

PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (3-001)	
VALIDITY EDITS	
3-001-01V	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
<ul style="list-style-type: none"> • (DENOTES 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"> • (DENOTES OUTSIDE CONTRACTOR JURISDICTION) 	
OR FIRST THREE POSITIONS MUST EQUAL THE PROVIDER STATE/COUNTRY CODE IN THE PROVIDER ADDRESS	
AND THE LAST SIX POSITIONS MUST BE NUMERIC.	

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PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (3-010)

VALIDITY EDITS

3-010-01V LAST TWO DIGITS MUST BE NUMERIC.

RELATIONAL EDITS

3-010-01R IF TRANSACTION CODE = A ADD A RECORD

AND INSTITUTIONAL/NON-
INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

AND PROVIDER TAXPAYER NUMBER

AND ZIP CODE IS FOUND ON THE PROVIDER FILE PROVIDER

THEN SUBIDENTIFIER MUST NOT EQUAL ZERO.

3-010-02R IF TRANSACTION CODE = A ADD A RECORD¹

AND INSTITUTIONAL/NON-
INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

AND FIRST 4 CHARACTERS OF
PROVIDER MAJOR
SPECIALTY/TYPE OF

INSTITUTION = 261Q AMBULATORY HEALTH CARE FACILITIES

THEN THE FIRST CHARACTER OF THE SUBIDENTIFIER MUST BE ALPHABETIC

AND THE LAST THREE DIGITS MUST = '001'

OR THE FIRST TWO CHARACTERS OF SUBIDENTIFIER MUST BE ALPHABETIC

AND THE LAST TWO DIGITS MUST = '01'.

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 PROVIDER STATE/COUNTRY CODE (THIRD POSITION) = BLANK

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

NONE

RELATIONAL EDITS

NONE

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PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE (3-025)

VALIDITY EDITS

3-025-01V MUST BE '0', '1', '2', '3', '4' OR '5'

RELATIONAL EDITS

NONE

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 NAME (3-035)

VALIDITY EDITS

3-035-01V MUST BE LEFT JUSTIFIED AND BLANK FILLED.
NO BLANKS IN A ROW ALLOWED UNTIL BLANK FILLING.

RELATIONAL EDITS

NONE

¹ AN APOSTROPHE IS A LEGAL CHARACTER IN PROVIDER'S NAME.

ELEMENT NAME: PROVIDER STREET ADDRESS (3-045)

VALIDITY EDITS

3-045-01V IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) = BLANK (NOT A FOREIGN COUNTRY)

THEN PROVIDER STREET ADDRESS MUST BE LEFT JUSTIFIED AND BLANK FILLED.

NO BLANKS IN A ROW ALLOWED UNTIL THE BLANK FILLING AREA.
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 THE BLANK FILLING AREA.
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 APPEAR IN [CHAPTER 2, ADDENDUM A](#) AND [ADDENDUM B](#) LISTING OF VALID STATE OR COUNTRY CODES.

RELATIONAL EDITS

NONE

ELEMENT NAME: PROVIDER ZIP CODE (3-060)

VALIDITY EDITS

3-060-01V IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) = BLANK (NOT A FOREIGN COUNTRY)

THEN PROVIDER ZIP CODE MUST BE 9 CHARACTERS

(EITHER 9 DIGITS OR 5 DIGITS FOLLOWED BY 4 BLANKS--NOT BE ALL ZEROES OR ALL NINES)

AND FIRST 5 DIGITS MUST BE A VALID ZIP CODE IN THE ELECTRONIC ZIP CODE FILE BASED ON CURRENT SYSTEM DATE.

RELATIONAL EDITS

3-060-01R PROVIDER ZIP CODE MUST BE WITHIN THE CONTRACTOR NUMBER AREA OF RESPONSIBILITY (REFER TO [CHAPTER 2, ADDENDUM J](#) FOR A LISTING OF VALID STATES FOR EACH CONTRACTOR NUMBER).

UNLESS INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION = 333600000N (PHARMACY)

THEN BYPASS THIS EDIT

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 THE BLANK FILLING AREA.

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 THE BLANK FILLING AREA.

RELATIONAL EDITS

NONE

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PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: PROVIDER BILLING STATE COUNTRY CODE (3-080)	
VALIDITY EDITS	
3-080-01V	MUST BE ALL BLANKS OR APPEAR IN CHAPTER 2, ADDENDUM A AND ADDENDUM B LISTING VALID STATE OR COUNTRY CODE FIGURES.
RELATIONAL EDITS	
NONE	

ELEMENT NAME: PROVIDER BILLING ZIP CODE (3-085)	
VALIDITY EDITS	
3-085-01V	IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) = BLANK (NOT A FOREIGN COUNTRY) THEN PROVIDER BILLING ZIP CODE MUST = BLANK OR 9 DIGITS OR 5 DIGITS FOLLOWED BY 4 BLANKS MUST NOT BE ALL ZEROES OR ALL NINES AND FIRST 5 DIGITS MUST APPEAR ON ZIP CODE TABLE.
RELATIONAL EDITS	
NONE	

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 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 CHAPTER 2, ADDENDUM C).

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

