Provider Edit Requirements (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (3-001)			
	VALIDITY EDITS		
3-001-01V	RECORD TYPE INDICATOR MUST =	3	PROVIDER
	RELATIONAL EDITS		
	NONE		

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (3-005)			
	VALIDITY EDITS		
	NONE		
	RELATIONAL EDITS		
3-005-01R	IF PROVIDER TAXPAYER NUMBER IDENTIFIER =	E	INDICATES 'EIN' **OR**
		S	INDICATES 'SSN' (VALID FOR NON-INSTITUTIONAL ONLY)
	THEN PROVIDER TAXPAYER NUMBER MUST BE NUMERIC		
3-005-02R	IF PROVIDER TAXPAYER NUMBER IDENTIFIER =	A	ASSIGNED BY CONTRACTOR
	• **OUTSIDE CONTRACTOR JURISDICTION**		
	THEN FIRST THREE POSITIONS MUST EQUAL THE PROVIDER STATE/COUNTRY CODE IN THE PROVIDER ADDRESS		
	AND THE FOURTH POSITION MUST = 'A'		
	AND THE LAST FIVE POSITIONS MUST BE NUMERIC.		
	• **INSIDE CONTRACTOR JURISDICTION**		
	THEN FIRST THREE POSITIONS MUST EQUAL THE PROVIDER STATE/COUNTRY CODE IN THE PROVIDER ADDRESS		
	AND THE LAST SIX POSITIONS MUST BE NUMERIC.		

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (3-010)	
	VALIDITY EDITS
3-010-01V	LAST TWO DIGITS MUST BE NUMERIC.
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PROVIDER TAXPAYER NUMBER IDENTIFIER (3-015)			
	VALIDITY EDITS		
3-015-01V	MUST BE A VALID PROVIDER TAXPAYER NUMBER IDENTIFIER.		
	RELATIONAL EDITS		
3-015-01R	IF THIRD POSITION OF PROVIDER STATE/COUNTRY CODE = BLANK (NOT A FOREIGN COUNTRY)		
	OR PROVIDER STATE/COUNTRY CODE =	PRI	PUERTO RICO
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN PROVIDER TAXPAYER NUMBER IDENTIFIER MUST =	E	INDICATES EIN

ELEMENT NAME: CONTRACTOR NUMBER (3-020)	
	VALIDITY EDITS
3-020-01V	MUST BE A VALID CONTRACTOR NUMBER (REFER TO SECTION 2.10).
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE (3-025)			
	VALIDITY EDITS		
3-025-01V	MUST BE A VALID PROVIDER CONTRACT AFFILIATION CODE (REFER TO SECTION 2.10).		
	RELATIONAL EDITS		
3-025-02R	IF PROVIDER CONTRACT AFFILIATION CODE =	5	NON-CERTIFIED PROVIDERS
	THEN PROVIDER ACCEPTANCE DATE MUST = ZEROES		
	AND PROVIDER TERMINATION DATE MUST = ZEROES		

ELEMENT NAME: INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR (3-030)	
	VALIDITY EDITS
3-030-01V	MUST BE A VALID INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PROVIDER NAME[1] (3-035)	
	VALIDITY EDITS
3-035-01V	MUST BE LEFT JUSTIFIED **AND** BLANK FILLED. MUST NOT BE ALL SPACES. NO BLANKS IN A ROW ALLOWED UNTIL BLANK FILLING.
	RELATIONAL EDITS
	NONE

[1] AN APOSTROPHE IS AN ALLOWED CHARACTER IN PROVIDER'S NAME.

ELEMENT NAME: PROVIDER STREET ADDRESS (3-045)	
	VALIDITY EDITS
3-045-01V	IF THIRD POSITION OF PROVIDER STATE/COUNTRY CODE = BLANK (NOT A FOREIGN COUNTRY)
	THEN PROVIDER STREET ADDRESS MUST BE LEFT JUSTIFIED **AND** BLANK FILLED.
	NO BLANKS IN A ROW ALLOWED UNTIL BLANK FILLING. MUST NOT BE ALL BLANKS.
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PROVIDER CITY (3-050)	
	VALIDITY EDITS
3-050-01V	MUST BE LEFT JUSTIFIED AND BLANK FILLED. TWO BLANKS IN A ROW NOT ALLOWED UNTIL BLANK FILLING. MUST NOT BE ALL BLANKS.
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (3-055)	
	VALIDITY EDITS
3-055-01V	MUST BE A VALID PROVIDER STATE OR COUNTRY CODE IN ADDENDUM A OR ADDENDUM B.
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PROVIDER ZIP CODE (3-060)			
	VALIDITY EDITS		
3-060-01V	MUST BE NINE DIGITS **OR** FIVE DIGITS WITH FOUR BLANKS		
	MUST BE A VALID ZIP CODE (BASED ON CURRENT SYSTEM DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE		
	UNLESS TRANSACTION CODE =	I	INACTIVATE A RECORD **OR**
		M	MODIFY A RECORD
	OR MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE[1]) FOLLOWED BY SIX BLANKS		
	RELATIONAL EDITS		
3-060-01R	PROVIDER ZIP CODE MUST BE WITHIN THE CONTRACTOR NUMBER AREA OF RESPONSIBILITY (REFER TO ADDENDUM I FOR A LISTING OF VALID STATES FOR EACH CONTRACTOR NUMBER)[2].		

[1] WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST ADDENDUM A.

[2] DO NOT PERFORM THIS EDIT IF PROVIDER ZIP CODE IS A THREE CHARACTER COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE).

ELEMENT NAME: PROVIDER BILLING STREET ADDRESS (3-070)	
	VALIDITY EDITS
3-070-01V	MUST BE LEFT JUSTIFIED AND BLANK FILLED. TWO BLANKS IN A ROW NOT ALLOWED UNTIL BLANK FILLING.
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PROVIDER BILLING CITY (3-075)	
	VALIDITY EDITS
3-075-01V	MUST BE LEFT JUSTIFIED AND BLANK FILLED. TWO BLANKS IN A ROW NOT ALLOWED UNTIL BLANK FILLING.
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PROVIDER BILLING STATE OR COUNTRY CODE (3-080)	
	VALIDITY EDITS
3-080-01V	MUST BE ALL BLANKS OR AS LISTED IN ADDENDUM A AND ADDENDUM B.
	RELATIONAL EDITS
	NONE

ELEMENT NAME: PROVIDER BILLING ZIP CODE (3-085)	
	VALIDITY EDITS
3-085-01V	MUST BE 9 BLANKS **OR**
	MUST BE NINE DIGITS **OR** FIVE DIGITS WITH FOUR BLANKS
	MUST BE A VALID ZIP CODE (BASED ON CURRENT SYSTEM DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE **OR**
	MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE[1]) FOLLOWED BY SIX BLANKS
	RELATIONAL EDITS
	NONE

[1] WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST ADDENDUM A.

ELEMENT NAME: PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (3-090)			
	VALIDITY EDITS		
	NONE		
	RELATIONAL EDITS		
3-090-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN MUST BE VALID PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (REFER TO ADDENDUM D, FIGURE 2.D-1).		
3-090-02R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN MUST BE A VALID PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (REFER TO ADDENDUM C, FIGURE 2.C-1).		
3-090-03R	IF PROVIDER MAJOR SPECIALTY/TYPE INSTITUTION =		183500000X (PHARMACY SERVICE PROVIDERS/ PHARMACIST)
	THEN CONTRACTOR NUMBER MUST =	02	TMOP

ELEMENT NAME: TYPE OF INSTITUTION TERM INDICATOR CODE (3-095)			
	VALIDITY EDITS		
3-095-01V	MUST BE A VALID TYPE OF INSTITUTION TERM INDICATOR CODE.		
	RELATIONAL EDITS		
3-095-01R	IF TYPE OF INSTITUTION CODE TERM INDICATOR =	L	LONG-TERM **OR**
		S	SHORT-TERM
	THEN INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR MUST =	I	INSTITUTIONAL

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