

DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: AHA MULTI-HOSPITAL SYSTEM CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-105	1	Yes ¹
PRIMARY PICTURE (FORMAT) Four (4) alphanumeric characters.			
DEFINITION Code assigned by the American Hospital Association to identify multi-hospital systems.			
CODE/VALUE SPECIFICATIONS Must be blank if provider is not an institution.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
¹ Not required if provider is not an institution or part of a multi-hospital system. Otherwise, required if available.			

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DATA ELEMENT DEFINITION

ELEMENT NAME: AMERICAN HOSPITAL ASSOCIATION ID NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-100	1	Yes ¹

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

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

CODE/VALUE SPECIFICATIONS Must be blank if provider is not an institution.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if available.

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DATA ELEMENT DEFINITION

ELEMENT NAME: AREA WAGE INDEX

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-140	1	Yes ¹

PRIMARY PICTURE (FORMAT) Five (5) numeric digits, including four (4) decimal places.

DEFINITION Adjustment factored to the labor-related portion of the Adjusted Standardized Amount (ASA) to account for the differences in wages among geographic areas, based on the hospital's physical address, not billing address.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Zero fill for all non-institutional providers and all DRG-exempt institutional facilities not reimbursed using an Area Wage Index.

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: AREA WAGE INDEX EFFECTIVE DATE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-145	1	Yes ¹

PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric 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:

¹ Zero fill if not applicable.

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DATA ELEMENT DEFINITION

ELEMENT NAME: CONTRACTOR NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-020	1	Yes

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

DEFINITION Identification code for the contractor. Used to identify each contractor submitting Provider File Records.

CODE/VALUE SPECIFICATIONS TMA assigned contractor number.

TBD

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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DATA ELEMENT DEFINITION

ELEMENT NAME: DRG EXEMPT/NON-EXEMPT INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-150	1	Yes ¹

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	CODE	DESCRIPTION
	+	Not applicable
	C	DRG Non-exempt/Contracted Reimbursement Arrangement
	E	DRG Exempt
	N	DRG Non-exempt

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Report blank for all non-institutional providers.

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DATA ELEMENT DEFINITION

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

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-155	1	Yes ¹

PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD.

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

CODE/VALUE SPECIFICATIONS	YEAR	DESCRIPTION
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:

¹ Zero fill for all non-institutional providers.

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DATA ELEMENT DEFINITION

ELEMENT NAME: IDME RATIO

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-130	1	Yes ¹

PRIMARY PICTURE (FORMAT) Five (5) numeric digits, including four (4) decimal places.

DEFINITION The ratio used on a hospital-specific basis to standardize the charges for the cost effects of Indirect Medical Education factors for teaching hospitals.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Zero fill for all non-institutional providers and all DRG-exempt institutional facilities not reimbursed using an IDME Ratio.

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: IDME RATIO EFFECTIVE DATE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-135	1	Yes ¹

PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD.

DEFINITION Date the IDME ratio or a change to the IDME ratio became effective.

CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar year
	MM	2 digit calendar month
CODE/VALUE SPECIFICATIONS	DD	2 digit calendar day

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Zero fill for all non-institutional providers and DRG-exempt institutional providers.

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DATA ELEMENT DEFINITION

ELEMENT NAME: INSTITUTIONAL OR NON-INSTITUTIONAL INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-030	1	Yes ¹

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.

DEFINITION Code used to identify a provider as an institution or non-institution.

CODE/VALUE SPECIFICATIONS	I	Institutional ¹
	N	Non-Institutional

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ 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 for reporting.

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DATA ELEMENT DEFINITION

ELEMENT NAME: MEDICARE NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-110	1	Yes ¹

PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters.

DEFINITION Number assigned to an institution by Medicare.

CODE/VALUE SPECIFICATIONS If Medicare Number is not blank, the first 2 digits must be a valid Medicare State Codes (refer to [Chapter 2, Addendum B](#)), the third character must be a valid Medicare Type of Institution (refer to [Chapter 2, Addendum D, Figure 2-D-1](#)), and positions 4-6 must be numeric.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Report blank for non-institutional and institutional providers not Medicare-approved or in a foreign country.

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER ACCEPTANCE DATE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-115	1	Yes

PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD.

DEFINITION Date a provider met criteria to provide services. If the provider was never qualified to provide services zero fill.

CODE/VALUE SPECIFICATIONS Must be valid date YYYYMMDD. Should be latest date of acceptance.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
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.

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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	
PROVIDER STATE OR COUNTRY CODE	
PROVIDER ZIP CODE	

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER BILLING ADDRESS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-065	1	Yes ¹

PRIMARY PICTURE (FORMAT) Group

DEFINITION Billing mailing address of the TRICARE Provider.

CODE/VALUE SPECIFICATIONS Left justify and blank fill. Blank fill if not required.¹

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

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

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required only if different than Provider Address.

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER BILLING CITY

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-075	1	Yes ¹

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

DEFINITION City name for mailing address of TRICARE provider.

CODE/VALUE SPECIFICATIONS Left justify and blank fill. Blank fill if not required.¹

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROVIDER BILLING ADDRESS

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required only if different than Provider Address.

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER BILLING STATE OR COUNTRY CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-080	1	Yes ¹

PRIMARY PICTURE (FORMAT) Three (3) alphanumeric characters.

DEFINITION State or country of provider's mailing address. State Code must be left justified and blank fill to right.

CODE/VALUE SPECIFICATIONS Refer to [Chapter 2, Addendum A](#) and [Addendum B](#). Blank fill if not required.¹

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROVIDER BILLING ADDRESS

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required only when different than Provider Address.

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DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER BILLING STREET ADDRESS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-070	1	Yes ¹

PRIMARY PICTURE (FORMAT) Thirty (30) alphanumeric characters.

DEFINITION Billing mailing address of the provider. Can be street, P.O. Box or R. Route. Standard U.S. Postal Service abbreviations must be used.

CODE/VALUE SPECIFICATIONS Left justify and blank fill. Blank fill if not required.¹

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROVIDER BILLING ADDRESS

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required only if different than Provider Address.

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER BILLING ZIP CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-085	1	Yes ¹

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 blank if not required.¹

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROVIDER BILLING ADDRESS

NOTES AND SPECIAL INSTRUCTIONS:

¹ First five digits are required if different from Provider Address.

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

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

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-025	1	Yes

PRIMARY PICTURE (FORMAT) One (1) alphanumeric.

DEFINITION Code indicates whether the provider is under contract with the contractor

CODE/VALUE SPECIFICATIONS		
	0	Not applicable
	1	Contracted ¹
	2	Not Contracted ¹
	3	Contracted/Not Contracted ¹
	4	Active Duty - TPR
	5	Non-Certified Providers (does not include sanction/suspended providers)

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Codes '1', '2' and '3' apply only to financially underwritten contractors and subcontractors. Report '0' if not an financially underwritten contractor. All codes are irrespective of any Partnership agreements.

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DATA REQUIREMENTS - PROVIDER RECORD DATA

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) Ten (10) alphanumeric characters.

DEFINITION Code describing a provider's major specialty for non-institutional TEDs or a code describing the type of institution for institutional TEDs. Type of Institution must be left justified and blank filled to the right.

CODE/VALUE SPECIFICATIONS Refer to [Chapter 2, Addendum C](#) for non-institutional provider specialty codes. Refer to [Chapter 2, Addendum D, Figure 2-D-1](#) for type of institution codes for Institutional TEDs.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER NAME

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-035	1	Yes

PRIMARY PICTURE (FORMAT) Forty (40) alphanumeric characters.

DEFINITION Name of provider.

CODE/VALUE SPECIFICATIONS Must be left justified and blank filled. 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.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-055	1	Yes

PRIMARY PICTURE (FORMAT) Three (3) alphanumeric characters.

DEFINITION Code assigned to identify the state or foreign country in which the provider is physically located. State codes will be left justified and blank filled to the right.

CODE/VALUE SPECIFICATIONS Reference [Chapter 2, Addendum A](#) and [Addendum B](#).

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER STREET ADDRESS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-045	1	Yes

PRIMARY PICTURE (FORMAT) Thirty (30) alphanumeric characters.

DEFINITION 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 specialty code '05' (anesthesiology) or '30' (radiology) or '22' (pathology).

CODE/VALUE SPECIFICATIONS Must be left justified and blank filled.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROVIDER ADDRESS

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER SUB-IDENTIFIER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-010	1	Yes

PRIMARY PICTURE (FORMAT) Four (4) alphanumeric characters.

DEFINITION Identification number that uniquely identifies multiple providers using the same Taxpayer Identification Number (TIN).

CODE/VALUE SPECIFICATIONS 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. Refer to the following examples.

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 TEDs.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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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	Doctor Peterson	02
123456789	54321	A003	Doctor Adams	05

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

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER TAXPAYER NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-005	1	Yes

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

DEFINITION The IRS Taxpayer Identification Number (TIN) assigned to the provider supplying the care.

CODE/VALUE SPECIFICATIONS For institutions must be 9-digit Employer Identification Number (EIN). For individual providers must be 9-digit TIN or SSN if TIN is not applicable. If not available, follow reporting requirements listed on next page.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

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. The use of a 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.
 - 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 through 3 - The three character alpha abbreviation of the country in which the provider or institution is located ([Chapter 2, Addendum A](#)).

NOTES AND SPECIAL INSTRUCTIONS:

N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (CONTINUED)

Position 4 through 9 - A six-digit sequential contractor assigned number. These numbers are to be permanently assigned to the provider.

EXAMPLE: The first provider from Mexico will be coded MEX000001.

- 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 through 3 - The **three** character abbreviation of the state (**left justify and blank fill**) in which the provider or facility is located (**Chapter 2, Addendum B**).

Position 4 through 9 - A **six**-digit sequential contractor assigned number.

EXAMPLE: The first provider from Maryland would be coded MD-000001. Refer to instruction below, for exception.

- c. For Program for Persons with Disabilities, if the TED 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 fourth 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 MEXA00001.

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 TEDs previously reported using an APN shall be reported with the current TIN and provider information.

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER TAXPAYER NUMBER IDENTIFIER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-015	1	Yes

PRIMARY PICTURE (FORMAT) One (1) alphanumeric digit.

DEFINITION Code to identify the Provider Taxpayer Identification Number as being an EIN or SSN or contractor assigned.

CODE/VALUE SPECIFICATIONS	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.)
	E	Indicates "EIN"
	S	Indicates "SSN" (valid for non-institutional only)

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER TERMINATION DATE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-120	1	Yes ¹

PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD.

DEFINITION 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.

CODE/VALUE SPECIFICATIONS Must be valid date, YYYYMMDD. Zero fill if not applicable, or if provider acceptance date is zero filled.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if update is to suspend or terminate a provider.

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER ZIP CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-060	1	Yes ¹

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

DEFINITION 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.

CODE/VALUE SPECIFICATIONS Must be valid 5 or 9 digit zip code. If only 5 digits, left justify and blank fill. If a foreign country, must be 3 character foreign country code, left justify and blank fill. Refer to [Chapter 2, Addendum A](#).

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ First 5 digits are required.

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: RECORD EFFECTIVE DATE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-165	1	Yes

PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters, YYYYMMDD.

DEFINITION Date to indicate the effective date of the data on this record.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: RECORD TYPE INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-001	1	Yes

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.

DEFINITION Code to indicate the type of record.

CODE/VALUE SPECIFICATIONS 3 Provider

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: RURAL/URBAN INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-125	1	Yes ¹

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.

DEFINITION Indicates for DRG amount calculation whether the institution is located in a rural or urban area.

CODE/VALUE SPECIFICATIONS		
	h	Not applicable
	L	Large Urban
	R	Rural
	U	Urban

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Report blank for all non-institutional providers and all DRG-exempt institutional facilities not reimbursed using a Rural/Urban Indicator.

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CHAPTER 2, SECTION 2.10

DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: TRANSACTION CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-160	1	Yes ¹

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.

DEFINITION Code used to identify type of processing to be done on the record.

CODE/VALUE SPECIFICATIONS	A	Add a record
	I	Inactivate a record
	M	Modify a record

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

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

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CHAPTER 2, SECTION 2.10

DATA REQUIREMENTS - PROVIDER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: TYPE OF INSTITUTION TERM INDICATOR CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-095	1	Yes

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.

DEFINITION Code used to identify type of institution as short or long term.

CODE/VALUE SPECIFICATIONS		
	L	Long term (30 days or more)
	S	Short term (less than 30 days)

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

N/A