

## PROVIDER FILE RECORD SUBMISSION

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### 1.0. GENERAL

#### 1.1. Contractor Submission of Health Care Provider Records (HCPR) Requirements

##### 1.1.1. Electronic Media Submission

Contractors are required to submit HCPR Records via electronic media to the TRICARE Management Activity (TMA) for each provider who rendered care to TRICARE beneficiaries.

##### 1.1.2. Record Content

###### 1.1.2.1. Required Information for each Health Care Practitioner

###### 1.1.2.1.1. A Unique Provider ID Number (Provider Taxpayer Number)

###### 1.1.2.1.2. Name

###### 1.1.2.1.3. Address

###### 1.1.2.1.4. Medical Specialty

###### 1.1.2.1.5. Authorization Period

1.1.2.1.6. The provider must be present on the Provider File at TMA and authorized to provide care on the date of service reported on the HCSR.

1.1.2.1.7. Only care received from one Provider can be submitted per HCSR.

1.1.2.1.8. These data will be used by TMA to track services rendered by each provider.

##### 1.1.3. Denied Services and Complete Cancellation

1.1.3.1. Services will be excluded from the date of service check. (See [Chapter 2, Data Requirements](#), for element descriptions and record layouts for the provider and the corresponding batch header records.)

1.1.3.2. In the following text, the Element Locator Number (ELN) will be provided in brackets directly following each data element.

## 1.2. Initial HCSR Submission

A provider file, containing at least those providers appearing on initial HCSRs, must be submitted to TMA before the initial HCSRs are submitted. The contractor having contractual authority for provider certification in a given region has accountability for the HCPRs for providers in that region and is responsible for ensuring these HCPRs pass the TMA edits and for performing all maintenance transactions. This responsibility extends to those HCPRs submitted in support of the claims processing by another contractor. (See the [OPM Part Two, Chapter 1, Section VI.I.](#), for instructions regarding development for out-of-jurisdiction provider certification information and submission of the related HCPRs.)

## 1.3. Data Submission

1.3.1. The data must be submitted according to the procedures presented in the Teleprocessing Requirements section of this chapter.

1.3.2. The contractor must provide a separate record for each provider who renders care to a TRICARE beneficiary.

1.3.3. For non-institutional providers, multiple records will be required when more than one provider is billing under the same TAXPAYER IDENTIFICATION NUMBER (e.g., clinics). In this case, the PROVIDER ZIP CODE [3-060] and PROVIDER SUBIDENTIFIER [3-010] must be used to identify unique providers. Refer to these elements for further instructions.

## 1.4. Institutional Providers that are Part of a Multi-Hospital Chain

1.4.1. Providers must be identified within the Taxpayer Identification Number (TIN) by the zip code.

1.4.2. In addition, multiple records will be required for institutional providers with both DRG-exempt and DRG-nonexempt units under the same TIN.

1.4.3. These are to be identified by the PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION [3-090]. Only one (1) DRG-nonexempt TYPE OF INSTITUTION will be allowed per TIN and zip code, while multiple DRG-exempt types of facility will be allowed.

1.4.4. No duplicates within the TIN, PROVIDER ZIP CODE, and PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION will be allowed.

## 1.5. Institution Provides Outpatient Care

1.5.1. Additional provider records must be reported to TMA.

1.5.2. For outpatient services (e.g., ambulatory surgery in hospital, emergency room, hospital services), submit a provider record with PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION = 99 and INSTITUTIONAL OR NON-INSTITUTIONAL INDICATOR = N.

1.5.3. If the institution has a clinic associated with it, additional provider records must be reported to TMA using the PROVIDER SUB IDENTIFIER in the same manner as a stand alone clinic.

## 2.0. PROVIDER FILE RECORD MAINTENANCE

The Provider File is a dynamic file where records can be added, modified, or inactivated when a change is required.

### 2.1. File Submission

2.1.1. The contractor must submit transactions indicating the type of change and updated information.

2.1.2. Transactions will be submitted on an as needed basis.

2.1.3. Each group of transaction records must be preceded by a batch header record that identifies the subsequent records as provider transaction records. (See data element Provider Subidentifier for examples of reporting clinics.)

### 2.2. Add Transactions

2.2.1. The TRANSACTION CODE [3-155] must be coded 'A'.

2.2.2. All required data elements must be included.

2.2.3. An **ADD** cannot be made for institutional providers if the PROVIDER TAXPAYER NUMBER [3-005], PROVIDER ZIP CODE [3-060], and PROVIDER MAJOR SPECIALITY / TYPE OF INSTITUTION [3-090] are already on file.

2.2.4. An ADD for non-institutional providers cannot be made if the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE and PROVIDER SUBIDENTIFIER are already on file.

2.2.5. An ADD can be used to reactivate a provider key that has been inactivated.

### 2.3. Modify Transactions

2.3.1. The TRANSACTION CODE must be coded 'M'.

2.3.2. All required data elements must be included.

2.3.3. The MODIFY is used to make changes to an existing provider record, such as a termination of authorization or reauthorization.

2.3.4. A MODIFY will replace the previous record with a new record. Records being replaced will be archived.

2.3.5. Multiple periods of authorization will automatically be stored on the TMA master provider file.

**2.3.6.** For institutional providers, a MODIFY will not be accepted if the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE, and TYPE OF INSTITUTION are not already on the file.

**2.3.7.** PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE and PROVIDER SUBIDENTIFIER must be on the file for a non-institutional provider MODIFY transaction.

## **2.4. Inactivate Transactions**

**2.4.1.** The TRANSACTION CODE must be coded 'I'.

**2.4.2.** The PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, PROVIDER STATE OR COUNTRY CODE [3-055], and PROVIDER ZIP CODE [3-060] must be coded. These four data elements must match the same fields on the record at TMA to be inactivated.

### **2.4.3. Institutional Providers**

The INACTIVATE process is to be used when there is an error on the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE or TYPE OF INSTITUTION data elements.

### **2.4.4. Non-Institutional Providers**

**2.4.4.1.** The INACTIVATE process is used when there is an error on either the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE or the PROVIDER SUBIDENTIFIER data elements.

**2.4.4.2.** To correct an error on these data elements, the incorrect record must be inactivated and the correct record added using two separate transactions.

**2.4.4.3.** When correcting an error on these data elements for a clinic, all provider records associated with the clinic must also be inactivated. This process also applies when replacing a record containing a contractor Assigned Provider Number (APN) with a record containing the actual Provider Taxpayer Number.

**2.4.4.4.** Inactivates can also be used to retroactively update the provider record (e.g. the RECORD EFFECTIVE DATE needed is prior to the previous RECORD EFFECTIVE DATE for the provider).