

## Chapter 2

## Section 7.1

### Provider Edit Requirements (ELN 000 - 099)

Revision: C-4, October 20, 2017

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

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (3-005)		
VALIDITY EDITS		
NONE		
RELATIONAL EDITS		
<b>3-005-01R</b>	IF PROVIDER TAXPAYER NUMBER IDENTIFIER =	E INDICATES EIN <b>OR</b> S INDICATES SSN (VALID FOR NON-INSTITUTIONAL ONLY)
<b>THEN</b> PROVIDER TAXPAYER NUMBER MUST BE NUMERIC		
<b>3-005-02R</b>	IF PROVIDER TAXPAYER NUMBER IDENTIFIER =	A ASSIGNED BY CONTRACTOR
<ul style="list-style-type: none"> <li><b>OUTSIDE CONTRACTOR JURISDICTION</b></li> </ul>		
<b>THEN</b> FIRST THREE POSITIONS MUST EQUAL THE PROVIDER STATE/COUNTRY CODE IN THE PROVIDER ADDRESS		
<b>AND</b> THE FOURTH POSITION MUST = A		
<b>AND</b> THE LAST FIVE POSITIONS MUST BE NUMERIC.		
<ul style="list-style-type: none"> <li><b>INSIDE CONTRACTOR JURISDICTION</b></li> </ul>		
<b>THEN</b> FIRST THREE POSITIONS MUST EQUAL THE PROVIDER STATE/COUNTRY CODE IN THE PROVIDER ADDRESS		
<b>AND</b> 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	
<b>3-015-01V</b>	MUST BE A VALID PROVIDER TAXPAYER NUMBER IDENTIFIER.
RELATIONAL EDITS	
<b>3-015-01R</b>	IF THIRD POSITION OF PROVIDER STATE/COUNTRY CODE = BLANK (NOT A FOREIGN COUNTRY)
	<b>OR</b> PROVIDER STATE/COUNTRY CODE = PRI PUERTO RICO
	<b>AND</b> INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = I INSTITUTIONAL
	<b>THEN</b> PROVIDER TAXPAYER NUMBER IDENTIFIER MUST = E INDICATES EIN

ELEMENT NAME: CONTRACTOR NUMBER (3-020)	
VALIDITY EDITS	
<b>3-020-01V</b>	MUST BE A VALID CONTRACTOR NUMBER (REFER TO <a href="#">SECTION 2.10</a> ).
RELATIONAL EDITS	
	NONE

ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE (3-025)	
VALIDITY EDITS	
<b>3-025-01V</b>	MUST BE A VALID PROVIDER CONTRACT AFFILIATION CODE (REFER TO <a href="#">SECTION 2.10</a> ).
RELATIONAL EDITS	
<b>3-025-02R</b>	IF PROVIDER CONTRACT AFFILIATION CODE = 5 NON-CERTIFIED PROVIDERS
	<b>THEN</b> PROVIDER ACCEPTANCE DATE MUST = ZEROES
	<b>AND</b> PROVIDER TERMINATION DATE MUST = ZEROES

ELEMENT NAME: INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR (3-030)	
VALIDITY EDITS	
<b>3-030-01V</b>	MUST BE A VALID INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR
RELATIONAL EDITS	
	NONE

ELEMENT NAME: PROVIDER NAME <sup>1</sup> (3-035)	
VALIDITY EDITS	
<b>3-035-01V</b>	MUST BE LEFT JUSTIFIED <b>AND</b> 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 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	
<b>3-045-01V</b>	IF THIRD POSITION OF PROVIDER STATE/COUNTRY CODE = BLANK (NOT A FOREIGN COUNTRY)
<b>THEN</b> PROVIDER STREET ADDRESS MUST BE LEFT JUSTIFIED <b>AND</b> BLANK FILLED.	
NO BLANKS IN A ROW ALLOWED <b>UNTIL</b> BLANK FILLING. MUST <b>NOT</b> BE ALL BLANKS.	
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER CITY (3-050)	
VALIDITY EDITS	
<b>3-050-01V</b>	MUST BE LEFT JUSTIFIED <b>AND</b> BLANK FILLED. TWO BLANKS IN A ROW <b>NOT</b> ALLOWED <b>UNTIL</b> BLANK FILLING. MUST <b>NOT</b> BE ALL BLANKS.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (3-055)	
VALIDITY EDITS	
<b>3-055-01V</b>	MUST BE A VALID PROVIDER STATE OR COUNTRY CODE IN <a href="#">ADDENDUMS A</a> OR <a href="#">B</a> .
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER ZIP CODE (3-060)	
VALIDITY EDITS	
<b>3-060-01V</b>	MUST BE NINE DIGITS <b>OR</b> FIVE DIGITS WITH FOUR BLANKS
MUST BE A VALID ZIP CODE (BASED ON CURRENT SYSTEM DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE	
<b>UNLESS</b> TRANSACTION CODE = I INACTIVATE A RECORD <b>OR</b>	
M MODIFY A RECORD	
<b>OR</b> MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE <sup>1</sup> ) FOLLOWED BY SIX BLANKS	
RELATIONAL EDITS	
<b>3-060-01R</b>	PROVIDER ZIP CODE MUST BE WITHIN THE CONTRACTOR NUMBER AREA OF RESPONSIBILITY (REFER TO <a href="#">ADDENDUM I</a> FOR A LISTING OF VALID STATES FOR EACH CONTRACTOR NUMBER) <sup>2</sup> .
<sup>1</sup> WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST <a href="#">ADDENDUM A</a> .	
<sup>2</sup> 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	
<b>3-070-01V</b>	MUST BE LEFT JUSTIFIED AND BLANK FILLED. TWO BLANKS IN A ROW <b>NOT</b> ALLOWED <b>UNTIL</b> BLANK FILLING.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER BILLING CITY (3-075)	
VALIDITY EDITS	
<b>3-075-01V</b>	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	
<b>3-080-01V</b>	MUST BE ALL BLANKS OR AS LISTED IN <a href="#">ADDENDUMS A</a> OR <a href="#">B</a> .
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER BILLING ZIP CODE (3-085)	
VALIDITY EDITS	
<b>3-085-01V</b>	MUST BE 9 BLANKS <b>OR</b>
	MUST BE NINE DIGITS <b>OR</b> FIVE DIGITS WITH FOUR 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 THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE <sup>1</sup> ) FOLLOWED BY SIX BLANKS
RELATIONAL EDITS	
NONE	
<sup>1</sup> WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST <a href="#">ADDENDUM A</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		
<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 <a href="#">ADDENDUM D, FIGURE 2.D-1</a> ).		
<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 <a href="http://www.wpc-edi.com/reference/">HTTP://WWW.WPC-EDI.COM/REFERENCE/</a> ).		
<b>3-090-03R</b>	IF PROVIDER MAJOR SPECIALTY/TYPE INSTITUTION =	183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)
<b>THEN</b> CONTRACTOR NUMBER MUST =		02 TMOP <b>OR</b>
		70 TPHARM <b>OR</b>
		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 <b>OR</b>
		S	SHORT TERM
	<b>THEN</b> INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR MUST =	I	INSTITUTIONAL

- END -

