

CHAPTER 6
SECTION 3

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! | | |

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

UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COPAYMENT MUST BE ≥ 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!

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)**2-145-05R PATIENT COPAYMENT 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 |
| | 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 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; | | |
| 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!

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 = | 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 |
| 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 | | |
| 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 |
| | 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!

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

| | |
|---|---|
| ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | A PARTNERSHIP PROGRAM, (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS) |
| | # HOSPICE |
| | S RESOURCE SHARING |
| 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 |
| 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 |
| | 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 PRIOR TO 10/01/2001 |

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!

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

| | | |
|--|----|---|
| | T | DENTAL |
| ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ = | I | INPATIENT |
| | K | EMERGENCY ROOM COST-SHARED AS INPATIENT |
| | O | OUTPATIENT |
| | M | MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT |
| AND PROVIDER MAJOR SPECIALTY NOT = | BC | BIRTHING CENTER |
| | 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 |
| PATIENT RELATIONSHIP TO SPONSOR ≠ | T | FORMER SPOUSE |
| | H | |
| | R | |
| | Y | |
| 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 |
| | A | INTERNAL PARTNERSHIP |
| | O | CAMCHAS |
| | 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 COPAYMENT (2-145) (CONTINUED)

| | | |
|--|----|-----------------------------------|
| | 6 | HOME HEALTH CARE |
| | 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 |
| | R | RESUBMISSION OF ERROR REJECT |
| | O | ZERO PAYMENT WITH 100% OHI/TPL |
| | F | ADJUSTMENT NEW SUFFIX |
| ELSE TYPE OF SUBMISSION = | A | ADJUSTMENT |
| | B | ADJUSTMENT NON-HCSR DATA |
| | C | CANCELLATION |
| | E | CANCELLATION OF NON-HCSR DATA |
| WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE | | |
| THEN PATIENT COPAYMENT MUST BE ≤ ZERO. | | |
| PATIENT COPAYMENT 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 |
| PROGRAM INDICATOR = | N | NON-INSTITUTIONAL |
| | D | DRUG PRIOR TO 10/01/2001 |
| | T | DENTAL |
| ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ = | A | AMBULATORY SURGERY |
| 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 COPAYMENT (2-145) (CONTINUED)

| | | |
|--|--|---|
| | 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 |
| | J | MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM |
| | M | MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM |
| PATIENT RELATIONSHIP TO SPONSOR ≠ | T H R Y | FORMER SPOUSE |
| NO OCCURRENCE OF OVERRIDE CODE = | K U V | CATASTROPHIC LOSS BENEFICIARY INDEMNIFICATION PAYMENT ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE |
| NO OCCURRENCE OF SPECIAL PROCESSING CODE = | N O 9 A 6 R S # * ! | CHAMPUS SELECT CAMCHAS FORT DRUM INTERNAL PARTNERSHIP HOME HEALTH CARE MEDICARE/TRICARE DUAL ENTITLEMENT RESOURCE SHARING HOSPICE VA MEDICAL CENTER CLAIM NORTHERN REGION COORDINATED CARE |
| | MH | MENTAL HEALTH |
| TYPE OF SUBMISSION = | I R O F | INITIAL SUBMISSION RESUBMISSION OF ERROR REJECT ZERO PAYMENT WITH 100% OHI/TPL ADJUSTMENT NEW SUFFIX |

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 COPAYMENT (2-145) (CONTINUED)

| | |
|--|--|
| ELSE TYPE OF SUBMISSION = | A ADJUSTMENT |
| | B ADJUSTMENT NON-HCSR DATA |
| | C CANCELLATION |
| | E CANCELLATION OF NON-HCSR DATA |
| WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE | |
| THEN PATIENT COPAYMENT MUST BE ≤ ZERO. | |
| 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 |
| 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 FORMER SPOUSE |
| | H |
| | R |
| | Y |
| PROGRAM INDICATOR = | I INSTITUTIONAL |
| 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 |

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 COPAYMENT (2-145) (CONTINUED)

| | | |
|---|----|---|
| ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE ¹ = | A | AMBULATORY SURGERY, COST-SHARED AS INPATIENT |
| | M | MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT |
| | O | OUTPATIENT |
| AND PROVIDER MAJOR SPECIALTY = | BC | BIRTHING CENTER |
| 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 |
| | O | CAMCHAS |
| | A | INTERNAL PARTNERSHIP |
| | 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 |
| | 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. | | |

2-145-10R • EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (**OR** FORMER SPOUSE).

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 COPAYMENT (2-145) (CONTINUED)**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 | 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 |
| 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 |

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 COPAYMENT (2-145) (CONTINUED)

| | | |
|--|---|---|
| | 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 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 THE NUMBER OF MONTHS OF HCSR _s 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 | | |
| 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 |

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 COPAYMENT (2-145) (CONTINUED)

| | | |
|--|---|---|
| | 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 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 | CANCELLATION |
| WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs 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 |
| 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 |

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 COPAYMENT (2-145) (CONTINUED)

| | | |
|---|--|--|
| | 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 |
| PATIENT RELATIONSHIP TO SPONSOR ≠ | T | FORMER SPOUSE |
| | H | |
| | R | |
| | Y | |
| PROGRAM INDICATOR = | I | INSTITUTIONAL |
| | N | NON-INSTITUTIONAL |
| ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE¹ = | P | PARTIAL PSYCHIATRIC OUTPATIENT |
| ENROLLMENT STATUS = | S | CRI STANDARD PROGRAM |
| | Y | CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD |
| | Q | NEW ORLEANS STANDARD PROGRAM |
| | F | FI STANDARD PROGRAM |
| PROCEDURE CODE = 92891, 92892, 92893, 92898, OR 92899 | | |
| TYPE OF SUBMISSION = | I | INITIAL SUBMISSION |

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 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 OR |
| | 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 OR |
| | U BENEFICIARY INDEMNIFICATION PAYMENT OR |
| | V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE |
| NO OCCURRENCE OF SPECIAL PROCESSING CODE = | 9 FORT DRUM OR |
| | A INTERNAL PARTNERSHIP OR |
| | N CHAMPUS SELECT OR |
| | R MEDICARE/TRICARE DUAL ENTITLEMENT OR |
| | S RESOURCE SHARING OR |
| | # 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' | |
| 2-145-19R | PATIENT COPAYMENT MUST = ZERO WHEN |
| SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY | |

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 COPAYMENT (2-145) (CONTINUED)

| | |
|--|---|
| ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | AD ACTIVE DUTY OR |
| | 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 |
| | SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR |
| | SE SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR |
| | SM SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY |
| 2-145-20R | • NO COST-SHARES REQUIREMENT FOR ACTIVE DUTY FAMILY MEMBERS EXCEPT FOR PHARMACY CLAIMS |
| IF EARLIEST BEGIN DATE OF CARE ≥ 04/01/2001 | |
| AND ENROLLMENT STATUS = | U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM OR |
| | W TPR ACTIVE DUTY CLAIMS, USA OR |
| | X ACTIVE DUTY CLAIMS, EUROPE OR |
| | Z MANAGED CARE SUPPORT - PRIME, MTF/PCM OR |
| AND SPONSOR STATUS = | A ACTIVE DUTY |
| AND PATIENT RELATIONSHIP TO SPONSOR = | b 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 |

THEN 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!

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

**UNLESS PROGRAM
INDICATOR =** D DRUG

THEN BYPASS THIS EDIT

2-145-22R • EDIT FOR PHARMACY CLAIMS WHERE BENEFICIARY IS PRIME/EXTRA - NETWORK PHARMACY - NO POINT OF SERVICE

IF EARLIEST BEGIN DATE OF CARE \geq 10/01/2001

**AND ENROLLMENT
STATUS =** V MANAGED CARE SUPPORT - EXTRA **OR**

U MANAGED CARE SUPPORT - PRIME **OR**

Z MANAGED CARE SUPPORT - PRIME (WITH MTF/
CLINIC PCM)

AA CONTINUED HEALTH CARE BENEFIT PROGRAM
(CHCBP) EXTRA

AND PROGRAM INCIATOR = D DRUG

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

PO TRICARE PRIME - POINT OF SERVICE

**AND NO OCCURRENCE OF
OVERRIDE CODE =**

K CATASTROPIC LOSS PROTECTION LIMIT REACHED

THEN PATIENT COPAYMENT MUST \neq ZERO AND \leq \$9.00

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: 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

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 MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM

J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM

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) | |
|---|--|
| | M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM |
| | Q NEW ORLEANS STANDARD PROGRAM |
| | S CRI STANDARD PROGRAM |
| | T MANAGED CARE SUPPORT - 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 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 ≤ ZERO. | |
| 2-150-06R | AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN |
| ENROLLMENT STATUS = | F FI STANDARD PROGRAM |
| | D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM |
| | J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM |
| | M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM |
| | Q NEW ORLEANS STANDARD PROGRAM |

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)

| | | |
|---|---|---|
| | S | CRI STANDARD PROGRAM |
| | T | MANAGED CARE SUPPORT - STANDARD PROGRAM |
| PROGRAM INDICATOR = | H | PPPWD |
| 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 |
| | C | COMPLETE CANCELLATION |
| WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE) | | |
| THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO. | | |

1-150-07R 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 = | 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 |

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 OLDER THAN NUMBER OF MONTHS OF HCSRs 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 | MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM |
| | J | MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM |
| | M | MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM |
| | Q | NEW ORLEANS STANDARD PROGRAM |
| | S | CRI STANDARD PROGRAM |
| | T | MANAGED CARE SUPPORT - 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 |
| OR TYPE OF SUBMISSION = | A | ADJUSTMENT |
| | C | COMPLETE CANCELLATION |
| WITH FILING DATE WITHIN THE 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)

| | | |
|--|---|----------------------------|
| 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 ≤ 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 | CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD |
| ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | F | ARMY CAM DEMONSTRATIONS |
| | G | |
| TYPE OF SERVICE¹ 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 | | |
| THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO. | | |

2-150-10R 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)

| | | | |
|------------------|--|----|--|
| | ANY OCCURRENCE OF OVERRIDE CODE = | U | BENEFICIARY INDEMNIFICATION PAYMENT |
| 2-150-11R | AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO WHEN | | |
| | SPECIAL PROCESSING CODE = | I | BERGSTROM AFB CATCHMENT AREA OR |
| | | J | LUKE/WILLIAMS AFB CATCHMENT AREA OR |
| | | AD | ACTIVE DUTY OR |
| | | 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 |
| | | MS | TRICARE SENIOR PRIME (NETWORK) OR |
| | | MN | TRICARE SENIOR PRIME (NON-NETWORK) OR |
| | | SC | SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE OR |
| | | SE | SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR |
| | | SM | SUPPLEMENTAL HEALTH CARE PROGRAM - 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 | | |

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 |
| 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)

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

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

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

| | | |
|---|--|---|
| 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 \geq 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. | |
| | 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 | MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM OR |
| | F | FI STANDARD PROGRAM OR |
| | J | MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM OR |
| | M | MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM OR |
| | Q | NEW ORLEANS STANDARD PROGRAM OR |

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

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

S CRI STANDARD PROGRAM **OR**

T MANAGED CARE SUPPORT - STANDARD PROGRAM

AND SPECIAL RATE CODE = b NO SPECIAL RATE

2-155-06R EDIT FOR CLAIMS WITH OHI AND TPL.

IF AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO

THEN BYPASS EDIT

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

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 CODES 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

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

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

| | | |
|--|---|---|
| AND ENROLLMENT STATUS = | F | FI STANDARD PROGRAM OR |
| | D | MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM OR |
| | J | MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM OR |
| | M | MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM OR |
| | T | MANAGED CARE SUPPORT - STANDARD PROGRAM OR |
| | Q | NEW ORLEANS STANDARD PROGRAM OR |
| | S | CRI STANDARD PROGRAM OR |
| | Y | CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD |
| 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 = | A | ADJUSTMENT OR |
| | C | COMPLETE CANCELLATION OR |
| | 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 |
| ELSE TYPE OF SUBMISSION = | B | ADJUSTMENT NON-HCSR DATA 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.

