

PROVIDER EDIT REQUIREMENTS (ELN 100 - 199)

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 CHAPTER 2, ADDENDUM B) THIRD DIGIT MUST BE ONE OF THE FOLLOWING MEDICARE TYPE OF INSTITUTION CODES - 'S', 'T', 'U', 'V', 'Z', '0', '1', '2', '3', '4', '5', '6', '7', '8', '9' DIGITS 4-6 MUST BE NUMERIC
RELATIONAL EDITS	
3-110-01R	IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) IS NOT BLANK OR 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.

RELATIONAL EDITS

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

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 PROVIDER STATE/COUNTRY CODE (THIRD POSITION) IS **NOT** BLANK

OR 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 = 0.

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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 = 0

THEN IDME RATIO EFFECTIVE DATE MUST = ALL 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 = 0.

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

THEN AREA WAGE INDEX MUST ≠ 0.

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

VALIDITY EDITS

3-145-01V MUST BE A VALID GREGORIAN DATE OR 0.

RELATIONAL EDITS

3-145-01R IF AREA WAGE INDEX = 0

THEN EFFECTIVE DATE MUST = 0

OR MUST BE VALID GREGORIAN DATE.

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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 PROVIDER STATE/COUNTRY CODE (THIRD POSITION) IS **NOT** BLANK
OR PROVIDER STATE/
COUNTRY CODE ≠ PRI PUERTO RICO
AND IF 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 (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** 0.

RELATIONAL EDITS

3-155-01R IF DRG EXEMPT/NON-EXEMPT INDICATOR = BLANK
THEN DRG EXEMPT/NON-EXEMPT EFFECTIVE DATE MUST = 0
ELSE EFFECTIVE DATE MUST BE VALID GREGORIAN DATE.

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ELEMENT NAME: TRANSACTION CODE (3-160)	
VALIDITY EDITS	
3-160-01V	MUST BE 'A' (ADD), 'M' (MODIFY), OR 'I' (INACTIVATE).
RELATIONAL EDITS	
3-160-01R	IF TRANSACTION CODE = A ADD A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = I INSTITUTIONAL
	THEN ZIP CODE (FIRST 5 DIGITS)
	AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION MUST BE UNIQUE FOR THE PROVIDER TAXPAYER NUMBER.
3-160-02R	IF TRANSACTION CODE = A ADD A RECORD
	AND IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	THEN PROVIDER TAXPAYER NUMBER
	AND PROVIDER SUBIDENTIFIER
	AND ZIP CODE (FIRST 5 DIGITS)
	MUST NOT ALREADY EXIST ON THE PROVIDER FILE.
3-160-03R	IF TRANSACTION CODE = A ADD A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	AND THE PROVIDER TAXPAYER NUMBER
	AND ZIP CODE (FIRST 5 DIGITS) ARE THE SAME AS AN EXISTING RECORD ON THE PROVIDER FILE,
	AND THE FIRST CHARACTER OF THE PROVIDER SUBIDENTIFIER IS ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN 001
	THEN THE FIRST CHARACTER OF THE PROVIDER SUBIDENTIFIER MUST MATCH AN EXISTING SUBIDENTIFIER (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
	OR THE FIRST TWO CHARACTERS OF THE PROVIDER SUBIDENTIFIER ARE ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN '01'. THE FIRST TWO CHARACTERS OF THE PROVIDER SUBIDENTIFIER MUST MATCH AN EXISTING SUBIDENTIFIER (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.
3-160-04R	IF TRANSACTION CODE = A ADD A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	AND PROVIDER MAJOR SPECIALTY =
	MEDICAL SUPPLIERS (FIRST 4 DIGITS) = 332B
	AMBULANCE SVC SUPPLIERS (FIRST 4 DIGITS) = 3416
	CLINICAL MEDICAL LABORATORY = 291U00000N
	PHARMACY = 333600000N

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

			HOME HEALTH CARE AGENCY = 2514H0200N
			FACILITY CHARGE = 287300000N, 281P00000N, 281PC2000N, 282N00000N, 282NC2000N, 282NR1301N, 282NW0100N, 2865C1500N, 2865M2000N, 2865X1600N, 283Q00000N, 283X00000N, 283XC2000N, 284300000N
			THEN BYPASS EDIT
	ELSE IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
			AND THE FIRST CHARACTER OF THE SUBIDENTIFIER IS ALPHABETIC
			THEN PROVIDER TAXPAYER NUMBER AND ZIP CODE (FIRST 5 DIGITS) MUST NOT ALREADY EXIST ON THE PROVIDER FILE WITH A NUMERIC SUBIDENTIFIER
3-160-05R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
			AND PROVIDER SUBIDENTIFIER IS NUMERIC
	AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION ≠		MEDICAL SUPPLIERS (FIRST 4 DIGITS) = 332B
			AMBULANCE SVC SUPPLIERS (FIRST 4 DIGITS) = 3416
			CLINICAL MEDICAL LABORATORY = 291U00000N
			PHARMACY = 333600000N
			HOME HEALTH CARE AGENCY = 2514H0200N
			FACILITY CHARGE = 287300000N, 281P00000N, 281PC2000N, 282N00000N, 282NC2000N, 282NR1301N, 282NW0100N, 2865C1500N, 2865M2000N, 2865X1600N, 283Q00000N, 283X00000N, 283XC2000N, 284300000N
			THEN NO PROVIDER RECORD MAY EXIST ON THE PROVIDER FILE WITH THE SAME PROVIDER TAXPAYER NUMBER AND ZIP CODE (FIRST 5 DIGITS) AND AN ALPHABETIC CHARACTER IN THE SUBIDENTIFIER.
			UNLESS PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION = (FACILITY CHARGE) 287300000N, 281P00000N, 281PC2000N, 282N00000N, 282NC2000N, 282NR1301N, 282NW0100N, 2865C1500N, 2865M2000N, 2865X1600N, 283Q00000N, 283X00000N, 283XC2000N, 284300000N
			AND PROVIDER WITH THE SAME PROVIDER TAXPAYER NUMBER
			AND ZIP CODE WITH A NUMERIC SUBIDENTIFIER
			THEN ADD RECORD TO DATABASE
3-160-06R	IF TRANSACTION CODE =	I	INACTIVATE A RECORD OR
		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 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 SUBIDENTIFIER, AND PROVIDER ZIP CODE.

3-160-08R IF TRANSACTION CODE = I INACTIVATE A RECORD
AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (FIRST 4 POSITIONS) = 261Q AMBULATORY HEALTH CARE FACILITIES

THEN ALL ASSOCIATED RECORDS USING THE SAME PROVIDER TAXPAYER NUMBER AND PROVIDER ZIP CODE AND THE SAME ALPHA PREFIX OF THE SUBIDENTIFIER MUST ALSO BE INACTIVATED.

ELEMENT NAME: RECORD EFFECTIVE DATE (3-165)

VALIDITY EDITS

3-165-01V MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

NONE

