CHAPTER 2
SECTION 2.10

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.**

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.**

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.**

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.**

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.	
	02	TRICARE Mail Order Pharmacy (TMOP)
	61	Retail Pharmacy
	62	West Region
	63	South Region
	64	North Region
	65	TRICARE Dual Eligible Fiscal Intermediary (TDEFIC)
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
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	3-150	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	~~b~~	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.**

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	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.**

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.**

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
	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.**

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 SUB-IDENTIFIER for reporting.**

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 characters must identify the Medicare State Code (2 character numeric) where the provider is located (refer to Chapter 2, Addendum B, Figure 2-B-2) and characters 3-6 must identify the type of facility.
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.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER ACCEPTANCE DATE

RECORDS/LOCATOR NUMBERS

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

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.
	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] **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 PROVIDER CITY PROVIDER STATE OR COUNTRY CODE PROVIDER ZIP CODE	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

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 PROVIDER BILLING CITY PROVIDER BILLING STATE OR COUNTRY CODE PROVIDER BILLING ZIP CODE	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **If any Provider Billing Address element (3-070 through 3-085) is different than those of the Provider Address, all billing address elements must be reported.**

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] **If any Provider Billing Address element (3-070 through 3-085) is different than those of the Provider Address, all billing address elements must be reported.**

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] **If any Provider Billing Address element (3-070 through 3-085) is different than those of the Provider Address, all billing address elements must be reported.**

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] **If any Provider Billing Address element (3-070 through 3-085) is different than those of the Provider Address, all billing address elements must be reported.**

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] **If any Provider Billing Address element (3-070 through 3-085) is different than those of the Provider Address, all billing address elements must be reported.**

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

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 a financially underwritten 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)	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, Figure 2-C-1 for non-institutional provider specialty codes. Refer to Chapter 2, Addendum D, Figure 2-D-1 for type of institution codes for Institutional TEDs. Refer to Chapter 2, Addendum C, Figure 2-C-2 for assistance when assigning Provider Specialty Codes to Outpatient Hospital non-institutional provider records.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

Autism Demonstration EIA Supervisors will be assigned Provider Taxonomy Code 101YS0200X, School Counselor, if other Provider Taxonomy Codes have not already been assigned by CMS or the MCSC.

Autism Demonstration Tutors or Tutors-in-Training will be assigned Provider Taxonomy Code 390200000X, Student in an Organized Health Care Education/Training Program, if other Provider Taxonomy Codes have not already been assigned by CMS or the MCSC.

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

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:
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 sub-identifiers for providers with more than one location within the same TIN and zip code is not applicable. However, the requirement to identify the rendering provider by use of provider sub-identifier remains applicable. See the TRICARE Operations Manual, Chapter 8, Section 7.

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 with specialties of anesthesiology, radiology, or 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

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 the TIN and zip code. For non-institutional providers, including institutions that render non-institutional care (e.g., outpatient), no two Provider Sub-Identifiers may be the same within a TIN and zip code. For clinics, Provider Sub-Identifier is assigned with an alpha character in the first position or first two positions followed by two or three numeric, sequentially assigned numbers with the clinic always assigned 01 or 001. Individual providers within the clinic would then begin with 02 or 002 having the same alpha character(s) in the first position as the clinic record. For all other non-institutional providers, the Provider Sub-Identifier must be four numeric characters. Institutional Provider Sub-Identifiers are to be numeric and sequentially assigned within the TIN. For requirements on reporting institutional providers as outpatient hospital non-institutional providers, see Provider Sub-Identifier Example 2.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

Autism Demonstration Tutors or Tutors-in-Training sub-identifiers must be alpha numeric and assigned the same alpha character(s) as the first position(s) of the billing Individual Corporate Services Provider (ICSP) (EIA Supervisor) sub-identifier or billing Organizational Corporate Services Provider (OCSP) sub-identifier.

PROVIDER SUB-IDENTIFIER 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	193200000X
123456789	12345	A002	Doctor Jones	207KA0200X
123456789	12345	A003	Doctor Smith	208D00000X
123456789	12345	A004	Doctor Brown	207K00000X
123456789	12345	A005	Doctor Doe	207Q00000X
123456789	12345	B001	City Wide Clinic 2	193200000X
123456789	12345	B002	Doctor Watson	208D00000X
123456789	12345	B003	Doctor Allen	207RG0100X
123456789	54321	A001	City Wide Clinic 3	193200000X
123456789	54321	A002	Doctor Peterson	207QA0401X
123456789	54321	A003	Doctor Adams	2084P0802X

PROVIDER SUB-IDENTIFIER EXAMPLE 2

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

TIN	ZIP CODE	I/N-I IND	SUB-ID	NAME	SPEC
987654321	67890	N	0000	Township Hospital	282N00000X
987654321	67890	N	A001	Township Ear Nose & Throat Clinic	193400000X
987654321	67890	N	A002	Dr. Jones	207YX0602X
987654321	67890	N	A003	Dr. Smith	207YP0228X
987654321	69116	N	A001	Township Surgeons Group	193400000X
987654321	69116	N	A002	Dr. Cutter	207XX0004X
987654321	69116	N	A003	Dr. Suture	207XX0005X

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 a nine digit Employer Identification Number (EIN). For individual providers must be a nine digit TIN or Social Security Number (SSN) if TIN is not applicable. If not available, follow reporting requirements listed below.		
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 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.

NOTES AND SPECIAL INSTRUCTIONS:

[1] **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.**

Autism Demonstration Tutors or Tutors-in-Training must be assigned the billing Individual Corporate Services Provider (ICSP) (EIA Supervisor) Provider Taxpayer Number or the billing Organizational Corporate Services Provider (OCSP) Provider Taxpayer Number as appropriate.

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (CONTINUED)

2. When neither the EIN nor the SSN is available for the provider and the provider is located in your contract area[1].

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

Position 1 though 3 - The three character alpha abbreviation of the country in which the provider or institution is located (Chapter 2, Addendum A).

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 two 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~~b~~-000001. Refer to instruction below, for exception.

c. For Extended Care Health Option (ECHO), if the TED record is for transportation via a privately owned vehicle (POV), assign a TIN of all nines and do not 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:

[1] **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.**

Autism Demonstration Tutors or Tutors-in-Training must be assigned the billing Individual Corporate Services Provider (ICSP) (EIA Supervisor) Provider Taxpayer Number or the billing Organizational Corporate Services Provider (OCSP) Provider Taxpayer Number as appropriate.

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

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.
	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] **Required if update is to suspend or terminate a provider.**

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 five or nine digit zip code. If only five digits, left justify and blank fill. If a foreign country, must be three 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 five digits are required.**

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	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:
N/A

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

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	~~b~~	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.**

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 if transaction is to add a new record.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	TYPE OF INSTITUTION TERM INDICATOR CODE		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Provider	3-095	1	Yes[1]
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:
[1] **Blank fill if not applicable.**