

Provider Edit Requirements (ELN 000 - 099)

Revision: C-4, October 20, 2017

ELEMENT NAME: RECORD TYPE INDICATOR (3-001)	
VALIDITY EDITS	
3-001-01V	RECORD TYPE INDICATOR MUST = 3 PROVIDER
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (3-005)	
VALIDITY EDITS	
NONE	
RELATIONAL EDITS	
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
<ul style="list-style-type: none"> 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.	
<ul style="list-style-type: none"> 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.	

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (3-010)	
VALIDITY EDITS	
3-010-01V	LAST TWO DIGITS MUST BE NUMERIC.
RELATIONAL EDITS	
NONE	

TRICARE Systems Manual 7950.3-M, April 1, 2015

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 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 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 ¹ (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
¹ AN APOSTROPHE IS AN ALLOWED CHARACTER IN PROVIDER'S NAME.	

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 7.1

Provider Edit Requirements (ELN 000 - 099)

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** BLANK FILLING.
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** BLANK FILLING.
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 [ADDENDUMS A OR B](#).

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER ZIP CODE (3-060)

VALIDITY EDITS

3-060-01V MUST BE NINE DIGITS **OR** FIVE DIGITS WITH FOUR 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 THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE¹)
FOLLOWED BY SIX BLANKS

RELATIONAL EDITS

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

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

² DO NOT PERFORM THIS EDIT IF PROVIDER ZIP CODE IS A THREE CHARACTER COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE).

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 7.1

Provider Edit Requirements (ELN 000 - 099)

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 BLANK FILLING.
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 BLANK FILLING.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER BILLING STATE OR COUNTRY CODE (3-080)	
VALIDITY EDITS	
3-080-01V	MUST BE ALL BLANKS OR AS LISTED IN ADDENDUMS A OR B .
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER BILLING ZIP CODE (3-085)	
VALIDITY EDITS	
3-085-01V	MUST BE 9 BLANKS OR MUST BE NINE DIGITS OR FIVE DIGITS WITH FOUR BLANKS MUST BE A VALID ZIP CODE (BASED ON CURRENT SYSTEM DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE OR MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE ¹) FOLLOWED BY SIX BLANKS
RELATIONAL EDITS	
NONE	

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

TRICARE Systems Manual 7950.3-M, April 1, 2015

Chapter 2, Section 7.1

Provider Edit Requirements (ELN 000 - 099)

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 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 HTTP://WWW.WPC-EDI.COM/REFERENCE/).	
3-090-03R	IF PROVIDER MAJOR SPECIALTY/TYPE INSTITUTION = 183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)
THEN CONTRACTOR NUMBER MUST = 02 TMOP OR	
70 TPHARM OR	
73 TPHARM	

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	

- END -

