHMENT AREA.

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

WR MENTAL HEALTH WRAP AROUND

THEN BYPASS ALL NAS EXCEPTION REASON EDITING.

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

THEN BYPASS ALL NAS EXCEPTION REASON EDITING.

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

2 INELIGIBLE CLAIMANT OR

A DEERS INELIGIBLE OR

N MULTIPLE DENIAL REASONS

THEN BYPASS ALL NAS EXCEPTION REASON EDITING.

NO ERROR IF PROGRAM INDICATOR = H PFPWD

THEN BYPASS ALL NAS EXCEPTION REASON EDITING.

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

THEN BYPASS ALL NAS EXCEPTION REASON EDITING.

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

AND ENROLLMENT STATUS =

E MCS TRICARE TIDEWATER PRIME OR

H MCS HOMESTEAD ENROLLED PATIENT OR

K MCS CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT OR

O NEW ORLEANS PRIME OR

U MCS PRIME, CIVILIAN PCM OR

W TPR **ADSM** - USA OR

Y CHCBP STANDARD OR

Z MCS PRIME, MTF/PCM OR

AA CHCBP EXTRA

PS TRICARE SENIOR PHARMACY OR

FE TFL - EXTRA OR

FS TFL - STANDARD OR

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

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

2-180-02R IF PATIENT ZIP CODE IS NOT IN AN MTF³ CATCHMENT AREA¹

THEN NAS EXCEPTION REASON MUST = BLANK

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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

³ MTF IS A 40 MILE CATCHMENT AREA.

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

	UNLESS SPECIAL PROCESSING CODE =	ST ² SPECIALIZED TREATMENT
2-180-03R	IF NAS NUMBER IS CODED THEN NAS EXCEPTION REASON MUST = BLANK	
2-180-04R	IF PATIENT ZIP CODE IS IN AN MTF ³ CATCHMENT AREA ¹ AND NAS NUMBER IS NOT CODED AND TYPE OF SERVICE (FIRST BYTE) =	I INPATIENT AND BEGIN DATE OF CARE < 12/28/2003 THEN NAS EXCEPTION REASON MUST BE CODED
	UNLESS SPECIAL PROCESSING CODE =	B EXTERNAL PARTNERSHIP PROVIDER WITH SIGNED AGREEMENT OR C EXTERNAL PARTNERSHIP PROVIDER WITHOUT SIGNED AGREEMENT OR S RESOURCE SHARING
	OR ANY OCCURRENCE OF OVERRIDE CODE =	Q FORMER SPOUSE WITH PRE-EXISTING CONDITION
	OR HEALTH CARE PLAN CODE =	11 MCS FORT BRAGG DEMO
	THEN NAS EXCEPTION REASON MUST BE BLANK	
2-180-05R	• 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 EARLIEST BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2003
	AND TYPE OF SERVICE =	I FIRST BYTE M
	AND PATIENT ZIP CODE IS IN AN MTF ³ CATCHMENT AREA ¹ THEN NAS EXCEPTION REASON MUST =	9 DEMONSTRATION

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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

³ MTF IS A 40 MILE CATCHMENT AREA.

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

UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF ANY SPECIAL PROCESSING CODE =	5	LIVER TRANSPLANT OR
	7	HEART TRANSPLANT
AND TYPE OF SERVICE =	I M	FIRST BYTE
AND PATIENT ZIP CODE IS IN AN MTF3 CATCHMENT AREA		
AND BEGIN DATE OF CARE ≥ 04/01/1995		
THEN NAS EXCEPTION REASON MUST =	8	HEART/LIVER TRANSPLANT 04/01/199
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF ANY SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS OR
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS OR
	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS OR
	#	HOSPICE OR
	O	HOSPICE NON-AFFILIATED PROVIDER
AND TYPE OF SERVICE =	I M	FIRST BYTE
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA ¹		
THEN NAS EXCEPTION REASON MUST =	6	PARTNERSHIPS OR
	1	ENROLLMENT IN OHI WHICH IS PRIMARY COVERAGE OR
	2	EMERGENCY MEDICAL TREATMENT OR
	L	HOSPICE
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF ANY SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS OR
	B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS OR

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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

³ MTF IS A 40 MILE CATCHMENT AREA.

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

	C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS OR
	O	CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES OR
	S	RESOURCE SHARING OR
	#	HOSPICE OR
	O	HOSPICE NON-AFFILIATED PROVIDER
AND TYPE OF SERVICE =	A	FIRST BYTE
	C	
	N	
AND BEGIN DATE OF CARE ≥ 11/01/1991		
AND PROCEDURE CODE = (ONE OF THE APPLICABLE, I.E., CODE BASED ON DATE OF SERVICE) PROCEDURE CODES LISTED IN CHAPTER 6, ADDENDUM A, FIGURE 6-A-2A, FIGURE 6-A-2B, FIGURE 6-A-2C, AND FIGURE 6-A-2D.		
THEN NAS EXCEPTION REASON MUST =	6	PARTNERSHIPS/RESOURCE SHARING OR
	1	ENROLLMENT IN OHI WHICH IS PRIMARY COVERAGE OR
	2	EMERGENCY MEDICAL TREATMENT OR
	I	TRICARE-TIDEWATER DRUG CLAIM OR
	J	TRICARE-TIDEWATER PREVENTATIVE CARE CLAIM OR
	L	HOSPICE
2-180-06R	IF PROGRAM INDICATOR =	H PFPWD OR
		D DRUGS OR
		T DENTAL
THEN NAS EXCEPTION REASON CANNOT = 'A'.		
2-180-07R	IF PATIENT ZIP CODE IS IN AN MTF³ CATCHMENT AREA¹	
	AND NAS NUMBER IS NOT CODED	
AND TYPE OF SERVICE =	A	FIRST BYTE
	C	
	O	
	N	
AND BEGIN DATE OF CARE ≥ 11/01/1991 AND < 09/23/1996		
AND PROCEDURE CODE = (ONE OF THE APPLICABLE I.E., CODE BASED ON DATE OF SERVICE) PROCEDURE CODES LISTED IN CHAPTER 6, ADDENDUM A, FIGURE 6-A-2A, FIGURE 6-A-2B, FIGURE 6-A-2C, AND FIGURE 6-A-2D.		
THEN NAS EXCEPTION REASON MUST BE CODED		

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

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

³ MTF IS A 40 MILE CATCHMENT AREA.

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

UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
OR ANY OCCURRENCE OF OVERRIDE CODE =	Q	FORMER SPOUSE WITH PRE-EXISTING CONDITION
THEN NAS NUMBER MUST BE = BLANK.		

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

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

VALIDITY EDITS

2-185-01 MUST BE A VALID CODE AS DEFINED IN [CHAPTER 2](#) OR BLANK FILLED.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

NO ERROR IF ENROLLMENT STATUS =	PS	TRICARE SENIOR PHARMACY OR
	FE	TFL - EXTRA OR
	FS	TFL - STANDARD
THEN BYPASS THE RELATIONAL EDITS FOR HEALTH CARE PLAN IDENTIFIER		
2-185-03R IF ENROLLMENT STATUS =	A	CRI - FOUNDATION HEALTH PLAN OR
	B	CRI - PARTNERS HEALTH PLAN OR
	C	CRI - QUEENS HEALTH PLAN OR
	N	CRI - NOT ENROLLED, NOT STANDARD (EXTRA)
THEN HEALTH CARE PLAN CODE MUST =	01	CRI - PARTNERS HEALTH PLAN OR
	02	CRI - PARTNERS HEALTH PLAN OR
	03	CRI - QUEENS HEALTH PLAN
UNLESS TYPE OF SUBMISSION =	D	DENIAL OR
	C	CANCELLATION OR
	E	CANCELLATION OF NON-HCSR DATA
2-185-04R IF ENROLLMENT STATUS =	F	FI STANDARD PROGRAM OR
	D	MCS - TRICARE STANDARD PROGRAM OR
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM OR

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

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

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

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

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

UNLESS ENROLLMENT STATUS =		Y	CHCBP STANDARD OR
		AA	CHCBP EXTRA
THEN HEALTH CARE PLAN CODE MUST BE BLANK			
2-185-14R	IF HEALTH CARE PLAN CODE =	09	MCS - REGION 6
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
		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
2-185-15R	IF CONTRACTOR (REGION 09, 10, 12) CALIFORNIA/HAWAII		
THEN HEALTH CARE PLAN CODE MUST =		08	MCS - REGIONS 9, 10, 12
UNLESS ENROLLMENT STATUS =		Y	CHCBP STANDARD OR
		AA	CHCBP EXTRA
THEN HEALTH CARE PLAN CODE MUST BE BLANK			
2-185-16R	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

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

	SR	SHCP - MTF-REFERRED CARE OR
	ST	SHCP FOR TRICARE ELIGIBLE OR
	TS	TRICARE SENIOR SUPPLEMENT OR
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
2-185-17R	IF CONTRACTOR (REGION 03, 04) HUMANA	
	THEN HEALTH CARE PLAN CODE MUST = '13', '14', '15', '16'	
	UNLESS ENROLLMENT STATUS =	
	Y	CHCBP STANDARD OR
	AA	CHCBP EXTRA
	THEN HEALTH CARE PLAN CODE MUST BE BLANK	
2-185-18R	IF HEALTH CARE PLAN CODE = '13', '14', '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
2-185-19R	IF CONTRACTOR (CENTRAL REGION) TRIWEST	
	THEN HEALTH CARE PLAN CODE MUST =	
	12	MCS - CENTRAL REGION (REGION 7/8)
	UNLESS ENROLLMENT STATUS MUST =	
	Y	CHCBP STANDARD OR
	AA	CHCBP EXTRA
	THEN HEALTH CARE PLAN CODE MUST BE BLANK.	

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

2-185-20R	IF HEALTH CARE PLAN CODE =	12	MCS - CENTRAL REGION (REGION 7/8)
	THEN ENROLLMENT STATUS =	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
2-185-21R	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.		
2-185-22R	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 WITH CONTRACTOR NETWORK PCM 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
2-185-23R	IF CONTRACTOR (REGION 1)		

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

	THEN HEALTH CARE PLAN CODE MUST =	18	MCS - REGION 1
	UNLESS ENROLLMENT STATUS MUST =	Y	CHCBP STANDARD OR
		AA	CHCBP EXTRA
	THEN HEALTH CARE PLAN CODE MUST BE BLANK.		
2-185-24R	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 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

ELEMENT NAME: DIAGNOSIS EDITION IDENTIFIER (2-190)

VALIDITY EDITS

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

RELATIONAL EDITS

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

ELEMENT NAME: PROCEDURE TEXT IDENTIFIER (2-195)

VALIDITY EDITS

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

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

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

