

Provider Edit Requirements (ELN 000 - 099)

Revision:

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
<ul style="list-style-type: none"> 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"> 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 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 ADDENDUMS A OR 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 TABLE ¹) 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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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 OR	
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 OR
S SHORT TERM	
THEN INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR MUST = I INSTITUTIONAL	

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