

## Chapter 2

## Section 7.2

### Provider Edit Requirements (ELN 100 - 199)

Revision:

ELEMENT NAME: AMERICAN HOSPITAL ASSOCIATION ID NUMBER (3-100)		
VALIDITY EDITS		
3-100-01V	MUST BE LEFT JUSTIFIED AND BLANK FILLED	
	OR BLANK.	
RELATIONAL EDITS		
3-100-01R	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		
3-105-01V	MUST BE NUMERIC OR BLANK.	
RELATIONAL EDITS		
3-105-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL	
	THEN AHA MULTI-SYSTEM CODE MUST = BLANK.	

ELEMENT NAME: MEDICARE NUMBER (3-110)		
VALIDITY EDITS		
3-110-01V	FIRST TWO DIGITS MUST BE VALID MEDICARE STATE CODE, IF PRESENT (REFER TO <a href="#">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 FOUR THROUGH SIX MUST BE NUMERIC	
RELATIONAL EDITS		
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.	

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

<b>ELEMENT NAME: PROVIDER ACCEPTANCE DATE (3-115)</b>	
<b>VALIDITY EDITS</b>	
<b>3-115-01V</b>	MUST BE A VALID GREGORIAN DATE <b>OR</b> ALL ZEROES AND CANNOT BE > DHA CURRENT SYSTEM DATE.
<b>RELATIONAL EDITS</b>	
<b>3-115-01R</b>	PROVIDER TERMINATION DATE ≥ PROVIDER ACCEPTANCE DATE
	<b>OR</b> PROVIDER TERMINATION DATE = ZEROES
<b>3-115-02R</b>	IF PROVIDER ACCEPTANCE DATE = ZEROES
	<b>THEN</b> PROVIDER TERMINATION DATE MUST = ZEROES

<b>ELEMENT NAME: PROVIDER TERMINATION DATE (3-120)</b>	
<b>VALIDITY EDITS</b>	
<b>3-120-01V</b>	MUST BE A VALID GREGORIAN DATE OR ALL ZEROES.
<b>RELATIONAL EDITS</b>	
<b>3-120-01R</b>	PROVIDER ACCEPTANCE DATE ≤ PROVIDER TERMINATION DATE

<b>ELEMENT NAME: RURAL/URBAN INDICATOR (3-125)</b>	
<b>VALIDITY EDITS</b>	
<b>3-125-01V</b>	MUST BE A VALID RURAL/URBAN INDICATOR.
<b>RELATIONAL EDITS</b>	
<b>3-125-01R</b>	IF THIRD POSITION OF PROVIDER STATE/COUNTRY CODE IS <b>NOT</b> BLANK
	<b>AND</b> PROVIDER STATE/COUNTRY CODE ≠ PRI PUERTO RICO
	<b>THEN</b> RURAL/URBAN INDICATOR MUST = BLANK.
<b>3-125-02R</b>	IF DRG EXEMPT/NON-EXEMPT INDICATOR = C DRG NON-EXEMPT/CONTRACTOR REIMBURSEMENT ARRANGEMENT <b>OR</b>
	N DRG NON-EXEMPT
	<b>AND</b> INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = I INSTITUTIONAL
	<b>THEN</b> RURAL/URBAN INDICATOR MUST = L LARGE URBAN <b>OR</b>
	R RURAL <b>OR</b>
	U URBAN
	<b>ELSE</b> RURAL/URBAN INDICATOR MUST = BLANK

<b>ELEMENT NAME: IDME RATIO (3-130)</b>	
<b>VALIDITY EDITS</b>	
<b>3-130-01V</b>	MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
<b>3-130-01R</b>	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	<b>THEN</b> IDME RATIO MUST = ZEROES.

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

<b>ELEMENT NAME: IDME RATIO EFFECTIVE DATE (3-135)</b>	
<b>VALIDITY EDITS</b>	
<b>3-135-01V</b>	MUST BE A VALID GREGORIAN DATE <b>OR</b> ALL ZEROES.
<b>RELATIONAL EDITS</b>	
<b>3-135-01R</b>	IF IDME RATIO = ZEROES
	<b>THEN</b> IDME RATIO EFFECTIVE DATE MUST = ZEROES

<b>ELEMENT NAME: AREA WAGE INDEX (3-140)</b>	
<b>VALIDITY EDITS</b>	
<b>3-140-01V</b>	MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
<b>3-140-01R</b>	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	<b>THEN</b> AREA WAGE INDEX MUST = ZEROES.
<b>3-140-02R</b>	IF DRG EXEMPT/NON-EXEMPT INDICATOR = N DRG NON-EXEMPT
	<b>THEN</b> AREA WAGE INDEX MUST ≠ ZEROES.

<b>ELEMENT NAME: AREA WAGE INDEX EFFECTIVE DATE (3-145)</b>	
<b>VALIDITY EDITS</b>	
<b>3-145-01V</b>	MUST BE A VALID GREGORIAN DATE <b>OR</b> ALL ZEROES AND CANNOT BE > DHA CURRENT SYSTEM DATE.
<b>RELATIONAL EDITS</b>	
<b>3-145-01R</b>	IF AREA WAGE INDEX = ZEROES
	<b>THEN</b> EFFECTIVE DATE MUST = ZEROES

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

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 <a href="#">ADDENDUM D</a> ).			

ELEMENT NAME: DRG EXEMPT/NON-EXEMPT EFFECTIVE DATE (3-155)	
VALIDITY EDITS	
3-155-01V	MUST BE A VALID GREGORIAN DATE <b>OR</b> ALL ZEROES AND CANNOT BE > DHA CURRENT SYSTEM DATE.
RELATIONAL EDITS	
3-155-01R	IF DRG EXEMPT/NON-EXEMPT INDICATOR = BLANK
	<b>THEN</b> DRG EXEMPT/NON-EXEMPT EFFECTIVE DATE MUST = ZEROES

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

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>3-160-06R</b>	IF TRANSACTION CODE =	I	INACTIVATE A RECORD <b>OR</b>
		M	MODIFY A RECORD
	<b>AND</b> INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	<b>THEN</b> 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.)		
<b>3-160-07R</b>	IF TRANSACTION CODE =	I	INACTIVATE A RECORD <b>OR</b>
		M	MODIFY A RECORD

**TRICARE Systems Manual 7950.3-M, April 1, 2015**

Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

<b>ELEMENT NAME: TRANSACTION CODE (3-160) (Continued)</b>	
	<b>AND</b> INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	<b>THEN</b> 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).
<b>3-160-08R</b>	IF TRANSACTION CODE = I INACTIVATE A RECORD
	<b>AND</b> INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	AND THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC FOLLOWED BY 001 <b>OR</b> THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC FOLLOWED BY 01.
	<b>THEN</b> ALL ASSOCIATED RECORDS USING THE SAME PROVIDER TAXPAYER NUMBER AND PROVIDER ZIP CODE (FIRST FIVE DIGITS) AND THE SAME ONE OR TWO CHARACTER ALPHA PREFIX OF THE SUB-IDENTIFIER AND DIFFERENT NUMERIC SUFFIX OF THE SUB-IDENTIFIER MUST ALSO BE INACTIVATED.
<b>ELEMENT NAME: RECORD EFFECTIVE DATE (3-165)</b>	
<b>VALIDITY EDITS</b>	
<b>3-165-01V</b>	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > DHA CURRENT SYSTEM DATE.
<b>RELATIONAL EDITS</b>	
	NONE

- END -