

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 AGE ² 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
YAND PATIENT DATE OF BIRTH INDICATES AGE¹ < 34

THEN ONE OVERRIDE CODE MUST = 'T'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'T'

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	ADSM 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 =	ST² 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	
	AND BEGIN DATE OF CARE < 12/28/2003	
	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 PATIENT ZIP CODE IS IN AN MTF³ CATCHMENT AREA¹	
	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 MTF³ CATCHMENT AREA¹	
	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 =	
THEN ENROLLMENT STATUS MUST =	08	MCS - REGIONS 9, 10, 12
	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

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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 ^M
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

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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

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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/FLOIDA 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 =	h	SPONSOR

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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)	

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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'

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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)

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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

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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 \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
	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

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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		

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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

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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