CHAPTER 6
SECTION 2

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100 - 144)

ELEMENT NAME: PATIENT ZIP CODE (2-100)

VALIDITY EDITS

2-100-01	MUST BE 9 CHARACTERS, EITHER 9 DIGITS, **OR** 5 DIGITS (NOT 5 ZEROES **OR** 5 NINES) FOLLOWED BY 4 BLANKS, **OR** 2 CHARACTERS FOLLOWED BY 7 BLANKS. MUST NOT BE ALL ZEROES **OR** ALL NINES.
2-100-02	MUST BE VALIDATED BY MATCHING EITHER THE FIRST 3 DIGITS AGAINST ZIP CODE FILE, **OR** THE FIRST 2 CHARACTERS AGAINST FIGURE OF COUNTRY CODES.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

2-100-03R

IF NAS EXCEPTION REASON IS CODED
THEN PATIENT ZIP CODE MUST BE **WITHIN** A CATCHMENT AREA
UNLESS SPECIAL PROCESSING CODE = 'O' (LIVING-RELATED DONOR LIVER TRANSPLANT)
OR IF EARLIEST BEGIN DATE OF CARE < 03/01/97 **OR** (> 02/19/98 **AND** < 09/01/99)
THEN AT LEAST ONE SPECIAL PROCESSING CODE = '5' (LIVER TRANSPLANT)
ELSE
EARLIEST BEGIN DATE OF CARE IS (≥ 03/01/97 **AND** ≤ 02/19/98)
OR ≥ 09/01/99
THEN SPECIAL PROCESSING CODE = 'ST'[1] (SPECIALIZED TREATMENT FACILITY).

2-100-04R

IF NAS NUMBER IS PRESENT
THEN PATIENT ZIP CODE MUST BE **WITHIN** A CATCHMENT AREA
UNLESS EARLIEST BEGIN DATE OF CARE < 03/01/97 OR (> 02/19/98 AND < 09/01/99)
THEN AT LEAST ONE SPECIAL PROCESSING CODE = '5' (LIVER TRANSPLANT)
ELSE
EARLIEST BEGIN DATE OF CARE (≥ 03/01/97 **AND** ≤ 02/19/98)
OR ≥ 09/01/99
THEN SPECIAL PROCESSING CODE = 'ST'[1] (SPECIALIZED TREATMENT FACILITY).

ELEMENT NAME: PATIENT ZIP CODE (2-100) (CONTINUED)			
2-100-05R	IF SPECIAL PROCESSING CODE	9	FORT DRUM COOPERATIVE MEDICAL CARE
	PATIENT ZIP CODE MUST BE IN THE FORT DRUM DEMONSTRATION PROJECT AREA		
2-100-06R	IF ENROLLMENT STATUS = ‘A’, ‘B’, ‘C’, ‘K’, ‘L’, ‘M’, ‘N’ **OR** ‘S’		
	AND NO OCCURRENCE OF OVERRIDE CODE = ‘S’		
	PATIENT ZIP CODE MUST BE IN CALIFORNIA **OR** HAWAII.		
2-100-07R	IF ENROLLMENT STATUS = ‘H’, ‘I’, ‘J’, ‘O’, ‘P’ **OR** ‘Q’		
	AND NO OCCURRENCE OF OVERRIDE CODE = ‘S’		
	PATIENT ZIP CODE MUST BE A VALID ZIP CODE FOR THE NEW ORLEANS COORDINATED CARE PROGRAM OR A BASE REALIGNMENT AND CLOSURE (BRAC) SITE. (SEE CHAPTER 2, ADDENDUM K)		
2-100-08R	IF PROGRAM INDICATOR = ‘T’ (DENTAL)		
	AND PATIENT ZIP CODE IS A VALID ZIP CODE FOR THE HOMESTEAD MANAGED CARE SUPPORT AREA (SEE CHAPTER 2, ADDENDUM K)		
	CONTRACTOR NUMBER MUST = ‘45’ (WISCONSIN PHYSICIANS SERVICE).		

ELEMENT NAME: ENROLLMENT STATUS (2-105)			
VALIDITY EDITS			
2-105-01	MUST BE A VALID VALUE LISTED IN CHAPTER 2.		
RELATIONAL EDITS			
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	OVERRIDE CODE	SEE BELOW	
	SOURCE OF HEALTH CARE DATA (DERIVED)	SEE BELOW	
	PROVIDER CONTRACT AFFILIATION CODE	SEE BELOW	
	SPECIAL PROCESSING CODE	SEE BELOW	
EDITED ELEMENT RELATIONSHIP			
2-105-02R	IF ANY OCCURRENCE OF OVERRIDE CODE =	Z	ENHANCED BENEFIT
	ENROLLMENT STATUS MUST BE =	A	FOUNDATION HEALTH PLAN
		B	PARTNERS HEALTH PLAN
		C	QUEENS HEALTH CARE PLAN
		N	NON-PRIME, e.g., EXTRA
		O	NEW ORLEANS PRIME
		P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM

ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)			
		E	MANAGED CARE SUPPORT-TRICARE TIDEWATER PRIME
		H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
		K	MANAGED CARE SUPPORT - CALIFORNIA / HAWAII, ENROLLED PATIENT
		U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM
		Z	MANAGED CARE SUPPORT PRIME, MTF / PCM
2-105-03R	IF SOURCE OF HEALTH CARE DATA (THIS IS A **DERIVED** ELEMENT) IS A CRI CONTRACTOR		
	ENROLLMENT STATUS MUST BE =	A	FOUNDATION HEALTH PLAN
		B	PARTNERS HEALTH PLAN
		C	QUEENS HEALTH CARE PLAN
		E	MANAGED CARE SUPPORT-TRICARE -TIDEWATER PRIME
		G	MANAGED CARE SUPPORT-TRICARE-TIDEWATER EXTRA
		R	TRICARE EXTRA - NORTH CAROLINA
		N	NON-PRIME
		S	CRI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		U	MANAGED CARE SUPPORT - PRIME
		V	MANAGED CARE SUPPORT - EXTRA
		Z	MANAGED CARE SUPPORT - PRIME (WITH MTF / CLINIC PCM)
	IF SOURCE OF HEALTH CARE DATA IS AN FI		
	ENROLLMENT STATUS MUST =	F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM
		E	MANAGED CARE SUPPORT-TRICARE -TIDEWATER PRIME
		G	MANAGED CARE SUPPORT-TRICARE-TIDEWATER EXTRA

ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)		
	H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
	I	MANAGED CARE SUPPORT - HOMESTEAD, NON-ENROLLED PATIENT, NETWORK PROVIDER
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA **OR**
	R	TRICARE EXTRA - NORTH CAROLINA
IF SOURCE OF HEALTH CARE DATA IS NEW ORLEANS DEMONSTRATION		
THEN ENROLLMENT STATUS MUST BE =	O	NEW ORLEANS PRIME **OR**
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM **OR**
	Q	NEW ORLEANS COORDINATED CARE STANDARD PROGRAM **OR**
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD **OR**
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
IF SOURCE OF HEALTH CARE DATA IS MANAGED CARE SUPPORT		
THEN ENROLLMENT STATUS MUST =	K	MANAGED CARE SUPPORT - CALIFORNIA / HAWAII, ENROLLED PATIENT **OR**
	L	MANAGED CARE SUPPORT - CALIFORNIA / HAWAII, NON- ENROLLED PATIENT, NETWORK PROVIDER **OR**
	M	MANAGED CARE SUPPORT - CALIFORNIA / HAWAII STANDARD PROGRAM **OR**
	O	NEW ORLEANS PRIME **OR**
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM **OR**
	Q	NEW ORLEANS COORDINATED CARE STANDARD PROGRAM **OR**
	T	MANAGED CARE SUPPORT -STANDARD PROGRAM **OR**
	U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM **OR**
	V	MANAGED CARE SUPPORT - EXTRA **OR**

ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)			
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD **OR**
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA **OR**
		R	TRICARE EXTRA - NORTH CAROLINA **OR**
		W	ACTIVE DUTY - USA **OR**
		X	ACTIVE DUTY - EUROPE **OR**
		Z	MANAGED CARE SUPPORT PRIME, MTF/PCM **OR**
		BB	TRICARE SENIOR PRIME **OR**
		SR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE **OR**
		SN	SUPPLMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE **OR**
		SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE
		ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
		TS	TRICARE SENIOR SUPPLEMENT
2-105-04R	IF PROVIDER CONTRACT AFFILIATION CODE =	1	CONTRACTED
	THEN ENROLLMENT STATUS MUST NOT =	S	CRI STANDARD PROGRAM FOUNDATION HEALTH PLAN
	IF PROVIDER CONTRACT AFFILIATION CODE =	2	NOT CONTRACTED
	THEN ENROLLMENT STATUS MUST NOT =	N	NON-PRIME
2-105-05R	IF ENROLLMENT STATUS MUST BE =	A	FOUNDATION HEALTH PLAN **OR**
		B	PARTNERS HEALTH PLAN **OR**
		C	QUEENS HEALTH PLAN **OR**
		N	NON-PRIME
	THEN PRICING CODE IN FIRST DETAIL OCCURRENCE IS ‘9’.		
2-105-06R	IF ENROLLMENT STATUS =	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) STANDARD **OR**
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) EXTRA
	THEN PROGRAM INDICATOR MUST NOT =	H	PROGRAM FOR PERSONS WITH DISABILITIES
2-105-07R	IF ENROLLMENT STATUS =	W	(TPR ACTIVE DUTY - USA) **OR**
		X	(ACTIVE DUTY - EUROPE)

ELEMENT NAME: ENROLLMENT STATUS (2-105) (CONTINUED)			
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AD	ACTIVE DUTY **OR**
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REPORT: NOT-AT-RISK PAYMENT BY CONTRACTOR
2-105-08R	IF ENROLLMENT STATUS =	BB	TRICARE-SENIOR PRIME
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	MS	TRICARE-SENIOR PRIME (NETWORK) **OR**
		MN	TRICARE-SENIOR PRIME (NON-NETWORK)
2-105-09R	IF ENROLLMENT STATUS =	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
	THEN ADMISSION DATE MUST BE > OCTOBER 1, 1997		
2-105-10R	IF ENROLLMENT STATUS =	SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE **OR**
		SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE **OR**
		SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE **OR**
		ST	SUPPLEMENTAL HEALTH CARE PROGRAM FOR TRICARE ELIGIBLE
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
2-105-11R	IF ENROLLMENT STATUS =	TS	TRICARE SENIOR SUPPLEMENT
	THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	SN	TRICARE SENIOR SUPPLEMENT (NON-NETWORK) **OR**
		SS	TRICARE SENIOR SUPPLEMENT (NETWORK)

ELEMENT NAME: NAS NUMBER (2-110)

VALIDITY EDITS

2-110-01 IF NAS NUMBER IS CODED

POSITION 2 - 4 (MTF FACILITY #), MUST BE VALID (USER SUPPLIED USE MTF NUMBERS).

POSITION 1 MUST BE ZERO.

POSITION 5 - 8 (JULIAN DATE; FORMAT YDDD), 'Y' MUST BE 0 - 9, DDD MUST BE 001 - 366.

POSITION 9 - 11 (SEQUENCE #), MUST BE NUMERIC AND NOT ZERO.

UNLESS
FIRST 4 DIGITS = '6501'
AND PATIENT ZIP CODE IS BETWEEN 23000 - 23899 INCLUSIVE
THEN BYPASS THIS EDIT

OR
POSITION 1-2 MUST BE '46' **OR** '47' AND POSITION 3-11 MUST BE ZEROS.

IF NAS NUMBER IS NOT CODED, MUST BE BLANK-FILLED.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NAS EXCEPTION REASON	SEE BELOW	TYPE OF SERVICE, PATIENT ZIP CODE, SPONSOR BRANCH OF SERVICE, DENIAL REASON CODE, CARE BEGIN DATE, PROGRAM INDICATOR
TYPE OF SERVICE	SEE BELOW	
PATIENT ZIP CODE	SEE BELOW	CARE BEGIN DATE

EDITED ELEMENT RELATIONSHIP

NO ERROR	IF SPECIAL PROCESSING CODE =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE **OR**
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE **OR**
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR. **OR**
		MN	TRICARE-SENIOR PRIME (NON-NETWORK) **OR**
		MS	TRICARE-SENIOR PRIME (NETWORK) **OR**
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE **OR**

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

ELEMENT NAME: NAS NUMBER (2-110) (CONTINUED)

		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
	NO NAS NUMBER IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.		
NO ERROR	IF BEGINNING DATE OF CARE ≥ 9/23/96 **AND**		
	ENROLLMENT STATUS =	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
		H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
		K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
		O	NEW ORLEANS PRIME
		U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
		Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
	THEN NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.		
2-110-02R	IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA[1] NAS NUMBER MUST = BLANK UNLESS SPECIAL PROCESSING CODE = 'ST'.		
2-110-03R	IF NAS EXCEPTION REASON IS NOT BLANK NAS NUMBER MUST = BLANK.		
2-110-04R	IF BEGINNING DATE OF CARE ≥ 9/23/96 **AND**		
	ENROLLMENT STATUS =	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
		O	NEW ORLEANS PRIME
		H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
		K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
		U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
		Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
	EXIT.		
	IF NAS EXCEPTION REASON = BLANK		
	AND TYPE OF SERVICE (FIRST BYTE) = 'I', **OR** 'M',		
	AND PATIENT ZIP CODE IS IN A CATCHMENT AREA[1]		
	NAS NUMBER MUST BE CODED, **UNLESS**		
	HEALTH CARE PLAN CODE =	11	MCS FORT BRAGG DEMO **OR**

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

ELEMENT NAME: NAS NUMBER (2-110) (CONTINUED)

	ANY OCCURRENCE OF DENIAL REASON CODE =	9	NON-AVAILABILITY STATEMENT NOT PROVIDED
		2	INELIGIBLE CLAIMANT
		A	DEERS
		N	MULTIPLE DENIAL REASONS
	OR ANY OCCURRENCE OF OVERRIDE CODE = Q (FORMER SPOUSE WITH PRE-EXISTING CONDITION), **OR**		
	PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES **OR**
	SPONSOR STATUS =	T	NATO
	IN WHICH CASE NAS NUMBER MUST = BLANK.		
2-100-06R	IF SPECIAL PROCESSING FLAG =	I	BERGSTROM AIR FORCE BASE
		J	LUKE/WILLIAMS AFB CATCHMENT AREA
	NAS NUMBER ≠ 46000000000		
2-110-07R	IF NAS EXCEPTION REASON = BLANK		
	AND ONE 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.		
	AND TYPE OF SERVICE =	A C O N	FIRST BYTE
	AND PATIENT ZIP CODE IS IN A CATCHMENT AREA		
	AND BEGIN DATE OF CARE > 11/1/91 AND < 9/23/96		
	NAS NUMBER MUST BE CODED,		
	UNLESS SPONSOR STATUS = T (FOREIGN MILITARY) **OR**		
	HEALTH CARE PLAN CODE =	11	MCS FORT BRAGG DEMO **OR**
	ANY OCCURRENCE OF DENIAL REASON CODE =	9	NONAVAILABILITY STATEMENT NOT PROVIDED
		2	INELIGIBLE CLAIMANT
		A	DEERS
		N	MULTIPLE DENIAL REASONS
	OR ANY OCCURRENCE OF OVERRIDE CODE =	Q	FORMER SPOUSE WITH PRE-EXISTING CONDITION, **OR**
	PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
	IN WHICH CASE NAS NUMBER MUST BE = BLANK		

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

ELEMENT NAME: NAS NUMBER (2-110) (CONTINUED)

2-110-09R (NATIONAL STSF)

IF NAS EXCEPTION REASON = BLANK

AND PATIENT ZIP CODE IS IN THE 48 CONTIGUOUS UNITED STATES AND THE DISTRICT OF COLUMBIA

AND (PROCEDURE CODE = 47133, 47135 **OR** 47136 [LIVER TRANSPLANT]
AND BEGIN DATE OF CARE (≥ 03/01/97 **AND** ≤ 02/19/98)
OR ≥ 09/01/99

OR (PROCEDURE CODE = 38240 [ALLOGENEIC BONE MARROW TRANSPLANT]
AND BEGIN DATE OF CARE ≥ 10/01/97)

OR (PROCEDURE CODE = 50300, 50320, 50340, 50360, 50365, 50370, **OR** 50380 [KIDNEY TRANSPLANT]
AND BEGIN DATE OF CARE ≥ 09/01/99)

THEN NAS NUMBER MUST BE CODED,

2-110-11R NAS NUMBER MUST BE BLANK

WHEN
SPONSOR STATUS = T (FOREIGN MILITARY)

OR ANY OCCURRENCE OF DENIAL REASON CODE =	9	NONAVAILABILITY STATEMENT NOT PROVIDED **OR**
	2	INELIGIBLE CLAIMANT **OR**
	A	DEERS **OR**
	N	MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO

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

ELEMENT NAME: REASON FOR PAYMENT REDUCTION (2-113)

VALIDITY EDITS

2-113-01 MUST BE ‘A’, ‘B’, **OR** ‘C’.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
ENROLLMENT STATUS	SEE BELOW	
REASON FOR PAYMENT REDUCTION	SEE BELOW	

ELEMENT NAME: REASON FOR PAYMENT REDUCTION (2-113) (CONTINUED)

	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	SEE BELOW

EDITED ELEMENT RELATIONSHIP

2-113-02R IF AMOUNT OF PAYMENT REDUCTION IS NOT EQUAL TO ZERO AND NUMBER OF PAYMENT REDUCTION DAYS/SERVICES IS NOT EQUAL TO ZERO.
REASON FOR PAYMENT REDUCTION MUST NOT BE BLANK.

2-113-03R IF ENROLLMENT STATUS EQUALS 'T', 'U', 'V', 'Y', 'Z', 'AA', **OR** 'BB'
REASON FOR PAYMENT REDUCTION MUST BE 'A', 'B', 'C', **OR** BLANK.
ELSE
REASON FOR PAYMENT REDUCTION MUST BE 'A', 'B', **OR** BLANK.

ELEMENT NAME: AMOUNT BILLED (2-115)

VALIDITY EDITS

2-115-01 MUST BE NUMERIC.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	TYPE OF SUBMISSION	SEE BELOW	FILING DATE
	PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	TYPE OF SUBMISSION, SPECIAL PROCESSING CODE
	AMOUNT ALLOWED	SEE BELOW	SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE
	TOTAL CHARGES BY PROCEDURE CODE	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-115-02R AMOUNT BILLED MUST BE > ZERO **WHEN**

	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		D	COMPLETE DENIAL
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION

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

2-115-03R AMOUNT BILLED MUST = THE TOTAL OF ALL DETAIL TOTAL CHARGES BY PROCEDURE CODE.

2-115-05R AMOUNT BILLED MUST BE ≥ AMOUNT ALLOWED **WHEN**

ELEMENT NAME: AMOUNT BILLED (2-115) (CONTINUED)			
	SPECIAL RATE CODE =	b	NO SPECIAL RATE
		D	DISCOUNT RATE
	PRICING CODE IN FIRST DETAIL OCCURRENCE IS NOT 9		
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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.		
2-115-06R	IF AMOUNT BILLED IS LESS THAN THE AMOUNT ALLOWED **THEN**:		
	NO OCCURRENCE OF TYPE OF SUBMISSION =	A	ADJUSTMENT TO HCSR DATA
		B	ADJUSTMENT TO NON-HCSR DATA
		C	COMPLETE CANCELATION OF HCSR DATA
		E	COMPLETE CANCELLATION OF NON-HCSR DATA
	SPECIAL RATE CODE MUST BE =	R	AMBULATORY SURGERY-FACILITY PAYMENT RATE
		S	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
	OR PRICING CODE MUST BE =	C	AMBULATORY SURGERY-FACILITY PAYMENT RATE
		D	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
		E	AMBULATORY SURGERY-PAID AS BILLED
		P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
		Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
		R	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	WITH PROVIDER PARTICIPATION INDICATOR EQUAL ‘Y’.		
	UNLESS TYPE OF SUBMISSION = ‘A’, ‘C’, ‘B’, **OR** ‘E’		

ELEMENT NAME: AMOUNT ALLOWED (2-120)

VALIDITY EDITS

2-120-01	MUST BE NUMERIC.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-115-05R	AMOUNT BILLED		SPECIAL RATE CODE, TYPE OF SUBMISSION, FILING DATE
	TYPE OF SUBMISSION	SEE BELOW	AMOUNT PAID BY OHI/TPL, FILING DATE, PATIENT COINSURANCE, PATIENT COPAYMENT, AMOUNT APPLIED TOWARD DEDUCTIBLE
	DENIAL REASON CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
	AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	SPECIAL RATE CODE

EDITED ELEMENT RELATIONSHIP

2-120-02R	AMOUNT ALLOWED MUST BE ZERO **WHEN** TYPE OF SUBMISSION IS COMPLETE CONTRACTOR DENIAL (D).		
2-120-03R	AMOUNT ALLOWED MUST BE ZERO **WHEN** TYPE OF SUBMISSION IS COMPLETE CANCELLATION (C) WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE, **UNLESS** THE CANCELLED NET HCSR REPORTS AMOUNT PAID BY OHI **OR** AMOUNT OF TPL > ZERO, IN WHICH CASE AMOUNT ALLOWED MUST BE ZERO, AND (AMOUNT PAID BY OHI PLUS AMOUNT OF TPL PLUS COINSURANCE PLUS COPAYMENT) MUST BE ≥ AMOUNT ALLOWED.		
2-120-04R	AMOUNT ALLOWED MUST BE ZERO **WHEN** ALL DETAIL DENIAL REASON CODES CONTAIN DENIAL CODE VALUES AND		
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		0	ZERO PAYMENT
		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

ELEMENT NAME: AMOUNT ALLOWED (2-120) (CONTINUED)			
		C	COMPLETE CANCELLATION
	WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	THEN AMOUNT ALLOWED MUST BE ≤ ZERO.		
2-120-06R	IF AMOUNT ALLOWED IS GREATER THAN THE AMOUNT BILLED **THEN**:		
	NO OCCURRENCE OF TYPE OF SUBMISSION =	A	ADJUSTMENT TO HCSR DATA
		B	ADJUSTMENT TO NON-HCSR DATA
		C	COMPLETE CANCELLATION OF HCSR DATA
		E	COMPLETE CANCELLATION OF NON-HCSR DATA
	SPECIAL RATE CODE MUST BE =	R	AMBULATORY SURGERY-FACILITY PAYMENT RATE
		S	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
	OR PRICING CODE MUST BE =	C	AMBULATORY SURGERY-FACILITY PAYMENT RATE
		D	DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
		E	AMBULATORY SURGERY-PAID AS BILLED
		P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
		Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
		R	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	WITH PROVIDER PARTICIPATION INDICATOR EQUAL 'Y'.		
	UNLESS TYPE OF SUBMISSION = 'A', 'C', 'B', **OR** 'E'		
2-120-07R	AMOUNT ALLOWED MUST EQUAL THE TOTAL DETAIL OCCURRENCES OF AMOUNT ALLOWED BY PROCEDURE CODE (DOES NOT INCLUDE DENIED OCCURRENCES).		

ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (2-125)

VALIDITY EDITS

2-125-01	MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

2-125-02R	AMOUNT PAID BY OTHER HEALTH INSURANCE MUST BE ≥ ZERO **WHEN**		
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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.		
2-125-03R	AMOUNT PAID BY OTHER HEALTH INSURANCE MUST EQUAL ZERO **WHEN**:		
	ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT

ELEMENT NAME: OTHER HEALTH INSURANCE AMOUNT ALLOWED (2-127)

VALIDITY EDITS

2-127-01	MUST BE NUMERIC.

RELATIONAL EDITS

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

ELEMENT NAME: AMOUNT OF THIRD PARTY LIABILITY (2-130)

VALIDITY EDITS

2-130-01	MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

2-130-02R	AMOUNT OF THIRD PARTY LIABILITY MUST BE ≥ ZERO **WHEN**		
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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.		
2-130-03R	AMOUNT OF THIRD PARTY LIABILITY MUST EQUAL ZERO **WHEN**		
	ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT

ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (2-133)

VALIDITY EDITS

2-133-01	MUST BE NUMERIC.

RELATIONAL EDITS

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

EDITED ELEMENT RELATIONSHIP

2-133-02R	AMOUNT OF PAYMENT REDUCTION MUST BE GREATER THAN ZERO **WHEN**:		
	REASON FOR PAYMENT REDUCTION =	A	MENTAL HEALTH PRE-AUTHORIZATION NOT OBTAINED TIMELY

ELEMENT NAME: AMOUNT OF PAYMENT REDUCTION (2-133) (CONTINUED)		
	B	ADJUNCTIVE DENTAL CARE PRE-AUTHORIZATION NOT OBTAINED
	C	PROCEDURE / SERVICES IN TRICARE REGIONS CARE NOT PRE-AUTHORIZED
TYPE OF SUBMISSION =	A	ADJUSTMENT TO PRIOR HCSR DATA
	C	COMPLETE CANCELLATION OF PRIOR HCSR DATA
	I	INITIAL SUBMISSION
	R	RESUBMISSION OF REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

ELEMENT NAME: PATIENT COINSURANCE (2-140)

VALIDITY EDITS

2-140-01 MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
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
SPECIAL PROCESSING CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
SPONSOR STATUS	SEE BELOW	PROGRAM INDICATOR, TYPE OF SERVICE, SPECIAL RATE CODE, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT RELATIONSHIP, AMOUNT ALLOWED, AMOUNT APPLIED TOWARD DEDUCTIBLE, 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!**

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
	SPONSOR STATUS	SEE BELOW	PROGRAM INDICATOR, TYPE OF SERVICE, SPECIAL RATE CODE, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT RELATIONSHIP, AMOUNT ALLOWED, AMOUNT APPLIED TOWARD DEDUCTIBLE, OVERRIDE CODE, SPECIAL PROCESSING CODE
	SPECIAL PROCESSING CODE	SEE BELOW	SPONSOR STATUS, TYPE OF SERVICE, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
	OVERRIDE CODE	SEE BELOW	SEE BELOW

EDITED ELEMENT RELATIONSHIP			
NO ERROR	IF SPECIAL PROCESSING CODE =	MS	TRICARE-SENIOR PRIME (NETWORK)
		MN	TRICARE-SENIOR PRIME (NON-NETWORK)
	BYPASS ALL COINSURANCE EDITING.		
2-104-02R	PATIENT COINSURANCE MUST BE ZERO **WHEN**		
	TYPE OF SUBMISSION =	D	COMPLETE CONTRACTOR DENIAL
2-140-03R	PATIENT COINSURANCE MUST BE ZERO **WHEN**		
	TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE
	UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COINSURANCE MUST BE ≥ ZERO.		
2-140-05	PATIENT COINSURANCE MUST BE ≤ AMOUNT ALLOWED **WHEN**		
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA / HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		D	MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM.
		T	MANAGED CARE SUPPORT STANDARD PROGRAM.
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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
		A	INTERNAL PARTNERSHIP
		F G	ARMY CAM DEMONSTRATIONS
		O	CAMCHAS
		K	GEORGIA/FLORIDA PPO
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		S	RESOURCE SHARING
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE
2-140-07R	PATIENT COINSURANCE MUST BE ZERO **WHEN**:		
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
		S	RESOURCE SHARING
		#	HOSPICE
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		D	COMPLETE DENIAL
	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 PATIENT COINSURANCE MUST BE ≤ ZERO.		
	• EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.		
2-140-08R	PATIENT COINSURANCE MUST BE = ZERO **WHEN**		
	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
	PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL

[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!**

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	I	INPATIENT
		K	EMERGENCY ROOM ADMISSION
		M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
		A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
		P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST SHARED AS INPATIENT
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA / HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM.
		T	MANAGED CARE SUPPORT-STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		6	HOME HEALTH CARE
		F	ARMY CAM DEMONSTRATIONS
		G	ARMY CAM DEMONSTRATIONS
		K	GEORGIA / FLORIDA PPO
		H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
		O	CAMCHAS
		A	INTERNAL PARTNERSHIP
		N	CHAMPUS SELECT

[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!**

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		R	MEDICARE / TRICARE DUAL ENTITLEMENT
		S	RESOURCE SHARING
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE
		!	NORTHERN REGION COORDINATED CARE
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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 OF NON-HCSR DATA
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION
	WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	THEN PATIENT COINSURANCE MUST BE ≤ ZERO.		
2-140-09R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**		
	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

[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!**

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)		
PATIENT RELATIONSHIP TO SPONSOR ≠	THRY	FORMER SPOUSE
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	O	OUTPATIENT
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA / HAWAII STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT-STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE ≠	D	DISCOUNT RATE AGREEMENT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	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		
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE

[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!**

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		A	INTERNAL PARTNERSHIP
		F G	ARMY CAM DEMONSTRATIONS
		O	CAMCHAS
		H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
		K	GEORGIA/FLORIDA PPO
		N	CHAMPUS SELECT
		6	HOME HEALTH CARE
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		S	RESOURCE SHARING
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE
		!	NORTHERN REGION COORDINATED CARE
	• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (**OR** FORMER SPOUSE).		
2-140-10R	PATIENT COINSURANCE MUST BE 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED **WHEN**		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	OR PATIENT RELATIONSHIP =	T H R Y:	FORMER SPOUSE
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM

[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!**

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA / HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM
		T	MANAGED CARE SUPPORT-STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	I	INPATIENT
		K	EMERGENCY ROOM ADMISSION
		M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
		P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST SHARED AS INPATIENT
	SPECIAL RATE CODE =	b	NO SPECIAL RATE
		A	DRG 4% DISCOUNT
		B	DRG 3% DISCOUNT
		C	DRG 2% DISCOUNT
		E	DRG 1% DISCOUNT
		F	DRG NO DISCOUNT
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		A	INTERNAL PARTNERSHIP
		6	HOME HEALTH CARE
		F G	ARMY CAM DEMONSTRATIONS
		H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
		O	CAMCHAS
		K	GEORGIA / FLORIDA PPO

[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!**

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		N	CHAMPUS SELECT
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		S	RESOURCE SHARING
		U	MEDICARE PHARMACY
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE
		!	NORTHERN REGION COORDINATED CARE
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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.		
2-140-11R	PATIENT COINSURANCE MUST BE 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	100% DISABLED
	OR PATIENT RELATIONSHIP =	T H R Y;	FORMER SPOUSE
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM

[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!**

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA / HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT-TRICARE-TIDEWATER STANDARD PROGRAM
		T	MANAGED CARE SUPPORT-STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	O	OUTPATIENT
		A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
	SPECIAL RATE CODE ≠	D	DISCOUNT RATE AGREEMENT
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		A	INTERNAL PARTNERSHIP
		F G	ARMY CAM DEMONSTRATIONS
		H	CHARLESTON NAVAL HOSPITAL CATCHMENT AREA
		O	CAMCHAS
		K	GEORGIA / FLORIDA PPO
		N	CHAMPUS SELECT
		6	HOME HEALTH CARE
		S	RESOURCE SHARING
		U	MEDICARE PHARMACY
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE
		!	NORTHERN REGION COORDINATED CARE
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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.		
2-140-12R	PATIENT COINSURANCE MUST BE 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) OR 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED (MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III FUTURE RESERVE RETIREE
	PATIENT RELATIONSHIP =	T H R Y	FORMER SPOUSE
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	SPECIAL PROCESSING CODE =	?	AMBULATORY SURGERY FACILITY CHARGE
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA / HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	TRICARE BASIC STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

[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!**

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
	SPECIAL RATE CODE =	R	AMBULATORY SURGERY FACILITY PAYMENT RATE
		S	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		D	DENIAL
	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.		
	• EDITS FOR TRICARE PRIME - POINT OF SERVICE PROGRAM.		
2-140-14R	PATIENT COINSURANCE MUST BE 50% (ALLOW $.01 ROUNDING ERROR) OF AMOUNT ALLOWED AND		
2-145-14R	PATIENT COPAYMENT MUST BE ZERO **WHEN**:		
	ENROLLMENT STATUS =	U	MANAGED CARE SUPPORT - PRIME
		Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)
	SPECIAL PROCESSING CODE =	PO	TRICARE PRIME - POINT OF SERVICE
	• EDIT FOR ARMY CAM DEMONSTRATIONS/TRICARE, FAMILY MEMBERS OF ACTIVE DUTY SPONSOR.		
2-140-15R	PATIENT COINSURANCE MUST BE 15% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**		
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE
		B	RECALLED ACTIVE DUTY
		E	MEPCOM ENLISTEE
		J	ACADEMY/OCS
		N	NATIONAL GUARD

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)		
	Q	PRISON / APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	O	OUTPATIENT
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	R	MEDICARE / TRICARE DUAL ENTITLEMENT
	C	CANCELLATION (C) WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE

[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!**

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		A	INTERNAL PARTNERSHIP
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		S	RESOURCE SHARING
	EDIT FOR ARMY CAM DEMONSTRATIONS, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE).		
2-140-16R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED **WHEN**		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	PATIENT RELATIONSHIP =	T H R Y	FORMER SPOUSE
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	I	INPATIENT
		K	EMERGENCY ROOM ADMISSION
		M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		A	INTERNAL PARTNERSHIP
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		S	RESOURCE SHARING
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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.		
2-140-17R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	PATIENT RELATIONSHIP =	T H R Y	FORMER SPOUSE
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		T	DENTAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	O	OUTPATIENT
		A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		A	INTERNAL PARTNERSHIP
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		S	RESOURCE SHARING
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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.		
	• EDIT FOR GEORGIA/FLORIDA PPO, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.		
2-140-18R	PATIENT COINSURANCE MUST BE 15% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**		
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)		
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY / OCS
	N	NATIONAL GUARD
	Q	PRISON / APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	O	OUTPATIENT
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA / FLORIDA PPO
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > 0
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASROPHIC LOSS
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
	U	BENEFICIARY INDEMNIFICATION PAYMENT

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		A	INTERNAL PARTNERSHIP
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		S	RESOURCE SHARING
	• EDIT FOR GEORGIA/FLORIDA PPO, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (OR FORMER SPOUSE).		
2-140-19R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	OR PATIENT RELATIONSHIP =	T H R Y	FORMER SPOUSE
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	I	INPATIENT
		K	EMERGENCY ROOM ADMISSION
		M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		A	INTERNAL PARTNERSHIP
		S	RESOURCE SHARING
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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.		
2-140-20R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
	PATIENT RELATIONSHIP =	T	FORMER SPOUSE
		N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	O	OUTPATIENT
		A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA / FLORIDA PPO
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		A	INTERNAL PARTNERSHIP
		R	MEDICARE / TRICARE DUAL ENTITLEMENT
		S	RESOURCE SHARING
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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.		
2-140-21R	PATIENT COINSURANCE MUST EQUAL ZERO **WHEN**		
	ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
	• EDIT FOR AIR FORCE CAM DEMONSTRATION PRIMARY / PREVENTIVE CARE SERVICES		
2-140-22R	PATIENT COINSURANCE MUST = ZERO **WHEN**		
	SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA
		J	LUKE / WILLIAMS AFB CATCHMENT AREA
	FIRST POSITION TYPE OF SERVICE[1] =	C	AIR FORCE CAM PRIMARY / PREVENTIVE CARE
	• EDIT FOR CHAMPUS SELECT, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS		
2-140-23R	PATIENT COINSURANCE MUST = ZERO **WHEN**		
	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

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)		
PROGRAM INDICATOR =	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	I	INPATIENT
	K	EMERGENCY ROOM ADMISSION
	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT
	P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST-SHARED AS INPATIENT
	N	OUTPATIENT COST-SHARED AS INPATIENT
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	6	HOME HEALTH CARE
	A	INTERNAL PARTNERSHIP
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	#	HOSPICE
NO OCCURRENCE OF PATIENT RELATIONSHIP =	T H R Y	FORMER SPOUSE
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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		
	• EDIT FOR CHAMPUS SELECT, FAMILY MEMBERS OF ACTIVE DUTY SPONSORS		
2-140-24R	PATIENT COINSURANCE MUST BE 15% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**		
	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
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	O	OUTPATIENT
	ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE / TRICARE DUAL ENTITLEMENT
		6	HOME HEALTH CARE

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
	NO OCCURRENCE OF PATIENT RELATIONSHIP =	T H R Y	FORMER SPOUSE
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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.		
	• EDITS FOR CHAMPUS SELECT, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS.		
2-140-25R	PATIENT COINSURANCE MUST BE 15% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	OR NO OCCURRENCE OF PATIENT RELATIONSHIP =	T H R Y	FORMER SPOUSE
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		T	DENTAL
	ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	I	INPATIENT
		K	EMERGENCY ROOM ADMISSION
		M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
		P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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.		
2-140-26R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)

	OR		
	PATIENT RELATIONSHIP =	T H R Y	FORMER SPOUSE
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL
	ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	O	OUTPATIENT
		A	AMBULATORY SURGERY
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		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.		
2-140-27R	PATIENT COINSURANCE MUST BE 15% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED AND		
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE
		B	RECALLED ACTIVE DUTY
		E	MEPCOM ENLISTEE

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		J	ACADEMY / OCS
		N	NATIONAL GUARD
		Q	PRISON / APPELLATE
		V	RESERVE
		T	FOREIGN MILITARY
	PATIENT RELATIONSHIP ≠	T H R Y	FORMER SPOUSE
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
2-145-27R	PATIENT COPAYMENT MUST EQUAL ZERO **WHEN**		
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE
		B	RECALLED ACTIVE DUTY
		E	MEPCOM ENLISTEE
		J	ACADEMY / OCS
		N	NATIONAL GUARD
		Q	PRISON / APPELLATE

[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!**

ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		V	RESERVE
		T	FOREIGN MILITARY
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
2-140-28R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED AND		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANANTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	OR PATIENT RELATIONSHIP =	T H R Y;	FORMER SPOUSE
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	?	AMBULATORY SURGERY
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
2-145-28R	PATIENT COPAYMENT MUST EQUAL ZERO **WHEN**		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANANTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	OR PATIENT RELATIONSHIP =	T H R Y;	FORMER SPOUSE
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	!	NORTHERN REGION COORDINATED CARE
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	O	OUTPATIENT

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
2-140-29R	PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED AND		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANANTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	OR PATIENT RELATIONSHIP =	T H R Y;	FORMER SPOUSE
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	MEDICARE PHARMACY
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	PROGRAM INDICATOR =	D	DRUG
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
2-145-29R	PATIENT COPAYMENT MUST EQUAL ZERO **WHEN**		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANANTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	OR PATIENT RELATIONSHIP =	THRY;	FORMER SPOUSE
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	U	MEDICARE PHARMACY
	PROGRAM INDICATOR =	D	DRUG
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
2-140-30R	AMOUNT OF COINSURANCE MUST BE EQUAL TO ZERO **AND**		
2-145-30R	AMOUNT OF COPAYMENT MUST BE GREATER THAN ZERO **WHEN**		
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	*	VA MEDICAL CENTER CLAIM
	PROGRAM INDICATOR =	D	DRUGS

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ELEMENT NAME: PATIENT COINSURANCE (2-140) (CONTINUED)			
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO **OR**
		F	ADJUSTMENT NEW SUFFIX **OR**
		G	ADDITIONAL DRG INTERIM BILLING **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT **OR**
		R	RESUBMISSION OF REJECT
2-140-31R	AMOUNT OF COINSURANCE MUST BE EQUAL TO ZERO **WHEN**		
	SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY		
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY **OR**
		AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE **OR**
		AR	SUPPLMENTAL HEALTH CARE PROGRAM - REFERRED CARE **OR**
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR **OR**
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE **OR**
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE **OR**
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

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