

Provider Edit Requirements (ELN 000 - 099)

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
	• 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.
	• 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

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 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

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 [ADDENDUM A](#) OR [ADDENDUM 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).

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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

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 [ADDENDUM A](#) AND [ADDENDUM 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 TABLE¹)
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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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/CODES).		
3-090-03R	IF PROVIDER MAJOR SPECIALTY/TYPE INSTITUTION =	183500000X (PHARMACY SERVICE PROVIDERS/ PHARMACIST)	
	THEN CONTRACTOR NUMBER MUST =	02	TMOP OR
		70	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

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