

PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (3-001)	
VALIDITY EDITS	
3-001-01V	MUST = 3 PROVIDER
RELATIONAL EDITS	

NONE

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (3-005)	
VALIDITY EDITS	

NONE

RELATIONAL EDITS	
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3-005-01R	IF PROVIDER TAXPAYER NUMBER IDENTIFIER =	E	INDICATES 'EIN' OR
		S	INDICATES 'SSN' (VALID FOR NON-INSTITUTIONAL ONLY)

THEN PROVIDER TAXPAYER NUMBER MUST BE NUMERIC

3-005-02R	IF PROVIDER TAXPAYER NUMBER IDENTIFIER =	A	ASSIGNED BY CONTRACTOR
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- (DENOTES OUTSIDE CONTRACTOR JURISDICTION)

THEN FIRST THREE POSITIONS MUST EQUAL THE PROVIDER STATE/COUNTRY CODE IN THE PROVIDER ADDRESS

AND THE FOURTH POSITION MUST = 'A'

AND THE LAST FIVE POSITIONS MUST BE NUMERIC.

- (DENOTES **INSIDE** CONTRACTOR JURISDICTION)

OR FIRST THREE POSITIONS MUST EQUAL THE PROVIDER STATE/COUNTRY CODE IN THE PROVIDER ADDRESS

AND THE LAST SIX POSITIONS MUST BE NUMERIC.

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CHAPTER 2, SECTION 7.1

PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (3-010)

VALIDITY EDITS

3-010-01V LAST TWO DIGITS MUST BE NUMERIC.

RELATIONAL EDITS

3-010-02R IF TRANSACTION CODE = A ADD A RECORD
AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
AND FIRST 4 CHARACTERS OF PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION = 261Q AMBULATORY HEALTH CARE FACILITIES
THEN 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'.

ELEMENT NAME: PROVIDER TAXPAYER NUMBER IDENTIFIER (3-015)

VALIDITY EDITS

3-015-01V MUST BE A VALID PROVIDER TAXPAYER NUMBER IDENTIFIER.

RELATIONAL EDITS

3-015-01R IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) = BLANK
OR PROVIDER STATE/COUNTRY CODE = PRI PUERTO RICO
AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = I INSTITUTIONAL
THEN PROVIDER TAXPAYER NUMBER IDENTIFIER MUST = E INDICATES EIN

ELEMENT NAME: CONTRACTOR NUMBER (3-020)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

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PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE (3-025)

VALIDITY EDITS

3-025-01V MUST BE A VALID PROVIDER CONTRACT AFFILIATION CODE LOCATED IN CHAPTER 2, SECTION 2.10

RELATIONAL EDITS

3-025-02R IF PROVIDER CONTRACT AFFILIATION CODE = 5 NON-CERTIFIED PROVIDERS
THEN PROVIDER ACCEPTANCE DATE MUST = ZEROES
AND PROVIDER TERMINATION DATE MUST = ZEROES

ELEMENT NAME: INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR (3-030)

VALIDITY EDITS

3-030-01V MUST BE A VALID INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER NAME (3-035)

VALIDITY EDITS

3-035-01V MUST BE LEFT JUSTIFIED AND BLANK FILLED.
NO BLANKS IN A ROW ALLOWED UNTIL BLANK FILLING.

RELATIONAL EDITS

NONE

¹ AN APOSTROPHE IS A LEGAL CHARACTER IN PROVIDER'S NAME.

ELEMENT NAME: PROVIDER STREET ADDRESS (3-045)

VALIDITY EDITS

3-045-01V IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) = BLANK (NOT A FOREIGN COUNTRY)

THEN PROVIDER STREET ADDRESS 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

NONE

ELEMENT NAME: PROVIDER CITY (3-050)

VALIDITY EDITS

3-050-01V 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

NONE

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PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (3-055)

VALIDITY EDITS

3-055-01V MUST APPEAR IN [CHAPTER 2, ADDENDUM A](#) AND [ADDENDUM B](#) LISTING OF VALID STATE OR COUNTRY CODES.

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER ZIP CODE (3-060)

VALIDITY EDITS

3-060-01V MUST BE 9 DIGITS OR 5 DIGITS WITH 4 BLANKS

MUST BE A VALID ZIP CODE (BASED ON CURRENT SYSTEM DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE OR

MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE¹) FOLLOWED BY 6 BLANKS

RELATIONAL EDITS

3-060-01R PROVIDER ZIP CODE MUST BE WITHIN THE CONTRACTOR NUMBER AREA OF RESPONSIBILITY (REFER TO [CHAPTER 2, ADDENDUM J](#) FOR A LISTING OF VALID STATES FOR EACH CONTRACTOR NUMBER).

UNLESS INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION = 333600000X (PHARMACY) OR

183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST - TMOP)

THEN CONTRACTOR NUMBER MUST = 02 TMOP OR

61 RETAIL PHARMACY

¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST [CHAPTER 2, ADDENDUM A](#).

ELEMENT NAME: PROVIDER BILLING STREET ADDRESS (3-070)

VALIDITY EDITS

3-070-01V MUST BE LEFT JUSTIFIED AND BLANK FILLED. TWO BLANKS IN A ROW NOT ALLOWED UNTIL THE BLANK FILLING AREA.

RELATIONAL EDITS

NONE

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PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: PROVIDER BILLING CITY (3-075)

VALIDITY EDITS

3-075-01V MUST BE LEFT JUSTIFIED AND BLANK FILLED.
TWO BLANKS IN A ROW NOT ALLOWED UNTIL THE BLANK FILLING AREA.

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER BILLING STATE COUNTRY CODE (3-080)

VALIDITY EDITS

3-080-01V MUST BE ALL BLANKS OR APPEAR IN [CHAPTER 2, ADDENDUM A](#) AND [ADDENDUM B](#) LISTING VALID STATE OR COUNTRY CODE FIGURES.

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER BILLING ZIP CODE (3-085)

VALIDITY EDITS

3-085-01V **MUST BE 9 DIGITS OR 5 DIGITS WITH 4 BLANKS**
MUST BE A VALID ZIP CODE (BASED ON CURRENT SYSTEM DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE OR
MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE¹) FOLLOWED BY 6 BLANKS

RELATIONAL EDITS

NONE

¹ **WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST [CHAPTER 2, ADDENDUM A](#).**

ELEMENT NAME: PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (3-090)

VALIDITY EDITS

NONE

RELATIONAL EDITS

3-090-01R IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = I INSTITUTIONAL
THEN MUST BE VALID PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (REFER TO [CHAPTER 2, ADDENDUM D, FIGURE 2-D-1](#)).

3-090-02R IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
THEN MUST BE A VALID PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (REFER TO [CHAPTER 2, ADDENDUM C](#)).

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PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: TYPE OF INSTITUTION TERM INDICATOR CODE (3-095)

VALIDITY EDITS

3-095-01V MUST BE A VALID TYPE OF INSTITUTION TERM INDICATOR CODE.

RELATIONAL EDITS

3-095-01R IF TYPE OF INSTITUTION CODE
TERM INDICATOR =

L	LONG-TERM OR
S	SHORT-TERM

THEN INSTITUTIONAL/NON-
INSTITUTIONAL INDICATOR
MUST =

I	INSTITUTIONAL
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