

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	
<b>3-010-01V</b>	LAST TWO DIGITS MUST BE NUMERIC.
RELATIONAL EDITS	
NONE	





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Chapter 2, Section 7.1

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<b>ELEMENT NAME: PROVIDER BILLING STREET ADDRESS (3-070)</b>	
<b>VALIDITY EDITS</b>	
<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.
<b>RELATIONAL EDITS</b>	
NONE	

<b>ELEMENT NAME: PROVIDER BILLING CITY (3-075)</b>	
<b>VALIDITY EDITS</b>	
<b>3-075-01V</b>	MUST BE LEFT JUSTIFIED AND BLANK FILLED. TWO BLANKS IN A ROW NOT ALLOWED UNTIL BLANK FILLING.
<b>RELATIONAL EDITS</b>	
NONE	

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

<b>ELEMENT NAME: PROVIDER BILLING ZIP CODE (3-085)</b>	
<b>VALIDITY EDITS</b>	
<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
<b>RELATIONAL EDITS</b>	
NONE	

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

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Chapter 2, Section 7.1

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<b>ELEMENT NAME: PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (3-090)</b>	
<b>VALIDITY EDITS</b>	
NONE	
<b>RELATIONAL EDITS</b>	
<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	

<b>ELEMENT NAME: TYPE OF INSTITUTION TERM INDICATOR CODE (3-095)</b>	
<b>VALIDITY EDITS</b>	
<b>3-095-01V</b>	MUST BE A VALID TYPE OF INSTITUTION TERM INDICATOR CODE.
<b>RELATIONAL EDITS</b>	
<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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