

PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (3-001)

VALIDITY EDITS

3-001-01 MUST BE = '3'

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
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0-025-02R BATCH IDENTIFIER

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (3-005)

VALIDITY EDITS

NONE

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
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PROVIDER TAXPAYER NUMBER IDENTIFIER	SEE BELOW	PROVIDER STATE OR COUNTRY CODE
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EDITED ELEMENT RELATIONSHIP

3-005-02R IF PROVIDER TAXPAYER NUMBER IDENTIFIER = 'E' **OR** 'S'
 PROVIDER TAXPAYER NUMBER MUST BE NUMERIC.

3-005-03R IF PROVIDER TAXPAYER NUMBER IDENTIFIER = 'A'
 FIRST TWO DIGITS MUST EQUAL THE PROVIDER STATE **OR** COUNTRY CODE IN THE
 PROVIDER ADDRESS; THE LAST SEVEN MUST EITHER BE SEVEN NUMERIC DIGITS **OR** A
 LEADING ALPHA 'A' FOLLOWED BY SIX NUMERIC DIGITS.

ELEMENT NAME: PROVIDER SUBIDENTIFIER (3-010)

VALIDITY EDITS

3-010-01 LAST TWO DIGITS MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
¹ TRANSACTION CODE	SEE BELOW	PROVIDER TAXPAYER NUMBER, INST/NON-INST INDICATOR, TRANSACTION CODE, MAJOR SPECIALTY CODE

EDITED ELEMENT RELATIONSHIP

THE FOLLOWING RELATIONAL EDIT APPLIES ONLY TO NON-INSTITUTIONAL PROVIDERS.

3-010-02R IS TRANSACTION CODE = 'A' AND PROVIDER TAXPAYER NUMBER AND ZIP CODE IS FOUND ON THE PROVIDER FILE PROVIDER SUBIDENTIFIER MUST NOT EQUAL ZERO.

IF TRANSACTION CODE = 'A' AND
 INST/NON-INST INDICATOR = 'N' AND
 PROVIDER MAJOR SPECIALTY CODE = '70'
 THE FIRST CHARACTER OF THE SUBIDENTIFIER MUST BE ALPHABETIC AND
 THE LAST THREE DIGITS MUST = '001', **OR**
 THE FIRST TWO CHARACTERS OF SUBIDENTIFIER MUST BE ALPHABETIC AND
 THE LAST TWO DIGITS MUST = '01'.

¹ SEE EDITS 3-155-05R, 3-155-06R AND 3-155-07R.

ELEMENT NAME: PROVIDER TAXPAYER NUMBER IDENTIFIER (3-015)

VALIDITY EDITS

3-015-01 MUST BE 'E', 'S', **OR** 'A'.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
INST/NON-INST INDICATOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

3-015-02R IF PROVIDER STATE/COUNTRY CODE IS NUMERIC **OR** 'PR' AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = 'I' PROVIDER TAXPAYER NUMBER IDENTIFIER MUST EQUAL 'E'.

ELEMENT NAME: CONTRACTOR NUMBER (3-020)**VALIDITY EDITS**

NONE

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
3-020-02R	BATCH CONTRACTOR NUMBER	EQUAL

ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE (3-025)**VALIDITY EDITS****3-025-01** MUST BE '0', '1', '2', '3' OR '4'.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME: INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR (3-030)**VALIDITY EDITS****3-030-01** MUST BE 'I' OR 'N'.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME: PROVIDER NAME (3-035)**VALIDITY EDITS**

3-035-01 MUST BE LEFT JUSTIFIED AND BLANK FILLED.
 NO BLANKS IN A ROW ALLOWED UNTIL BLANK FILLING.
 ALL CHARACTERS MUST BE 'A' - 'Z'; '0' - '9'; ';'; 'ß'; '&'; '-'; "''.¹
 MUST NOT BE ALL SPACES.
 AT LEAST 2 CHARACTERS MUST OCCUR BEFORE THE FIRST COMMA.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

¹ AN APOSTROPHE IS A LEGAL CHARACTER IN PROVIDER'S NAME.

ELEMENT NAME: PROVIDER STREET ADDRESS (3-045)

VALIDITY EDITS

IF STATE/COUNTRY CODE IS NUMERIC (NOT A FOREIGN COUNTRY)

3-045-01 MUST BE LEFT JUSTIFIED AND BLANK FILLED.
 NO BLANKS IN A ROW ALLOWED UNTIL THE BLANK FILLING AREA.
 MUST NOT BE ALL BLANKS.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME: PROVIDER CITY (3-050)

VALIDITY EDITS

3-050-01 MUST BE LEFT JUSTIFIED AND BLANK FILLED.
 TWO BLANKS IN A ROW NOT ALLOWED UNTIL THE BLANK FILLING AREA.
 MUST NOT BE ALL BLANKS.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (3-055)

VALIDITY EDITS

3-055-01 MUST APPEAR IN [CHAPTER 2, ADDENDUM A](#) AND [ADDENDUM B](#) LISTING OF VALID STATE OR COUNTRY CODES.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME: PROVIDER ZIP CODE (3-060)**VALIDITY EDITS**

IF STATE/COUNTRY CODE IS NUMERIC (NOT A FOREIGN COUNTRY)

- 3-060-01** MUST BE 9 CHARACTERS; EITHER 9 DIGITS, OR 5 DIGITS FOLLOWED BY 4 BLANKS. MUST NOT BE ALL ZEROES OR ALL NINES. FIRST 5 DIGITS MUST BE A VALID ZIP CODE IN THE ELECTRONIC ZIP CODE FILE BASED ON CURRENT SYSTEM DATE.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
3-060-02R PROVIDER STATE OR COUNTRY CODE	FIRST 5 DIGITS MUST BE VALID FOR PROVIDER STATE/COUNTRY CODE (USE TABLE)	
3-060-03R LIST OF STATE/COUNTRY CODES ON COMS DATABASE	ZIP CODE MUST BE WITHIN CONTRACTORS' AREA OF RESPONSIBILITY	

ELEMENT NAME: PROVIDER BILLING STREET ADDRESS (3-070)**VALIDITY EDITS**

- 3-070-01** MUST BE LEFT JUSTIFIED AND BLANK FILLED. TWO BLANKS IN A ROW NOT ALLOWED UNTIL THE BLANK FILLING AREA.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
3-070-02R PROVIDER STREET ADDRESS	NOT EQUAL	

ELEMENT NAME: PROVIDER BILLING CITY (3-075)

VALIDITY EDITS

3-075-01 MUST BE LEFT JUSTIFIED AND BLANK FILLED.
 TWO BLANKS IN A ROW NOT ALLOWED UNTIL THE BLANK FILLING AREA.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
3-075-02R PROVIDER BILLING STREET ADDRESS	MUST BE BLANK IF PROVIDER BILLING STREET ADDRESS IS BLANK; ELSE, MUST NOT BE BLANK.	

ELEMENT NAME: PROVIDER BILLING STATE COUNTRY CODE (3-080)

VALIDITY EDITS

3-080-01 MUST BE ALL BLANKS OR APPEAR IN [CHAPTER 2, ADDENDUM A](#) AND [ADDENDUM B](#)
 LISTING VALID STATE OR COUNTRY CODE FIGURES.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
3-080-02R PROVIDER BILLING STREET ADDRESS	IF BILLING STREET ADDRESS IS BLANK, BILLING STATE OR COUNTRY CODE MUST BE BLANK. OTHERWISE MUST NOT BE BLANK.	

ELEMENT NAME: PROVIDER BILLING ZIP CODE (3-085)**VALIDITY EDITS**

IF STATE/COUNTRY CODE IS NUMERIC (NOT A FOREIGN COUNTRY)

- 3-085-01** MUST BE BLANK **OR** 9 DIGITS, **OR** 5 DIGITS FOLLOWED BY 4 BLANKS.
MUST NOT BE ALL ZEROES **OR** ALL NINES.
FIRST 5 DIGITS MUST **BE A VALID ZIP CODE IN THE ELECTRONIC ZIP CODE FILE BASED ON CURRENT SYSTEM DATE.**

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
3-085-02R PROVIDER BILLING STREET ADDRESS	MUST BE BLANK IF PROVIDER BILLING STREET ADDRESS IS BLANK, OTHERWISE MUST NOT BE BLANK.	
3-085-03R PROVIDER STATE OR COUNTRY CODE	FIRST 5 DIGITS MUST BE VALID FOR PROVIDER STATE/COUNTRY CODE (USE TABLE)	

ELEMENT NAME: PROVIDER MAJOR SPECIALTY OR TYPE OF INSTITUTION (3-090)**VALIDITY EDITS**

NONE

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
INST/NON-INST INDICATOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

- 3-090-02R** IF INST/NON-INST INDICATOR = 'I',
MUST BE VALID TYPE OF INSTITUTION (SEE [CHAPTER 2, ADDENDUM D](#)).
- IF INST/NON-INST INDICATOR = 'N',
MUST BE A VALID PROVIDER MAJOR SPECIALTY (SEE [CHAPTER 2, ADDENDUM C](#)).
- 3-090-03R** PROVIDER ID PLUS FIVE DIGIT PROVIDER ZIP CODE MUST BE A TRICARE CERTIFIED RESIDENTIAL TREATMENT CENTER (RTC) **WHEN:**
INST/NON-INST INDICATOR = 'I';
TYPE OF INSTITUTION = '72';
PROVIDER ACCEPTANCE DATE > ZEROS.

ELEMENT NAME: PROVIDER MAJOR SPECIALTY OR TYPE OF INSTITUTION (3-090) (CONTINUED)

3-090-04R PROVIDER ACCEPTANCE AND TERMINATION DATES MUST BE WITHIN THE CERTIFICATION PERIOD OF THE TRICARE CERTIFIED RESIDENTIAL TREATMENT CENTER (RTC) **WHEN:**
 INST/NON-INST INDICATOR = 'I';
 TYPE OF INSTITUTION = '72';
 PROVIDER ACCEPTANCE DATE > ZEROS.

ELEMENT NAME: TYPE OF INSTITUTION CODE (3-092)

VALIDITY EDITS

3-092-01 MUST BE 'B', 'L', OR 'S'.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
INST/NON-INST INDICATOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

3-092-02R IF INST/NON-INST INDICATOR IS 'I'
 TYPE OF INSTITUTION CODE MUST BE 'S' OR 'L',
 OTHERWISE, MUST BE BLANK.

ELEMENT NAME: AMERICAN HOSPITAL ASSOCIATION ID NUMBER (3-095)

VALIDITY EDITS

3-095-01 MUST BE LEFT JUSTIFIED AND BLANK FILLED OR BLANK.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
INST/NON-INST INDICATOR	IF INDICATOR IS 'N', AHA ID MUST BE BLANK.	