

Provider Edit Requirements (ELN 100 - 199)

ELEMENT NAME: AMERICAN HOSPITAL ASSOCIATION ID NUMBER (3-100)	
VALIDITY EDITS	
<b>3-100-01V</b>	MUST BE LEFT JUSTIFIED AND BLANK FILLED OR BLANK.
RELATIONAL EDITS	
<b>3-100-01R</b>	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL THEN AMERICAN HOSPITAL ASSOCIATION (AHA) ID NUMBER MUST= BLANK.
ELEMENT NAME: AHA MULTI-HOSPITAL SYSTEM CODE (3-105)	
VALIDITY EDITS	
<b>3-105-01V</b>	MUST BE NUMERIC OR BLANK.
RELATIONAL EDITS	
<b>3-105-01R</b>	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL THEN AHA MULTI-SYSTEM CODE MUST = BLANK.
ELEMENT NAME: MEDICARE NUMBER (3-110)	
VALIDITY EDITS	
<b>3-110-01V</b>	<b>FIRST TWO</b> DIGITS MUST BE VALID MEDICARE STATE CODE, IF PRESENT (REFER TO <a href="#">ADDENDUM B, FIGURE 2.B-2</a> ) <b>THIRD</b> DIGIT MUST BE ONE OF THE FOLLOWING MEDICARE TYPE OF INSTITUTION CODES - 'S', 'T', 'U', 'W', 'Y', 'Z', '0', '1', '2', '3', '4', '5', '6', '7', '8', '9' <b>DIGITS FOUR THROUGH SIX</b> MUST BE NUMERIC
RELATIONAL EDITS	
<b>3-110-01R</b>	IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) IS <b>NOT</b> BLANK <b>AND</b> PROVIDER STATE/COUNTRY CODE ≠ PRI PUERTO RICO THEN MEDICARE NUMBER MUST = BLANK.
<b>3-110-02R</b>	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL THEN MEDICARE NUMBER MUST = BLANK.
<b>3-110-03R</b>	IF DRG EXEMPT/NON-EXEMPT INDICATOR = N DRG NON-EXEMPT THEN MEDICARE NUMBER CANNOT = BLANK.

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

**ELEMENT NAME: PROVIDER ACCEPTANCE DATE (3-115)**

**VALIDITY EDITS**

**3-115-01V** MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES AND CANNOT BE > TMA CURRENT SYSTEM DATE.

**RELATIONAL EDITS**

**3-115-01R** PROVIDER TERMINATION DATE ≥ PROVIDER ACCEPTANCE DATE

**OR** PROVIDER TERMINATION DATE = ZEROES

**3-115-02R** IF PROVIDER ACCEPTANCE DATE = ZEROES

**THEN** PROVIDER TERMINATION DATE MUST = ZEROES

**ELEMENT NAME: PROVIDER TERMINATION DATE (3-120)**

**VALIDITY EDITS**

**3-120-01V** MUST BE A VALID GREGORIAN DATE OR ALL ZEROES.

**RELATIONAL EDITS**

**3-120-01R** PROVIDER ACCEPTANCE DATE ≤ PROVIDER TERMINATION DATE

**ELEMENT NAME: RURAL/URBAN INDICATOR (3-125)**

**VALIDITY EDITS**

**3-125-01V** MUST BE A VALID RURAL/URBAN INDICATOR.

**RELATIONAL EDITS**

**3-125-01R** IF THIRD POSITION OF PROVIDER STATE/COUNTRY CODE IS **NOT** BLANK

**AND** PROVIDER STATE/COUNTRY CODE ≠ PRI PUERTO RICO

**THEN** RURAL/URBAN INDICATOR MUST = BLANK.

**3-125-02R** IF DRG EXEMPT/NON-EXEMPT INDICATOR = C DRG NON-EXEMPT/CONTRACTOR REIMBURSEMENT ARRANGEMENT **OR**

N DRG NON-EXEMPT

**AND** INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = I INSTITUTIONAL

**THEN** RURAL/URBAN INDICATOR MUST = L LARGE URBAN **OR**

R RURAL **OR**

U URBAN

**ELSE** RURAL/URBAN INDICATOR MUST = BLANK

**ELEMENT NAME: IDME RATIO (3-130)**

**VALIDITY EDITS**

**3-130-01V** MUST BE NUMERIC.

**RELATIONAL EDITS**

**3-130-01R** IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

**THEN** IDME RATIO MUST = ZEROES.

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

**ELEMENT NAME: IDME RATIO EFFECTIVE DATE (3-135)**

**VALIDITY EDITS**

**3-135-01V** MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES.

**RELATIONAL EDITS**

**3-135-01R** IF IDME RATIO = ZEROES

**THEN** IDME RATIO EFFECTIVE DATE MUST = ZEROES

**ELEMENT NAME: AREA WAGE INDEX (3-140)**

**VALIDITY EDITS**

**3-140-01V** MUST BE NUMERIC.

**RELATIONAL EDITS**

**3-140-01R** IF INSTITUTIONAL/NON-INSTITUTIONAL  
INDICATOR = N NON-INSTITUTIONAL

**THEN** AREA WAGE INDEX MUST = ZEROES.

**3-140-02R** IF DRG EXEMPT/NON-EXEMPT INDICATOR = N DRG NON-EXEMPT

**THEN** AREA WAGE INDEX MUST ≠ ZEROES.

**ELEMENT NAME: AREA WAGE INDEX EFFECTIVE DATE (3-145)**

**VALIDITY EDITS**

**3-145-01V** MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES AND CANNOT BE > TMA CURRENT SYSTEM DATE.

**RELATIONAL EDITS**

**3-145-01R** IF AREA WAGE INDEX = ZEROES

**THEN** EFFECTIVE DATE MUST = ZEROES

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

**ELEMENT NAME: DRG EXEMPT/NON-EXEMPT INDICATOR (3-150)**

**VALIDITY EDITS**

**3-150-01V** MUST BE A VALID DRG EXEMPT/NON-EXEMPT INDICATOR

**RELATIONAL EDITS**

**3-150-01R** IF INSTITUTIONAL/NON-INSTITUTIONAL  
INDICATOR = N NON-INSTITUTIONAL  
**THEN** DRG EXEMPT/NON-EXEMPT INDICATOR MUST BE BLANK.

**3-150-02R** IF INSTITUTIONAL/NON-INSTITUTIONAL  
INDICATOR = I INSTITUTIONAL  
**THEN** DRG EXEMPT/NON-EXEMPT INDICATOR MUST **NOT** = BLANK.

**3-150-03R** IF THIRD POSITION OF PROVIDER STATE/COUNTRY CODE IS **NOT** BLANK  
**AND** PROVIDER STATE/COUNTRY CODE ≠ PRI PUERTO RICO  
**AND** INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = I INSTITUTIONAL  
**THEN** DRG INDICATOR MUST = E DRG EXEMPT

**3-150-04R** IF INSTITUTIONAL/NON-INSTITUTIONAL  
INDICATOR = I INSTITUTIONAL  
**AND** PROVIDER STATE/COUNTRY CODE = MD MARYLAND  
**THEN** DRG EXEMPT/NON-EXEMPT  
INDICATOR MUST = E DRG EXEMPT

**3-150-05R** IF DRG EXEMPT/NON-EXEMPT INDICATOR = C DRG NON-EXEMPT/CONTRACTED REIMBURSEMENT  
ARRANGEMENT **OR**  
N DRG NON-EXEMPT  
**AND** INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = I INSTITUTIONAL  
**THEN** PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION MUST = DRG NON-EXEMPT TYPE OF  
INSTITUTION (REFER TO [ADDENDUM D](#)).

**ELEMENT NAME: DRG EXEMPT/NON-EXEMPT EFFECTIVE DATE (3-155)**

**VALIDITY EDITS**

**3-155-01V** MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES AND CANNOT BE > TMA CURRENT SYSTEM DATE.

**RELATIONAL EDITS**

**3-155-01R** IF DRG EXEMPT/NON-EXEMPT INDICATOR = BLANK  
**THEN** DRG EXEMPT/NON-EXEMPT EFFECTIVE DATE MUST = ZEROES

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

**ELEMENT NAME: TRANSACTION CODE (3-160)**

**VALIDITY EDITS**

<b>3-160-01V</b>	TRANSACTION CODE MUST =	A	ADD A RECORD <b>OR</b>
		I	INACTIVATE A RECORD <b>OR</b>
		M	MODIFY A RECORD

**RELATIONAL EDITS**

<b>3-160-01R</b>	IF TRANSACTION CODE =	A	ADD A RECORD
	<b>AND</b> INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	<b>THEN</b> PROVIDER TAXPAYER NUMBER		
	<b>AND</b> PROVIDER SUB-IDENTIFIER		
	<b>AND</b> ZIP CODE (FIRST FIVE DIGITS)		
	<b>AND</b> PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION MUST <b>NOT</b> ALREADY EXIST ON THE PROVIDER FILE.		
<b>3-160-02R</b>	IF TRANSACTION CODE =	A	ADD A RECORD
	<b>AND</b> IF INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	<b>THEN</b> PROVIDER TAXPAYER NUMBER		
	<b>AND</b> PROVIDER SUB-IDENTIFIER		
	<b>AND</b> ZIP CODE (FIRST FIVE DIGITS)		
	MUST <b>NOT</b> ALREADY EXIST ON THE PROVIDER FILE.		
<b>3-160-03R</b>	IF TRANSACTION CODE =	A	ADD A RECORD
	<b>AND</b> INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	<b>AND</b> THE PROVIDER TAXPAYER NUMBER		
	<b>AND</b> ZIP CODE (FIRST FIVE DIGITS) ARE THE SAME AS AN EXISTING RECORD ON THE PROVIDER FILE,		
	<b>AND</b> THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN 001		
	<b>THEN</b> THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER MUST MATCH AN EXISTING SUB-IDENTIFIER (WHICH ENDS IN '001') FOR THIS TAXPAYER NUMBER AND ZIP CODE (FIRST FIVE DIGITS) ON THE PROVIDER FILE. THIS LEADING ALPHA PREFIX MUST BE FOLLOWED BY THREE UNIQUE NUMERIC DIGITS		
	<b>OR</b> THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER ARE ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN '01'.		
	<b>THEN</b> THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER MUST MATCH AN EXISTING SUB-IDENTIFIER (WHICH ENDS IN '01') FOR THIS TAXPAYER NUMBER AND ZIP CODE ON THE PROVIDER FILE. THE ALPHA PREFIX MUST BE FOLLOWED BY TWO UNIQUE NUMERIC DIGITS.		
<b>3-160-04R</b>	IF TRANSACTION CODE =	A	ADD A RECORD
	<b>AND</b> INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	<b>AND</b> THE FIRST CHARACTER OF THE SUB-IDENTIFIER IS ALPHABETIC		
	<b>THEN</b> PROVIDER TAXPAYER NUMBER AND ZIP CODE (FIRST FIVE DIGITS) MUST NOT ALREADY EXIST ON THE PROVIDER FILE WITH AN ALL NUMERIC SUB-IDENTIFIER FOR A NON-INSTITUTIONAL PROVIDER RECORD		

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

**ELEMENT NAME: TRANSACTION CODE (3-160) (Continued)**

<b>UNLESS</b> THE PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION CODE OF ONE OF THE MATCHING DATABASE RECORDS =		AMBULANCE SVC SUPPLIERS (FIRST FOUR DIGITS) = 3416 <b>OR</b>
		AMBULATORY HEALTH CARE FACILITIES (FIRST FOUR DIGITS) = 261Q <b>OR</b>
		CLINICAL MEDICAL LABORATORY = 291U00000X, 292D00000X <b>OR</b>
		HOME HEALTH CARE AGENCY = 251E00000X <b>OR</b>
		MEDICAL SUPPLIERS (FIRST THREE DIGITS) = 332 <b>OR</b>
		PHARMACY = 333600000X <b>OR</b>
		FACILITY CHARGES = 251G00000X, 273R00000X, 273Y00000X, 276400000X, 281P00000X, 281PC2000X, 282N00000X, 282NC2000X, 282NW0100X, 283Q00000X, 283X00000X, 284300000X, 287300000X, 313M00000X, 314000000X, 315D00000X, 315P00000X, 320600000X, 322D00000X
<b>3-160-05R</b>	IF TRANSACTION CODE =	A    ADD A RECORD
	<b>AND</b> INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N    NON-INSTITUTIONAL
	<b>AND</b> PROVIDER SUB-IDENTIFIER IS NUMERIC	
	<b>AND</b> PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION ≠	AMBULANCE SVC SUPPLIERS (FIRST FOUR DIGITS) = 3416 <b>OR</b>
		AMBULATORY HEALTH CARE FACILITIES (FIRST FOUR DIGITS) = 261Q <b>OR</b>
		CLINICAL MEDICAL LABORATORY = 291U00000X, 292D00000X <b>OR</b>
		HOME HEALTH CARE AGENCY = 251E00000X <b>OR</b>
		MEDICAL SUPPLIERS (FIRST THREE DIGITS) = 332 <b>OR</b>
		PHARMACY = 333600000X <b>OR</b>
		FACILITY CHARGES = 251G00000X, 273R00000X, 273Y00000X, 276400000X, 281P00000X, 281PC2000X, 282N00000X, 282NC2000X, 282NW0100X, 283Q00000X, 283X00000X, 284300000X, 287300000X, 313M00000X, 314000000X, 315D00000X, 315P00000X, 320600000X, 322D00000X
	<b>THEN</b> NO NON-INSTITUTIONAL PROVIDER RECORD MAY EXIST ON THE PROVIDER FILE WITH THE SAME PROVIDER TAXPAYER NUMBER AND ZIP CODE (FIRST FIVE DIGITS) <b>AND</b> AN ALPHABETIC CHARACTER IN THE SUB-IDENTIFIER.	
	<b>UNLESS</b> A PROVIDER WITH THE SAME PROVIDER TAXPAYER NUMBER AND ZIP CODE WITH A NUMERIC SUB-IDENTIFIER	
	<b>AND</b> PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION =	FACILITY CHARGES = 251G00000X, 273R00000X, 273Y00000X, 276400000X, 281P00000X, 281PC2000X, 282N00000X, 282NC2000X, 282NW0100X, 283Q00000X, 283X00000X, 284300000X, 287300000X, 313M00000X, 314000000X, 315D00000X, 315P00000X, 320600000X, 322D00000X
	ALREADY EXISTS ON THE PROVIDER FILE.	
<b>3-160-06R</b>	IF TRANSACTION CODE =	I    INACTIVATE A RECORD <b>OR</b>
		M    MODIFY A RECORD

**TRICARE Systems Manual 7950.2-M, February 1, 2008**

Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

**ELEMENT NAME: TRANSACTION CODE (3-160) (Continued)**

**AND** INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = I INSTITUTIONAL

**THEN** AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION. (IN THE CASE OF FOREIGN COUNTRY, ZIP WILL BE BLANK; ANY DUPLICATES ADDED WILL HAVE TO BE ASSIGNED ANOTHER PROVIDER TAXPAYER NUMBER.)

**3-160-07R** IF TRANSACTION CODE = I INACTIVATE A RECORD **OR**  
M MODIFY A RECORD

**AND** INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

**THEN** AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE (FIRST FIVE DIGITS).

**3-160-08R** IF TRANSACTION CODE = I INACTIVATE A RECORD

**AND** INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

**AND** THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC FOLLOWED BY 001 **OR** THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC FOLLOWED BY 01

**THEN** ALL ASSOCIATED RECORDS USING THE SAME PROVIDER TAXPAYER NUMBER AND PROVIDER ZIP CODE (FIRST FIVE DIGITS) AND THE SAME ALPHA PREFIX OF THE SUB-IDENTIFIER AND DIFFERENT NUMERIC SUFFIX OF THE SUB-IDENTIFIER MUST ALSO BE INACTIVATED.

**ELEMENT NAME: RECORD EFFECTIVE DATE (3-165)**

**VALIDITY EDITS**

**3-165-01V** MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.

**RELATIONAL EDITS**

NONE

- END -

