

PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

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

NONE

<b>ELEMENT NAME: PROVIDER TAXPAYER NUMBER (3-005)</b>	
<b>VALIDITY EDITS</b>	

NONE

<b>RELATIONAL EDITS</b>	
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
	• (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.

- (INSIDE CONTRACTOR JURISDICTION)

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

AND THE LAST SIX POSITIONS MUST BE NUMERIC.

<b>ELEMENT NAME: PROVIDER SUB-IDENTIFIER (3-010)</b>	
<b>VALIDITY EDITS</b>	

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

<b>RELATIONAL EDITS</b>	
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NONE

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CHAPTER 2, SECTION 7.1

PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

**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 **THIRD POSITION OF PROVIDER STATE/COUNTRY CODE** = BLANK (**NOT A FOREIGN COUNTRY**)

**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**

**3-020-01V** MUST BE A VALID CONTRACTOR NUMBER (REFER TO CHAPTER 2, SECTION 2.10).

**RELATIONAL EDITS**

NONE

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

**VALIDITY EDITS**

**3-025-01V** MUST BE A VALID PROVIDER CONTRACT AFFILIATION CODE (REFER TO 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

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**ELEMENT NAME: PROVIDER NAME (3-035)**

**VALIDITY EDITS**

3-035-01V MUST BE LEFT JUSTIFIED AND BLANK FILLED.  
**MUST NOT BE ALL SPACES.**  
NO BLANKS IN A ROW ALLOWED UNTIL BLANK FILLING.

**RELATIONAL EDITS**

NONE

<sup>1</sup> AN APOSTROPHE IS A LEGAL CHARACTER IN PROVIDER'S NAME.

**ELEMENT NAME: PROVIDER STREET ADDRESS (3-045)**

**VALIDITY EDITS**

3-045-01V IF **THIRD POSITION OF** PROVIDER STATE/COUNTRY CODE = 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

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

**VALIDITY EDITS**

3-055-01V **MUST BE A VALID PROVIDER STATE OR COUNTRY CODE** IN **CHAPTER 2, ADDENDUM A OR ADDENDUM B.**

**RELATIONAL EDITS**

NONE

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PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

**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

**UNLESS TRANSACTION CODE =**

**I INACTIVATE A RECORD OR**

**M MODIFY A RECORD**

**OR** MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE<sup>1</sup>) 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)<sup>2</sup>.

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

<sup>2</sup> **DO NOT PERFORM THIS EDIT IF PROVIDER ZIP CODE IS A 3 CHARACTER COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE).**

**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

**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

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PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

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

**VALIDITY EDITS**

<b>3-085-01V</b>	<b>MUST BE 9 BLANKS OR</b> MUST BE 9 DIGITS <b>OR</b> 5 DIGITS WITH 4 BLANKS MUST BE A VALID ZIP CODE (BASED ON CURRENT SYSTEM DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE <b>OR</b> MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE <sup>1</sup> ) FOLLOWED BY 6 BLANKS
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**RELATIONAL EDITS**

NONE

<sup>1</sup> WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST **ADDENDUM A**.

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

**VALIDITY EDITS**

NONE

**RELATIONAL EDITS**

<b>3-090-01R</b>	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = I INSTITUTIONAL <b>THEN</b> MUST BE VALID PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (REFER TO <b>ADDENDUM D, FIGURE 2-D-1</b> ).
<b>3-090-02R</b>	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL <b>THEN</b> MUST BE A VALID PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (REFER TO <b>ADDENDUM C, FIGURE 2-C-2</b> ).
<b>3-090-03R</b>	IF PROVIDER MAJOR SPECIALTY/TYPE INSTITUTION = 183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST) <b>THEN</b> CONTRACTOR NUMBER MUST = 02 TMOP

**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**

<b>3-095-01R</b>	IF TYPE OF INSTITUTION CODE TERM INDICATOR = L LONG-TERM <b>OR</b> S SHORT-TERM <b>THEN</b> INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR MUST = I INSTITUTIONAL
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