

## PROVIDER RECORD DATA

### DATA ELEMENT DEFINITION

ELEMENT NAME: AHA MULTI-HOSPITAL SYSTEM CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-100	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Four (4) alphanumeric characters.		
<b>DEFINITION</b>	Code assigned by the American Hospital Association to identify multi-hospital systems.		
<b>CODE/VALUE SPECIFICATIONS</b>	Initially, an institutional provider list will be provided by TMA. Must be blanks if provider is not an institution.		
<b>ALGORITHM</b>	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Not required if provider is not an institution or part of a multi-hospital system. Otherwise, required if available.			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: AMERICAN HOSPITAL ASSOCIATION ID NUMBER**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-095	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Nine (9) alphanumeric characters.

**DEFINITION** The identification number assigned to the institution by the American Hospital Association.

**CODE/VALUE SPECIFICATIONS** Initially, an institutional provider list will be provided by TMA. Must be blanks if provider is not an institution.

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Required if available

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: AREA WAGE INDEX</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-135	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Five (5) numeric digits, including four (4) decimal places.		
<b>DEFINITION</b>	Adjustment factored to the labor-related portion of the Adjusted Standardize Amount (ASA) to account for the differences in wages among geographic areas, based on the hospital's physical address, not billing address.		
<b>CODE/VALUE SPECIFICATIONS</b>	N/A		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	N/A		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Zero fill for all non-institutional providers and all DRG-exempt institutional facilities not reimbursed using an Area Wage Index.			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: AREA WAGE INDEX EFFECTIVE DATE**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-140	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Eight (8) numeric characters, YYYYMMDD.

**DEFINITION** Date the Area Wage Index or a change to the index became effective.

**CODE/VALUE SPECIFICATIONS** YYYY 4 digit calendar year

MM 2 digit calendar month

DD 2 digit calendar day

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Zero fill if not applicable

## DATA ELEMENT DEFINITION

ELEMENT NAME: <b>C</b> ONTRACTOR NUMBER			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-020	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) alphanumeric characters.		
<b>DEFINITION</b>	Identification code for the contractor. Used to identify each contractor submitting Provider File Records.		
<b>CODE/VALUE SPECIFICATIONS</b>	TMA assigned <b>C</b> ontractor Number.		
	03	Managed Care Support - Region 3/4	
	06	Managed Care Support - Region 6	
	07	Managed Care Support - Central Region (Region 7/8)	
	11	Managed Care Support - Region 11	
	13	Unisys Health Information Management (Terminated 06/30/1999)	
	25	Managed Care Support - Region 2/5	
	26	Managed Care Support - Region 1	
	38	Blue Cross and Blue Shield of South Carolina (Terminated 06/30/1999)	
	45	Wisconsin Physicians Service (Terminated 10/01/2000 - Except for updating foreign providers)	
	53	Foundation Health Corporation (Terminated 12/31/1994)	
	57	New Orleans Coordinated Care Program (Terminated 05/29/1997)	
	59	Ætna Government Health Plans, Inc. (Terminated 09/30/1997)	
	60	Managed Care Support - Region 9, 10, 12	
	72	Managed Care Support - FHC Options (Terminated 03/01/1999)	
<b>ALGORITHM</b>	N/A		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>	N/A		

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**DATA ELEMENT DEFINITION**

**ELEMENT NAME:** **CONTRACTOR NUMBER (CONTINUED)**

**SUBORDINATE AND/OR GROUP ELEMENTS**

<b>SUBORDINATE</b>	<b>GROUP</b>
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**  
N/A

**DATA ELEMENT DEFINITION****ELEMENT NAME: DRG EXEMPT/NON-EXEMPT INDICATOR****RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-145	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** One (1) alphanumeric character.**DEFINITION** Indicates whether the institutional provider is exempted from the TRICARE/CHAMPUS-DRG based payment system.

CODE/VALUE SPECIFICATIONS		
	C	DRG Non-exempt/Contracted Reimbursement Arrangement
	E	DRG Exempt
	N	DRG Non-Exempt
	Blank	Not applicable

**ALGORITHM** N/A**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**<sup>1</sup> Report blank for all non-institutional providers.

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: DRG EXEMPT/NON-EXEMPT INDICATOR EFFECTIVE DATE**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-150	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Eight (8) numeric characters, YYYYMMDD.

**DEFINITION** Date the exempt/non-exempt status of the institutional provider became effective or a status change became effective.

**CODE/VALUE SPECIFICATIONS** YYYY 4 digit calendar year

MM 2 digit calendar month

DD 2 digit calendar day

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Zero filled for all non-institutional providers.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: IDME RATIO</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-125	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Five (5) numeric digits, including four (4) decimal places.		
<b>DEFINITION</b>	The ratio used on a hospital-specific basis to standardize the charges for the cost effects of Indirect Medical Education factors for teaching hospitals.		
<b>CODE/VALUE SPECIFICATIONS</b>	N/A		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Zero fill for all non-institutional providers and all DRG-exempt institutional facilities not reimbursed using an IDME Ratio.			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: IDME RATIO EFFECTIVE DATE**

<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-130	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) numeric characters, YYYYMMDD.		
<b>DEFINITION</b>	Date the IDME ratio or a change to the IDME ratio became effective.		
<b>CODE/VALUE SPECIFICATIONS</b>	YYYY	4 digit calendar year	
	MM	2 digit calendar month	
	DD	2 digit calendar day	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	N/A		

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Zero fill for all non-institutional providers and DRG-exempt institutional providers.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: INSTITUTIONAL OR NON-INSTITUTIONAL INDICATOR</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-030	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric character.		
<b>DEFINITION</b>	Code used to identify a provider as an institution or non-institution.		
<b>CODE/VALUE SPECIFICATIONS</b>	I	Institution <sup>1</sup>	
	N	Non-Institution	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> An institution is any facility having the capability to retain a patient overnight, excluding Free Standing Birthing Centers and Free Standing Ambulatory Surgery Centers. In addition, if the institution provides professional services related to DRG claims and/or has clinics affiliated with it (using the same TIN), it must be reported as a 'Non-Institutional' provider, with indicator 'N'. Refer to the instructions under Provider Subidentifier (ELN 3-010) for reporting.

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: MEDICARE NUMBER**

<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-105	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) alphanumeric characters.		
<b>DEFINITION</b>	Number assigned to an institution by Medicare.		
<b>CODE/VALUE SPECIFICATIONS</b>	Initially, an institutional provider list will be provided by TMA.		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A

**NOTES AND SPECIAL INSTRUCTIONS:**  
<sup>1</sup> Report blank for non-institutional and institutional providers not Medicare-approved or in a foreign country.

**DATA ELEMENT DEFINITION****ELEMENT NAME: PROVIDER ACCEPTANCE DATE**

<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-110	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) numeric digits.		
<b>DEFINITION</b>	Date a provider met criteria to provide services. If the provider was never qualified to provide services zero fill.		
<b>CODE/VALUE SPECIFICATIONS</b>	Must be valid date YYYYMMDD. Should be latest date of acceptance.		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	N/A		

**NOTES AND SPECIAL INSTRUCTIONS:**

When submitting a provider record for a provider who has never met the criteria to provide services, the Provider Acceptance and Termination dates must be zero filled.

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: PROVIDER ADDRESS**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-040	1	Yes

**PRIMARY PICTURE (FORMAT)** Group

**DEFINITION** Actual physical location of the provider's place of business.

**CODE/VALUE SPECIFICATIONS** N/A

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
PROVIDER STREET ADDRESS	N/A
PROVIDER CITY	N/A
PROVIDER STATE OR COUNTRY CODE	N/A
PROVIDER ZIP CODE	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

N/A

**DATA ELEMENT DEFINITION****ELEMENT NAME: PROVIDER BILLING ADDRESS**

<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-065	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT) Group</b>			
<b>DEFINITION</b> Billing mailing address of the TRICARE Provider.			
<b>CODE/VALUE SPECIFICATIONS</b> Left justified and blank filled. Blank fill if not required. <sup>1</sup>			
<b>ALGORITHM</b> N/A			
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
PROVIDER BILLING STREET ADDRESS	N/A		
PROVIDER BILLING CITY	N/A		
PROVIDER BILLING STATE OR COUNTRY CODE	N/A		
PROVIDER BILLING ZIP CODE	N/A		

**NOTES AND SPECIAL INSTRUCTIONS:**<sup>1</sup> Required only if different than Provider Address.

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: PROVIDER BILLING CITY**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-075	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** 18 alphanumeric characters.

**DEFINITION** City name for mailing address of TRICARE provider.

**CODE/VALUE SPECIFICATIONS** Left justified and blank filled. Blank fill if not required.<sup>1</sup>

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	PROVIDER BILLING ADDRESS

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> Required only if different than Provider Address.

**DATA ELEMENT DEFINITION****ELEMENT NAME: PROVIDER BILLING STATE OR COUNTRY CODE****RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-080	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Two (2) alphanumeric characters.**DEFINITION** State or country of provider's mailing address.**CODE/VALUE SPECIFICATIONS** See [Addendum A](#). Blank fill if not required.<sup>1</sup>**ALGORITHM** N/A**SUBORDINATE AND/OR GROUP ELEMENTS****SUBORDINATE****GROUP**

N/A

PROVIDER BILLING ADDRESS

**NOTES AND SPECIAL INSTRUCTIONS:**<sup>1</sup> Required only when different than Provider Address.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PROVIDER BILLING STREET ADDRESS</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-070	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	30 alphanumeric characters.		
<b>DEFINITION</b>	Billing mailing address of the provider. Can be street, P.O. Box or R. Route. Standard U.S. Postal Service abbreviations must be used.		
<b>CODE/VALUE SPECIFICATIONS</b>	Left justified and blank filled. Blank fill if not required. <sup>1</sup>		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	PROVIDER BILLING ADDRESS		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Required only if different than Provider Address.			

**DATA ELEMENT DEFINITION****ELEMENT NAME: PROVIDER BILLING ZIP CODE****RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-085	1	Yes <sup>1</sup>

**PRIMARY PICTURE (FORMAT)** Nine (9) alphanumeric characters.**DEFINITION** Zip code for provider mailing address.**CODE/VALUE SPECIFICATIONS** Must be valid zip code or blank. Must be blanks if not required.<sup>1</sup>**ALGORITHM** N/A**SUBORDINATE AND/OR GROUP ELEMENTS****SUBORDINATE****GROUP**

N/A

PROVIDER BILLING ADDRESS

**NOTES AND SPECIAL INSTRUCTIONS:**<sup>1</sup> First five digits are required if different from Provider Address.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PROVIDER CITY</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-050	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	18 alphanumeric characters.		
<b>DEFINITION</b>	City in which the provider of medical care is located.		
<b>CODE/VALUE SPECIFICATIONS</b>	Must be left justified and blank filled.		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	PROVIDER ADDRESS		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

## DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-025	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric.		
<b>DEFINITION</b>	Code indicates whether the provider is under contract with the contractor.		
<b>CODE/VALUE SPECIFICATIONS</b>	0	Not applicable	
	1	Contracted <sup>1</sup>	
	2	Not contracted <sup>1</sup>	
	3	Contracted/Not contracted <sup>1</sup>	
	4	Active Duty - TPR	
	5	Non-Certified Providers (does not include sanctioned/suspended providers) (Effective 08/01/2003)	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	N/A		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Codes '1', '2' and '3' apply only to at-risk contractors and subcontractors. Report '0' if not an at-risk contractor. All codes are irrespective of any Partnership agreements.			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION**

**RECORDS/LOCATOR NUMBERS**

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-090	1	Yes

**PRIMARY PICTURE (FORMAT)** Two (2) alphanumeric characters.

**DEFINITION** Code describing a provider's major specialty for non-institutional HCSRs or a code describing the type of institution for institutional HCSRs.

**CODE/VALUE SPECIFICATIONS** Refer to [Addendum C](#) for non-institutional provider specialty codes. Refer to [Addendum D](#) for type of institution codes for Institutional HCSRs.

**ALGORITHM** N/A

**SUBORDINATE AND/OR GROUP ELEMENTS**

SUBORDINATE	GROUP
N/A	N/A

**NOTES AND SPECIAL INSTRUCTIONS:**  
 N/A

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PROVIDER NAME</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-035	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	40 alphanumeric characters.		
<b>DEFINITION</b>	Name of provider.		
<b>CODE/VALUE SPECIFICATIONS</b>	Must be left justified and blank filled. Must be 'A'-'Z', '0'-'9', '&', ',', '-', 'Ø'. If this field is a person's name, it should be in the form of last name, first name, middle initial (each name should be separated by a comma with no space between the name). Do not use articles such as 'the', 'A', 'An', etc. Use standard abbreviations such as 'St.' for Saint, 'Comm' for community, 'Hosp' for hospital, etc.		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-055	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Two (2) alphanumeric characters.		
<b>DEFINITION</b>	Code assigned to identify the state or foreign country in which the provider is physically located.		
<b>CODE/VALUE SPECIFICATIONS</b>	Reference <a href="#">Addendum A</a> and <a href="#">Addendum B</a> .		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PROVIDER STREET ADDRESS</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-045	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	30 alphanumeric characters.		
<b>DEFINITION</b>	Street address of an TMA provider's location. Standard U.S. Postal Service abbreviations must be used. P. O. Box may be used only for providers whose major specialty code '05' (anesthesiology) or '30' (radiology) or '22' (Pathologist).		
<b>CODE/VALUE SPECIFICATIONS</b>	Must be left justified and blank filled.		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	PROVIDER ADDRESS		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PROVIDER SUBIDENTIFIER</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-010	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Four (4) alphanumeric characters.		
<b>DEFINITION</b>	Identification number that uniquely identifies multiple providers using the same Taxpayer Identification Number (TIN).		
<b>CODE/VALUE SPECIFICATIONS</b>	<p>Must be zero-filled if there are no multiple providers within TIN and zip code. For non-institutional providers including institutions that render non-institutional care (e.g., outpatient), no two Provider Subidentifiers may be the same within the same TIN and zip code. For clinics, subidentifier is assigned with an alpha character in first position followed by three numeric, sequentially assigned numbers. When the clinic itself is submitted (specialty code 70), the sequential number must always be 001. Individual providers within would then begin with 002 and so on, all having the same alpha character in the first position as on the clinic record. All other non-institutional providers must use numerics in all four characters of the subidentifier. See example below.</p> <p>Institutional provider subidentifiers are to be numeric and sequentially assigned within TIN. However, follow the requirements as shown in example below for reporting institutional providers as non-institutional for HCSRs.</p>		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	N/A		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<p><b>For electronic media claims (EMC) that are submitted with a Medicare Unique Physician Identification Number with PIN or other alternative provider source identifier, the requirement to assign multiple provider subidentifiers for providers with more than one location within the same TIN and zip code is not required. However, the requirement to identify the rendering provider by use of provider subidentifier has not changed. See OPM, Chapter 8, Section 7.</b></p>			

**PROVIDER SUBIDENTIFIER EXAMPLE 1**

EXAMPLE: City Wide Clinic with a TIN of 123456789 has three locations in an area. They would be submitted to TMA in the following format

TIN	ZIP CODE	SUB ID	NAME	SPEC
123456789	12345	A001	City Wide Clinic 1	70
123456789	12345	A002	Doctor Jones	04
123456789	12345	A003	Doctor Smith	20
123456789	12345	A004	Doctor Brown	28
123456789	12345	A005	Doctor Doe	34
123456789	12345	B001	City Wide Clinic 2	70
123456789	12345	B002	Doctor Watson	01
123456789	12345	B003	Doctor Allen	28
123456789	54321	A001	City Wide Clinic 3	70
123456789	54321	A002	Dr. Peterson	02
123456789	54321	A003	Dr. Adams	05

When an institution provides outpatient care and/or for DRG-related professional services, additional provider records must be reported to TMA. For these 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'. If the institution has a clinic associated with it, additional non-institutional provider records must be reported to TMA using the PROVIDER SUBIDENTIFIER in the same manner as a stand alone clinic. Refer to the following example.

**PROVIDER SUBIDENTIFIER EXAMPLE 2**

EXAMPLE: Township Hospital with a Taxpayer Identification Number (TIN) of 987654321 has two affiliated clinics in its area. In addition Township Hospital provides outpatient services (e.g., emergency room, etc.). These provider records should be reported to TMA in the following manner.

TIN	ZIP CODE	I/N-I IND	SID	NAME	SPEC
987654321	67890	N	0000	Township Hospital	99
987654321	67890	N	A001	Township Ear Nose & Throat Clinic	70
987654321	67890	N	A002	Dr. Jones	01
987654321	67890	N	A003	Dr. Smith	20
987654321	69116	N	A001	Township Surgeons Group	70
987654321	69116	N	A002	Dr. Cutter	02
987654321	69116	N	A003	Dr. Suture	33

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PROVIDER TAXPAYER NUMBER</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-005	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Nine (9) alphanumeric characters.		
<b>DEFINITION</b>	The IRS Taxpayer Identification Number assigned to the provider supplying the care.		
<b>CODE/VALUE SPECIFICATIONS</b>	For institutions must be 9-digit Employer Identification Number (EIN). For individual providers must be 9-digit EIN or SSN if EIN is not applicable. If not available, follow reporting requirements listed on next page.		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

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### PROVIDER TAXPAYER NUMBER REPORTING REQUIREMENTS

1. The contractor who is responsible for certifying the provider shall assign an Assigned Provider Number (APN) as outlined below when the actual Taxpayer Identification Number (TIN) of a provider is not available. (See the [OPM, Chapter 8, Section 3, paragraph 5.1](#). for instructions on contractor coordination for out-of-jurisdiction provider information.) The use of an contractor-assigned APN is restricted to the following situations:
  - a. The provider is located in a foreign country and does not have a TIN. If a foreign provider has a TIN, it is to be used. Otherwise, an APN is used regardless of whether the claim is to be paid or denied.
  - b. The provider does not meet TRICARE certification requirements or the contractor does not have substantial evidence that the provider meets the TRICARE certification requirements. Regardless of the provider number used for denying the claim, if the Denial Reason Code 'M' (Provider is not TRICARE certified) is used, there will be no provider number validity editing performed.
  - c. The contractor has substantial evidence that the provider meets the TRICARE certification requirements. In this case, the payment must be made to the beneficiary.
2. When neither the EIN nor the SSN is available for the provider and the provider is located in your contract area.

NOTE: Claims for care rendered by an institutional provider located in the United States must be processed with a valid EIN. Contractor-assigned provider numbers will not be allowed.

- a. If the provider is located in a foreign country, the field is coded in the following manner.

**Position 1 and 2** - The two character alpha abbreviation of the country in which the provider or institution is located ([Addendum A](#)).

**Position 3 thru 9** - A seven-digit sequential contractor assigned number. These numbers are to be permanently assigned to the provider.

EXAMPLE: The first provider from Mexico will be coded MX0000001.

- b. If the provider is not an institutional provider and is located in the United States, the field is coded in the following manner.

**Position 1 and 2** - The two character numeric abbreviation of the state in which the provider or facility is located ([Addendum B](#)).

**Position 3 thru 9** - A seven-digit sequential contractor assigned number.

EXAMPLE: The first provider from Maryland would be coded 240000001. See instruction below, for exception.

- c. For Program for Persons with Disabilities, if the HCSR is for transportation via a privately owned vehicle (POV), do not assign an APN or submit a provider record.

- d. For the Drug Program when the services are from a non-participating pharmacy, do not assign an APN or submit a provider record.
3. If it is necessary to assign a number for a provider that is outside of your contract area, the number is assigned following all the above rules except the third high order digit must be an 'A'.

EXAMPLE: If a beneficiary, whose care when traveling outside of your area is your responsibility, received care in Mexico, it will be coded MXA000001.

NOTE: These numbers, once assigned, will not be reassigned to another provider. Upon receipt of a valid EIN or SSN, inactivate the APN provider record and submit an 'ADD' transaction for the actual TIN. After the TIN record is added, subsequent adjustments to the HCSRs previously reported using an APN shall be reported with the current TIN and provider information.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PROVIDER TAXPAYER NUMBER IDENTIFIER</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-015	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric digits.		
<b>DEFINITION</b>	Code to identify the Provider Taxpayer Identification Number as being an EIN or SSN or contractor assigned.		
<b>CODE/VALUE SPECIFICATIONS</b>	E	Indicates "EIN"	
	S	Indicates "SSN" (valid for non-institutional only)	
	A	Assigned by contractor (valid only for non-institutional providers when no payment is made to the provider, and providers from foreign countries without a TIN, or CRI traveling beneficiaries)	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PROVIDER TERMINATION DATE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-115	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) numeric digits.		
<b>DEFINITION</b>	Date a provider is either suspended or terminated as a valid TRICARE provider (not to be used as the date a change was made to the file). If the provider was never qualified to provide services zero fill.		
<b>CODE/VALUE SPECIFICATIONS</b>	Must be valid date, YYYYMMDD. Zero fill if not applicable, or if provider acceptance date (3-110) is zero filled.		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Required if update is to suspend or terminate a provider.			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: PROVIDER ZIP CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-060	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	Nine (9) alphanumeric characters.		
<b>DEFINITION</b>	Zip code for provider's health care business location where the care was provided. The first five digits are used along with other 'key' elements to uniquely identify multiple providers using the same Provider Taxpayer Number.		
<b>CODE/VALUE SPECIFICATIONS</b>	Must be valid zip code or, if a foreign country, must be blank. If all nine digits are not available, left justify and space fill.		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>	<b>GROUP</b>		
N/A	N/A		
<b>ERROR MESSAGES</b>	3-060-01R, 3-060-02R, 3-060-03R		
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> First 5 digits are required.			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: RECORD EFFECTIVE DATE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-160	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	Eight (8) numeric characters YYYYMMDD.		
<b>DEFINITION</b>	Date to indicate the effective date of the data on this record.		
<b>CODE/VALUE SPECIFICATIONS</b>	N/A		
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

<b>DATA ELEMENT DEFINITION</b>			
<b>ELEMENT NAME: RECORD TYPE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-001	1	Yes
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric character.		
<b>DEFINITION</b>	Code to indicate the type of record.		
<b>CODE/VALUE SPECIFICATIONS</b>	3	Provider	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
N/A			

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: RURAL/URBAN INDICATOR</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-120	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric character.		
<b>DEFINITION</b>	Indicates for DRG amount calculation whether the institution is located in a rural or urban area.		
<b>CODE/VALUE SPECIFICATIONS</b>	L	Large Urban	
	R	Rural	
	U	Urban	
	∅	Not applicable	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Report blank for all non-institutional providers and all DRG-exempt institutional facilities not reimbursed using a Rural/Urban Indicator.			

**DATA ELEMENT DEFINITION**

**ELEMENT NAME: TRANSACTION CODE**

<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-155	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric character.		
<b>DEFINITION</b>	Code used to identify type of processing to be done on the record.		
<b>CODE/VALUE SPECIFICATIONS</b>	A	Add a record	
	M	Modify a record	
	I	Inactivate a record	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A

**NOTES AND SPECIAL INSTRUCTIONS:**

<sup>1</sup> A record must be on file to Modify or Inactivate. A record cannot be on file to do an Add.

**DATA ELEMENT DEFINITION**

<b>ELEMENT NAME: TYPE OF INSTITUTION CODE</b>			
<b>RECORDS/LOCATOR NUMBERS</b>			
<b>RECORD NAME</b>	<b>LOCATOR#</b>	<b>OCCURRENCES</b>	<b>REQUIRED</b>
Provider	3-092	1	Yes <sup>1</sup>
<b>PRIMARY PICTURE (FORMAT)</b>	One (1) alphanumeric character.		
<b>DEFINITION</b>	Code used to identify type of institution as short or long term.		
<b>CODE/VALUE SPECIFICATIONS</b>	S	Short term	
	L	Long term	
<b>ALGORITHM</b>	N/A		
<b>SUBORDINATE AND/OR GROUP ELEMENTS</b>			
<b>SUBORDINATE</b>			<b>GROUP</b>
N/A			N/A
<b>NOTES AND SPECIAL INSTRUCTIONS:</b>			
<sup>1</sup> Use standard American Hospital Association (AHA) classification.			

