

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 AND CANNOT BE > TMA CURRENT SYSTEM DATE.

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

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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.
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 AND CANNOT BE > TMA CURRENT SYSTEM DATE.
RELATIONAL EDITS	
3-145-01R	IF AREA WAGE INDEX = ZEROES THEN EFFECTIVE DATE MUST = ZEROES

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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 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 **AND CANNOT BE > TMA
CURRENT SYSTEM DATE.**

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.		

3-160-06R	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 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 AND CANNOT BE > TMA CURRENT SYSTEM DATE.

RELATIONAL EDITS

NONE