

## 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><br>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  |                                  |

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| 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.<br>MUST NOT BE ALL SPACES.<br>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. |   |

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| 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.<br>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.<br>TWO BLANKS IN A ROW <b>NOT</b> ALLOWED <b>UNTIL</b> BLANK FILLING.<br>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).      |   |

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| ELEMENT NAME: PROVIDER BILLING STREET ADDRESS (3-070) |  |
|---|--|
| VALIDITY EDITS  |  |
| <b>3-070-01V</b>                                      | MUST BE LEFT JUSTIFIED AND BLANK FILLED.<br>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.<br>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<br>ELECTRONIC ZIP CODE FILE <b>OR</b>  |
|   | MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE <sup>1</sup> )<br>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> . |   |

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| 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 -

