

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, FIGURE 2-B-2) 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
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.

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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
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

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 = **ZEROES**.

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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 = ZEROES
THEN IDME RATIO EFFECTIVE DATE MUST = 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 = ZEROES.

3-140-02R IF DRG EXEMPT/NON-EXEMPT
INDICATOR = N DRG NON-EXEMPT
THEN AREA WAGE INDEX MUST ≠ ZEROES.

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

VALIDITY EDITS

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

RELATIONAL EDITS

3-145-01R IF AREA WAGE INDEX = ZEROES
THEN EFFECTIVE DATE MUST = ZEROES

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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 **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**.

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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ELEMENT NAME: TRANSACTION CODE (3-160)	
VALIDITY EDITS	
3-160-01V	TRANSACTION CODE MUST = A ADD A RECORD OR
	I INACTIVATE A RECORD OR
	M MODIFY A RECORD
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 SUB-IDENTIFIER
	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 SUB-IDENTIFIER IS ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN 001
	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
	OR THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER ARE ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN '01'.
	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.
3-160-04R	IF TRANSACTION CODE = A ADD A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	AND THE FIRST CHARACTER OF THE SUB-IDENTIFIER IS ALPHABETIC
	THEN PROVIDER TAXPAYER NUMBER AND ZIP CODE (FIRST 5 DIGITS) MUST NOT ALREADY EXIST ON THE PROVIDER FILE WITH AN ALL NUMERIC SUB- IDENTIFIER

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

UNLESS THE PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION CODE OF ONE OF THE MATCHING DATABASE RECORDS =

AMBULANCE SVC SUPPLIERS (FIRST 4 DIGITS) = 3416
OR

AMBULATORY HEALTH CARE FACILITIES (FIRST 4 DIGITS) = 261Q **OR**

CLINICAL MEDICAL LABORATORY = 291U00000X,
292D00000X **OR**

HOME HEALTH CARE AGENCY = 251E00000X **OR**

MEDICAL SUPPLIERS (FIRST 3 DIGITS) = 332 **OR**

PHARMACY = 333600000X **OR**

FACILITY CHARGES = 251G00000X, 273R00000X,
273Y00000X, 276400000X, 281P00000X, 281PC2000X,
282N00000X, 282NC2000X, 282NW0100X, 283Q00000X,
283X00000X, 284300000X, 287300000X, 313M00000X,
314000000X, 315D00000X, 315P00000X, 320600000X,
322D00000X

3-160-05R IF TRANSACTION CODE = A ADD A RECORD

AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

AND PROVIDER SUB-IDENTIFIER IS NUMERIC

AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION ≠

AMBULANCE SVC SUPPLIERS (FIRST 4 DIGITS) = 3416
OR

AMBULATORY HEALTH CARE FACILITIES (FIRST 4 DIGITS) = 261Q **OR**

CLINICAL MEDICAL LABORATORY = 291U00000X,
292D00000X **OR**

HOME HEALTH CARE AGENCY = 251E00000X **OR**

MEDICAL SUPPLIERS (FIRST 3 DIGITS) = 332 **OR**

PHARMACY = 333600000X **OR**

FACILITY CHARGES = 251G00000X, 273R00000X,
273Y00000X, 276400000X, 281P00000X, 281PC2000X,
282N00000X, 282NC2000X, 282NW0100X, 283Q00000X,
283X00000X, 284300000X, 287300000X, 313M00000X,
314000000X, 315D00000X, 315P00000X, 320600000X,
322D00000X

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 SUB-IDENTIFIER.

UNLESS A PROVIDER WITH THE SAME PROVIDER TAXPAYER NUMBER AND ZIP CODE WITH A NUMERIC SUB-IDENTIFIER

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

**AND PROVIDER MAJOR
SPECIALTY/TYPE OF
INSTITUTION =**

**FACILITY CHARGES = 251G00000X, 273R00000X,
273Y00000X, 276400000X, 281P00000X, 281PC2000X,
282N00000X, 282NC200X, 82NW0100X, 283Q00000X,
283X00000X, 284300000X, 287300000X, 313M00000X,
314000000X, 315D00000X, 315P00000X, 320600000X,
322D00000X**

ALREADY EXISTS ON THE PROVIDER FILE.

3-160-06R IF TRANSACTION CODE = I INACTIVATE A RECORD OR
M MODIFY A RECORD

**AND INSTITUTIONAL/NON-
INSTITUTIONAL INDICATOR = I INSTITUTIONAL**

**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 SUB-IDENTIFIER, 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 =**

MULTI-SPECIALTY GROUP = 193200000X

SINGLE-SPECIALTY GROUP = 193400000X

**THEN ALL ASSOCIATED RECORDS USING THE SAME PROVIDER TAXPAYER
NUMBER AND PROVIDER ZIP CODE AND THE SAME ALPHA PREFIX 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.

RELATIONAL EDITS

NONE

