

PROVIDER EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: AMERICAN HOSPITAL ASSOCIATION ID NUMBER (3-100)</b>	
<b>VALIDITY EDITS</b>	
3-100-01V	MUST BE LEFT JUSTIFIED AND BLANK FILLED OR BLANK.
<b>RELATIONAL EDITS</b>	
3-100-01R	IF INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =        N    NON-INSTITUTIONAL  THEN AMERICAN HOSPITAL ASSOCIATION (AHA) ID NUMBER MUST= BLANK.
<b>ELEMENT NAME: AHA MULTI-HOSPITAL SYSTEM CODE (3-105)</b>	
<b>VALIDITY EDITS</b>	
3-105-01V	MUST BE NUMERIC OR BLANK.
<b>RELATIONAL EDITS</b>	
3-105-01R	IF INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =        N    NON-INSTITUTIONAL  THEN AHA MULTI-SYSTEM CODE MUST = BLANK.
<b>ELEMENT NAME: MEDICARE NUMBER (3-110)</b>	
<b>VALIDITY EDITS</b>	
3-110-01V	<b>FIRST TWO</b> DIGITS MUST BE VALID MEDICARE STATE CODE, IF PRESENT (REFER TO <a href="#">CHAPTER 2, ADDENDUM B, FIGURE 2-B-2</a> )  THIRD 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'  DIGITS 4-6 MUST BE NUMERIC
<b>RELATIONAL EDITS</b>	
3-110-01R	IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) IS NOT BLANK  AND PROVIDER STATE/ COUNTRY CODE ≠                    PRI    PUERTO RICO  THEN MEDICARE NUMBER MUST = BLANK.
3-110-02R	IF INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =        N    NON-INSTITUTIONAL  THEN MEDICARE NUMBER MUST = BLANK.
3-110-03R	IF DRG EXEMPT/NON-EXEMPT INDICATOR =                            N    DRG NON-EXEMPT  THEN MEDICARE NUMBER CANNOT = BLANK.

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**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

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<b>ELEMENT NAME: IDME RATIO (3-130)</b>	
<b>VALIDITY EDITS</b>	
3-130-01V	MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
3-130-01R	IF INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =        N    NON-INSTITUTIONAL  THEN IDME RATIO MUST = ZEROES.
<b>ELEMENT NAME: IDME RATIO EFFECTIVE DATE (3-135)</b>	
<b>VALIDITY EDITS</b>	
3-135-01V	MUST BE A VALID GREGORIAN DATE OR ALL ZEROES.
<b>RELATIONAL EDITS</b>	
3-135-01R	IF IDME RATIO = ZEROES  THEN IDME RATIO EFFECTIVE DATE MUST = ZEROES
<b>ELEMENT NAME: AREA WAGE INDEX (3-140)</b>	
<b>VALIDITY EDITS</b>	
3-140-01V	MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
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.
<b>ELEMENT NAME: AREA WAGE INDEX EFFECTIVE DATE (3-145)</b>	
<b>VALIDITY EDITS</b>	
3-145-01V	MUST BE A VALID GREGORIAN DATE OR ALL ZEROES AND CANNOT BE > TMA CURRENT SYSTEM DATE.
<b>RELATIONAL EDITS</b>	
3-145-01R	IF AREA WAGE INDEX = ZEROES  THEN EFFECTIVE DATE MUST = ZEROES

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**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 [CHAPTER 2, 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**

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<b>ELEMENT NAME: TRANSACTION CODE (3-160)</b>	
<b>VALIDITY EDITS</b>	
<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
<b>RELATIONAL EDITS</b>	
<b>3-160-01R</b>	IF TRANSACTION CODE = A ADD A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR = I INSTITUTIONAL
	<b>THEN PROVIDER TAXPAYER NUMBER</b>
	<b>AND PROVIDER SUB-IDENTIFIER</b>
	<b>AND ZIP CODE (FIRST 5 DIGITS)</b>
	<b>AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION MUST NOT ALREADY EXIST ON THE PROVIDER FILE.</b>
<b>3-160-02R</b>	IF TRANSACTION CODE = A ADD A RECORD
	AND IF INSTITUTIONAL/ NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	<b>THEN PROVIDER TAXPAYER NUMBER</b>
	<b>AND PROVIDER SUB-IDENTIFIER</b>
	<b>AND ZIP CODE (FIRST 5 DIGITS)</b>
	<b>MUST NOT ALREADY EXIST ON THE PROVIDER FILE.</b>
<b>3-160-03R</b>	IF TRANSACTION CODE = A ADD A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	<b>AND THE PROVIDER TAXPAYER NUMBER</b>
	<b>AND ZIP CODE (FIRST 5 DIGITS) ARE THE SAME AS AN EXISTING RECORD ON THE PROVIDER FILE,</b>
	<b>AND THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN 001</b>
	<b>THEN 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 5 DIGITS) ON THE PROVIDER FILE. THIS LEADING ALPHA PREFIX MUST BE FOLLOWED BY THREE UNIQUE NUMERIC DIGITS</b>
	<b>OR THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER ARE ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN '01'.</b>
	<b>THEN 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>
<b>3-160-06R</b>	IF TRANSACTION CODE = I INACTIVATE A RECORD <b>OR</b>
	M MODIFY A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR = I INSTITUTIONAL

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

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 5 CHARACTERS).

**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 5 CHARACTERS) AND THE SAME 1 OR 2 CHARACTER 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