

Provider Edit Requirements (ELN 100 - 199)

Revision:

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 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 FOUR THROUGH SIX 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.

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PROVIDER ACCEPTANCE DATE (3-115)	
VALIDITY EDITS	
3-115-01V	MUST BE A VALID GREGORIAN DATE OR ALL ZEROES AND CANNOT BE > DHA 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

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.

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 7.2

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 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 > DHA CURRENT SYSTEM DATE.
RELATIONAL EDITS	
3-155-01R	IF DRG EXEMPT/NON-EXEMPT INDICATOR = BLANK THEN DRG EXEMPT/NON-EXEMPT EFFECTIVE DATE MUST = ZEROES

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

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 PROVIDER TAXPAYER NUMBER		
	AND PROVIDER SUB-IDENTIFIER		
	AND ZIP CODE (FIRST FIVE DIGITS)		
	AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION MUST NOT ALREADY EXIST ON THE PROVIDER FILE.		
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 FIVE 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 FIVE 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 FIVE 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
	THEN AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, 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

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 7.2

Provider Edit Requirements (ELN 100 - 199)

ELEMENT NAME: TRANSACTION CODE (3-160) (Continued)	
	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 (FIRST FIVE DIGITS).
3-160-08R	IF TRANSACTION CODE = I INACTIVATE A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	AND THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC FOLLOWED BY 001 OR THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC FOLLOWED BY 01.
	THEN ALL ASSOCIATED RECORDS USING THE SAME PROVIDER TAXPAYER NUMBER AND PROVIDER ZIP CODE (FIRST FIVE DIGITS) AND THE SAME ONE OR TWO CHARACTER ALPHA PREFIX OF THE SUB-IDENTIFIER AND DIFFERENT NUMERIC SUFFIX 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 > DHA CURRENT SYSTEM DATE.
RELATIONAL EDITS	
	NONE

- END -