

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

**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)
<sup>1</sup> 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'.

<sup>1</sup> 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'; '&'; '-'; "''.<sup>1</sup>  
 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

<sup>1</sup> 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)
<b>3-060-02R</b> PROVIDER STATE <b>OR</b> COUNTRY CODE	FIRST 5 DIGITS MUST BE VALID FOR PROVIDER STATE/COUNTRY CODE (USE TABLE)	
<b>3-060-03R</b> LIST OF STATE/COUNTRY CODES ON COMS DATABASE	ZIP CODE MUST BE WITHIN CONTRACTORS' AREA OF RESPONSIBILITY <b>UNLESS INST/NON-INST INDICATOR = 'N' AND MAJOR SPECIALITY CODE = '88' (PHARMACY) THEN BYPASS THIS EDIT.</b>	

**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)
<b>3-070-02R</b> 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)
<b>3-075-02R</b> 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)
<b>3-080-02R</b> 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)
<b>3-085-02R</b> PROVIDER BILLING STREET ADDRESS	MUST BE BLANK IF PROVIDER BILLING STREET ADDRESS IS BLANK, OTHERWISE MUST NOT BE BLANK.	
<b>3-085-03R</b> 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.	