

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 145 - 164)

ELEMENT NAME: PATIENT COPAYMENT (2-145)

VALIDITY EDITS

2-145-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPONSOR STATUS	SEE BELOW	PROGRAM INDICATOR, TYPE OF SERVICE, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPONSOR STATUS	SEE BELOW	SPECIAL PROCESSING CODE, TYPE OF SERVICE, PRINCIPAL TREATMENT DIAGNOSIS, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	SPONSOR STATUS, TYPE OF SERVICE, PRINCIPAL TREATMENT DIAGNOSIS, AMOUNT ALLOWED BY PROCEDURE CODE, NUMBER OF SERVICES, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE, AMOUNT ALLOWED
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE, SPECIAL PROCESSING CODE

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
OVERRIDE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

NO ERROR IF EARLIEST BEGIN DATE OF CARE ≥ 04/01/2001 **AND** < 10/01/2001

OR PROGRAM INDICATOR = D DRUG

THEN BYPASS THE RELATIONAL EDITS FOR PATIENT COPAYMENT

NO ERROR IF ANY OCCURRENCE OF

SPECIAL PROCESSING CODE = T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 **OR**

FS TRICARE FOR LIFE (SECOND PAYOR) **OR**

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

MN TRICARE SENIOR PRIME (NON-NETWORK)

THEN BYPASS ALL COPAYMENT EDITING.

NO ERROR IF EARLIEST BEGIN DATE OF CARE ≥ 04/01/2001

AND ENROLLMENT STATUS =

PS TRICARE SENIOR PHARMACY

THEN BYPASS ALL COINSURANCE RELATIONAL EDITING.

NO ERROR IF ANY OCCURRENCE OF

SPECIAL PROCESSING CODE = NE OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM (RESERVIST CALLED TO ACTIVE DUTY UNDER EXECUTIVE ORDER 13223)

AND ANY OCCURRENCE OF PRICING CODE =

W PRICED OVER CMAC

THEN BYPASS ALL COINSURANCE EDITING.

2-145-02R PATIENT COPAYMENT MUST BE ZERO **WHEN**.

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

2-145-03R PATIENT COPAYMENT MUST BE ZERO **WHEN**

TYPE OF SUBMISSION = C COMPLETE CANCELLATION

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

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COPAYMENT MUST BE \geq ZERO.

2-145-05R PATIENT COPAYMENT MUST BE \leq AMOUNT ALLOWED WHEN

PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MCS - HOMESTEAD STANDARD PROGRAM
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
	T	MCS - STANDARD PROGRAM
	Y	CHCBP STANDARD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
SPECIAL RATE CODE =	D	DISCOUNT RATE AGREEMENT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	S	RESOURCE SHARING
	#	HOSPICE

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

2-145-06R PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED (AND COINSURANCE MUST BE ZERO) **WHEN**

PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
ENROLLMENT STATUS =	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	J	MCS - HOMESTEAD STANDARD PROGRAM
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	T	MCS - STANDARD PROGRAM
	U	MCS PRIME, CIVILIAN PCM
	Z	MCS PRIME, MTF/CLINIC
TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX
	I	INITIAL SUBMISSION
	O	ZERO PAYMENT WITH 100% OHI/TPL
	R	RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	9	FORT DRUM
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	A	INTERNAL PARTNERSHIP
	O	CAMCHAS
	S	RESOURCE SHARING
	#	HOSPICE
	MH	MENTAL HEALTH

2-145-07R PATIENT COPAYMENT MUST BE ZERO **WHEN**

- ¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!
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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A PARTNERSHIP PROGRAM, (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
	S RESOURCE SHARING
	# HOSPICE
TYPE OF SUBMISSION =	D COMPLETE DENIAL
	F ADJUSTMENT NEW SUFFIX
	I INITIAL SUBMISSION
	O ZERO PAYMENT WITH 100% OHI/TPL
	R RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A ADJUSTMENT
	C COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE	
ELSE TYPE OF SUBMISSION =	B ADJUSTMENT NON-HCSR DATA
	E CANCELLATION NON-HCSR DATA
TYPE OF SUBMISSION =	A ADJUSTMENT
	C COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE	
THEN PATIENT COPAYMENT MUST BE ≤ ZERO.	
2-145-08R	• EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.
PATIENT COPAYMENT MUST BE ZERO	
WHEN SPONSOR STATUS =	A ACTIVE DUTY OR
	B RECALLED ACTIVE DUTY OR
	E MEPCOM ENLISTEE OR
	J ACADEMY/OCS OR
	N NATIONAL GUARD OR
	P TAMP DESIGNEE OR
	Q PRISON/APPELLATE OR
	T FOREIGN MILITARY OR
	V RESERVE

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

AND PROGRAM INDICATOR =	D DRUG OR
	I INSTITUTIONAL OR
	N NON-INSTITUTIONAL OR
	T DENTAL
AND ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =	I INPATIENT OR
	K EMERGENCY ROOM COST-SHARED AS INPATIENT OR
	M MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT OR
	O OUTPATIENT
AND PROVIDER MAJOR SPECIALTY NOT =	O OUTPATIENT OR
	BC BIRTHING CENTER
AND ENROLLMENT STATUS =	D MCS - TRICARE-TIDEWATER STANDARD PROGRAM OR
	F FI STANDARD PROGRAM OR
	J MCS - HOMESTEAD STANDARD PROGRAM OR
	M MCS - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	Q NEW ORLEANS STANDARD PROGRAM OR
	S CRI STANDARD PROGRAM OR
	T MCS - STANDARD PROGRAM OR
	Y CHCBP STANDARD
AND NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS OR
	U BENEFICIARY INDEMNIFICATION PAYMENT OR
	V ADFM SERVICES PROVIDED IN TRICARE EUROPE, PACIFIC OR LATIN AMERICA & CANADA INCLUDING THE CARIBBEAN BASIN
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	6 HOME HEALTH CARE OR
	9 FORT DRUM OR

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	A	INTERNAL PARTNERSHIP OR
	N	CHAMPUS SELECT OR
	O	CAMCHAS OR
	R	MEDICARE/TRICARE DUAL ENTITLEMENT OR
	S	RESOURCE SHARING OR
	MH	MENTAL HEALTH OR
	*	VA MEDICAL CENTER CLAIM OR
	#	HOSPICE OR
	!	NORTHERN REGION COORDINATED CARE
AND TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX OR
	I	INITIAL SUBMISSION OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	B	ADJUSTMENT NON-HCSR DATA OR
	C	CANCELLATION OR
	E	CANCELLATION OF NON-HCSR DATA
AND FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
UNLESS PROGRAM INDICATOR = 'D' (DRUG)		
AND EARLIEST BEGIN DATE OF CARE IS ≥ 10/01/2001		
THEN BYPASS THIS EDIT		
PATIENT COPAYMENT MUST BE ZERO WHEN		
SPONSOR STATUS =	A	ACTIVE DUTY OR
	B	RECALLED ACTIVE DUTY OR
	E	MEPCOM ENLISTEE OR
	J	ACADEMY/OCS OR
	N	NATIONAL GUARD OR
	P	TAMP DESIGNEE OR
	Q	PRISON/APPELLATE OR
	T	FOREIGN MILITARY OR
	V	RESERVE

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

AND PROGRAM INDICATOR =	D DRUG OR
	N NON-INSTITUTIONAL OR
	T DENTAL
AND ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ =	A AMBULATORY SURGERY
AND ENROLLMENT STATUS =	D MCS - TRICARE-TIDEWATER STANDARD PROGRAM OR
	F FI STANDARD PROGRAM OR
	J MCS - HOMESTEAD STANDARD PROGRAM OR
	M MCS - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	Q NEW ORLEANS STANDARD PROGRAM OR
	S CRI STANDARD PROGRAM OR
	T MCS - STANDARD PROGRAM OR
	Y CHCBP STANDARD
AND NO OCCURRENCE OF OVERRIDE CODE =	K CATASTROPHIC LOSS OR
	U BENEFICIARY INDEMNIFICATION PAYMENT OR
	V ADFM SERVICES PROVIDED IN TRICARE EUROPE, PACIFIC OR LATIN AMERICA & CANADA INCLUDING THE CARIBBEAN BASIN
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	6 HOME HEALTH CARE OR
	9 FORT DRUM OR
	A INTERNAL PARTNERSHIP OR
	N CHAMPUS SELECT OR
	O CAMCHAS OR
	R MEDICARE/TRICARE DUAL ENTITLEMENT OR
	S RESOURCE SHARING OR
	MH MENTAL HEALTH OR
	# HOSPICE OR
	* VA MEDICAL CENTER CLAIM OR

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	!	NORTHERN REGION COORDINATED CARE
AND TYPE OF SUBMISSION =	F	ADJUSTMENT NEW SUFFIX OR
	I	INITIAL SUBMISSION OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	B	ADJUSTMENT NON-HCSR DATA OR
	C	CANCELLATION OR
	E	CANCELLATION OF NON-HCSR DATA
AND FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
UNLESS PROGRAM INDICATOR = 'D' (DRUG) AND EARLIEST BEGIN DATE OF CARE IS ≥ 10/01/2001 THEN BYPASS THIS EDIT		
2-145-09R	PATIENT COPAYMENT MUST EQUAL \$25.00 (OR BETWEEN ZERO AND \$24.99, NOT TO EXCEED AMOUNT ALLOWED, IF AMOUNT ALLOWED < \$25.00) WHEN	
	A	ACTIVE DUTY OR
	B	RECALLED ACTIVE DUTY OR
	E	MEPCOM ENLISTEE OR
	J	ACADEMY/OCS OR
	N	NATIONAL GUARD OR
	P	TAMP DESIGNEE OR
	Q	PRISON/APPELLATE OR
	T	FOREIGN MILITARY OR
	V	RESERVE
	T	FORMER SPOUSE
	H	
	R	
	Y	
	I	INSTITUTIONAL
	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
	F	FI STANDARD PROGRAM

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	J	MCS - HOMESTEAD STANDARD PROGRAM
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	T	MCS - STANDARD PROGRAM
	Y	CHCBP STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT (PATIENT COPAYMENT MUST BE ≤ \$25.00)
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT AND PROVIDER MAJOR SPECIALTY = 'BC' (BIRTHING CENTER)
	O	OUTPATIENT AND PROVIDER MAJOR SPECIALTY = 'BC' (BIRTHING CENTER)
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ADFM SERVICES PROVIDED IN TRICARE EUROPE, PACIFIC OR LATIN AMERICA & CANADA INCLUDING THE CARIBBEAN BASIN
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	6	HOME HEALTH CARE
	A	INTERNAL PARTNERSHIP
	O	CAMCHAS
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
	MH	MENTAL HEALTH
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
2-145-10R	• EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE).	
PATIENT COPAYMENT MUST = ZERO WHEN		
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =	T	FORMER SPOUSE
	H	
	R	
	Y	
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MCS - HOMESTEAD STANDARD PROGRAM
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
	T	MCS - STANDARD PROGRAM
	Y	CHCBP STANDARD
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	O	CAMCHAS
	A	INTERNAL PARTNERSHIP
	N	CHAMPUS SELECT
	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
UNLESS EARLIEST BEGIN DATE OF CARE IS ≥ 10/01/2001		
AND PROGRAM INDICATOR =	D	DRUGS
THEN BYPASS THIS EDIT		
2-145-14R	•	EDITS FOR FORT DRUM SPECIAL PROCESSING.
PATIENT COPAYMENT MUST = ZERO		

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

WHEN SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE, RETIRED OR DECEASED	
SPECIAL PROCESSING CODE =	9 FT DRUM DEMONSTRATION
PROVIDER PARTICIPATION INDICATOR =	Y YES
ENROLLMENT STATUS =	S CRI STANDARD PROGRAM
	Q NEW ORLEANS STANDARD PROGRAM
	F FI STANDARD PROGRAM
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O OUTPATIENT
	A AMBULATORY SURGERY COST-SHARED AS INPATIENT
PRINCIPAL TREATMENT DIAGNOSIS \neq 290 - 316 (MENTAL HEALTH)	
TYPE OF SUBMISSION =	I INITIAL SUBMISSION
	R RESUBMISSION OF ERROR REJECT
	O ZERO PAYMENT WITH 100% OHI/TPL
	F ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A ADJUSTMENT
	C CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE	
ELSE TYPE OF SUBMISSION =	B ADJUSTMENT NON-HCSR DATA
	E CANCELLATION NON-HCSR DATA
OR TYPE OF SUBMISSION =	A ADJUSTMENT
	C CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE	
THEN PATIENT COPAYMENT MUST BE \leq ZERO.	
2-145-15R	PATIENT COPAYMENT MUST BE \$4.00 TIMES NUMBER OF SERVICES (WHERE AMOUNT ALLOWED BY PROCEDURE CODE \neq ZERO FOR DETAIL OCCURRENCE) WHEN
SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE, RETIRED OR DECEASED	
SPECIAL PROCESSING CODE =	9 FT DRUM DEMONSTRATION

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

PROVIDER PARTICIPATION INDICATOR =	Y	YES
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
PRINCIPAL TREATMENT DIAGNOSIS = 290 - 316 (MENTAL HEALTH)		
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	O	OUTPATIENT
	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
2-145-16R	• EDIT FOR ARMY CAM DEMONSTRATIONS, FAMILY MEMBERS OF ACTIVE DUTY SPONSOR.	
PATIENT COPAYMENT MUST BE THE ACTIVE DUTY DAILY RATE TIMES THE NUMBER OF SERVICES (WHERE AMOUNT ALLOWED BY PROCEDURE CODE ≠ ZERO FOR DETAIL OCCURRENCE) WHEN		
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OSC
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
PROGRAM INDICATOR =	I N	INSTITUTIONAL NON-INSTITUTIONAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ =	P	PARTIAL PSYCHIATRIC OUTPATIENT
ENROLLMENT STATUS =	S Y Q F	CRI STANDARD PROGRAM CHCBP STANDARD NEW ORLEANS STANDARD PROGRAM FI STANDARD PROGRAM
PROCEDURE CODE ² = 92891, 92892, 92893, 92898, OR 92899		
TYPE OF SUBMISSION =	I R O F	INITIAL SUBMISSION RESUBMISSION OF ERROR REJECT ZERO PAYMENT WITH 100% OHI/TPL ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A C	ADJUSTMENT OR CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
NO OCCURRENCE OF OVERRIDE CODE =	K U V	CATASTROPHIC LOSS OR BENEFICIARY INDEMNIFICATION PAYMENT OR ADFM SERVICES PROVIDED IN TRICARE EUROPE, PACIFIC OR LATIN AMERICA & CANADA INCLUDING THE CARIBBEAN BASIN
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9 A N R S	FORT DRUM OR INTERNAL PARTNERSHIP OR CHAMPUS SELECT OR MEDICARE/TRICARE DUAL ENTITLEMENT OR RESOURCE SHARING OR

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	# HOSPICE OR
	MH MENTAL HEALTH
2-145-17R	IF FIRST POSITION OF TYPE OF SERVICE ¹ =
	C AF CAM PRIMARY/PREVENTIVE CARE
	AND SPECIAL PROCESSING CODE =
	I BERGSTROM AFB CATCHMENT AREA OR
	J LUKE/WILLIAMS AFB CATCHMENT AREA
	THEN PATIENT COPAYMENT MUST = ZERO.
2-145-18R	• EDIT FOR CHAMPUS SELECT.
	PATIENT COPAYMENT MUST = ZERO WHEN
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	N CHAMPUS SELECT
	UNLESS ENROLLMENT STATUS =
	H MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
2-145-19R	PATIENT COPAYMENT MUST = ZERO WHEN
	SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	AD FOREIGN ADSM CLAIMS 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
	SC SHCP - NON- TRICARE ELIGIBLE OR
	SE SHCP - TRICARE ELIGIBLE OR
	SM SHCP - EMERGENCY
2-145-20R	• AS OF 04/01/2001 - NO COST-SHARES ARE REQUIRED FOR ACTIVE DUTY FAMILY MEMBERS EXCEPT FOR PHARMACY, POINT OF SERVICE & PFPWD CLAIMS. (THIS EDIT IS CHECKED FIRST PRIOR TO CHECKING ANY PATIENT COPAYMENT EDITS. IF THE BENEFICIARY IS PRIME AND THIS IS NOT A DRUG CLAIM, THEN THE ONLY PATIENT COPAYMENT EDITING REQUIRED IS TO MAKE SURE THAT THE PATIENT COPAYMENT IS ZERO).
	IF EARLIEST BEGIN DATE OF CARE ≥ 04/01/2001

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

AND ENROLLMENT STATUS =	U MCS - PRIME, CIVILIAN PCM OR
	W TPR ADSM - USA OR
	X ACTIVE DUTY CLAIMS, EUROPE OR
	Z MCS - PRIME, MTF/PCM OR
	WA FOREIGN REMOTE ADSM OR
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM OR
	WO FOREIGN REMOTE ADFM OR
	XF FOREIGN PRIME ADFM
AND SPONSOR STATUS =	A ACTIVE DUTY OR
	B RECALLED TO ACTIVE DUTY OR
	N NATIONAL GUARD OR
	V RESERVE
AND PATIENT RELATIONSHIP TO SPONSOR =	h SPONSOR OR
	C CHILD OR
	S SPOUSE OR
	V STEPCHILD OR
	W WARD
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	PO TRICARE PRIME - POINT OF SERVICE
AND NO PROGRAM INDICATOR CAN =	D DRUG OR
	H PROGRAM FOR PERSONS WITH DISABILITIES
THEN PATIENT COPAYMENT MUST ≤ ZERO	
2-145-22R	• EDIT FOR PHARMACY CLAIMS WHERE BENEFICIARY IS PRIME/EXTRA - NETWORK PHARMACY - NO POINT OF SERVICE & CATASTROPHIC CAP HAS NOT BEEN REACHED
	IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001
AND ENROLLMENT STATUS =	V MCS - EXTRA OR
	U MCS - PRIME OR
	Z MCS - PRIME (WITH MTF/CLINIC PCM)

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	AA	CHCBP (CHCBP) EXTRA OR
	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
AND PROGRAM INCIATOR =	D	DRUG
AND NO OCCURRENCE OF OVERRIDE CODE =	V	ADFM SERVICES PROVIDED IN TRICARE EUROPE, PACIFIC OR LATIN AMERICA & CANADA INCLUDING THE CARIBBEAN BASIN
AND CLAIM FORM TYPE =	I	ELECTRONIC DRUG CLAIM
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	PO	TRICARE PRIME - POINT OF SERVICE
AND NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS PROTECTION LIMIT REACHED
AND FILING STATE/COUNTRY CODE ≠ ALPHA		
AND PATIENT COPAYMENT MUST BE ≥ ZERO AND ≤ \$27.00		
IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	CANCELLATION
THEN PATIENT COPAYMENT MUST BE ≤ \$27.00		
2-145-31R IF AN OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
THEN EARLIEST BEGIN DATE OF CARE IS ≥ 10/30/2000 AND < 09/01/2002		
AND SPONSOR STATUS MUST =	A	ACTIVE DUTY OR
	B	RECALLED TO ACTIVE DUTY OR
	N	NATIONAL GUARD OR
	V	RESERVE
AND PATIENT RELATIONSHIP TO SPONSOR MUST =	C	CHILD OR
	S	SPOUSE OR
	V	STEP CHILD OR
	W	WARD
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =	PO	POINT OF SERVICE

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

AND NO PROGRAM
INDICATOR CAN = H PFPWD

AND PATIENT COPAYMENT MUST = ZERO

- ¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!
- ² CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150)

VALIDITY EDITS

2-150-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SERVICE	SEE BELOW	ENROLLMENT STATUS, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE
TYPE OF SERVICE	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	AMOUNT ALLOWED, FILING DATE
SPECIAL PROCESSING CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
OVERRIDE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR FS TRICARE FOR LIFE (SECOND PAYOR)
THEN BYPASS ALL DEDUCTIBLE EDITING.

2-150-02R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**
TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

2-150-03R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**
TYPE OF SUBMISSION = C COMPLETE CANCELLATION

- ¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

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

UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≥ ZERO.

2-150-05R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN

ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MCS - HOMESTEAD STANDARD PROGRAM
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	T	MCS - STANDARD PROGRAM

TYPE OF SERVICE ¹ FOR ANY DETAIL OCCURRENCE =	I	INPATIENT (FIRST BYTE)
	K	EMERGENCY ROOM ADMISSION
	M	MATERNITY OUTPATIENT COST-SHARE AS INPATIENT (FIRST BYTE)
	P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST-SHARED AS INPATIENT

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

OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

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

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

OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

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

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.

2-150-06R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MCS - HOMESTEAD STANDARD PROGRAM
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	T	MCS - STANDARD PROGRAM
PROGRAM INDICATOR =	H	PPPWD
TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	F	ADJUSTMENT NEW SUFFIX
	I	INITIAL SUBMISSION
	O	ZERO PAYMENT WITH 100% OHI/TPL
	R	RESUBMISSION OF ERROR REJECT
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE)		
ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE)		
THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE \leq ZERO.		
2-150-07R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO WHEN	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
	S	RESOURCE SHARING
TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	F	ADJUSTMENT NEW SUFFIX
	I	INITIAL SUBMISSION
	O	ZERO PAYMENT WITH 100% OHI/TPL
	R	RESUBMISSION OF ERROR REJECT

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE		
ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE)		
THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.		
2-150-08R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN	
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MCS - HOMESTEAD STANDARD PROGRAM
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	T	MCS - STANDARD PROGRAM
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
TYPE OF SERVICE¹ FOR ANY DETAIL OCCURRENCE =	A	AMBULATORY SURGERY (FIRST BYTE)
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE \leq ZERO.		
2-150-09R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN	
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	S	CRI STANDARD PROGRAM
	Y	CHCBP STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F	ARMY CAM DEMONSTRATIONS
	G	
TYPE OF SERVICE ¹ FOR ANY DETAIL OCCURRENCE =	O	OUTPATIENT (FIRST BYTE)
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA
OR TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	COMPLETE CANCELLATION
WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.

2-150-10R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN

ANY OCCURRENCE OF
 OVERRIDE CODE = U BENEFICIARY INDEMNIFICATION PAYMENT

2-150-11R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO WHEN

ANY OCCURRENCE OF
 SPECIAL PROCESSING
 CODE = I BERGSTROM AFB CATCHMENT AREA **OR**
 J LUKE/WILLIAMS AFB CATCHMENT AREA **OR**
 AD FOREIGN ADSM CLAIMS **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**
 MS TRICARE SENIOR PRIME (NETWORK) **OR**
 MN TRICARE SENIOR PRIME (NON-NETWORK) **OR**
 SC SHCP - NON-TRICARE ELIGIBLE **OR**
 SE SHCP - TRICARE ELIGIBLE **OR**
 SM SHCP - EMERGENCY

**2-150-12R IF ANY OCCURRENCE OF
 SPECIAL PROCESSING CODE = NE OPERATION NOBLE EAGLE/OPERATION
 ENDURING FREEDOM**

**AND ENROLLMENT
 STATUS = T MCS - STANDARD PROGRAM **OR**
 V MCS - EXTRA PROGRAM**

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO

**2-150-13R IF ANY OCCURRENCE OF
 SPECIAL PROCESSING CODE = GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR
 ELIGIBLE ADSM**

THEN EARLIEST BEGIN DATE OF CARE ≥ 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 SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)

AND PATIENT RELATIONSHIP TO SPONSOR MUST =	C CHILD OR
	S SPOUSE OR
	V STEP CHILD OR
	W WARD
AND NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =	PO POINT OF SERVICE
AND NO PROGRAM INDICATOR CAN =	H PFPWD
AND PATIENT AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO	

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155)

VALIDITY EDITS

2-155-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION, PROGRAM INDICATOR, ENROLLMENT STATUS, AMOUNT PAID BY OHI, AMOUNT OF TPL, FILING DATE
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	REASON FOR PAYMENT REDUCTION, NUMBER OF PAYMENT REDUCTION DAYS/ SERVICES
TYPE OF SUBMISSION	SEE BELOW	FILING DATE
TYPE OF SUBMISSION	SEE BELOW	REASON FOR ADJUSTMENT, FILING DATE

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.
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ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

ENROLLMENT STATUS	SEE BELOW	PROGRAM INDICATOR, AMOUNT PAID BY OHI, AMOUNT OF TPL, TYPE OF SUBMISSION
AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

NO ERROR IF SPECIAL PROCESSING CODE = MS TRICARE SENIOR PRIME (NETWORK) **OR**
MN TRICARE SENIOR PRIME (NON-NETWORK)

THEN BYPASS ALL AMOUNT PAID BY GOVERNMENT CONTRACTOR EDITING

2-155-02R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO **WHEN**

TYPE OF SUBMISSION =	D COMPLETE CONTRACTOR DENIAL OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	C COMPLETE CANCELLATION

2-155-04R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE < ZERO **WHEN**

TYPE OF SUBMISSION =	A ADJUSTMENT OR
	B ADJUSTMENT TO NON-HCSR DATA OR
	C COMPLETE CANCELLATION OR
	E CANCELLATION OF NON-HCSR DATA
AND REASON FOR ADJUSTMENT =	D ADJUSTMENT DUE TO NON-CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) OR
	E ADJUSTMENT DUE TO CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) OR
	F ADJUSTMENT DUE TO PRIOR CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS)

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ≥ ZERO **WHEN**

TYPE OF SUBMISSION =	A ADJUSTMENT OR
	B ADJUSTMENT TO NON-HCSR DATA
AND REASON FOR ADJUSTMENT =	A ADJUSTMENT DUE TO NON-CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) OR
	B ADJUSTMENT DUE TO CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) OR
	C ADJUSTMENT DUE TO PRIOR CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS)

2-155-05R EDIT FOR NO DISCOUNT NO OHI/TPL.

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.
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ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

IF AMOUNT ALLOWED BY OTHER HEALTH INSURANCE > ZERO

OR AMOUNT OF THIRD PARTY LIABILITY > ZERO**THEN** BYPASS EDIT**ELSE** AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE LESS THAN OR EQUAL TO AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION)
WHEN

TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	CANCELLATION OR
	F	ADJUSTMENT TO NEW SUFFIX OR
	I	INITIAL SUBMISSION OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION OR ERROR REJECT

AND ENROLLMENT STATUS =	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM OR
	F	FI STANDARD PROGRAM OR
	J	MCS - HOMESTEAD STANDARD PROGRAM OR
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM OR
	Q	NEW ORLEANS STANDARD PROGRAM OR
	S	CRI STANDARD PROGRAM OR
	T	MCS - STANDARD PROGRAM

AND SPECIAL RATE CODE =	h	NO SPECIAL RATE
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2-155-06R EDIT FOR CLAIMS WITH OHI AND TPL.

IF AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO

OR TYPE OF SUBMISSION = O ZERO PAYMENT WITH 100% OHI/TPL**THEN** BYPASS EDIT

IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	C	CANCELLATION OR
	I	INITIAL SUBMISSION OR
	R	RESUBMISSION OF ERROR REJECT OR
	F	ADJUSTMENT NEW SUFFIX

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.² CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE EQUAL TO OR LESS THAN BOTH (AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION)) **AND** (AMOUNT BILLED)

2-155-08R EDIT FOR STATE-DRG WITH DISCOUNTS, NO OHI/TPL. (ALLOW 1^c ROUNDING ERROR IN THIS EDIT.)

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL NON-DISCOUNTABLE HOSPITAL SERVICES (TOTAL CHARGES BY PROCEDURE CODE FOR PROCEDURE CODES² FOR WHOLE BLOOD (90593), PROFESSIONAL SERVICES (90595), AND PROFESSIONAL COMPONENTS (90594)) PLUS

AFTER DISCOUNT RATE = A 96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT **OR**

B 97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT **OR**

C 98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT **OR**

E 99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT

TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS THE AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION PLUS THE NON-DISCOUNTABLE PROFESSIONAL SERVICES]) **WHEN**

TYPE OF SUBMISSION = A ADJUSTMENT **OR**

C CANCELLATION **OR**

I INITIAL SUBMISSION **OR**

R RESUBMISSION OF ERROR REJECT **OR**

O ZERO PAYMENT WITH 100% OHI/TPL **OR**

F ADJUSTMENT NEW SUFFIX

AND ENROLLMENT STATUS =

F FI STANDARD PROGRAM **OR**

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

J MCS - HOMESTEAD STANDARD PROGRAM **OR**

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

T MCS - STANDARD PROGRAM **OR**

Q NEW ORLEANS STANDARD PROGRAM **OR**

S CRI STANDARD PROGRAM **OR**

Y CHCBP STANDARD

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

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ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;
AMOUNT OF THIRD PARTY LIABILITY = ZERO;

AND PROGRAM INDICATOR =	I	INSTITUTIONAL OR
	N	NON-INSTITUTIONAL OR
	D	DRUG OR
	T	DENTAL
AND SPECIAL RATE CODE =	A	DRG 4% DISCOUNT OR
	B	DRG 3% DISCOUNT OR
	C	DRG 2% DISCOUNT OR
	E	DRG 1% DISCOUNT

2-155-11R IF ALL DETAIL OCCURRENCES ARE DENIED

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE = ZERO **WHEN**

TYPE OF SUBMISSION =	D	COMPLETE DENIAL OR
	F	ADJUSTMENT NEW SUFFIX OR
	I	INITIAL SUBMISSION OR
	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION OF ERROR REJECT
IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
	B	ADJUSTMENT NON-HCSR DATA OR
	C	COMPLETE CANCELLATION OR
	E	CANCELLATION NON-HCSR DATA

THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ≤ ZERO.

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

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