

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) | |
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| 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 | |

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| 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 |

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| 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 |

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|---|--|
| 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 |

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|--|---|
| 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 NAME¹ (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. | |

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| 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 | |

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| 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 | |

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|---|--|
| 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 | |

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|---|---|
| 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 TABLE ¹) 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). | |

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| 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 | |

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|--|--|
| 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 | |

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|---|---|
| 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 | |

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| 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](#).

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| 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 -

