

**NATIONAL PRACTITIONER DATA BANK (NPDB) AND
HEALTHCARE INTEGRITY AND PROTECTION
DATA BANK (HIPDB)**

**INTERFACE CONTROL DOCUMENT (ICD)
FOR QUERY TRANSACTIONS**

Version 1.23

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**U.S. Department of Health and Human Services
Health Resources & Services Administration
Bureau of Health Professions
Practitioner Data Banks Branch
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Rockville, Maryland 20857**

DOCUMENT CHANGE HISTORY

The table below identifies changes that have been incorporated into each baseline of this document.

Date	Version #	Change Description
9/9/2002	1.06	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.06. Effective September 9, 2002, this ICD version 1.06 replaces version 1.04. ICD version 1.05 has not been publicly released; users should refer to this version for information on submitting queries. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> • The NPDB-HIPDB will now accept submissions containing either a null character or a tilde character as field delimiters. Responses to submission files containing null character field delimiters will likewise contain null character as field delimiters. Responses to submission files containing tilde field delimiters will likewise contain tilde field delimiters. See Section 2.2 for details. • Added guidance for submitting foreign and military addresses. See Section 4, List A-1.
	1.07	Not Publicly Released
3/3/2003	1.08	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.08. Effective March 3, 2003, this ICD version 1.08 replaces version 1.06. ICD version 1.07 has not been publicly released; users should refer to this version for information on submitting queries. The changes in this version are indicated below:</p> <p>Legacy Format Adverse Action Report Data Record (AAR)</p> <ul style="list-style-type: none"> • Clarified valid values for AA_CLASS_CD data field. See Table 3-2 and Section 4, List S. <p>Legacy Format Medical Malpractice Payment Report Data Record (MMR)</p> <ul style="list-style-type: none"> • Clarified the valid values for PYMT_RESULT_OF data field. See Table 3-28. • Clarified the valid values for REL_OF_ENTY data field. See Table 3-28. • Corrected the field length for ADJ_BODY_CASE_NBR. See

Date	Version #	Change Description
		<p>Table 3-28.</p> <ul style="list-style-type: none"> Clarified the list of values for ACTN_CD1 and ACTN_CD2. Act or omission codes not defined in Section 4, List R may be returned to the user. These codes should be interpreted by the user as “UNKNOWN”. See Table 3-28 and Section 4, List R. <p>NPDB-HIPDB Error Codes</p> <ul style="list-style-type: none"> The description of error code 42 has changed. See Section 4, List Q. A new error code of J1 has been added. See Section 4, List Q. <p>Query Purpose Codes</p> <p>Clarified the valid values for QRY_PURPOSE data field, the name of the data field, and the name of the list. See Table 3-41 and Section 4, List E.</p>
2/2/2004	1.09	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.09. Effective February 2, 2004, this ICD version 1.09 replaces version 1.08. For query submissions prior to February 2, 2004, readers should refer to version 1.08 of the Interface Control Document for Query Transactions available at www.npdb-hipdb.com. The changes in this version are indicated below:</p> <p>Adverse Action Report Data Record (CAAR)</p> <ul style="list-style-type: none"> Clarified AAR_ACTION_LENGTH_TYPE, AAR_ACTN_YEARS, AAR_ACTN_MNTHS, and AAR_ACTN_DAYS field descriptions. See Table 3-3. <p>Entity Internal Report Reference Data Record (ER)</p> <ul style="list-style-type: none"> This data record has been added to allow the reporting entity to include reference information to help identify this report in their files. This information is not used by the Data Banks. The ER Data Record is present in query responses. See Table 3-14. <p>Fully Qualified State License Data Record (FQSL)</p> <ul style="list-style-type: none"> This data record has been expanded to include FQSL_OTHER1, a description of the Field of Licensure should a FQSL_FLD1 have a value of 699. See Table 3-17. <p>Header Data Record (HDR)</p> <ul style="list-style-type: none"> The NPDB-HIPDB will no longer require extra fields in the HDR Data Record for ITP submissions. Response files will use R7.0 in the VER_NUM field to indicate the ICD version. Submission files should also use R7.0. See Table 3-18.

Date	Version #	Change Description
		<p>Medical Malpractice Payment Report Data Record (MMPR)</p> <ul style="list-style-type: none"> Added MMPR Data Record to allow for the expanded reporting of medical malpractice payment data elements. For MMPR reports, either the MMPR Data Record will be returned or the MMR Data Record, depending on the date of submission of the report. See Table 3-27. New format MMPRs return a set of data records that differs from the Legacy MMPR. See Table 2-4 for the list of appropriate data records found in the response files. <p>Medicare/Medicaid Exclusion Report Data Record (MMER)</p> <ul style="list-style-type: none"> The MMER report is now obsolete. All references to the MMER Data Record have been removed. Actions previously reported using the MMER format have been converted into the appropriate version of the AAR format. <p>Medicare/Medicaid Exclusion Report Type Data Record (MMERT)</p> <ul style="list-style-type: none"> The MMER report is now obsolete. All references to the MMERT Data Record have been removed. <p>Query Data Record (QRY)</p> <ul style="list-style-type: none"> This data record has been expanded to collect the credit card billing address and cardholder name for queries charged to a credit card. See Table 3-41. <p>Query File Status Data Record (FSTA)</p> <ul style="list-style-type: none"> The RESERVED field in this data record has been replaced with the REFERENCE_NUMBER field to aid in financial reconciliation of your query charges. The REFERENCE_NUMBER is passed along with charge information to credit card companies. Credit card companies may then make this field available to their clients. See Table 3-42. <p>Query Report Status Data Record (QRSD)</p> <ul style="list-style-type: none"> The REPORT_TYPE_CD field has been modified to allow a value of “P” for Medical Malpractice Payment Report. “M” remains to identify a “Legacy” Medical Malpractice Payment Report. See Table 3-43. <p>Report Statement Data Record (RSDR)</p> <ul style="list-style-type: none"> The SUBJECT_STMT_DT, SUBJECT_STMT_DT_STATUS, SECRETARY_STMT_DT, and

Date	Version #	Change Description
		<p>SECRETARY_STMT_DT_STATUS fields have been added to this data record in order to indicate when the report subject entered the statement, and, if the report was reviewed by the Secretary of the HHS, when this review took place. See Table 3-46.</p> <p>Subject Notification Failure Supplemental Information Data Record (SUPPLSND)</p> <ul style="list-style-type: none"> • This new data record has been added to notify you when the Data Banks attempted to notify the report subject about the submission of the report, but the attempt was unsuccessful. See Table 3-50. <p>Trailer Data Record (TRLR)</p> <ul style="list-style-type: none"> • The CHECKSUM field has been removed from the data record, as NPDB-HIPDB no longer requires the computation of a checksum. See Table 3-51. <p>Descriptions for the following data records have been updated to more clearly explain the format of repeating data elements (Section 3):</p> <ul style="list-style-type: none"> • Affiliations Data Record (AFF). See Table 3-6. • Basis for Action Data Record (BACTN). See Table 3-8. • Clinical Laboratory Improvement Act Data Record (CLIA). See Table 3-10. • Drug Enforcement Administration Data Record (DEA). See Table 3-12. • Federal Employer Identification Number Data Record (FEIN). See Table 3-15. • Food and Drug Administration Number Data Record (FDA). See Table 3-16. • Fully Qualified State License Data Record (FQSL). See Table 3-17. • Hospital Data Record (HOSP). See Table 3-19. • Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL). See Table 3-21. • Individual Supplemental Information Data Record (ISUPPL). See Table 3-22. • Investigating Agencies Data Record (INVTG). See Table 3-23. • Judgment or Conviction Report Act(s) or Omission(s) Data Record (AOCD). See Table 3-25. • Medicare Provider/Supplier Number Data Record (MEDICAREP). See Table 3-30.

Date	Version #	Change Description
		<ul style="list-style-type: none"> • National Provider Identifier Data Record (NPI). See Table 3-31. • Organization Subject State License Number Data Record (ESLN). See Table 3-33. • Organization Supplemental Information Data Record (ESUPPL). See Table 3-34. • Other Name(s) Used Data Record (ALIAS). See Table 3-35. • Other Organization Name(s) Used Data Record (OENAM). See Table 3-36. • Principal Officers and Owners Data Record (POO). See Table 3-39. • Professional School Data Record (GRAD). See Table 3-40. • Social Security Number Data Record (SSN). See Table 3-48. • Statutory Offenses and Counts Data Record (STATOC). See Table 3-49. • Unique Physician Identification Number (UPIN). See Table 3-52. <p>Error Codes</p> <ul style="list-style-type: none"> • New error codes AC, J2, J3, J4, J5, M0, M1, M2, M3, M4, M5, M6, M7, M8, M9, MA, MB, MC, MD, ME, MF, and MG have been added. See Section 4, List Q. • Error code 04 has been retired. See Section 4, List Q.
1/31/2005	1.10	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.10. Effective January 31, 2005, this ICD version 1.10 replaces version 1.09. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> • Added Adverse Action Classification Code 1145 (Voluntary Surrender of License) to the list of available Adverse Action Classification Codes for Federal and State Licensure Revision Actions. See Section 4, List H-4. • Added Adverse Action Classification Code 1635 (Voluntary Surrender of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct) to the list of available Adverse Action Classification Codes for Clinical Privilege(s) Revision Actions. See Section 4, List H-1. • The description of the Exclusion or Debarment action has been updated. See Section 4, List N. • Added guidance for submitting the Other Name(s) Used Data Record (ALIAS). See Table 3-35. • Added guidance for submitting the Professional School Data

Date	Version #	Change Description
		Record (GRAD). See Table 3-40.
10/17/2005	1.11	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.11. Effective October 17, 2005, this ICD version 1.11 replaces version 1.10. The changes in this version are indicated below:</p> <p>Header Data Record (HDR)</p> <ul style="list-style-type: none"> Field version number (VER_NUM) width increased to 5 and value changed from R7.0 to R8.0. Response files will use R8.0 in the VER_NUM field to indicate the ICD version. Submission files should also use R8.0. See Table 3-18. <p>Individual Taxpayer Identification Number Data Record (ITIN)</p> <ul style="list-style-type: none"> This data record is now required for reports submitted via ITP and diskette. See Table 3-24. <p>Affiliations Data Record (AFF)</p> <ul style="list-style-type: none"> Data requirement for the record have been updated. See Table 3-6. <p>Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL) and Organization Subject State License Number Data Record (ESLN)</p> <ul style="list-style-type: none"> State codes are now limited to U.S. State and Territories. State codes, AA (Central and South America), AE (Europe), and AP (Pacific), are no longer accepted. See Section 4, List A-1. <p>Error Codes</p> <ul style="list-style-type: none"> Removed unused error codes. See Section 4, List Q.
10/17/2005	1.12	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.12. Effective October 17, 2005, this ICD version 1.12 replaces version 1.11, which provided six months advance notice for format changes that also became effective October 17, 2005.</p> <p>Rules of Behavior</p> <ul style="list-style-type: none"> Added an appendix that describes the Rules of Behavior. See Appendix B. <p>Occupation/Field of Licensure Codes</p> <ul style="list-style-type: none"> Modified the category title Nurses Aide/Home Health Aide to

Date	Version #	Change Description
		<p>Nurse Aide, Home Health Aide and Other Aide. See Section 4, List C-1.</p> <ul style="list-style-type: none"> • Added the new codes 148, 165, 175 under category Nurse Aide, Home Health Aide and Other Aide. See Section 4, List C-1. • Added the new code 470 under category Speech, Language, and Hearing Service Provider. See Section 4, List C-1. <p>Individual Subject Data Record (ISUBJ)</p> <ul style="list-style-type: none"> • Updated the valid values for the deceased element to include “U” for “Unknown”. See Table 3-20. <p>Error Codes</p> <ul style="list-style-type: none"> • Added new error codes and removed unused error codes. See Section 4, List Q.
5/8/2006	1.13	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.13. Effective May 8, 2006, this ICD version 1.13 replaces version 1.12. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> • The Data Banks' Web site is now located at www.npdb-hipdb.hrsa.gov. The Data Banks are using a .gov domain name to help prevent fraud by showing Data Banks' users that the NPDB-HIPDB Web site is under the Government-run domain. Please update your Internet bookmarks to reference the .gov address for the Data Banks' Web site. NPDB-HIPDB Web site references in this document now refer to the new Web site address. • Due to the NPDB-HIPDB Web site address change, all ITP and QRXS client programs must be upgraded to a new version. Updated client programs are now available on the NPDB-HIPDB Web site. While the current versions of the ITP and Querying and Reporting XML Service (QRXS) client programs will continue to function for a limited time, all ITP and QRXS users must upgrade their client program to the new version no later than September 18, 2006.
7/31/2006	1.14	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.14. Effective July 31, 2006, this ICD version 1.14 replaces version 1.13. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> • Added submission file name length limitation. See Section 2.3. • Added new error code AF. See Section 4, List Q. • Updated descriptions for MMPR Specific Allegation Codes

Date	Version #	Change Description
		<p>101, 323, 706, and 708. See Section 4, List V.</p> <ul style="list-style-type: none"> Updated description for MMPR Outcome Code 08. See Section 4, List W.
6/18/2007	1.15	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.15. Effective June 18, 2007, this ICD version 1.15 replaces version 1.14. For query submissions prior to June 18, 2007, readers should refer to version 1.14 of the Interface Control Document for Query Transactions available at www.npdb-hipdb.hrsa.gov. The changes in this version are indicated below:</p> <p>Section 1, Overview</p> <ul style="list-style-type: none"> Added Section 1.4, User Account Security. See Section 1.4. <p>Section 2.3, Submission (Input) File Formats</p> <ul style="list-style-type: none"> Removed submission file name length limitation of 30 characters. Added Section 2.3.3, Submission File Format for Password Change Request Transactions. See Table 2-3. <p>Section 2.4, Response (Output) File Formats</p> <ul style="list-style-type: none"> Added Section 2.4.5, Response File Format for Password Change Request Transactions. See Table 2-9. <p>Legacy Format Adverse Action Report Data Record (AAR)</p> <ul style="list-style-type: none"> Increased the field width for AA_DESC. See Table 3-2. <p>Adverse Action Report Data Record (CAAR). See Table 3-3.</p> <ul style="list-style-type: none"> Increased the field width for NARRATIVE_DESC. Added an additional code for AUTOMATIC_RNSTMNT. <p>Adverse Action Report Type Data Record (AART)</p> <ul style="list-style-type: none"> Updated the valid values for the type of report element to include “A” for “Correction of Revision to Action”. See Table 3-4. <p>Legacy Format Adverse Action Report Type Data Record (LAART)</p> <ul style="list-style-type: none"> Updated the valid values for the type of report element to include “A” for “Correction of Revision to Action”. See Table 3-5. <p>Basis for Action Data Record (BACTN)</p> <ul style="list-style-type: none"> Updated the description of the basis for action code elements to

Date	Version #	Change Description
		<p>omit for Correction of Revision to Action Reports. See Table 3-8.</p> <p>Entity Data Record (ENTY)</p> <ul style="list-style-type: none"> • The ENTITY_STATUS, CURRENT_ENTITY_NM, CURRENT_ENTITY_ADDR1, CURRENT_ENTITY_ADDR2, CURRENT_ENTITY_CITY, CURRENT_ENTITY_STATE, CURRENT_ENTITY_CNTRY, CURRENT_ENTITY_ZIP5, CURRENT_ENTITY_ZIP4 fields have been added to this data record in order to provide the most recent entity information. See Table 3-13. <p>Header Data Record (HDR). See Table 3-18</p> <ul style="list-style-type: none"> • Added guidance to leave PASSWD field blank if using the ITP Service. • Added guidance for field values when changing and resetting passwords. • Updated valid values for the transaction type code element to include “90” and “91”. • Changed value of VER_NUM field from R8.0 to R9.0. • Increased field width of submission filename. <p>Judgment or Conviction Report Type Data Record (JOCRT)</p> <ul style="list-style-type: none"> • Updated the valid values for the type of report element to include “A” for “Correction of Revision to Action”. See Table 3-25. <p>Judgment or Conviction Report Data Record (JOCR)</p> <ul style="list-style-type: none"> • Increased the field width for NAR_DESC. See Table 3-27. <p>Medical Malpractice Payment Report Data Record (MMPR)</p> <ul style="list-style-type: none"> • Increased the field width for DESC_JUDGMENT_SETTLEMENT, DESC_CONDITION, DESC_PROCEDURE, and DESC_ALLEGATIONS. See Table 3-28. <p>Legacy Format Medical Malpractice Payment Report Data Record (MMR)</p> <ul style="list-style-type: none"> • Increased the field width for DESC_ACTN and DESC_PYMT. See Table 3-28. <p>Password Change Request Data Record (PWD)</p> <ul style="list-style-type: none"> • Added PWD Data Record to allow a password change transaction. See Table 3-38.

Date	Version #	Change Description
		<p>Password Change Status Data Record (PWDS)</p> <ul style="list-style-type: none"> • Added PWDS Data Record to provide the status of a password change transaction. See Table 3-39. <p>Report Statement Data Record (RSDR)</p> <ul style="list-style-type: none"> • Increased the field width for SUBJECT_STMT and SECRETARY_STMT. See Table 3-49. <p>Section 5, Sample Files</p> <ul style="list-style-type: none"> • Added password-related sample file submissions and responses. See Section 5.
6/18/2007	1.16	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.16. Effective June 18, 2007, this ICD version 1.16 replaces version 1.15, which provided six months advance notice for format changes that also became effective June 18, 2007.</p> <p>Section 1, Overview</p> <ul style="list-style-type: none"> • Updated Section 1.4, User Account Security. See Section 1.4. <p>Entity Data Record (ENTY)</p> <ul style="list-style-type: none"> • Added a field to indicate the date of the most recent name or address change made by original reporting entity. See Table 3-13. <p>Error Codes. See Section 4, List Q.</p> <ul style="list-style-type: none"> • Updated the description of error codes S1-SE. • Added additional error codes. <p>Entity Status Codes</p> <ul style="list-style-type: none"> • Updated the description of entity status codes A and D. See Section 4, List X. <p>Section 5, Sample Files</p> <ul style="list-style-type: none"> • Updated the ENTY Record in sample report responses. See Section 5.
6/18/2007	1.17	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.17. Effective June 18,</p>

Date	Version #	Change Description
		<p>2007, this ICD version 1.17 replaces version 1.16.</p> <p>Section 1, Overview</p> <ul style="list-style-type: none"> • Updated Section 1.5, Contact Information. <p>Error Codes. See Section 4, List Q.</p> <ul style="list-style-type: none"> • Updated the description of error code 41. • Updated the description of error codes SG-SI.
8/13/2007	1.18	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.18. Effective August 13, 2007, this ICD version 1.18 replaces version 1.17.</p> <p>Section 3, Transaction File Data Records</p> <ul style="list-style-type: none"> • Added adverse action classification codes 1389 and 1399 to the description of the data element AA_CLASS_CD_DESC. See Section 3, Table 3-3. <p>Section 4, Query Code Lists</p> <ul style="list-style-type: none"> • Added individual subject Clinical Privilege adverse action classification codes 1634 and 1639. See Section 4, List H-1. • Created distinct adverse action classification code lists for individual subject Federal Licensure and State Licensure reports. See Section 4, List H-4 and H-5. • Added individual subject Federal Licensure adverse action classification code 1146. See Section 4, List H-4. • Modified individual subject Federal Licensure adverse action classification code descriptions for 1295 and 1296. See Section 4, List H-4. • Added individual subject State Licensure adverse action classification codes 1138 and 1146. See Section 4, List H-5. • Modified individual subject State Licensure adverse action classification code descriptions for 1295 and 1296. See Section 4, List H-5. • Added individual subject State Licensure adverse action classification codes, 1310 - 1496, for Nurse Multi-State Privilege Actions. See Section 4, List H-5. • Modified organization subject State and Federal Licensure adverse action classification code descriptions for 3295 and 3296. See Section 4, List I-3. • Retired individual subject Clinical Privileges/Professional Society Basis for Action Code AD. See Section 4, List K-1 and List M. • Added individual and organization subject Exclusion/Debarment reports Basis for Action Codes 72 and

Date	Version #	Change Description
		<p>73. See Section 4, List K-3 and L-2.</p> <p>Error Codes. See Section 4, List Q.</p> <ul style="list-style-type: none"> • Added error code AG. • Removed error codes 89 and 93 because they are no longer in use.
10/8/2007	1.19	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.19. Effective October 8, 2007, this ICD version 1.19 replaces version 1.18.</p> <ul style="list-style-type: none"> • Removed term Single-State from Licensure Actions in heading and footnotes. See Section 4, List H-5.
11/5/2007	1.20	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.20. Effective November 5, 2007, this ICD version 1.20 replaces version 1.19. The changes in this version are indicated below:</p> <p>Error Codes. See Section 4, List Q.</p> <ul style="list-style-type: none"> • Added error codes RJ. • Retired error codes RB, RC and RD.
	1.21	<p>Reserved for changes as a result of final implementation of Section 1921.</p>
6/16/2008	1.22	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.22. Effective June 16, 2008, this ICD version 1.22 replaces version 1.20. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> • Changed value of VER_NUM field from R9.0 to R10.0. See Table 3-19. • Increased the size of telephone numbers from 10 digits to 15 digits to accommodate international numbers. See Tables 3-7, 3-9 and 3-49. • Increased the number of individual license instances from 10 to 20. See Table 3-22. • Created ability for the Data Banks to send text-based messages to individual users within an entity. See Section 2.4.6, Table 3-12 and Section 5, Sample 12. • Decreased the maximum number of sentence/judgment records returned for JOCRs from 10 to 5. See Table 3-51. • Added new fields RELATED_RPT_STATUS and RELATED_RPT_DCN for revisions to AAR and JOCR reports that indicate the most recent version of the related report. See Table 3-42.

Date	Version #	Change Description
9/2/2008	1.23	<p>Below is a summary of changes to the Interface Control Document (ICD) for Query Transactions version 1.23. Effective September 2, 2008, this ICD version 1.23 replaces version 1.22. The changes in this version are indicated below:</p> <p>Error Codes. See Section 4, List Q.</p> <ul style="list-style-type: none">• Modified descriptions for error codes 20, 90, and 91.

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APPENDIX A - DISCLAIMER A-1

APPENDIX B - RULES OF BEHAVIOR B-1

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1. Overview

1.1 Introduction

This Interface Control Document (ICD) provides information about the format, structure, and content of electronic files for submitting queries to the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB). Queries are requests by statutorily authorized entities for information disclosure from the NPDB, the HIPDB, or both Data Banks.

There are three methods for requesting the disclosure of information (querying) and receiving responses from the NPDB-HIPDB:

- Interactively via the Internet using the Integrated Querying and Reporting Service (IQRS).
- Through an electronic transaction file submission, using the ICD Transfer Program (ITP) with data provided in the format specified in this ICD.
- Through an Extensible Markup Language (XML) transaction file submission, the Querying and Reporting XML Service (QRXS) with data provided in the format specified in *Interface Control Document (ICD) for Query XML Transactions*, available at www.npdb-hipdb.hrsa.gov/qrxs.html. For new users that wish to submit queries electronically, the QRXS is the recommended method. QRXS queriers can opt to receive report change notifications via QRXS instead of paper output.

The IQRS is the primary method of query submission. The IQRS allows queriers to submit queries through a web-based interface using a browser. The IQRS also provides data validation capabilities, and allows maintenance of a subject database for subsequent query submissions. Submission by ITP is an alternative for those queriers who generate queries automatically from custom (third-party) software or other special purpose software.

To query the NPDB, an entity must be authorized under Title IV of Public Law 99-660, the *Health Care Quality Improvement Act of 1986*, as amended, and 45 CFR Part 60, and must be registered with the NPDB. To query the HIPDB, an entity must be authorized under Section 1128E of the *Social Security Act* and 45 CFR Part 61, and must be registered with the HIPDB. Attempts to access the Data Banks by unauthorized entities or persons are punishable by fine and/or imprisonment under Federal statute. Do not attempt to access the Integrated Querying and Reporting Service (IQRS) or use this document until you are properly registered with the NPDB-HIPDB.

This document should be used only for requesting the disclosure of information (i.e., querying) from the NPDB, the HIPDB, or both Data Banks. To submit reports to the NPDB-HIPDB, use the ICDs for Judgment or Conviction Report (JOCR) transactions, Medical Malpractice Payment Report (MMPR) transactions, or Adverse Action Report (AAR) transactions, as appropriate. These ICDs are available at www.npdb-hipdb.hrsa.gov. Only authorized and registered users are permitted to report to the Data Bank(s).

Use of the procedures outlined in this ICD implies acceptance of the Disclaimer in Appendix A and the Rules of Behavior in Appendix B. Should you have questions concerning your responsibilities, please contact the Customer Service Center immediately as specified in Section 1.5, Contact Information.

1.2 Types of Queries

All transaction files submitted to the Data Bank(s) must have a transaction code. This code is a two-character identifier that determines the type of the transaction, the format and structure of the transaction file, and how the file will be processed. A query transaction file must include one of the transaction codes from Section 4, List T in the TRANS_CD field of its Header Data Record (HDR).

Single queries are queries submitted on only one subject. Multiple-name queries contain more than one subject in a single transaction file. Query transaction codes also differentiate between individual and organization subjects.

1.3 Submission of Queries to the NPDB-HIPDB

This ICD specifies the data elements (variables), data types, acceptable values and codes, organization, and format for submitting queries to the NPDB-HIPDB in an electronic transaction file and for interpreting (i.e., parsing) responses received from the NPDB-HIPDB. Electronic transaction files submitted to the NPDB-HIPDB will be validated against the specifications in this document, which may be amended from time to time. All mandatory fields must be completed, and only values specified in this ICD may be used in coded fields. The party submitting a transaction file to the NPDB-HIPDB is solely responsible for ensuring that the file adheres to the format specified in this ICD. Any file that deviates from these specifications will be rejected.

1.3.1 The ICD Transfer Program (ITP)

ICD files are transferred electronically to and from the NPDB-HIPDB via the ITP Service using the ITP client program. ITP client program instructions and necessary class and Java files are available for download from the NPDB-HIPDB Web site at www.npdb-hipdb.hrsa.gov/itp.html. The user's password is authenticated each time the ITP client program is run. For security, all data is transmitted over a secure socket layer (SSL) connection.

1.4 User Account Security

1.4.1 User Accounts

Each entity has two types of accounts to access the Data Banks, the administrator account and user accounts. The administrator account is used to create and manage the user accounts. User accounts are used to submit transactions and retrieve responses from the Data Banks. The Data Banks have established security policies in order to reduce the risk of unauthorized access to user accounts and protect the confidentiality of practitioner reports.

1.4.2 New Entity Registration Passwords

New entities that register with the Data Banks will receive registration information via U.S. mail providing them with a Data Bank Identification Number (DBID), the administrator account User ID, and a temporary administrator account password. A newly registered entity is required to log in to the IQRS or ITP Service and change the administrator account password within 30 calendar days of the registration verification mailing date. If an entity does not log in to the IQRS or ITP Service within 30 calendar days of the registration verification mailing date, the temporary password will expire, the account is automatically locked, and the administrator must contact the Data Banks to reset the password.

1.4.3 User Account Password Policies

A user must provide their organization's DBID, their user ID, and user account password each time they access the IQRS or ITP Service. If a valid password is not provided after five consecutive attempts, the user account is locked and the user must contact the entity administrator to submit a user account password reset request.

Users are required to change their account password **every 90 calendar days**. A password change request can be submitted at any time to change an account's password. Once a password expires, a **30 calendar day** grace login period is available to allow the account password to be changed. Once a password has expired, the NPDB-HIPDB will not accept submissions and access will not be permitted to response files from that account until the account password is successfully changed. Once the grace login period is expired, the account is automatically locked and the user must contact the entity administrator to reset the user's password.

To ensure the security and privacy of user account passwords when using the ITP Service, the response to a password change request transaction can only be downloaded by the same user account that submitted the transaction.

1.4.4 Resetting Passwords

When a user forgets his or her password, or is locked out of the IQRS or ITP Service, the entity administrator is responsible for providing a new Data Banks-generated temporary password to the user. A Data Banks-generated temporary password is valid for three calendar days and must be changed by the user before the user can submit transactions or retrieve response files. Only the administrator can submit and download transactions to reset user passwords using the ITP Service. The administrator cannot reset his or her own password. A password change transaction should be submitted instead of a password reset transaction.

To ensure that the current administrator is correctly identified in the Data Banks, he or she must log in to the IQRS and update the administrator's user account by entering the administrator's Name, Title, and Telephone Number in the appropriate fields on the User Account Information screen.

If the entity's administrator forgets his or her password, or is locked out of the IQRS or ITP Service, the administrator must call the NPDB-HIPDB Customer Service Center to receive a Data Banks-generated temporary password. If the administrator's name is not maintained in the administrator's IQRS user account, the company's certifying official will be required to submit a

signed, faxed request for the change on company letterhead. The Customer Service Center will respond by immediately changing the old administrator password and contacting the new administrator with a Data Banks-generated temporary password and instructions for updating the administrator's user account. These temporary passwords (user and administrator) will only be valid for three calendar days. The user/administrator should change his or her password immediately; and no grace login period will be permitted.

1.4.5 Password Restrictions

The Data Banks also prohibit the use of common or easily guessed passwords by applying the following password restrictions:

- Passwords must be from 8 to 14 characters.
- Passwords must have at least one alphabetic and one numeric character.
- Passwords may not be the same as the User ID.
- Passwords may not be the same as any of the last four passwords.
- Passwords may not contain a word found in the dictionary.
- Passwords may not be a common Data Bank word (e.g., NPDB, IQRS).
- Passwords may not be a simplistic or systematic sequence (e.g., abcd1234).

1.5 Contact Information

The ITP file format is updated periodically by the Data Banks. It is strongly recommended that users join the ITP Mailing List at www.npdb-hipdb.hrsa.gov/MailingListReg.html to receive notice of updates.

The Data Banks make an effort to notify users at least one month in advance of an update to code lists. Users should expect code lists to be updated quarterly. Additional updates to the ITP file formats are required periodically. Users will be notified six months in advance of updates to the ITP file formats. If you are already registered for the ITP Mailing List and would like to be removed, contact the Customer Service Center.

For specific questions concerning registration or NPDB-HIPDB query requirements contact the NPDB-HIPDB Customer Service Center by e-mail at npdb-hipdb@sra.com or by phone at 1-800-767-6732 (TDD 703-802-9395). Only authorized and registered users may report to or query the Data Bank(s). The *Entity Registration* form, information regarding NPDB-HIPDB policies and procedures, and the ICDs are available at www.npdb-hipdb.hrsa.gov.

1.6 Document Organization

This document is organized into five sections and two appendices.

Section 1, Overview, contains a brief description of the ICD and information concerning user account security and formatting electronic submission files.

Section 2, Transaction File Formats, provides the formats for query transaction files for both individual and organization subjects and explains the structure of query responses.

Section 3, Transaction File Data Records, contains the format and contents of data records within a transaction file.

Section 4, Query Code Lists, contains the codes that are to be used in transaction files. All codes referenced in this document are provided in this section, including detailed code values and descriptions.

Section 5, Sample Files, provides samples of submission and response transaction files for individual and organization subjects.

Appendix A, Disclaimer, specifies the terms and conditions for using this ICD. This appendix defines the limit of responsibility for the information contained in and the use of this ICD.

Appendix B, Rules of Behavior, specifies the conditions that must be followed to gain access and obtain information from and report to the NPDB-HIPDB system.

2. Transaction File Formats

2.1 Introduction

Queries on individual or organization subjects and password change requests sent from users to the Data Bank(s) are considered submission files. Different data records are required for password change requests and queries on individual subjects and queries on organization subjects. Section 2.2 describes the construction of data records. Section 2.3 provides the file formats for submission files sent to the NPDB-HIPDB system. Section 2.4 provides the file format for receiving response files from the NPDB-HIPDB system.

The data records that comprise a file depend on the type of transaction submitted and the type of subject. The Header Data Record of each file identifies the type of transaction; the remaining records in the file are processed based on the specific format for that transaction type. The first three records in any query are the Header, Query, and Certification Data Records, respectively. Following the Certification Data Record are the mandatory query fields for the specific subject type. Note that it is these mandatory fields that differentiate between individual subjects (Table 2-1) and organization subjects (Table 2-2).

Query and password change request submission files must include all applicable fields noted as mandatory in Section 3, Transaction File Data Records, as well as the information contained in one of the following two sets:

- For individual subject queries, either: (1) State license number, State of licensure, school attended, and year of graduation, (2) Social Security Number (SSN), or (3) Individual Taxpayer Identification Number (ITIN).
- For organization subject queries, either: (1) Federal Employer Identification Number (FEIN), (2) State license number and State of licensure, (3) Social Security Number (SSN), or (4) Individual Taxpayer Identification Number (ITIN).

For multiple-name query transactions, subject data marked by an asterisk (*) must be repeated for each subject queried upon. An example of a multiple-name query submission can be found in Section 5, Sample 5A. Each multiple-name query transaction must be performed only on all individual subjects or all organization subjects. **No query transaction may contain a mixture of both individual and organization subjects.** Such transactions will be rejected by the NPDB-HIPDB system. The format for each data record is provided in Section 3 of this document.

2.2 Construction of Data Records

All electronic transaction files submitted to the NPDB-HIPDB consist of predefined, labeled data records with positional data values. Each electronic file begins with a Header Data Record and ends with a Trailer Data Record. Examples of the Header Data Record and Trailer Data Record are shown below:

Example Header Data Record:

```
HDR~123456789012345~~IL~R10.0~FILENAME~101523003~~userid~
```


Example Trailer Data Record:
TRLR~

The other data records that make up a file depend on the type of transaction submitted. For example, the transaction file format for submitting a query on an individual subject contains a different set of data records than the transaction file format for submitting a multiple name query on organization subject. The Header Data Record of each file identifies the type of transaction, and the remaining records in the file are processed based upon the specific format for that transaction type.

The tilde character, for which the ASCII value is 126 (decimal), is required to act as a field delimiter to separate fields within a data record. **Data elements should not contain the tilde character; use of the tilde character for any purpose other than as a field delimiter will result in the rejection of the transaction.** Data records within a transaction file must begin with a record tag followed by a tilde, succeeded by the rest of the data fields for the record. Each data record must be separated by a tilde and end with a terminating tilde and a new line (also called a line feed) character. This document uses “\n” to denote the end of a record. The “\n” represents the new line character, for which the ASCII value is 10 (decimal), that should appear in the file. **Actual transaction files should not use the characters “\” and “n” to indicate the end of a record.**

If preferred, the NULL character, for which the ASCII value is 0 (decimal) may be used in place of the tilde as a field delimiter; however, note that a transaction file must use either the NULL or tilde exclusively throughout the file.

Below is an example of a Certification Data Record using tilde field delimiters.

CERT~JANE Q SMITH~PARALEGAL~5554443333~~10152003~\n

Data fields that are “mandatory if known” may be left blank, but **must** have adjacent field delimiters separating them; all other fields must be completed. Multiple-name queries may contain either transaction data for organization subjects or transaction data for individual subjects, but not both. In order to submit queries on both organization subjects and individual subjects, two query transaction files are necessary. When the Data Bank(s) receive a transaction via ITP, the request is processed, and the transaction response is sent back to the submitting organization in the secure manner in which it was received. If the NPDB-HIPDB computer system rejects a transaction, it electronically sends a rejection notice to the submitting organization, detailing reasons for the rejection.

The “CERT” in the example above is a record tag. All tags are required, even if no other data are associated with the data record. If no other data are provided for a record that includes a Tag field, the data record should include only the tag, the terminating field delimiter, and the new line character.

For multiple-name queries, the set of subject data records repeats for each subject in the query. When repeating the subject data records, the entire block of records repeats. Section 5, Sample 3A contains a multiple-name query on three individual subjects as an example of repeating sets of records. The data records (for both individual and organization subjects) that must repeat for each subject in a multiple-name query are listed in the tables in Sections 2.3 and 2.4.

2.3 Submission (Input) File Formats

This section provides the file formats for query and password change request submissions to the NPDB-HIPDB system. Different data records are required for queries on individual subjects and queries on organizational subjects. Section 2.3.1 denotes the order of the mandatory data records for query transactions on individual subjects. Section 2.3.2 contains the corresponding transaction file formats for queries on organization subjects. Section 2.3.3 contains the corresponding transaction file formats for password change requests.

2.3.1 Submission File Formats for Individual Subject Query Transactions

The following table denotes the order in which data records must be submitted for Individual Subject query transactions. The format for each data record is listed in Section 3.

Table 2-1: Submission File Data Record Ordering for Individual Subject Query Transactions

Data Records	Single/Multiple-Name Query
Header Data Record (HDR)	1
Query Data Record (QRY)	2
Certification Data Record (CERT)	3
Individual Subject Data Record (ISUBJ)	4*
Drug Enforcement Administration Data Record (DEA)	5*
Individual Subject Occupation/Field of Licensure Data Record (ISOFL)	6*
Professional School Data Record (GRAD)	7*
Other Name(s) Used Data Record (ALIAS)	8*
Social Security Number Data Record (SSN)	9*
Individual Taxpayer Identification Number Data Record (ITIN)	10*
Federal Employer Identification Number Data Record (FEIN)	11*
National Provider Identifier Data Record (NPI)	12*
Unique Physician Identification Number Data Record (UPIN)	13*
Customer Use Data Record (CUSE)	14*
Trailer Data Record (TRLR)	15

* Data record must be repeated for each subject queried.

2.3.2 Submission File Formats for Organization Subject Query Transactions

The following table denotes the order in which data records must be submitted for Organization Subject query transactions. The format for each data record is listed in Section 3.

Table 2-2: Submission File Data Record Ordering for Organization Subject Query Transactions

Data Records	Single/Multiple-Name Query
Header Data Record (HDR)	1
Query Data Record (QRY)	2
Certification Data Record (CERT)	3
Organization Subject Data Record (ESUBJ)	4*
Drug Enforcement Administration Data Record (DEA)	5*
Organization Subject State License Number Data Record (ESLN)	6*
Clinical Laboratory Improvement Act Data Record (CLIA)	7*
Other Organization Name(s) Used Data Record (OENAM)	8*
Social Security Number Data Record (SSN)	9*
Individual Taxpayer Identification Number Data Record (ITIN)	10*
Federal Employer Identification Number Data Record (FEIN)	11*
National Provider Identifier Data Record (NPI)	12*
Medicare Provider/ Supplier Number Data Record (MEDICAREP)	13*
Food and Drug Administration Number Data Record (FDA)	14*
Customer Use Data Record (CUSE)	15*
Trailer Data Record (TRLR)	16

* Data record must be repeated for each subject queried.

2.3.3 Submission File Format for Password Change Request Transactions

The following table denotes the order in which data records must be submitted for password change request transactions. The format for each data record is listed in Section 3.

Table 2-3: Submission File Data Record Ordering for Password Change Request Transactions

Data Records	Single Password Change Request
Header Data Record (HDR)	1
Password Data Record (PWD)	2
Trailer Data Record (TRLR)	3

2.4 Response (Output) File Formats

Transaction files that are submitted to the NPDB-HIPDB system via ITP will generate electronic responses to the entity. The structure of electronic responses is similar to the submission transaction file formats.

The response to an electronic query transaction contains a variable number of data records, depending on the number of subjects submitted in the query, whether the query or any subject

names within the query were rejected, and the presence of matching reports to any of the subjects in the query. Some submission data records are returned in responses. Refer to Section 3 for data record format descriptions.

A matching algorithm is used to match the subject's identification data submitted in the query to subject identification data on reports stored. If a submitted query cannot be definitively matched by the computer system, the query is marked for human resolution. When the pending query is resolved, the query status changes from partially complete to complete.

Section 2.4.1 denotes the order in which the mandatory data records for query transactions on individual subjects are returned. Section 2.4.2 denotes the order in which the mandatory data records for query transactions on organization subjects are returned. Section 2.4.5 denotes the order in which the data records for password change requests are returned. Section 2.4.6 denotes the order in which the data records for Data Bank Correspondence responses are returned.

Data Bank Correspondence enables the Data Banks to communicate important messages to an entity's users. Data Bank Correspondence is not related to any specific file submission.

2.4.1 Response File Formats for Individual Subject Query Transactions

The following table denotes the order in which data records are returned for Individual Subject query transactions. The format for each data record is listed in Section 3.

Table 2-4: Response File Data Record Ordering for Individual Subject Query Transactions

Data Records	Single/Multiple-Name Query
Header Data Record (HDR)	1
Query File Status Data Record (FSTA)	2
Query Data Record (QRY)	3
Agent Data Record (AGNT)	4
Query Status Data Record (QSTA)	5*
Individual Subject Data Record (ISUBJ)	6*
Drug Enforcement Administration Data Record (DEA)	7*
Individual Subject Occupation/Field of Licensure Data Record (ISOFL)	8*
Professional School Data Record (GRAD)	9*
Other Name(s) Used Data Record (ALIAS)	10*
Social Security Number Data Record (SSN)	11*
Individual Taxpayer Identification Number Data Record (ITIN)	12*
Federal Employer Identification Number Data Record (FEIN)	13*
National Provider Identifier Data Record (NPI)	14*
Unique Physician Identification Number Data Record (UPIN)	15*
Customer Use Data Record (CUSE)	16*
Report Data Records **	17**
Trailer Data Record (TRLR)	18

* Data record will be repeated for each subject queried.

** Data record will be repeated for each report in the Data Bank(s) for each subject queried. See Table 2-5 for report data records. Report data records differ based on the type of report. If no report is found in the Data Bank(s) for a subject queried, report data records will not be present for that subject. An example of a response file that returns multiple reports for one subject can be found in Section 5, Sample 7B.

Table 2-5: Report Response File Data Record Ordering for Individual Subject Query Transactions

Report Data Records	TYPE OF REPORT									
	NPDB*				HIPDB**			NPDB/HIPDB***		
	Professional Society (1)	Clinical Privileges (1)	MMPR	Legacy MMPR	Government Administrative	Health Plan	JOCR (2)	Licensure (1)	Exclusion/Debarment	AAR (3)
Query Report Status Data Record (QRSD)	1	1	1	1	1	1	1	1	1	1
Entity Data Record (ENTY)	2	2	2	2	2	2	2	2	2	2
AAR Type Data Record (AART)	3	3			3	3		3	3	
Legacy Format AAR Type Data Record (LAART)										3
JOCR Type Data Record (JOCRT)							3			
Medical Malpractice Report Type Data Record (MMRT)			3	3						
Individual Subject Data Record (ISUBJ)	4	4	4		4	4	4	4	4	
Practitioner Data Record (PRCT)				4						4
Drug Enforcement Administration Data Record (DEA)	5	5	5	5	5	5	5	5	5	5
Individual Subject Occupation/Fields of Licensure Data Record (ISOFL)	6	6	6		6	6	6	6	6	
Fully Qualified State License Data Record (FQSL)				6						6
Professional School Data Record (GRAD)	7	7	7	7	7	7		7	7	7
Other Name(s) Used Data Record (ALIAS)	8	8	8		8	8	7	8	8	
Social Security Number Data Record (SSN)	9	9	9		9	9	8	9	9	
Individual Taxpayer Identification Number Data Record (ITIN)					10	10	9	10	10	
Federal Employer Identification Number Data Record (FEIN)					11	11	10	11	11	
National Provider Identifier Data Record (NPI)					12	12	11	12	12	
Unique Physician Identification Number Data Record (UPIN)					13	13	12	13	13	
Affiliations Data Record (AFF)					14	14	13	14	14	
Legacy Format Adverse Action Report Data Record (AAR)										8
Medical Malpractice Payment Report Data Record (MMPR)			10							
Legacy Medical Malpractice Payment Report Data Record (MMR)				8						
Hospital Data Record (HOSP)			11	9						
Adverse Action Report Data Record (CAAR)	10	10			15	15		15	15	
Judgment or Conviction Data Record (JOCR)							14			

Report Data Records	TYPE OF REPORT									
	NPDB*				HIPDB**			NPDB/HIPDB***		
	Professional Society (1)	Clinical Privileges (1)	MMPR	Legacy MMPR	Government Administrative	Health Plan	JOCR (2)	Licensure (1)	Exclusion/Debarment	AAR (3)
Action on Appeal Data Record (APEAL)					16	16	15	16	16	
Basis for Action Data Record (BACTN)	11	11			17	17		17	17	
Investigation Data Record (INVTG)							16			
Statutory Offenses and Counts Data Record (STATOC)							17			
JOCR Act(s) or Omission(s) Data Record (AOCD)							18			
Sentence/Judgment Data Record (SJ)							19			
Previous DCN Data Record (PDCN)****	12	12	12	10	18	18	20	18	18	9
Report Statement Data Record (RSDR)	13	13	13	11	19	19	21	19	19	10
Report Point of Contact Data Record (RPOC)	14	14	14	12	20	20	22	20	20	11
Individual Supplemental Information Data Record (ISUPPL)	15	15	15	13	21	21	23	21	21	12
Subject Notification Failure Supplemental Information Data Record (SUPPLSND)	16	16	16	14	22	22	24	22	22	13
Entity Internal Report Reference Data Record (ER)	17	17	17	15	23	23	25	23	23	14

* NPDB: Reports listed below (Professional Society, Clinical Privileges, MMPR, and LMMPR) can be returned only as a result of queries to the NPDB.

** HIPDB: Reports listed below (Government Administrative, Health Plan, JOCR) can be returned only as a result of queries to the HIPDB.

*** NPDB/HIPDB: Reports listed below (Licensure, Exclusion/Debarment, and AAR) can be returned as a result of queries to the NPDB and/or the HIPDB.

**** Only used with Correction, Notice of Appeal, Revision to Action Report, and Correction of Revision to Action file formats.

(1) Professional Society, Clinical Privileges, and Licensure: Expanded Adverse Action Report format used with the IQRS for the NPDB-HIPDB.

(2) JOCR: Judgment or Conviction Report (JOCR) includes Criminal Convictions (Guilty Plea or Trial), Nolo Contendere (No Contest) Pleas, Deferred Conviction/Pre-Trial Diversions, Injunctions, and Civil Judgments (Excluding Medical Malpractice Claims).

(3) AAR: Original NPDB Adverse Action Report format used with QPRAC submission; includes original NPDB format for Licensure, Clinical Privileges, and Professional Society actions.

2.4.2 Response File Formats for Organization Subject Query Transactions

The following table denotes the order in which data records are returned for Organization Subject query transactions. The format for each data record is listed in Section 3.

Table 2-6: Response File Data Record Ordering for Organization Subject Query Transactions

Data Records	Single/Multiple-Name Query
Header Data Record (HDR)	1
Query File Status Data Record (FSTA)	2
Query Data Record (QRY)	3
Agent Data Record (AGNT)	4
Query Status Data Record (QSTA)	5*
Organization Subject Data Record (ESUBJ)	6*
Drug Enforcement Administration Data Record (DEA)	7*
Organization Subject State License Number Data Record (ESLN)	8*
Clinical Laboratory Improvement Act Data Record (CLIA)	9*
Other Organization Name(s) Used Data Record (OENAM)	10*
Social Security Number Data Record (SSN)	11*
Individual Taxpayer Identification Number Data Record (ITIN)	12*
Federal Employer Identification Number Data Record (FEIN)	13*
National Provider Identifier Data Record (NPI)	14*
Medicare Provider/ Supplier Numbers Data Record (MEDICAREP)	15*
Food and Drug Administration Numbers Data Record (FDA)	16*
Customer Use Data Record (CUSE)	17*
Report Data Records**	18**
Trailer Data Record (TRLR)	19

* Data record must be repeated for each subject queried.

** Data record will be repeated for each report in the Data Bank(s) for each subject queried. See Table 2-7 for report response data records. Report data records differ based on the type of report. If no report is found in the Data Bank(s) for an organization queried, report data records will not be present for that subject.

Table 2-7: Report Response File Data Record Ordering for Organization Subject Query Transactions

Report Data Records	TYPE OF REPORT*				
	Licensure	Exclusion/ Debarment	Government Administrative	Health Plan	JOCR
Query Report Status Data Record (QRSD)	1	1	1	1	1
Entity Data Record (ENTY)	2	2	2	2	2
AAR Type Data Record (AART)	3	3	3	3	
JOCR Type Data Record (JOCRT)					3
Previous DCN Data Record (PDCN)**	4	4	4	4	4
Organization Subject Data Record (ESUBJ)	5	5	5	5	5
Drug Enforcement Administration Data Record (DEA)	6	6	6	6	6
Organization Subject State License Number Data Record (ESLN)	7	7	7	7	7
Clinical Laboratory Improvement Act Data Record (CLIA)	8	8	8	8	
Other Organization Name(s) Data Record (OENAM)	9	9	9	9	8
Social Security Number Data Record (SSN)	10	10	10	10	9
Individual Taxpayer Identification Number Data Record (ITIN)	11	11	11	11	10
Federal Employer Identifier Number Data Record (FEIN)	12	12	12	12	11
National Provider Identifier Data Record (NPI)	13	13	13	13	12
Medicare Provider/Supplier Number Data Record (MEDICAREP)	14	14	14	14	13
Food and Drug Administration Data Record (FDA)	15	15	15	15	
Principal Officers and Owners Data Record (POO)	16	16	16	16	14
Affiliations Data Record (AFF)	17	17	17	17	15
Adverse Action Report Data Record (CAAR)	18	18	18	18	
Action on Appeal Data Record (APEAL)	19	19	19	19	16
Basis For Action Data Record (BACTN)	20	20	20	20	
Judgment or Conviction Data Record (JOCR)					17
Investigation Data Record (INVTG)					18
Statutory Offenses and Counts Data Record (STATOC)					19
JOCR Act(s) or Omission(s) Data Record (AOCD)					20
Sentence/Judgment Data Record (SJ)					21
Report Statement Data Record (RSDR)	21	21	21	21	22
Report Point of Contact Data Record (RPOC)	22	22	22	22	23
Organization Supplemental Information Data Record (ESUPPL)	23	23	23	23	24
Subject Notification Failure Supplemental Information Data Record (SUPPLSND)	24	24	24	24	25
Entity Internal Report Reference Data Record (ER)	25	25	25	25	26

* Reports on organization subjects can be returned only as a result of queries to the HIPDB.

** Only used with Correction, Notice of Appeal, Revision to Action Report and Correction of Revision to Action file formats.

2.4.3 Special Multiple-Name Query Rejection Response Transactions

If a multiple-name query is rejected before the Data Bank(s) process the queried subjects' names, the corresponding file is handled differently than other rejection responses. When the system identifies an error in the Header Data Record (e.g., an invalid DBID is present), no further action is taken to process that file, and the remaining data records in that file are not available for inclusion in the response file. Therefore, the rejection response file will appear in a different order than that specified in Sections 2.4.1 and 2.4.2. The order for these types of query rejections is detailed in Table 2-8.

Table 2-8: Rejection File Data Record Ordering for Multiple-Name Query

Data Records	Single/Multiple-Name Query
Header Data Record (HDR)	1
Query File Status Data Record (FSTA)	2
Query Data Record (QRY)	3
Agent Data Record (AGNT)	4
Trailer Data Record (TRLR)	5

2.4.4 Files Exceeding 1MB of Disk Space

If a response file exceeds 1MB of disk space, it will be broken into multiple files, each with a size of 1MB or less. To accomplish this, the Header, Query File, Query, and Agent Data Records will appear at the top of **each** file, and a Trailer record will appear at the end of each file. The Query File, Query, and Agent Data Records on each file will be exactly the same, and will reflect the total amount billed and the number of queries in the entire batch (i.e., all files in the batch).

2.4.5 Response File Format for Password Change Request Transactions

The following table denotes the order in which data records are returned for password change request transactions. The format for each data record is listed in Section 3.

Table 2-9: Response File Data Record Ordering for Password Change Request Transactions

Data Records	Single Password Change Response
Header Data Record (HDR)	1
Password Change Request Status Data Record (PWDS)	2
Trailer Data Record (TRLR)	3

2.4.6 Response File Format for Data Bank Correspondence Transactions

The following table denotes the order in which data records are returned for Data Bank correspondence transactions. The format for each data record is listed in Section 3.

Table 2-10: Response File Data Record Ordering for Data Bank Correspondence Transactions

Data Records	Data Bank Correspondence Response
Header Data Record (HDR)	1
Data Bank Correspondence Data Record (DBC)	2
Trailer Data Record (TRLR)	3

3. Transaction File Data Records

This section describes the format and content of individual data records within a transaction file. Data record formats are defined separately from transaction file formats; a single data record may be used in multiple transaction file formats. To determine which data records are required for processing a specific type of transaction, refer to Section 2.3 for submission (input) file formats and Section 2.4 for response (output) file formats.

All fields in a data record are either mandatory, mandatory if known, or not applicable, depending on the type of transaction being submitted. Mandatory fields must be completed or the transaction **will be rejected**. If a data field is mandatory if known and the querying organization does not have the information, the field should be left blank rather than contain a default value, which may prevent or delay the processing of a transaction file. Fields that are not applicable must be included but must be left blank, or the transaction **will be rejected**. Refer to Section 4, List Q for an explanation of the rejection codes that may be returned in the ERR_CD data field of the Query Status Data Record (QSTA) and the Password Change Status Data Record (PWDS).

For each data record, Tables 3-1 through 3-56 list fields as mandatory, mandatory if known, and not applicable. The Status column indicates “M” for mandatory fields and “I” for “mandatory if known” fields. Some data records do not have the Status column as they represent the response or additional data records used in transactions returned by the NPDB-HIPDB.

Entities may submit queries only on types of subjects that they are statutorily authorized and registered to query. For example, entities that are authorized and registered only to query the NPDB may submit queries only on individual subjects. Entities with HIPDB querying privileges may submit queries on both individual and organization subjects.

Fields must adhere to the specified field type according to the following codes:

- A = Alphanumeric
- C = Code (refer to the appropriate code list in Section 4)
- D = Date (MMDDYYYY, unless noted otherwise)
- N = Numeric
- T = Tag

Unless otherwise noted, the specified field width represents the maximum number of characters allowed for the field. **All fields larger than the specified field width will be truncated.** Data values that are shorter than the specified field width should **not** be padded with additional characters. **Transactions submitted using an incorrect format or invalid codes will be rejected.**

Table 3-1: Action on Appeal Data Record (APEAL)

Field	Field Type	Field Width	Description
APEAL~	T	5	Tag for Action on Appeal Data Record - "APEAL."
ON_APPEAL~	C	1	Is the action on appeal? "Y" = Yes, "N" = No, "U" = Unknown.
APPEAL_DATE~	D	8	Date action was appealed in MMDDYYYY format.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-2: Legacy Format Adverse Action Report Data Record (AAR)

Field	Field Type	Field Width	Description
AAR ~	T	3	Tag for Legacy Format Adverse Action Report Data Record - "AAR."
RPT_DCN~	N	16	Data Bank Control Number (DCN) of report.
AA_RPT_TYPE~	C	1	Type of adverse action - "L" = licensure, "C" = clinical privileges, "S" = society membership.
AA_DTE_OF_ACTION~	D	8	Date of action in MMDDYYYY format.
AA_CLASS_CD~	N	5	Adverse Action Classification Code. (Refer to Section 4, List S, for codes.)
LENGTH_OF_ACT_DAY~	N	3	Number of days for which action is in effect - may be "0" if months are provided in next field.
LENGTH_OF_ACT_MON~	N	2	Number of months for which action is in effect - may be "0" if days are provided in previous field 98 = indefinite, 99 = permanent.
EFF_DTE_OF_ACTION~	D	8	Effective date of action in MMDDYYYY format.
PRACT_DECEASED_FL~	C	1	"Y" if practitioner is known to be deceased, otherwise "N."
AA_DESC~	A	4000	Description of act(s) or omission(s), or other reason action was taken.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-3: Adverse Action Report Data Record (CAAR)

Field (n = 1 through 5)	Field Type	Field Width	Description
CAAR~	T	4	Tag for Adverse Action Report Data Record - "CAAR."
RPT_DCN~	N	16	Data Bank Control Number (DCN) of report.
NAME~	A	40	Name of Agency or Program that took the Adverse Action.
AMOUNT~	N	12,2	Total amount of monetary penalty, fine or restitution in dollars and cents. Maximum value 999999999.99.
ACTN_TAKEN_DTE~	D	8	Date action was taken in MMDDYYYY format.
DTE_OF_ACTN~	D	8	Date action became effective in MMDDYYYY format.
AAR_ACTION_LENGTH_TYPE	C	1	Is the action Indefinite, Permanent, or for a specified length of time? ("I" = Indefinite, "P" = Permanent, "S" = For a specified length of time). Field is blank for reports having a single adverse action classification code indicating a civil money penalty, administrative fine, or other monetary penalty.
AAR_ACTN_YEARS~	N	2	Number of years the action is effective (Not applicable to actions with a permanent or indefinite duration or an action with no duration).
AAR_ACTN_MNTHS~	N	2	Number of months action is effective (Not applicable to actions with a permanent or indefinite duration or an action with no duration).
AAR_ACTN_DAYS~	N	3	Number of days action is effective (Not applicable to actions with a permanent or indefinite duration or an action with no duration).
AUTOMATIC_RNSTMNT~	C	1	Is reinstatement automatic? "Y" = Yes, "N" = No, "C" = Yes, with conditions (requires a Revision to Action Report when status changes).
NARRATIVE_DESC~	A	4000	Narrative description of subject's act(s) or omission(s) and relevant information related to the adverse action taken.
RESERVED~		0	Reserved field.
CCB~	C	1	Was the action based on the subject's professional competence or conduct, which may have adversely affected a patient? "Y" = Yes, "N" = No. (This field is only applicable to State licensure actions against a subject who is a physician or dentist.)
AA_CLASS_CDn~	C	4	Adverse Action Classification Code. (Refer to Section 4, List H for individual subjects, List I for organization subjects and List J for individual and organization retired codes that may be returned on existing reports.)
AA_CLASS_CD_DESCn~	A	40	Description of the adverse action taken; included if the reporter selected one of the following codes: 1645, 1989, 1189, 1199, 1389, 1399, 1589, 1745, 3989, 3239, and 3589.
The Data Bank(s) allow up to 5 sets of Adverse Action Classification data repeated in the CAAR record.			

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-4: Adverse Action Report Type Data Record (AART)

Field	Field Type	Field Width	Description
AART~	T	4	Tag for Adverse Action Report Type Data Record - "AART."
AAR_TYPE~	C	2	Type of action or finding being reported. (Refer to Section 4, List N, for codes.)
AAR_SUBJECT_TYPE~	C	1	Type of subject - 'I' = Individual 'E' = Entity (i.e., Organization).
RPT_TYPE~	C	1	Type of report - "I" = Initial, "C" = Correction, "R" = Revision to Action, "A" = Correction of Revision to Action.
ORIG_DT~	D	8	Date of original submission in MMDDYYYY format.
REC_DT~	D	8	Date of most recent change in MMDDYYYY format.
TITLEIV~*	C	1	The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. "Y" = Yes, "N" = No.
RESERVED~	NA	0	Reserved field.
1128E~*	C	1	The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. "Y" = Yes, "N" = No.
NPDB_FL~	C	1	This report is maintained by NPDB. "Y" = Yes, "N" = No.
HIPDB_FL~	C	1	This report is maintained by HIPDB. "Y" = Yes, "N" = No.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

***These data fields indicate the statute(s) under which the NPDB, the HIPDB or both Data Banks have the authority to collect, maintain and disclose this report.**

Table 3-5: Legacy Format Adverse Action Report Type Data Record (LAART)

Field	Field Type	Field Width	Description
LAART~	T	4	Tag for Legacy Format Adverse Action Report Type Data Record - "LAART."
RPT_TYPE~	C	1	Type of report - "I" = Initial, "C" = Correction, "R" = Revision to Action, "A" = Correction of Revision to Action.
ORIG_DT~	D	8	Date of original submission in MMDDYYYY format.
REC_DT~	D	8	Date of most recent change in MMDDYYYY format.
TITLEIV~*	C	1	The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. "Y" = Yes, "N" = No.
RESERVED~	NA	0	Reserved field.
1128E~*	C	1	The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. "Y" = Yes, "N" = No.
NPDB_FL~	C	1	This report is maintained by NPDB. "Y" = Yes, "N" = No.
HIPDB_FL~	C	1	This report is maintained by HIPDB. "Y" = Yes, "N" = No.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

***These data fields indicate the statute(s) under which the NPDB, the HIPDB or both Data Banks have the authority to collect, maintain and disclose this report.**

Table 3-6: Affiliations Data Record (AFF)

Field (n = 1 through 4)	Field Type	Field Width	Description
AFF~	T	3	Tag for Affiliations Data Record - "AFF."
NAME~	A	40	Name of health care entity with which subject is affiliated or associated. (Inclusion does not imply complicity in the reported action.)
ADDR1~	A	40	First line of affiliate's/associate's business address.
ADDR2~	A	40	Second line of address.
CITY~	A	28	City.
STATE~	C	2	Required if State is in U.S.A. (Refer to Section 4, List A, for State codes.)
CNTRY~	A	20	Required if Country is not U.S.A.; leave blank if Country is U.S.A.
ZIP5~	A	5	Zip code.
ZIP4~	A	4	4-digit Zip code extension.
NRS~	C	3	Nature of Subject's Relationship to Affiliate/Associate. (Refer to Section 4, List F, for individual subjects or Section 4, List G, for organization subjects.)
O_NRS~	A	40	Other Nature of Subject's Relationship to Affiliate. Required if Nature of Subject's Relationship to Affiliate/Associate Code "999," Other Relationship Not Classified, is selected. Otherwise, leave this field blank.

The Data Bank(s) allow up to 4 sets of data repeated in the AFF record.

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-7: Agent Data Record (AGNT)

Field	Field Type	Field Width	Description
AGNT~	T	4	Tag for Agent Data Record - "AGNT."
AGENT_NM~	A	40	Name of associated authorized agent.
AGENT_PHONE~	N	15	Telephone number of agent (includes area code, no delimiters e.g., 7038029395).
AGENT_EXT~	N	5	Telephone extension of associated agent.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-8: Basis for Action Data Record (BACTN)

Field (n = 1 through 5)	Field Type	Field Width	Description
BACTN~	T	5	Tag for Basis for Action Data Record - "BACTN."
BASISn~	C	2	Basis for Action Code. This field is not applicable to Revision to Action or Correction of Revision to Action Reports. (Refer to Section 4, List K for individual subjects, List L for organization subjects, and List M for individual and organization retired codes that may be returned on existing reports.)
BASIS_DESCn~	A	75	Description of the basis for action taken; included if the reporter selected code 99, Other - Not Classified.
The Data Bank(s) allow up to 5 sets of data repeated in the BACTN record.			

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-9: Certification Data Record (CERT)

Field	Field Type	Field Width	Description	Status
CERT~	T	4	Tag for Certification Data Record - "CERT."	M
CERT_NM~	A	40	Name of individual certifying transaction.	M*
CERT_TITLE~	A	40	Title of individual certifying transaction.	M
CERT_PHONE~	N	15	Telephone number of individual certifying transaction (include area code, no delimiters e.g., 7038029395). For domestic numbers 10 digits are required. For international phone numbers, include country code.	M
CERT_EXT~	N	5	Telephone extension.	I
CERT_DATE~	D	8	Certification date in MMDDYYYY format.	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory, If Known

*** The individual certifying a transaction must be authorized to submit information to the Data Bank(s) on behalf of the eligible entity. This individual certifies that all transaction information is true and correct to the best of his or her knowledge.**

Table 3-10: Clinical Laboratory Improvement Act Data Record (CLIA)

Field	Field Type	Field Width	Description	Status
CLIA~	T	4	Tag for Clinical Laboratory Improvement Act Data Record - "CLIA."	M
NUMBER1~	A	10	CLIA Number.	I
NUMBER2~	A	10	Second CLIA Number.	I
NUMBER3~	A	10	Third CLIA Number.	I
NUMBER4~	A	10	Fourth CLIA Number.	I
NUMBER5~	A	10	Fifth CLIA Number.	I
NUMBER6~	A	10	Sixth CLIA Number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-11: Customer Use Data Record (CUSE)

Field	Field Type	Field Width	Description	Status
CUSE~	T	4	Tag for Customer Use Data Record - "CUSE."	M
CUSTOMER_USE_FLD~	A	20	Identification record for use by the submitting entity. This data field does not appear on report output and will be returned without modification in the response file. This field may be used by the submitter to identify this transaction.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-12: Data Bank Correspondence Data Record (DBC)

Field	Field Type	Field Width	Description
DBC~	T	3	Tag for Data Bank Correspondence Data Record - "DBC."
ENTITY_DBID~	N	15	Data Bank Identification Number (DBID) for whom the Data Bank Correspondence is intended.
USER_ID~	A	14	The user ID for whom the Data Bank Correspondence is intended.
DATE~	D	8	The date the Data Bank Correspondence was generated.
SENDER~	A	40	The sender of the Data Bank Correspondence.
MESSAGE~	A	4000	The plain-text message of the Data Bank Correspondence.

Table 3-13: Drug Enforcement Administration Data Record (DEA)

Field	Field Type	Field Width	Description	Status
DEA~	T	3	Tag for Drug Enforcement Administration Data Record - "DEA."	M
DEA1~	A	12	Drug Enforcement Administration Number.	I
DEA2~	A	12	Second Drug Enforcement Administration Number.	I
DEA3~	A	12	Third Drug Enforcement Administration Number.	I
DEA4~	A	12	Fourth Drug Enforcement Administration Number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-14: Entity Data Record (ENTY)

Field	Field Type	Field Width	Description
ENTY~	T	4	Tag for Entity Data Record - "ENTY."
ENTITY_NM~	A	50	Name of entity.
ENTITY_ADDR1~	A	40	First line of entity address.
ENTITY_ADDR2~	A	40	Second line of entity address.
ENTITY_CITY~	A	28	City.
ENTITY_STATE~	C	2	State if in U.S.A. (Refer to Section 4, List A, for State codes.)
ENTITY_CNTRY~	A	20	Country if not U.S.A.; blank if country is U.S.A.
ENTITY_ZIP5~	A	5	ZIP code.
ENTITY_ZIP4~	A	4	4-digit ZIP code extension.
ENTITY_STATUS~	C	1	Most recent status of entity. (Refer to Section 4, List X, for Status codes.)
CURRENT_ENTITY_NM~	A	50	Most recent name of entity.
CURRENT_ENTITY_ADDR1~	A	40	First line of most recent entity address.
CURRENT_ENTITY_ADDR2~	A	40	Second line of most recent entity address.
CURRENT_ENTITY_CITY~	A	28	City of most recent entity address.
CURRENT_ENTITY_STATE~	C	2	State of most recent entity address if in U.S.A. (Refer to Section 4, List A, for State codes.)
CURRENT_ENTITY_CNTRY~	A	20	Country of most recent entity address if not U.S.A.; blank if country is U.S.A.
CURRENT_ENTITY_ZIP5~	A	5	ZIP code of most recent entity address.
CURRENT_ENTITY_ZIP4~	A	4	4-digit ZIP code extension of most recent entity address.
LAST_ENTITY_UPDATE_DT~	D	8	Date of most recent name or address change made by the original reporting entity in MMDDYYYY format. The date is only provided if the original reporting entity has no successor.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-15: Entity Internal Report Reference Data Record (ER)

Field	Field Type	Field Width	Description
ER~	T	2	Tag for Entity Internal Report Reference Data Record - "ER."
ENTITY_REF~	A	20	Entity Internal Report Reference. This optional field was provided by the entity to help identify this report in their files. This information is not used by the Data Banks.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-16: Federal Employer Identification Number Data Record (FEIN)

Field	Field Type	Field Width	Description	Status
FEIN~	T	4	Tag for Federal Employer Identification Number Data Record - "FEIN."	M
FEIN1~	N	9	Federal Employer Identification Number.	M*
FEIN2~	N	9	Second Federal Employer Identification Number.	I
FEIN3~	N	9	Third Federal Employer Identification Number.	I
FEIN4~	N	9	Fourth Federal Employer Identification Number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

***For queries on individual subjects this field is always "if known." For queries on organization subjects where the State License Number and State of Licensure, Social Security Number, and Individual Taxpayer Identification Number are unknown, a Federal Employer Identification Number is mandatory.**

Table 3-17: Food and Drug Administration Number Data Record (FDA)

Field	Field Type	Field Width	Description	Status
FDA~	T	3	Tag for Food and Drug Administration Number Data Record - "FDA."	M
NUMBER1~	N	7	FDA Number.	I
NUMBER2~	N	7	Second FDA Number.	I
NUMBER3~	N	7	Third FDA Number.	I
NUMBER4~	N	7	Fourth FDA Number.	I
NUMBER5~	N	7	Fifth FDA Number.	I
NUMBER6~	N	7	Sixth FDA Number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-18: Fully Qualified State License Data Record (FQSL)

Field (N = 1 through 10)	Field Type	Field Width	Description
FQSL~	T	4	Tag for Fully Qualified State License Data Record - "FQSL."
FQSL_NBRn~	A	16	License Number - "NO LICENSE", if none.
FQSL_STn~	C	2	State of Licensure. (Refer to Section 4, List A for State codes.)
FQSL_FLDn~	C	3	Field of Licensure. (Refer to Section 4, List C for codes.)
FQSL_OTHERn~	A	60	Other Field of Licensure. Returned if the Field of Licensure code is "699" (Other Health Care Practitioner).

The Data Bank(s) allow up to 10 sets of data repeated in the FQSL record.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-19: Header Data Record (HDR)

Field	Field Type	Field Width	Description	Status
HDR~	T	3	Tag for Header Data Record - "HDR."	M
ENTITY_DBID~	N	15	Data Bank Identification Number (DBID) of organization submitting the transaction.*	M
PASSWD~	A	14	Case-sensitive password. *** Leave blank if using the ITP Service.** If the query is submitted by an agent, the password of the agent must be used. Otherwise, use the password of the querying entity. The minimum length is 8. For responses, this field is reserved.	M
TRANS_CD~	C	2	Transaction type code 1L, 1C, 1A, 1J, 90, 91 or DB. (Refer to Section 4, List T for details.)	M
VER_NUM~	T	5	Use "R10.0" to indicate an ICD transaction.	M
SUBMISSION_FILENAME~	A	30	Unique identifying file name (user defined). For Data Bank Correspondence, this field is left blank.	M
SUBMISSION_FILEDATE~	D	8	Date of submission file in MMDDYYYY format. For Data Bank Correspondence, this field is left blank.	M
AGENT_DBID~	N	15	Agent DBID (if registered agent is submitting query). Complete only if a registered agent is querying on behalf of the entity identified (ENTITY_DBID) above. In this case, the password must belong to the agent. If an agent is not submitting the query, leave this field blank.* For Data Bank Correspondence, this field is left blank.	M
USER_ID~	A	14	User ID of the individual submitting the transaction. This field is case-sensitive.**** For responses, this field is reserved.	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** When a password change request transaction is submitted by a registered agent, the agent DBID must be specified in the entity DBID field, and the agent DBID field must be left blank. When a password change request transaction is submitted by a registered entity, the entity DBID must be specified in the entity DBID field, and the agent DBID field should be left blank.**

**** The Data Banks will authenticate the password when a transaction file is submitted using the ITP transfer program.**

***** This field is case sensitive and can include special characters such as: !, @, #, \$, ^, &, *, (,), -, _, =, +, [,], {, }, |, ;, :, ,, <, >**

****** For a password change request transaction using the ITP transfer program, the User ID field must be left blank.**

Table 3-20: Hospital Data Record (HOSP)

Field (n = 1 through 5)	Field Type	Field Width	Description
HOSP~	T	4	Tag for Hospital Data Record - "HOSP."
HOSP_AFFILn~	A	40	Name of hospital with which practitioner is affiliated.
HOSP_AFFIL_CITY_n~	A	28	City where affiliated hospital is located.
HOSP_AFFIL_STATE_n~	C	2	State of affiliated hospital if State or territory is inside U.S.A. (Refer to Section 4, List A, for State codes.)
The Data Bank(s) allow up to 5 sets of data repeated in the HOSP record.			

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-21: Individual Subject Data Record (ISUBJ)

Field	Field Type	Field Width	Description	Status
ISUBJ~	T	5	Tag for Individual Subject Data Record - "ISUBJ."	M
LNAME~	A	25	Last name of subject.	M
FNAME~	A	15	First name of subject.	M
MNAME~	A	15	Middle name of subject.	I
SUFFIX~	A	4	Suffix (e.g., Jr., Sr., III).	I
GENDER~	C	1	"M" = Male, "F" = Female, "U" = Unknown.	M
HOME_ADDR1~	A	40	First line of home mailing address.	I*
HOME_ADDR2~	A	40	Second line of address.	I
HOME_CITY~	A	28	City.	I*
HOME_STATE~	C	2	Required if State is in U.S.A. (Refer to Section 4, list A, for State codes.)	I*
HOME_CNTRY~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I
HOME_ZIP5~	A	5	ZIP code.	I*
HOME_ZIP4~	A	4	4-digit ZIP Code extension.	I
ORG_NAME~	A	50	Name of organization where subject works.	I
ORG_TYPE~	C	3	Type of organization where subject works. (Refer to Section 4, List B, for Type of Organization codes.) ***	I
ORG_TYPE_DESC~	A	100	Organization type description. This field is mandatory if the type of organization is not classified in Section 4, List B, and Type of Organization code "999," Other Type is selected. Otherwise, leave this field blank. ***	I
WORK_ADDR1~	A	40	First line of street address where subject works.	M*
WORK_ADDR2~	A	40	Second line of address.	I
WORK_CITY~	A	28	City.	M*
WORK_STATE~	C	2	Required if State is in U.S.A. (Refer to Section 4, List A, for State codes.)	M*
WORK_CNTRY~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I
WORK_ZIP5~	A	5	ZIP code.	M*
WORK_ZIP4~	A	4	4-digit ZIP code extension.	I
DOB~	D	8	Date of birth in MMDDYYYY format.	M
RESERVED/DECEASED~	C	0/1	Valid for responses only. Is the subject deceased? "Y" = Yes, "N" = No, "U" = Unknown. For submissions, this is a reserved field, leave blank.	M**
RESERVED/DECEASED_DT~	D	0/8	Valid for responses only. If the subject is deceased, date of death in MMDDYYYY format. For submissions, this is a reserved field, leave blank.	M**

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* If the work address is unknown or the subject is unemployed, a home address is mandatory.

** For submissions, it is mandatory that this field is left blank. It is not mandatory that this field appear in response files.

*** This field is not valid for MMRP report responses and will be left blank.

Table 3-22: Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL)

Field (n = 1 through 20)	Field Type	Field Width	Description	Status
ISOFL~	T	5	Tag for Individual Subject Occupation/Field(s) of Licensure Data Record - "ISOFL."	M
ISOFL_FLDn~	C	3	Occupation/Field of Licensure. (Refer to Section 4, List C-1 for codes and C-2 for retired codes that may be returned on existing reports.)	M
O_ISOFL_DESCRIPTIONn~	A	60	Other Occupation/Field of Licensure. Required if Occupation/Field of Licensure Code "699" (Other Health Care Practitioner) or "899" (Other Occupation) is selected. Otherwise, leave this field blank.	I
ISOFL_NBRn~	A	16	State license number. If State law does not require a license or the subject has a temporary or Foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	M*
ISOFL_STn~	C	2	State of licensure. (Refer to Section 4, List A, for State codes.)	M*
SPECIALTYn~	C	2	Specialty of subject when the subject is a physician or dentist (i.e., Occupation/Field of Licensure Code is "010", "015", "020", "025", "030", or "035"). (Refer to Section 4, List D, for Specialty Codes.)	I**

The Data Bank(s) allow up to 20 sets of data repeated in the ISOFL record.

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* For queries on individual subjects for whom the Social Security Number and Individual Taxpayer Identification Number are unknown, the Name of Professional School, Year of Graduation, State License Number, and State of License are mandatory.

** The specialty field is applicable only to subjects who are physicians and dentists. For queries on non-physicians and non-dentists, leave this field blank. On report responses, this field is not applicable for MMPR reports and will be left blank in responses regardless of the occupation/field of licensure code.

Table 3-23: Individual Supplemental Information Data Record (ISUPPL)

Field (n = 1 through 5)	Field Type	Field Width	Description
ISUPPL~	T	6	Tag for Supplemental Information Data Record - "ISUPPL."
DECEASED_DT~	D	8	Date of death in MMDDYYYY format.
LNAMEn~	A	25	Last name of subject.
FNAMEn~	A	15	First name of subject.
MNAMEn~	A	15	Middle name of subject.
SUFFIXn~	A	5	Suffix (e.g., JR, SR, III).

The Data Bank(s) allow up to 5 sets of data repeated in the ISUPPL record.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Information in this data record was not provided by the reporting entity. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.

Table 3-24: Investigating Agencies Data Record (INVTG)

Field (n = 1 through 4)	Field Type	Field Width	Description
INVTG~	T	5	Tag for Investigating Agencies Data Record - "INVTG."
I_AGENCYn~	A	40	Investigating agency name.
A_CASE_NUMBERn~	A	15	Case number used by investigating agency.
The Data Bank(s) allow up to 4 sets of data repeated in the INVTG record.			

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-25: Individual Taxpayer Identification Number Data Record (ITIN)

Field	Field Type	Field Width	Description	Status
ITIN~	T	4	Tag for Individual Taxpayer Identification Number Data Record - "ITIN."	M
ITIN1~	N	9	Individual Taxpayer Identification Number of subject (do not include hyphens).	M*
ITIN2~	N	9	Second Individual Taxpayer Identification Number of subject (do not include hyphens).	I*
ITIN3~	N	9	Third Individual Taxpayer Identification Number of subject (do not include hyphens).	I*
ITIN4~	N	9	Fourth Individual Taxpayer Identification Number of subject (do not include hyphens).	I*

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

***For queries on individual subjects for whom the name of professional school, year of graduation, State license number, and State of licensure, and Social Security Number are unknown, Individual Taxpayer Identification Number is mandatory. For queries on organization subjects, this field is always mandatory if State license number, and state of licensure, Federal Employer Identification Number, and Social Security Number are unknown.**

Table 3-26: Judgment or Conviction Report Type Data Record (JOCRT)

Field	Field Type	Field Width	Description
JOCRT~	T	5	Tag for Judgment or Conviction Report Type Data Record - "JOCRT."
JOCR_SUBJECT_TYPE~	C	1	Type of Subject 'I' = Individual, "E" = Entity (i.e., Organization).
RPT_TYPE~	C	1	Type of report - "I" = Initial, "C" = Correction, "R" = Revision to Action, "A" = Correction of Revision to Action.
ORIG_DT~	D	8	Date of original submission.
REC_DT~	D	8	Date of most recent change.
TITLEIV~*	C	1	The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. "Y" = Yes, "N" = No.
RESERVED~		0	Reserved field.
1128E~*	C	1	The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. "Y" = Yes, "N" = No.
NPDB_FL~	C	1	This report is maintained by NPDB. "Y" = Yes, "N" = No.
HIPDB_FL~	C	1	This report is maintained by HIPDB. "Y" = Yes, "N" = No.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

***These data fields indicate the statute(s) under which the NPDB, the HIPDB or both Data Banks have the authority to collect, maintain and disclose this report.**

Table 3-27: Judgment or Conviction Report Act(s) or Omission(s) Data Record (AOCD)

Field (n = 1 through 5)	Field Type	Field Width	Description
AOCD~	T	4	Tag for Judgment or Conviction Report Act(s) or Omission(s) Data Record - "AOCD."
ACT_OR_CODEn~	C	3	Code that describes the subject's Act or Omission. (Refer to Section 4, List O for codes.)
O_ACT_OR_CODEn~	A	40	Other Act or Omission code. Required only if the Act or Omission code of "999," Other Act/Omission Not Classified, is selected.
The Data Bank(s) allow up to 5 sets of data repeated in the AOCD record.			

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-28: Judgment or Conviction Report Data Record (JOCR)

Field	Field Type	Field Width	Description
JOCR~	T	4	Tag for Judgment or Conviction Report Data Record - "JOCR."
RPT_DCN~	N	16	Data Bank Control Number (DCN) of report.
VENUE~	A	40	Venue (court) name.
VENUE_TYPE~	C	1	Jurisdiction of the court or venue. 'S' = State/Local Court. 'F' = Federal Court.
C_CITY~	A	28	City of court.
C_STATE~	C	2	State of court. (Refer to Section 4, List A, for State codes.)
DC_FILE_NUMBER~	A	15	Docket/Court file number.
PAGENT_CPLAINTIFF~	A	40	Prosecuting agency or civil plaintiff.
P_CASE_NUMBER~	A	15	Case number used by prosecuting agency or plaintiff.
TYPE_OF_ACTION~	C	2	Type of action. (Refer to Section 4, List P, for Type of Action codes.)
NAR_DESC~	A	4000	Narrative description of act(s) or omission(s).
DATE_JS~	D	8	Date of Judgment/Sentence in MMDDYYYY format.

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-29: Medical Malpractice Payment Report Data Record (MMPR)

Field	Field Type	Field Width	Description
MMPR~	T	4	Tag for Medical Malpractice Payment Report Data Record - "MMPR."
PREV_DCN~	N	16	New DCN assigned to the submitted report.
RELATIONSHIP_OF_ENTITY~	C	1	Relationship of entity to this practitioner. "P" = Insurance company – Primary Insurer, "E" = Insurance company – Excess Insurer, "S" = Self-Insured Organization, "G" = Insurance Guaranty Fund. "M" = State Medical Malpractice Payment Fund as the Primary Payer for This Practitioner, "O" = State Medical Malpractice Payment Fund as a Secondary Payer for This Practitioner.
AMOUNT_PAID~	N	12,2	Amount of this payment for this practitioner in dollars and cents (does not include dollar sign; includes decimal point; max value 999999999.99). If this payment represents a preliminary payment prior to a final settlement, select "M" in the PAYMENT_TYPE field and explain the circumstances in the DESC_JUDGMENT field. Once the settlement is reached, file a Correction Report and provide a revised total amount in the TOTAL_PAYMENT_AMOUNT field.
PAYMENT_DATE~	D	8	Date of this payment in MMDDYYYY format.
PAYMENT_TYPE~	C	1	This payment represents: "S" = Single Final Payment, "M" = One of Multiple Payments.
TOTAL_PAYMENT_AMOUNT~	N	12,2	Total dollar amount paid or to be paid by this payer for this practitioner in dollars and cents (does not include dollar sign; includes decimal point; max value 999999999.99). If this payment is a preliminary payment before a final settlement, file a Correction Report once the settlement is reached and the total amount is known.
PAYMENT_RESULT_OF~	C	1	Action from which payment resulted. "J" = Judgment, "S" = Settlement, "B" = Payment Prior to Settlement.
JUDGMENT_DATE~	D	8	Date of the judgment or settlement in MMDDYYYY format.
ADJ_BODY_CASE_NBR~	A	20	Case or docket number of adjudicative body with which the claim was filed.
ADJ_BODY_NM~	A	60	Name of the adjudicative body with which the claim was filed.
COURT_FILE_NBR~	A	10	File number assigned by the court with which the claim was filed.
DESC_JUDGMENT_SETTLEMENT~	A	4000	Description of judgment or settlement and any conditions, including terms of payment.
TOT_AMT_ALL_PRACT~	N	12,2	Total amount paid or to be paid by this payer for all practitioners in this case.
NBR_OF_PRACT~	N	3	Number of practitioners for whom this payer has paid or will pay in this case.
STATE_FUND_PAID~	C	1	Has a State Guaranty Fund or State Excess Judgment Fund made a payment for this

Field	Field Type	Field Width	Description
			practitioner in this case, or is such a payment expected to be made. "Y" = Yes, "N" = No, "U" = Unknown. Will be blank when RELATIONSHIP_OF_ENTY is "G", "M", or "O".
AMT_STATE_FUND_PAID~	N	12,2	Amount paid or expected to be paid by State Guaranty Fund or State Excess Judgment Fund. Will be blank when RELATIONSHIP_OF_ENTY is "G", "M", or "O".
SELF_INSURED_PAID~	C	1	Has a self-insured organization(s) and/or other insurance company/companies made payment for this practitioner in this case or is such payment expected to be made? "Y" = Yes, "N" = No, "U" = Unknown. Will be blank when RELATIONSHIP_OF_ENTY is "S".
AMT_SELF_INSURED_PAID~	N	12,2	Amount paid or expected to be paid by self-insured organization(s) and/or other insurance company/companies. Will be blank when RELATIONSHIP_OF_ENTY is "S".
PATIENT_AGE_TYPE~	C	1	Patient's age at time of initial event. "D" (Days) = If less than one month or fetus, "M" (Months) = If less than one year, "Y" (Years) = If one or more years, "U" = Unknown.
PATIENT_AGE~	N	3	Patient's age at time of initial event. See PATIENT_AGE_TYPE above. Enter 0 – If patient is a fetus and "D" is selected in the PATIENT_AGE_TYPE field, <= 31 - If "D" is reported, >= 1 and <= 12 - If "M" is reported, >= 1 - If "Y" is reported, Leave blank - If "U" is reported.
PATIENT_GENDER~	C	1	Gender of the patient. "M" = Male, "F" = Female, "U" = Unknown.
PATIENT_TYPE~	C	1	Type of patient. "I" = Inpatient, "O" = Outpatient, "B" = Both, "U" = Unknown.
DESC_CONDITION~	A	4000	Description of the medical condition with which the patient presented for treatment (prior to the event that led to the malpractice allegation).
DESC_PROCEDURE~	A	4000	Description of the procedure performed or treatment rendered by the insured to the patient.
NATURE_ALLEGATION~	C	3	Nature of the allegation. (Refer to Section 4, List U for codes.)
SPECIFIC_ALLEGATION1~	C	3	Specific allegation best describing the alleged act(s) or omission(s). (Refer to Section 4, List V for codes.)
OTHER_ALLEGATION_DESC1~	A	60	Other allegation description. Complete only if Specific allegation "999" is selected. Describe the other allegation.
DATE_EVENT1~	D	8	Date of the event associated with allegation or incident in MMDDYYYY format.

Field	Field Type	Field Width	Description
SPECIFIC_ALLEGATION2~	C	3	Second specific allegation best describing the alleged act(s) or omission(s). (Refer to Section 4, List V for codes.)
OTHER_ALLEGATION_DESC2~	A	60	Second other allegation description. Complete only if Specific allegation "999" is selected. Describe the other allegation.
DATE_EVENT2~	D	8	Second date of the event associated with allegation or incident in MMDDYYYY format.
OUTCOME~	C	2	The severity of injury category that best describes the actual impact of the alleged act(s) or omission(s) on the patient. (Refer to Section 4, List W for codes.)
DESC_ALLEGATIONS~	A	4000	Description of the allegations and injuries or illnesses upon which the action or claim was based.

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-30: Legacy Format Medical Malpractice Payment Report Data Record (MMR)

Field	Field Type	Field Width	Description
MMR~	T	3	Tag for the Legacy Format Medical Malpractice Payment Report Data Record - "MMR."
RPT_DCN~	N	16	Data Bank Control Number (DCN) of report.
REL_OF_ENTY~	C	1	Entity's relationship to practitioner. "I" = Insurance Company, "S" = Self-Insured Organization, "O" = Other.
ACTN_CD1~	C	3	Code for act or omission allegedly committed. (Refer to Section 4, List R, for Medical Malpractice Acts or Omissions codes.)
ACTN_CD2~	C	3	Second act or omission code. (Refer to Section 4, List R, for Medical Malpractice Acts or Omissions codes.)
ACTN_DTE1~	D	8	Earliest date act or omission occurred in MMDDYYYY format.
ACTN_DTE2~	D	8	Last date act or omission occurred in MMDDYYYY format.
PYMT_DTE~	D	8	Date on which payment was made in MMDDYYYY format.
AMT_PD~	N	12,2	Dollar amount of this payment in dollars and cents. Maximum value 99999999.99.
PYMT_TYP~	C	1	Type of payment. "S" = Single Payment, "M" = Multiple Payments.
TOT_PYMT_AMT~	N	12,2	Total dollar amount of settlement. Maximum value 99999999.99
NBR_OF_PRACS~	N	3	Number of practitioners for whose benefit payment was made.
PYMT_RESULT_OF~	C	1	Action from which payment resulted. "J" = Judgment, "S" = Settlement, "B" = Payment Prior to Settlement, "U" = Unknown, "O" = Other.
JUDGMNT_DTE~	D	8	Date of the judgment or settlement in MMDDYYYY format.
ADJ_BODY_CASE_NBR~	A	20	Case or docket number of adjudicative body with which the claim was filed.
ADJ_BODY_NM~	A	60	Name of the adjudicative body with which the claim was filed.
COURT_FILE_NBR~	A	10	File number assigned by the court.
PRACT_DECEASED_FL~	C	1	"Y" if practitioner is known to be deceased; otherwise, "N."
DESC_ACTN~	A	4000	Description of the alleged act(s) or omission(s) that led to the claim.
DESC_PYMT~	A	4000	Description of payment made and any terms or conditions.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-31: Medical Malpractice Report Type Data Record (MMRT)

Field	Field Type	Field Width	Description
MMRT~	T	4	Tag for Medical Malpractice Payment Report Type Data Record - "MMRT."
RPT_TYPE~	C	1	Type of report - "I" = Initial, "C" = Correction.
ORIG_DT~	D	8	Date of original submission in MMDDYYYY format.
REC_DT~	D	8	Date of most recent change in MMDDYYYY format.
TITLEIV~*	C	1	The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. "Y" = Yes, "N" = No.
RESERVED~		0	Reserved field.
1128E~*	C	1	The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. "Y" = Yes, "N" = No.
NPDB_FL~	C	1	This report is maintained by NPDB. "Y" = Yes, "N" = No.
HIPDB_FL~	C	1	This report is maintained by HIPDB. "Y" = Yes, "N" = No.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

***These data fields indicate the statute(s) under which the NPDB, the HIPDB or both Data Banks have the authority to collect, maintain and disclose this report.**

Table 3-32: Medicare Provider/Supplier Number Data Record (MEDICAREP)

Field	Field Type	Field Width	Description	Status
MEDICAREP~	T	9	Tag for Medicare Provider/Supplier Number Data Record - "MEDICAREP."	M
NUMBER1~	A	15	Medicare Provider/Supplier Number.	I
NUMBER2~	A	15	Second Medicare Provider/Supplier Number.	I
NUMBER3~	A	15	Third Medicare Provider/Supplier Number.	I
NUMBER4~	A	15	Fourth Medicare Provider/Supplier Number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-33: National Provider Identifier Data Record (NPI)

Field	Field Type	Field Width	Description	Status
NPI~	T	3	Tag for National Provider Identifier Data Record - "NPI."	M
NPI1~	N	10	National Provider Identifier number.	I
NPI2~	N	10	Second National Provider Identifier number.	I
NPI3~	N	10	Third National Provider Identifier number.	I
NPI4~	N	10	Fourth National Provider Identifier number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-34: Organization Subject Data Record (ESUBJ)

Field	Field Type	Field Width	Description	Status
ESUBJ~	T	5	Tag for Organization Subject Data Record - "ESUBJ."	M
ORG_NAME~	A	50	Organization name.	M
ORG_ADDR1~	A	40	First line of business address.	M
ORG_ADDR2~	A	40	Second line of address.	I
ORG_CITY~	A	28	City.	M
ORG_STATE~	C	2	Required if State is in U.S.A. (Refer to Section 4, List A, for State codes.)	M
ORG_CNTRY~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I
ORG_ZIP5~	A	5	ZIP code.	M
ORG_ZIP4~	A	4	4-digit ZIP code extension.	I
ORG_TYPE~	C	3	Type of Organization code. (Refer to Section 4, List B, for codes.)	M
ORG_OTHER_TYPE~	A	100	Other organization type. Required only if Type of Organization code "999," Other Type, is selected. Otherwise, leave this field blank.	I
RESERVED/ORG_DEFN~	C	0/1	Valid for responses only. Is the subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care? "Y" = Yes, "N" = No. For submissions, this is a reserved field, leave blank.	M*

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** For submissions, it is mandatory that this field is left blank. It is not mandatory that this field appear in response files.**

Table 3-35: Organization Subject State License Number Data Record (ESLN)

Field (n = 1 through 3)	Field Type	Field Width	Description	Status
ESLN~	T	4	Tag for Organization Subject State License Number Data Record - "ESLN."	M
ESLNNUMBERn~	A	16	State license number. If State law does not require a license, or if the subject has a temporary license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	M*
ESLNSTATEn~	C	2	State of licensure. (Refer to Section 4, List A, for State codes.)	M*
The Data Bank(s) allow up to 3 sets of data repeated in the ESLN record.				

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** For queries on organization subjects where the Federal Employer Identification Number, Social Security Number, and Individual Taxpayer Identification Number are unknown, a State license number and State of licensure are mandatory.**

Table 3-36: Organization Supplemental Information Data Record (ESUPPL)

Field	Field Type	Field Width	Description
ESUPPL~	T	6	Tag for Organization Supplemental Information Data Record - "ESUPPL."
ORG_NAME1~	A	50	Other organization name.
ORG_NAME2~	A	50	Second other organization name.
ORG_NAME3~	A	50	Third other organization name.
ORG_NAME4~	A	50	Fourth other organization name.
ORG_NAME5~	A	50	Fifth other organization name.

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Information in this data record was not provided by the reporting entity. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.

Table 3-37: Other Name(s) Used Data Record (ALIAS)

Field (n = 1 through 5)	Field Type	Field Width	Description	Status
ALIAS~	T	5	Tag for Other Name(s) Used Data Record - "ALIAS."	M
LNAMEn~	A	25	Other last name used by subject.*	I
FNAMEn~	A	15	Other first name used by subject.*	I
MNAMEn~	A	15	Other middle name used by subject.	I
SUFFIXn~	A	4	Other Suffix (e.g., Jr., Sr., III).	I
The Data Bank(s) allow up to 5 sets of data repeated in the ALIAS record.				

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Field Keys: M = Mandatory, I = Mandatory If Known

*** When specifying other names used information, both first name and last name must be provided.**

Table 3-38: Other Organization Name(s) Used Data Record (OENAM)

Field	Field Type	Field Width	Description	Status
OENAM~	T	5	Tag Other Organization Name(s) Used Data Record - "OENAM."	M
ORG_NAME1~	A	50	Other organization name.	I
ORG_NAME2~	A	50	Second other organization name.	I
ORG_NAME3~	A	50	Third other organization name.	I
ORG_NAME4~	A	50	Fourth other organization name.	I
ORG_NAME5~	A	50	Fifth other organization name.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-39: Password Change Request Data Record (PWD)

Field	Field Type	Field Width	Description	Status
PWD~	T	3	Tag for Password Change Request Data Record - "PWD."	M
USER_ID~	A	14	Change the password for this user account.	M
NEW_PWD~	A	14	New password. Leave blank if the administrator is resetting a password. The NPDB-HIPDB system will generate the new password.	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-40: Password Change Status Data Record (PWDS)

Field	Field Type	Field Width	Description
PWDS~	T	4	Tag for Password Change Status Data Record - "PWDS."
USER_ID~	A	14	Change the password for this user account.
PWD_REQ_RESULTS~	C	1	"S" = password successfully changed, "R" = password change rejected.
DCN~	N	16	Data Bank Control Number of password change request transaction.
NEW_PWD~	A	14	New password. The new password is only provided for successful password resets.
NEW_PWD_EXPIRATION~	D	8	Expiration date of the new password. This field is blank when the password change is rejected.
ERR_CD~	C	2	Rejection code. Indicates why the password change request could not be processed. (Refer to Section 4, List Q, for Error codes.) This field is only present when the password change is rejected. This field will be repeated for each error found. Files with no errors will not list this field nor will a placeholder be present.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-41: Practitioner Data Record (PRCT)

Field	Field Type	Field Width	Description
PRCT~	T	4	Tag for Practitioner Data Record - "PRCT."
LNAME~	A	25	Last name of practitioner.
FNAME~	A	15	First name of practitioner.
MNAME~	A	15	Middle name of practitioner.
SUFFIX~	A	4	Suffix (e.g., Jr., Sr., III).
OLNAME~	A	25	Other last name.
OFNAME~	A	15	Other first name.
OMNAME~	A	15	Other middle name.
OSUFFIX~	A	4	Other suffix.
GENDER~	C	1	Gender: M = Male, "F" = Female, "U" = Unknown.
ORG_NAME~	A	40	Name of organization where practitioner works.
WORK_ADDR1~	A	40	First line of practitioner work address.
WORK_ADDR2~	A	40	Second line of work address.
WORK_CITY~	A	28	City.
WORK_STATE~	C	2	Required if State is in U.S.A. (Refer to Section 4, List A, for State codes.)
WORK_CNTRY~	A	20	Country where practitioner works. Required if country is not U.S.A.; leave blank if country is U.S.A.
WORK_ZIP5~	A	5	ZIP code.
WORK_ZIP4~	A	4	4-digit ZIP code extension.
HOME_ADDR1~	A	40	First line of practitioner home address.
HOME_ADDR2~	A	40	Second line of home address.
HOME_CITY~	A	28	City in which practitioner resides.
HOME_STATE~	C	2	Required if State is in U.S.A. (Refer to Section 4, List A, for State codes.)
HOME_CNTRY~	A	20	Country in which practitioner resides. Required if country is not U.S.A.; leave blank if country is U.S.A.
HOME_ZIP5~	A	5	ZIP code.
HOME_ZIP4~	A	4	4-digit ZIP code extension.
DOB~	D	8	Date of birth in MMDDYYYY format.
SSN~	N	9	Social Security Number. Do not include hyphens.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-42: Previous DCN Data Record (PDCN)

Field	Field Type	Field Width	Description
PDCN~	T	4	Tag for Previous DCN Data Record - "PDCN."
PREV_DCN~	N	16	Data Bank Control Number of Corrected, Revised, or Voided report.
RELATED_RPT_STATUS~	C	1	If "C", indicates that the related report has been corrected since this revision to action report was submitted. The latest version of the related report is shown in the RELATED_RPT_DCN field. If "V", indicates that the related report is no longer available from the Data Bank(s).
RELATED_RPT_DCN~	N	16	<u>DCN of the related report Correction.</u> Only appears for Revision to Action reports when the related report has been corrected.

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-43: Principal Officers and Owners Data Record (POO)

Field (n = 1 through 5)	Field Type	Field Width	Description
POO~	T	3	Tag for Principal Officers and Owners Data Record - "POO."
LNAME _n ~	A	25	Last name of Principal Officer or Owner.
FNAMEN~	A	15	First name of Principal Officer or Owner.
MNAME _n ~	A	15	Middle name of Principal Officer or Owner.
SUFFIX _n ~	A	4	Suffix (e.g., Jr., Sr., III).
TITLEN~	A	40	Title of Principal Officer or Owner.
The Data Bank(s) allow up to 5 sets of data repeated in the POO record.			

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-44: Professional School Data Record (GRAD)

Field (n = 1 through 5)	Field Type	Field Width	Description	Status
GRAD~	T	4	Tag for Professional School Data Record - "GRAD."	M
SCHOOLn~	A	40	Name of professional school or certificate program attended by a subject.** ***	M*
GRAD_YRn~	D	4	Year of graduation from professional school or year of completion of certificate program in YYYY format.** ***	M*

The Data Bank(s) allow up to 5 sets of data repeated in the GRAD record.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* For queries on individual subjects for whom the Social Security Number and Individual Taxpayer Identification Number are unknown, name of professional school, year of graduation, State license number, and State of licensure are mandatory.

** When specifying professional school information, both professional school and year of graduation must be provided.

*** If the report subject did not graduate (but completed a certificate program), provide the school name in the Professional School Attended field and the last year of attendance. If the subject did not attend a school, provide the name of the certificate program and the year that it was completed. In the event that the subject neither attended a school nor completed a certificate program, enter "None" in the Professional School Attended field and enter the year that the subject was authorized by the state to provide health care services in the Year of Graduation field.

Table 3-45: Query Data Record (QRY)

Field	Field Type	Field Width	Description	Status
QRY~	T	3	Tag for Query Data Record - "QRY."	M
QRY_PURPOSE~	C	1	Purpose of query being performed. (Refer to Section 4, List E, for query purpose codes.)	M
NBR_QRY~	N	5	Number of names in the query. Must be set to "1" for single queries.	M
PYMT_TYPE~	C	1	Payment Type - "A" = Electronic Funds Transfer, "C" = Credit Card.	M
CREDIT_CARD_NBR~	N	16	Credit Card Number.	M*
CC_EXP_DTE~	D	6	Credit Card Expiration Date in MMYYYY format. Mandatory only if paying by credit card.	M*
CC_CARDHOLDER~	A	100	Cardholder name exactly as presented on credit card.	M*
CC_BILLING_ADDR1~	A	40	First line of credit card billing address.	M*
CC_BILLING_ADDR2~	A	40	Second line of credit card billing address.	I
CC_BILLING_CITY~	A	28	City of credit card billing address.	M*
CC_BILLING_STATE~	C	2	State of credit card billing address. Required if State is in U.S.A. (Refer to Section 4, List A, for State codes.)	M*
CC_BILLING_CNTRY~	A	20	Country of credit card billing address. Required if Country is not U.S.A. Leave blank if Country is U.S.A.	I
CC_ZIP5~	A	5	Zip code of credit card billing address.	M*
CC_ZIP4~	A	4	4-digit zip code extension of credit card billing address.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

***Mandatory only if paying by credit card.**

Table 3-46: Query File Status Data Record (FSTA)

Field	Field Type	Field Width	Description
FSTA~	T	4	Tag for Query File Status Data Record - "FSTA."
FILE_TRANS_STATUS~	C	1	File status - "R" = successfully processed, "F" = failed.
QUERY_BATCH_NBR~	N	16	Query Batch DCN assigned by the NPDB-HIPDB system.
NPDB_FEE_PER_NAME~	A	4	Fee charged per name for the query by the NPDB.
NPDB_NBR_BILLED~	N	5	Number of names in the query that were billed by the NPDB.
HIPDB_FEE_PER_NAME~	A	4	Fee charged per name for the query by the HIPDB.
HIPDB_NBR_BILLED~	N	5	Number of names in the query that were billed by the HIPDB.
REFERENCE_NUMBER~	N	12	Data Bank reference number associated with the charge to your entity's EFT or credit card account for this query. The Data Banks pass this information along with the charge request to your bank which will process this charge. The bank may provide this information to you for help in reconciling your entity's NPDB-HIPDB charges against your financial accounts.
ERR_CD~	C	2	Rejection code. Indicates why the query could not be processed. (Refer to Section 4, List Q, for Error codes.) This field is only present when an error is present; files with no errors will not list this field. This field will be repeated for each error found. Files with no errors will not list this field nor will a placeholder be present.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-47: Query Report Status Data Record (QRSD)

Field	Field Type	Field Width	Description
QRSD~	T	4	Tag for Query Report Status Data Record - "QRSD."
REPORT_DCN_NBR ~	N	16	Data Bank Control Number (DCN) of matching report.
REPORT_DT ~	D	8	Date that this report was accepted by the Data Bank(s) in MMDDYYYY format.
REPORT_TYPE_CD ~	C	1	Type of report. "A" = Legacy Adverse Action Report, "C" = Adverse Action Report, "M" = Legacy Medical Malpractice Payment Report, "J" = Judgment or Conviction Report, "P" = Medical Malpractice Payment Report.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-48: Query Status Data Record (QSTA)

Field	Field Type	Field Width	Description
QSTA~	T	4	Tag for Query Status Data Record - "QSTA."
QUERY_DCN_NBR~	N	16	Data Bank Control Number assigned to a name within a query batch.
QUERY_RESULTS_IND~	C	1	Query results - "M" = match, "N" = no match, "R" = rejected, "P" = results pending.
NBR_REPORTS~	N	3	Number of reports matching this query.
ERR_CD~	C	2	Rejection code. If the query name was rejected, the two-digit code indicates why the name could not be processed. Refer to Section 4, List Q, for Error codes. This field is only present when an error is present; files with no errors will not list this field. This field is repeated for each error found.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-49: Report Point of Contact Data Record (RPOC)

Field	Field Type	Field Width	Description
RPOC~	T	4	Tag for Report Point of Contact Data Record - "RPOC."
NAME_OFFICE~	A	40	The current individual or office designated as point of contact for this report.
TITLE_DEPT~	A	40	Title or department of point of contact.
PHONE~	N	15	Telephone number.
PHONE_EXT~	N	5	Telephone extension.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Reporting entities may designate a point of contact when they update their entity registration information through the IQRS.

Table 3-50: Report Statement Data Record (RSDR)

Field	Field Type	Field Width	Description
RSDR~	T	4	Tag for Report Statement Data Record - "RSDR."
SUBJECT_STMT_DT~	D	8	Date statement was submitted by the subject in MMDDYYYY format.
SUBJECT_STMT_DT_STATUS~	C	1	Was the subject statement submitted for this version of the report or an earlier version? "Y" = The subject entered the statement contained in the SUBJECT_STMT field in response to this version of this report. "N" = The subject entered the statement contained in the SUBJECT_STMT in response to an earlier version of this report. The reporting entity changed the report after the subject prepared the statement. As of the date this query response was processed, the subject has not changed the statement in response to the changes in the report.
SUBJECT_STMT~	A	4000	Subject statement.
SECRETARY_STMT_DT~	D	8	Date Secretary statement was entered in MMDDYYYY format.
SECRETARY_STMT_DT_STATUS~	C	1	Was the secretary statement entered for this version of the report or an earlier version? "Y" = The Secretary of the Department of Health and Human Services reviewed this version of this report and entered the statement contained in the SECRETARY_STMT field. "N" = The Secretary of the Department of Health and Human Services reviewed an earlier version of this report and entered the statement contained in the SECRETARY_STMT field. After the Secretarial Review decision and statement were entered, the reporting entity changed the report. The Secretary has not reviewed the current version of the report.
SECRETARY_STMT~	A	4000	Secretary of the U.S. Department of Health and Human Services statement.
DISPUTE_FL~	C	1	Report dispute status. "N" = not in dispute, "Y" = in dispute, "S" = elevated to Secretarial Review, "R" = reviewed by Secretary.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-51: Sentence/Judgment Data Record (SJ)

Field (n = 1 through 5)	Field Type	Field Width	Description
SJ~	T	2	Tag for Sentence/Judgment Data Record - "SJ."
RESTITUTION_AMOUNTn~	N	12,2	Restitution amount in dollars and cents. Maximum value 999999999.99.
JUDGMENT_AMOUNTn~	N	12,2	Other sentence/judgment amount ordered in dollars and cents. Maximum value 999999999.99.
INCARCERATION_YEARSn~	N	2	Number of years of incarceration; blank if subject is an organization.
INCARCERATION_MNTHSn~	N	2	Number of months of incarceration; blank if subject is an organization.
INCARCERATION_DAYSn~	N	3	Number of days of incarceration; blank if subject is an organization.
SUSPEND_SENT_YEARSn~	N	2	Number of years of suspended sentence.
SUSPEND_SENT_MNTHSn~	N	2	Number of months of suspended sentence.
SUSPEND_SENT_DAYSn~	N	3	Number of days of suspended sentence.
HOME_DETEN_YEARSn~	N	2	Number of years of home detention; blank if subject is an organization.
HOME_DETEN_MNTHSn~	N	2	Number of months of home detention; blank if subject is an organization.
HOME_DETEN_DAYSn~	N	3	Number of days of home detention; blank if subject is an organization.
PROBATION_YEARSn~	N	2	Number of years of probation.
PROBATION_MNTHSn~	N	2	Number of months of probation.
PROBATION_DAYSn~	N	3	Number of days of probation.
COMM_SERVICE_HOURSn~	N	5	Number of hours of community service.
OTHERn~	A	160	Other court orders.
The Data Bank(s) allow up to 5 sets of data repeated in the SJ record.			

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-52: Social Security Number Data Record (SSN)

Field	Field Type	Field Width	Description	Status
SSN~	T	3	Tag for Social Security Number Data Record - "SSN."	M
SSN1~	N	9	Social Security Number of subject (do not include hyphens).	M*
SSN2~	N	9	Second Social Security Number of subject (do not include hyphens).	I*
SSN3~	N	9	Third Social Security Number of subject (do not include hyphens).	I*
SSN4~	N	9	Fourth Social Security Number of subject (do not include hyphens).	I*

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

***For queries on individual subjects for whom the name of professional school, year of graduation, State license number, State of licensure, and Individual Taxpayer Identification Number are unknown, Social Security Number is mandatory. For queries on organization subjects, this field is always mandatory if State license number, State of licensure, Federal Employer Identification Number, and Individual Taxpayer Identification Number are unknown.**

Table 3-53: Statutory Offenses and Counts Data Record (STATOC)

Field (n = 1 through 5)	Field Type	Field Width	Description
STATOC~	T	6	Tag for Statutory Offenses and Counts Data Record - "STATOC."
VIOLATn~	A	80	Statute title and code section.
OFFENSEn~	A	80	Statutory offense description.
COUNTn~	N	3	Number of counts of violation.
The Data Bank(s) allow up to 5 sets of data repeated in the STATOC record.			

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-54: Subject Notification Failure Supplemental Information Data Record (SUPPLSND)

Field	Field Type	Field Width	Description
SUPPLSND~	T	8	Tag for Subject Notification Failure Supplemental Information Data Record - "SUPPLSND." Record only valid for responses. Data provided in this data record was not provided by the reporting entity. Information contained in this data record indicates that the Data Bank(s) attempted to notify the subject of the report at the address below, but the attempt was unsuccessful.
NOTIFY_DT~	D	8	Date Data Bank(s) attempted to notify subject about this report in MMDDYYYY format.
ADDR1~	A	40	First line of address to which SND was sent.
ADDR2~	A	40	Second line of address to which SND was sent.
CITY~	A	28	City of address to which SND was sent.
STATE~	C	2	State of address to which SND was sent. Filled if State is in U.S.A. (Refer to Section 4, List A, for State codes.)
CNTRY~	A	20	Country of address to which SND was sent. Filled if Country is not U.S.A.
ZIP5~	A	5	Zip code of address to which SND was sent.
ZIP4~	A	4	4-digit zip code extension of address to which SND was sent.

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-55: Trailer Data Record (TRLR)

Field	Field Type	Field Width	Description	Status
TRLR~	T	4	Tag for Trailer Data Record - "TRLR."	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-56: Unique Physician Identification Number Data Record (UPIN)

Field	Field Type	Field Width	Description	Status
UPIN~	T	4	Tag for Unique Physician Identification Number Data Record - "UPIN."	M
UPIN1~	A	6	Unique Physician Identification Number.	I
UPIN2~	A	6	Second Unique Physician Identification Number.	I
UPIN3~	A	6	Third Unique Physician Identification Number.	I
UPIN4~	A	6	Fourth Unique Physician Identification Number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

4. Query Code Lists

List A-1 State Abbreviations and U.S. Territories

AL Alabama	KY Kentucky	ND North Dakota
AK Alaska	LA Louisiana	OH Ohio
AZ Arizona	ME Maine	OK Oklahoma
AR Arkansas	MD Maryland	OR Oregon
CA California	MA Massachusetts	PA Pennsylvania
CO Colorado	MI Michigan	RI Rhode Island
CT Connecticut	MN Minnesota	SC South Carolina
DE Delaware	MS Mississippi	SD South Dakota
DC District of Columbia	MO Missouri	TN Tennessee
FL Florida	MT Montana	TX Texas
GA Georgia	NE Nebraska	UT Utah
HI Hawaii	NV Nevada	VT Vermont
ID Idaho	NH New Hampshire	VA Virginia
IL Illinois	NJ New Jersey	WA Washington
IN Indiana	NM New Mexico	WV West Virginia
IA Iowa	NY New York	WI Wisconsin
KS Kansas	NC North Carolina	WY Wyoming
AS American Samoa	GU Guam	PR Puerto Rico
FM Federated States of Micronesia	MP Northern Marianas	VI Virgin Islands
PW Palau		
AA Central and South America (Armed Forces)	AE Europe (Armed Forces)	AP Pacific (Armed Forces)
<p>Please adhere to the following guidelines when entering foreign or military addresses:</p> <p>Addresses for United States Territories:</p> <ul style="list-style-type: none"> Enter Territory abbreviation in "State" field. <p>Addresses outside the United States or its territories:</p> <ul style="list-style-type: none"> Leave the "State" field blank. Enter the city and/or province in the "City" field. Enter the Country Code in the "ZIP" fields - maximum 5 characters in first field, maximum 4 characters in the second field. Enter the country in the "Country" field. <p>Military Addresses:</p> <ul style="list-style-type: none"> Enter APO in the "City" field. Enter AE, AA in the "State" field. Enter the ZIP code in the "ZIP" field. <p>Following State Codes are not valid for State of Licensure:</p> <ul style="list-style-type: none"> AA Central and South America (Armed Forces) AE Europe (Armed Forces) AP Pacific (Armed Forces) 		

List A-2
APO/FPO Postal Codes*

APO/FPO Code	First 3 digits of ZIP Code	Geographic Area	APO/FPO Code	First 3 digits of ZIP Code	Geographic Area
AE - Europe	090-092	Germany	AA – Americas	340	Central, South Americas
	094	United Kingdom		AP – Pacific	962
	095	Atlantic Ocean/ Mediterranean Sea Ships	963		Japan
	096	Italy, Spain	964		Philippines
	097	Other Europe	965		Other Pacific and Alaska
098	Middle East, Africa	966	Pacific and Indian Ocean Ships		

* APO/FPO Codes (State Codes) are not valid for State of Licensure. Refer to List A-1.

List B
Type of Organization Codes

<p>Group or Practice 361 Chiropractic Group/Practice 362 Dental Group/Practice 365 Medical Group/Practice 366 Mental Health/Substance Abuse Group/Practice 363 Optician/Optometric Group/Practice 367 Physical/Occupational Therapy Group/Practice 364 Podiatric Group/Practice</p> <p>393 Home Health Agency/ Organization</p> <p>382 Hospice/Hospice Care Provider</p> <p>Hospital 304 Federal Hospital 301 General/Acute Care Hospital 302 Psychiatric Hospital 303 Rehabilitation Hospital</p> <p>Hospital Unit 307 Psychiatric Unit 308 Rehabilitation Unit</p> <p>310 Laboratory/CLIA Laboratory</p>	<p>389 Nursing Facility/Skilled Nursing Facility</p> <p>370 Research Center/Facility</p> <p>Other Health Care Facility 381 Adult Day Care Facility 392 Ambulatory Clinic/Center 391 Ambulatory Surgical Center 398 End Stage Renal Disease Facility 394 Health Center/Federally Qualified Health Center/Community Health Center 383 Intermediate Care Facility for Mentally Retarded/Substance Abuse 397 Mammography Service Provider 395 Mental Health Center/Community Mental Health Center 388 Outpatient Rehabilitation Facility/ Comprehensive Outpatient Rehabilitation Facility 399 Radiology/Imaging Center 386 Residential Treatment Facility/ Program 396 Rural Health Clinic</p>	<p>Managed Care Organization 331 Health Maintenance Organization 335 Preferred Provider Organization 336 Provider Sponsored Organization 338 Religious, Fraternal Benefit Society Plan</p> <p>320 Health Insurance Company/Provider</p> <p>Health Care Supplier/Manufacturer 347 Biological Products Manufacturer 342 Blood Bank 343 Durable Medical Equipment Supplier 344 Eyewear Equipment Supplier 351 Fiscal/Billing/Management Agent 353 Nursing/Health Care Staffing Service 348 Organ Procurement Organization 345 Pharmacy 346 Pharmaceutical Manufacturer 349 Portable X-Ray Supplier 352 Purchasing Service</p> <p>390 Ambulance Service/Transportation Company</p> <p>999 Other Type - Not Classified, Specify, _____</p>
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**List C-1
Occupation/Field of Licensure Codes**

<p>603 Chiropractor</p> <p>Counselor 621 Counselor, Mental Health 651 Professional Counselor 654 Professional Counselor, Alcohol 657 Professional Counselor, Family/Marriage 660 Professional Counselor, Substance Abuse 661 Marriage and Family Therapist</p> <p>Dental Service Provider 030 Dentist 035 Dental Resident 606 Dental Assistant 609 Dental Hygienist 612 Denturist</p> <p>Dietician/Nutritionist 200 Dietician 210 Nutritionist</p> <p>Emergency Medical Technician (EMT) 250 EMT, Basic 260 EMT, Cardiac/Critical Care 270 EMT, Intermediate 280 EMT, Paramedic</p> <p>Eye and Vision Service Provider 630 Ocularist 633 Optician 636 Optometrist</p> <p>Nurse/Advanced Practice Registered Nurse 100 Registered (Professional) Nurse 110 Nurse Anesthetist 120 Nurse Midwife 130 Nurse Practitioner 140 Licensed Practical or Vocational Nurse 141 Clinical Nurse Specialist</p> <p>Nurse Aide, Home Health Aide and Other Aide 148 Certified Nurse Aide/Certified Nursing Assistant 150 Nurses Aide 160 Home Health Aide (Homemaker) 165 Health Care Aide/Direct Care Worker 175 Certified or Qualified Medication Aide</p>	<p>Pharmacy Service Provider 050 Pharmacist 055 Pharmacy Intern 060 Pharmacist, Nuclear 070 Pharmacy Assistant 075 Pharmacy Technician</p> <p>Physician 010 Physician (MD) 015 Physician Intern/Resident (MD) 020 Osteopathic Physician (DO) 025 Osteopathic Physician Intern/Resident (DO)</p> <p>Physician Assistant 642 Physician Assistant, Allopathic 645 Physician Assistant, Osteopathic</p> <p>Podiatric Service Provider 350 Podiatrist 648 Podiatric Assistant</p> <p>Psychologist/Psychological Assistant 371 Psychologist 372 School Psychologist 373 Psychological Assistant, Associate, Examiner</p> <p>Rehabilitative, Respiratory and Restorative Service Provider 402 Art/Recreation Therapist 405 Massage Therapist 410 Occupational Therapist 420 Occupational Therapy Assistant 430 Physical Therapist 440 Physical Therapy Assistant 450 Rehabilitation Therapist 663 Respiratory Therapist 666 Respiratory Therapy Technician</p> <p>300 Social Worker</p> <p>Speech, Language and Hearing Service Provider 400 Audiologist 460 Speech/Language Pathologist 470 Hearing Aid/Hearing Instrument Specialist</p>	<p>Technologist 500 Medical Technologist 505 Cytotechnologist 510 Nuclear Medicine Technologist 520 Radiation Therapy Technologist 530 Radiologic Technologist</p> <p>Other Health Care Practitioner 600 Acupuncturist 601 Athletic Trainer 615 Homeopath 618 Medical Assistant 624 Midwife, Lay (Non-Nurse) 627 Naturopath 639 Orthotics/Prosthetics Fitter 647 Perfusionist 170 Psychiatric Technician 699 Other Health Care Practitioner - Not Classified, Specify, _____</p> <p>Health Care Facility Administrator 752 Adult Care Facility Administrator 755 Hospital Administrator 758 Long-Term Care Administrator</p> <p>Other Occupation 850 Accountant 853 Bookkeeper 822 Business Manager 830 Business Owner 820 Corporate Officer 810 Insurance Agent 812 Insurance Broker 800 Researcher, Clinical 840 Salesperson 899 Other Occupation - Not Classified, Specify, _____</p>
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**List C-2
Occupation/Field of Licensure Codes – Retired¹**

<p>135 Advanced Practice Nurse 370 Psychologist, Clinical</p>
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¹ Retired Codes are not available for submission on new reports or queries but may appear on existing reports.

List D Specialty Codes

Physician Specialties	
01	Allergy and Immunology
03	Aerospace Medicine
05	Anesthesiology
10	Cardiovascular Diseases
13	Child Psychiatry
20	Dermatology
23	Diagnostic Radiology
25	Emergency Medicine
29	Forensic Pathology
30	Gastroenterology
33	General Practice/Family Practice
35	General Preventive Medicine
37	Hospitalist
39	Internal Medicine
40	Neurology
43	Neurology, Clinical Neurophysiology
45	Nuclear Medicine
50	Obstetrics & Gynecology
53	Occupational Medicine
55	Ophthalmology
59	Otolaryngology
60	Pediatrics
63	Psychiatry
65	Public Health
67	Clinical Pharmacology
69	Physical Medicine & Rehabilitation
70	Pulmonary Diseases
73	Anatomic/Clinical Pathology
75	Radiology
76	Radiation Oncology
80	Colon and Rectal Surgery
81	General Surgery
82	Neurological Surgery
83	Orthopedic Surgery
84	Plastic Surgery
85	Thoracic Surgery
86	Urological Surgery
98	Other Specialty - Not Classified
99	Unspecified
Dental Specialties	
D1	General Dentistry (No Specialty)
D2	Dental: Public Health
D3	Endodontics
D4	Oral and Maxillofacial Surgery
D5	Oral and Maxillofacial Pathology
D6	Orthodontics and Dentofacial Orthopedics
D7	Pediatric Dentistry
D8	Periodontics
D9	Prosthodontics
DA	Oral and Maxillofacial Radiology
DB	Unknown

List E Query Purpose Codes

P	Privileging or Employment
R	Professional Review
M	Mandatory Two-Year Review (For Use by Hospitals)
S	Licensing
F	Fraud and Abuse Investigation
G	Certification to Participate in a Government Program
I	Claims Processing

List F
Nature of Relationship Codes - Individual Subjects

100 Subject is Owner/Partner of Affiliate or Associate	250 Subject is Contractor to Affiliate or Associate	400 Subject is Supplier to Affiliate or Associate
150 Subject is Manager/Supervisor/Director of Affiliate or Associate	300 Subject is Member of Affiliate or Associate's Network	450 Subject is Customer of Affiliate or Associate
200 Subject is Employee of Affiliate or Associate	350 Subject has Clinical Privileges With Affiliate or Associate	700 Subject is in Joint Venture With Affiliate or Associate
		999 Other Relationship - Not Classified, Specify, _____

List G
Nature of Relationship - Organization Subjects

250 Subject is Contractor to Affiliate or Associate	400 Subject is Supplier to Affiliate or Associate	600 Subject is Subsidiary of Affiliate or Associate
300 Subject is Member of Affiliate or Associate's Network	450 Subject is Customer of Affiliate or Associate	700 Subject is in Joint Venture With Affiliate or Associate
	500 Subject is Parent Organization of Affiliate or Associate	999 Other Relationship - Not Classified, Specify, _____

List H-1
Adverse Action Classification Codes - Individual Subjects – Clinical Privileges

Clinical Privileges (Also Includes Peer-Reviewed Panel Membership Actions)

Clinical Privileges — Actions

- 1610 Revocation of Clinical Privileges
- 1630 Suspension of Clinical Privileges
- 1632 Summary or Emergency Suspension of Clinical Privileges
- 1634 Voluntary Limitation, Restriction, or Reduction of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
- 1635 Voluntary Surrender of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
- 1639 Summary or Emergency Limitation, Restriction, or Reduction of Clinical Privileges
- 1640 Reduction of Clinical Privileges
- 1645 Other Restriction/Limitation of Clinical Privileges, Specify, _____
- 1650 Denial of Clinical Privileges

Clinical Privileges — Revisions to Actions (No Basis for Action Codes Required)

- 1634 Voluntary Limitation, Restriction, or Reduction of Clinical Privilege(s) While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
- 1635 Voluntary Surrender of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
- 1680 Clinical Privileges Restored or Reinstated, Complete
- 1681 Clinical Privileges Restored or Reinstated, Conditional
- 1689 Clinical Privileges Restoration or Reinstatement Denied
- 1690 Reduction of Previous Action
- 1695 Extension of Previous Action

List H-2
Adverse Action Classification Codes - Individual Subjects – Health Plan Action

Health Plan Action

Health Plan Action — Actions

- 1920 Contract Termination
- 1930 Suspension of Contract
- 1932 Administrative Fine/Monetary Penalty
- 1941 Employment Termination
- 1942 Employment Suspension
- 1950 Denial of Contract Application or Renewal
- 1989 Other Health Plan Action, Specify, _____

Health Plan Action — Revisions to Actions (No Basis for Action Code Required)

- 1990 Reinstatement
- 1992 Reinstatement Denied
- 1995 Reduction of Previous Action
- 1996 Extension of Previous Action

List H-3
Adverse Action Classification Codes - Individual Subjects – Exclusion/Debarment

Exclusion or Debarment

Exclusion or Debarment — Actions

- 1500 Debarment From Federal Programs
- 1505 Exclusion From a Federal Health Care Program
- 1507 Exclusion From a State Health Care Program
- 1508 Exclusion From Medicare, Medicaid and All Other Federal Health Care Programs¹
- 1509 Exclusion From Medicare and State Health Care Programs¹

Exclusion or Debarment — Revisions to Actions (No Basis for Action Codes Required)

- 1515 Reinstatement
- 1516 Reinstatement Denied

¹ **These codes are for the HHS Office of Inspector General (OIG) use only.** In cases in which the HHS OIG submits an Exclusion or Debarment action, the HHS OIG may not select multiple Adverse Action Classification Codes when reporting either of the following two codes: Exclusion from Medicare, Medicaid and all other Federal Health Care Programs, or Exclusion from Medicare and State Health Care Programs. Additional actions should be submitted in separate reports.

All other reporters of Exclusion or Debarment actions may select any available Adverse Action Classification Code alone or in combination except for the two codes noted above.

List H-4
Adverse Action Classification Codes - Individual Subjects – Federal Licensure

Federal Licensure

Licensure — Actions

- 1110 Revocation of License
- 1125 Probation of License
- 1135 Suspension of License
- 1140 Reprimand or Censure
- 1145 Voluntary Surrender of License
- 1146 Voluntary Limitation or Restriction on License
- 1147 Limitation or Restriction on License
- 1148 Denial of License Renewal
- 1149 Denial of Initial License (HIPDB Only)¹
- 1173 Publicly Available Fine/Monetary Penalty¹
- 1189 Publicly Available Negative Action or Finding (HIPDB Only), Specify, _____¹
- 1199 Other Licensure Action - Not Classified, Specify, _____

Licensure — Revisions to Actions (No Basis for Action Codes Required)

- 1145 Voluntary Surrender of License
- 1146 Voluntary Limitation or Restriction on License
- 1280 License Restored or Reinstated, Complete
- 1282 License Restored or Reinstated, Conditional
- 1285 License Restoration or Reinstatement Denied
- 1295 Reduction of Previous Licensure Action
- 1296 Extension of Previous Licensure Action

¹ In cases in which the Drug Enforcement Administration (DEA) submits a Federal Licensure action on a health care practitioner, the DEA may not select multiple Adverse Action Classification Codes when reporting any one of the following codes: 1149 Denial of Initial License, 1173 Publicly Available Fine/Monetary Penalty, or 1189 Publicly Available Negative Action or Finding. Additional actions should be submitted in separate reports.

When reporting on a subject other than a practitioner, the DEA may select any Federal Licensure Adverse Action Classification Code singly or in combination.

All other reporters submitting a Federal Licensure action may select any available Adverse Action Classification Code alone or in combination for any type of subject.

List H-5
Adverse Action Classification Codes - Individual Subjects – State Licensure

State Licensure	
Licensure — Actions	
1110	Revocation of License
1125	Probation of License
1135	Suspension of License
1138	Summary or Emergency Limitation or Restriction on License (NPDB Only) ^{1,2}
1139	Summary or Emergency Suspension of License (NPDB Only) ^{1,2}
1140	Reprimand or Censure
1145	Voluntary Surrender of License
1146	Voluntary Limitation or Restriction on License
1147	Limitation or Restriction on License
1148	Denial of License Renewal
1149	Denial of Initial License (HIPDB Only) ¹
1173	Publicly Available Fine/Monetary Penalty
1189	Publicly Available Negative Action or Finding (HIPDB Only), Specify, _____ ¹
1199	Other Licensure Action - Not Classified, Specify, _____
Licensure — Revisions to Actions (No Basis for Action Codes Required)	
1145	Voluntary Surrender of License
1146	Voluntary Limitation or Restriction on License
1280	License Restored or Reinstated, Complete
1282	License Restored or Reinstated, Conditional
1285	License Restoration or Reinstatement Denied
1295	Reduction of Previous Licensure Action
1296	Extension of Previous Licensure Action
Licensure — Nurse Multi-State Privilege Actions³	
1310	Revocation of Nurse Multi-State Licensure Privilege
1325	Probation of Nurse Multi-State Licensure Privilege
1335	Suspension of Nurse Multi-State Licensure Privilege
1340	Reprimand or Censure of Nurse Multi-State Licensure Privilege
1345	Voluntary Surrender of Nurse Multi-State Licensure Privilege
1346	Voluntary Limitation or Restriction on Practice Authorized by Nurse Multi-State Licensure Privilege
1347	Limitation or Restriction on Nurse Multi-State Licensure Privilege
1348	Denial of Renewal of Nurse Multi-State Licensure Privilege
1349	Denial of Initial Nurse Multi-State Licensure Privilege
1373	Publicly Available Fine/Monetary Penalty to Nurse Practicing under Multi-State Licensure Privilege
1389	Publicly Available Negative Action or Finding Concerning Nurse Practicing under Multi-State Licensure Privilege, Specify, _____
1399	Other Action Against Nurse Practicing Under Multi-State Licensure Privilege - Not Classified, Specify, _____
Licensure — Revisions to Nurse Multi-State Privilege Actions (No Basis for Action Codes Required)³	
1345	Voluntary Surrender of Nurse Multi-State Licensure Privilege
1346	Voluntary Limitation or Restriction on Practice Authorized by Nurse Multi-State Licensure Privilege
1480	Nurse Multi-State Licensure Privilege Restored or Reinstated, Complete
1482	Nurse Multi-State Licensure Privilege Restored or Reinstated, Conditional
1485	Nurse Multi-State Licensure Privilege Restoration or Reinstatement Denied
1495	Reduction of Previous Nurse Multi-State Licensure Privilege Action
1496	Extension of Previous Nurse Multi-State Licensure Privilege Action

¹ For State Licensure Actions in which the subject is a physician or dentist or medical or dental resident, you may not select multiple Adverse Action Classification Codes when reporting any one of the following codes: 1138 Summary or Emergency Limitation or Restriction on License, 1139 Summary or Emergency Suspension of License, 1149 Denial of Initial License, or 1189 Publicly Available Negative Action or Finding. Additional actions should be submitted in separate reports. You may select all other Adverse Action Classification Codes available, in any combination, up to the five allowable codes.

² Codes 1138 and 1139 are only valid for State licensure actions against physicians and dentists and must be based on the professional competence or conduct of the subject.

³ Nurse Multi-State licensure privileges codes are only valid for actions against registered nurses and licensed practical or vocational nurses. These codes cannot be used by the State in which the nurse is licensed, nor can they be used in conjunction with any licensure Actions.

List H-6**Adverse Action Classification Codes - Individual Subjects – Government Administrative****Government Administrative****Government Administrative — Actions**

- 1510 Termination of Medicare or Other Federal Health Care Program Participation
- 1512 Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action
- 1513 Nonrenewal of Medicare or Other Federal Health Care Program Participation Agreement for Cause
- 1517 Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action
- 1518 Nonrenewal of Medicaid or Other State Health Care Program Participation Agreement for Cause
- 1520 Contract Termination
- 1530 Civil Money Penalty
- 1532 Administrative Fine/Monetary Penalty
- 1550 Disqualification of Clinical Investigator From Receiving Investigational Products
- 1551 Termination of Medicaid or Other State Health Care Program Participation
- 1555 Employment Disqualification Based on Finding in State Nurse Aide Registry
- 1560 Personnel Action - Employee Termination
- 1562 Personnel Action - Employee Suspension
- 1565 Personnel Action - Not Classified
- 1589 Other Action - Not Classified, Specify, _____

Government Administrative — Revisions to Actions (No Basis for Action Code Required)

- 1590 Reinstatement
- 1592 Reinstatement Denied
- 1595 Reduction of Previous Action
- 1596 Extension of Previous Action

List H-7**Adverse Action Classification Codes - Individual Subjects – Professional Society****Professional Society****Professional Society — Actions**

- 1710 Revocation of Professional Society Membership
- 1730 Suspension of Professional Society Membership
- 1745 Other Restriction/Limitation on Professional Society Membership, Specify, _____
- 1750 Denial of Professional Society Membership (Subsequent)

Professional Society — Revisions to Actions (No Basis for Action Code Required)

- 1780 Membership Reinstated, Complete
- 1781 Membership Reinstated, Conditional
- 1789 Membership Reinstatement Denied
- 1790 Reduction of Previous Action
- 1795 Extension of Previous Action

List I-1**Adverse Action Classification Codes - Organization Subjects – Health Plan Action****Health Plan Action****Health Plan Action — Actions**

3920	Contract Termination
3930	Suspension of Contract
3932	Administrative Fine/Monetary Penalty
3950	Denial of Contract Application or Renewal
3989	Other Health Plan Action, Specify, _____

Health Plan Action — Revisions to Actions (No Basis for Action Code Required)

3990	Reinstatement
3992	Reinstatement Denied
3995	Reduction of Previous Action
3996	Extension of Previous Action

List I-2**Adverse Action Classification Codes – Organization Subjects – Exclusion/Debarment****Exclusion or Debarment****Exclusion or Debarment — Actions**

3500	Debarment From Federal Programs
3505	Exclusion From a Federal Health Care Program
3507	Exclusion From a State Health Care Program
3508	Exclusion From Medicare, Medicaid and All Other Federal Health Care Programs ¹
3509	Exclusion From Medicare and State Health Care Programs ¹

Exclusion or Debarment — Revisions to Actions (No Basis for Action Code Required)

3515	Reinstatement
3516	Reinstatement Denied

¹ **These codes are for HHS Office of Inspector General (OIG) use only.** In cases in which the HHS OIG submits an Exclusion or Debarment action, the HHS OIG may not select multiple Adverse Action Classification Codes when reporting either of the following two codes: Exclusion from Medicare, Medicaid and all other Federal Health Care Programs, or Exclusion from Medicare and State Health Care Programs. Additional actions should be submitted in separate reports.

All other reporters of Exclusion or Debarment actions may select any available Adverse Action Classification Code alone or in combination except for the two codes noted above.

List I-3
Adverse Action Classification Codes - Organization Subjects – Federal/State Licensure

Federal or State Licensure

Licensure — Actions

3111	Revocation of License or Certificate
3136	Suspension of License or Certificate
3141	Voluntary Surrender of License or Certificate
3143	Conditional or Probationary License or Certificate
3144	Denial of License or Certificate Renewal
3145	Denial of Initial License or Certificate
3202	Directed Plan of Correction
3203	On-Site Monitoring
3205	Directed In-Service Training
3206	Appointment of Temporary Management
3207	Restrictions on Admissions or Services
3210	Closure of Facility
3212	Transfer of Residents to Other Facilities Without Closure of the Facility
3220	Receivership
3225	Liquidation
3230	Civil Money Penalty
3233	Publicly Available Fine/Monetary Penalty
3239	Other Licensure Action - Not Classified, Specify, _____

Licensure — Revisions to Actions (No Basis for Action Code Required)

3281	License or Certificate Restored or Reinstated, Complete
3283	License or Certificate Restored or Reinstated, Conditional
3286	License or Certificate Restoration or Reinstatement Denied
3295	Reduction of Previous Licensure Action
3296	Extension of Previous Licensure Action

List I-4**Adverse Action Classification Codes - Organization Subjects – Government Administrative****Government Administrative****Government Administrative Actions**

3202	Directed Plan of Correction
3203	On-Site Monitoring
3205	Directed In-Service Training
3206	Appointment of Temporary Management
3207	Restrictions on Admissions or Services
3210	Closure of Facility
3212	Transfer of Residents to Other Facilities Without Closure of the Facility
3230	Civil Money Penalty
3232	Administrative Fine/Monetary Penalty
3510	Termination of Medicare or Other Federal Health Care Program Participation
3512	Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action
3513	Nonrenewal of Medicare or Other Federal Health Care Program Participation Agreement for Cause
3517	Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action
3518	Nonrenewal of Medicaid or Other State Health Care Program Participation Agreement for Cause
3520	Contract Termination
3540	Marketing Activities Suspended or Restricted
3542	Beneficiary Enrollment Suspended
3551	Termination of Medicaid or Other State Health Care Program Participation
3589	Other Action - Not Classified, Specify, _____

Other Adverse Action - Revisions to Actions (No Basis for Action Code Required)

3590	Reinstatement
3592	Reinstatement Denied
3595	Reduction of Previous Action
3596	Extension of Previous Action

List J**Adverse Action Classification Codes – Retired¹**

1172	Administrative Fine/Monetary Penalty
1636	Voluntary Acceptance of Restrictions on Privileges
1699	Reversal of Previous Action Due to Appeal or Review
1799	Reversal of Previous Action Due to Appeal or Review

¹ Retired codes are not available for submission on new reports but may appear on existing reports.

List K-1**Basis for Action Codes - Individual Subjects – Clinical Privileges and Professional Society****Clinical Privileges and Professional Society****Non-Compliance With Federal, State or Contractual Requirements**

- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- A7 Surrendered License to Practice
- A4 Practicing Without a Valid License
- 29 Practicing Beyond the Scope of Practice
- A8 Clinical Privileges Restricted, Suspended or Revoked by Another Hospital or Health Care Facility
- AB Practicing Beyond the Scope of Privileges
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- AA Failure to Comply With Corrective Action Plan

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Misconduct or Abuse

- 14 Patient Abuse
- D1 Sexual Misconduct
- D2 Non-Sexual Dual Relationship or Boundary Violation
- 71 Conflict of Interest
- 16 Misappropriation of Patient Property or Other Property
- 10 Unprofessional Conduct

Fraud, Deception, or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E3 Filing False Reports or Falsifying Records
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- 81 Misrepresentation of Credentials
- 05 Fraud – Unspecified

Unsafe Practice or Substandard Care

- F1 Immediate Threat to Health or Safety
- F2 Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
- F3 Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
- F4 Unable to Practice Safely by Reason of Physical Illness or Impairment
- F5 Unable to Practice Safely
- F6 Substandard or Inadequate Care
- F7 Substandard or Inadequate Skill Level
- F8 Failure to Consult or Delay in Seeking Consultation With Supervisor/Proctor
- 11 Incompetence
- 12 Malpractice
- 13 Negligence
- 15 Patient Neglect
- F9 Patient Abandonment
- FA Inappropriate Refusal to Treat
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services

List K-1 (continued)
Basis for Action Codes - Individual Subjects – Clinical Privileges and Professional Society

Improper Supervision or Allowing Unlicensed Practice

- G1 Improper or Inadequate Supervision or Delegation
- G2 Allowing or Aiding Unlicensed Practice

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- H1 Narcotics Violation or Other Violation of Drug Statutes
- H2 Unauthorized Prescribing of Medication
- H3 Unauthorized Dispensing of Medication
- H4 Unauthorized Administration of Medication
- H5 Error in Prescribing, Dispensing or Administering Medication
- H6 Diversion of Controlled Substance

Other

- 99 Other - Not Classified, Specify, _____

List K-2
Basis for Action Codes - Individual Subjects – Health Plan Action

Health Plan Action

Non-Compliance With Federal, State or Contractual Requirements

- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- A7 Surrendered License to Practice
- A4 Practicing Without a Valid License
- 29 Practicing Beyond the Scope of Practice
- A8 Clinical Privileges Restricted, Suspended or Revoked by Another Hospital or Health Care Facility
- A9 Failure to Meet or Comply With Contractual Obligations or Participation Requirements
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 43 Employing or Contracting With Individuals or Entities Excluded From a Federal or State Health Care Program
- 82 Debarment From Federal or State Program
- AA Failure to Comply With Corrective Action Plan

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Misconduct or Abuse

- 14 Patient Abuse
- D1 Sexual Misconduct
- D2 Non-Sexual Dual Relationship or Boundary Violation
- 71 Conflict of Interest
- 16 Misappropriation of Patient Property or Other Property
- 10 Unprofessional Conduct

Fraud, Deception, or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E2 Providing or Ordering Unnecessary Tests or Services
- E3 Filing False Reports or Falsifying Records
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- 81 Misrepresentation of Credentials
- E5 Misleading, False or Deceptive Advertising or Marketing
- 05 Fraud – Unspecified

List K-2 (continued)
Basis for Action Codes - Individual Subjects – Health Plan Action

Unsafe Practice or Substandard Care

- F1 Immediate Threat to Health or Safety
- F2 Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
- F3 Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
- F4 Unable to Practice Safely by Reason of Physical Illness or Impairment
- F5 Unable to Practice Safely
- F6 Substandard or Inadequate Care
- F7 Substandard or Inadequate Skill Level
- F8 Failure to Consult or Delay in Seeking Consultation With Supervisor/Proctor
- 11 Incompetence
- 12 Malpractice
- FB Excessive Malpractice Cases/Extensive Malpractice History
- 13 Negligence
- 15 Patient Neglect
- F9 Patient Abandonment
- FA Inappropriate Refusal to Treat
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services

Improper Supervision or Allowing Unlicensed Practice

- G1 Improper or Inadequate Supervision or Delegation
- G2 Allowing or Aiding Unlicensed Practice

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- H1 Narcotics Violation or Other Violation of Drug Statutes
- H2 Unauthorized Prescribing of Medication
- H3 Unauthorized Dispensing of Medication
- H4 Unauthorized Administration of Medication
- H5 Error in Prescribing, Dispensing or Administering Medication
- H6 Diversion of Controlled Substance

Other

- 99 Other - Not Classified, Specify, _____

List K-3
Basis for Action Codes – Individual Subjects - Exclusion or Debarment

Exclusion or Debarment

Criminal Conviction

- 60 Felony Conviction Relating to Health Care Fraud
- 61 Felony Conviction Relating to Controlled Substance Violations
- 62 Program-Related Conviction
- 63 Conviction Relating to Patient Abuse or Neglect
- 64 Conviction Relating to Fraud
- 65 Conviction Relating to Obstruction of an Investigation
- 66 Conviction Relating to Controlled Substances
- 69 Criminal Conviction - Not Classified

Other

- H1 Narcotics Violation or Other Violation of Drug Statutes
- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- A7 Surrendered License to Practice
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 41 Entities Owned or Controlled by a Sanctioned Individual
- 42 Individuals Controlling Sanctioned Entities
- 44 Default on Health Education Loan or Scholarship Obligations
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- 46 Failure to Grant Immediate Access
- 47 Failure to Take Corrective Action
- 51 Failure to Perform Contractual Obligations
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services
- 54 Furnishing Unnecessary or Substandard Items or Services
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- 57 Fraud, Kickbacks and Other Prohibited Activities
- 58 Imposition of Civil Money Penalty or Assessment
- 59 Peer Review Organization Recommendation
- 71 Conflict of Interest
- 72 Corporate Integrity Agreement Breach
- 73 Settlement Agreement Breach
- A6 Violation of Federal or State Statutes, Regulations or Rules
- 99 Other - Not Classified, Specify, _____

List K-4
Basis for Action Codes - Individual Subjects – Federal/State Licensure

Federal or State Licensure

Non-Compliance With Federal, State or Contractual Requirements

- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- A1 Failure to Meet the Initial Requirements of a License
- A2 Failure to Comply With Continuing Education or Competency Requirements
- A3 Failure to Meet Licensing Board Reporting Requirements
- A4 Practicing Without a Valid License
- A5 Violation of or Failure to Comply With Licensing Board Order
- 29 Practicing Beyond the Scope of Practice
- 31 Failure to Comply With Health and Safety Requirements
- 44 Default on Health Education Loan or Scholarship Obligations
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- A6 Violation of Federal or State Statutes, Regulations or Rules

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Misconduct or Abuse

- 14 Patient Abuse
- D1 Sexual Misconduct
- D2 Non-Sexual Dual Relationship or Boundary Violation
- 71 Conflict of Interest
- D3 Exploiting a Patient for Financial Gain
- 16 Misappropriation of Patient Property or Other Property
- 10 Unprofessional Conduct

Fraud, Deception, or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E2 Providing or Ordering Unnecessary Tests or Services
- E3 Filing False Reports or Falsifying Records
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- 81 Misrepresentation of Credentials
- E5 Misleading, False or Deceptive Advertising or Marketing
- 05 Fraud – Unspecified

List K-4 (continued)
Basis for Action Codes - Individual Subjects – Federal/State Licensure

Unsafe Practice or Substandard Care

- F1 Immediate Threat to Health or Safety
- F2 Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
- F3 Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
- F4 Unable to Practice Safely by Reason of Physical Illness or Impairment
- F5 Unable to Practice Safely
- F6 Substandard or Inadequate Care
- F7 Substandard or Inadequate Skill Level
- F8 Failure to Consult or Delay in Seeking Consultation With Supervisor/Proctor
- 11 Incompetence
- 12 Malpractice
- 13 Negligence
- 15 Patient Neglect
- F9 Patient Abandonment
- FA Inappropriate Refusal to Treat
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services

Improper Supervision or Allowing Unlicensed Practice

- G1 Improper or Inadequate Supervision or Delegation
- G2 Allowing or Aiding Unlicensed Practice

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- H1 Narcotics Violation or Other Violation of Drug Statutes
- H2 Unauthorized Prescribing of Medication
- H3 Unauthorized Dispensing of Medication
- H4 Unauthorized Administration of Medication
- H5 Error in Prescribing, Dispensing or Administering Medication
- H6 Diversion of Controlled Substance

Other

- 99 Other - Not Classified, Specify, _____

List K-5
Basis for Action Codes – Individual Subjects – Government Administrative

Government Administrative

Non-Compliance With Federal, State or Contractual Requirements

- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- A7 Surrendered License to Practice
- A4 Practicing Without a Valid License
- A5 Violation of or Failure to Comply With Licensing Board Order
- 44 Default on Health Education Loan or Scholarship Obligations
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- A8 Clinical Privileges Restricted, Suspended or Revoked by Another Hospital or Health Care Facility
- 51 Failure to Perform Contractual Obligations
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 43 Employing or Contracting With Individuals or Entities Excluded From a Federal or State Health Care Program
- 82 Debarment From Federal or State Program
- A6 Violation of Federal or State Statutes, Regulations or Rules

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Misconduct or Abuse

- 14 Patient Abuse
- D1 Sexual Misconduct
- D2 Non-Sexual Dual Relationship or Boundary Violation
- 71 Conflict of Interest
- 16 Misappropriation of Patient Property or Other Property
- 10 Unprofessional Conduct

Fraud, Deception, or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E2 Providing or Ordering Unnecessary Tests or Services
- E3 Filing False Reports or Falsifying Records
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- 81 Misrepresentation of Credentials
- E5 Misleading, False or Deceptive Advertising or Marketing
- 05 Fraud – Unspecified

List K-5 (continued)
Basis for Action Codes – Individual Subjects – Government Administrative

Unsafe Practice or Substandard Care

- F1 Immediate Threat to Health or Safety
- F2 Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
- F3 Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
- F4 Unable to Practice Safely by Reason of Physical Illness or Impairment
- F5 Unable to Practice Safely
- F6 Substandard or Inadequate Care
- F7 Substandard or Inadequate Skill Level
- F8 Failure to Consult or Delay in Seeking Consultation With Supervisor/Proctor
- 11 Incompetence
- 12 Malpractice
- 13 Negligence
- 15 Patient Neglect
- F9 Patient Abandonment
- FA Inappropriate Refusal to Treat
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services

Improper Supervision or Allowing Unlicensed Practice

- G1 Improper or Inadequate Supervision or Delegation
- G2 Allowing or Aiding Unlicensed Practice

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- H1 Narcotics Violation or Other Violation of Drug Statutes
- H2 Unauthorized Prescribing of Medication
- H3 Unauthorized Dispensing of Medication
- H4 Unauthorized Administration of Medication
- H5 Error in Prescribing, Dispensing or Administering Medication
- H6 Diversion of Controlled Substance

Other

- 99 Other - Not Classified, Specify, _____

List L-1
Basis for Action Codes - Organization Subjects – Health Plan Action

Health Plan Action

Non-Compliance With Federal, State or Contractual Requirements

- 31 Failure to Comply With Health and Safety Requirements
- 32 Lack of Appropriately Qualified Professionals
- AC Failure to Maintain Equipment/Missing or Inadequate Equipment
- 34 Financial Insolvency
- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 43 Employing or Contracting With Individuals or Entities Excluded From a Federal or State Health Care Program
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- 47 Failure to Take Corrective Action
- 51 Failure to Perform Contractual Obligations
- 82 Debarment From Federal or State Program
- A6 Violation of Federal or State Statutes, Regulations or Rules

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Conflict of Interest

- 71 Conflict of Interest

Fraud, Deception or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E3 Filing False Reports or Falsifying Records
- E2 Providing or Ordering Unnecessary Tests or Services
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- E5 Misleading, False or Deceptive Advertising or Marketing
- 05 Fraud – Unspecified

Substandard Care or Patient Neglect/Abuse

- F6 Substandard or Inadequate Care
- 14 Patient Abuse
- 15 Patient Neglect
- F9 Patient Abandonment
- FA Inappropriate Refusal to Treat
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services
- FC Negligent Credentialing

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- H1 Narcotics Violation or Other Violation of Drug Statutes
- H2 Unauthorized Prescribing of Medication
- H3 Unauthorized Dispensing of Medication
- H4 Unauthorized Administration of Medication
- H5 Error in Prescribing, Dispensing or Administering Medication

Other

- 99 Other - Not Classified, Specify, _____

List L-2
Basis for Action Codes - Organization Subjects – Exclusion/Debarment

Exclusion or Debarment

Criminal Conviction

- 60 Felony Conviction Relating to Health Care Fraud
- 61 Felony Conviction Relating to Controlled Substance Violations
- 62 Program-Related Conviction
- 63 Conviction Relating to Patient Abuse or Neglect
- 64 Conviction Relating to Fraud
- 65 Conviction Relating to Obstruction of an Investigation
- 66 Conviction Relating to Controlled Substances
- 69 Criminal Conviction - Not Classified

Other

- H1 Narcotics Violation or Other Violation of Drug Statutes
- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- A7 Surrendered License to Practice
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 41 Entities Owned or Controlled by a Sanctioned Individual
- 42 Individuals Controlling Sanctioned Entities
- 44 Default on Health Education Loan or Scholarship Obligations
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- 46 Failure to Grant Immediate Access
- 47 Failure to Take Corrective Action
- 51 Failure to Perform Contractual Obligations
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services
- 54 Furnishing Unnecessary or Substandard Items or Services
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- 57 Fraud, Kickbacks and Other Prohibited Activities
- 58 Imposition of Civil Money Penalty or Assessment
- 59 Peer Review Organization Recommendation
- 71 Conflict of Interest
- 72 Corporate Integrity Agreement Breach
- 73 Settlement Agreement Breach
- A6 Violation of Federal or State Statutes, Regulations or Rules
- 99 Other - Not Classified, Specify, _____

List L-3
Basis for Action Codes - Organization Subjects – Federal/State Licensure

Federal or State Licensure

Non-Compliance With Federal, State or Contractual Requirements

- A1 Failure to Meet the Initial Requirements of a License
- A3 Failure to Meet Licensing Board Reporting Requirements
- 31 Failure to Comply With Health and Safety Requirements
- 32 Lack of Appropriately Qualified Professionals
- AC Failure to Maintain Equipment/Missing or Inadequate Equipment
- 34 Financial Insolvency
- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- 47 Failure to Take Corrective Action
- A6 Violation of Federal or State Statutes, Regulations or Rules

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Conflict of Interest

- 71 Conflict of Interest

Fraud, Deception, or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E3 Filing False Reports or Falsifying Records
- E2 Providing or Ordering Unnecessary Tests or Services
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- E5 Misleading, False or Deceptive Advertising or Marketing
- 05 Fraud – Unspecified

Substandard Care or Patient Neglect/Abuse

- F6 Substandard or Inadequate Care
- 14 Patient Abuse
- 15 Patient Neglect
- F9 Patient Abandonment
- FA Inappropriate Refusal to Treat
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- H1 Narcotics Violation or Other Violation of Drug Statutes
- H2 Unauthorized Prescribing of Medication
- H3 Unauthorized Dispensing of Medication
- H4 Unauthorized Administration of Medication
- H5 Error in Prescribing, Dispensing or Administering Medication

Other

- 99 Other - Not Classified, Specify, _____

List L-4
Basis for Action Codes - Organization Subjects – Government Administrative

Government Administrative

Non-Compliance With Federal, State or Contractual Requirements

- 31 Failure to Comply With Health and Safety Requirements
- 32 Lack of Appropriately Qualified Professionals
- AC Failure to Maintain Equipment/Missing or Inadequate Equipment
- 34 Financial Insolvency
- 39 License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- 40 Exclusion or Suspension From a Federal or State Health Care Program
- 43 Employing or Contracting With Individuals or Entities Excluded From a Federal or State Health Care Program
- 45 Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- 47 Failure to Take Corrective Action
- 48 Failure to Obtain a Surety Bond
- 49 Failure to Comply With the Composition of Enrollment Requirements
- 51 Failure to Perform Contractual Obligations
- 82 Debarment From Federal or State Program
- A6 Violation of Federal or State Statutes, Regulations or Rules

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

- C1 Failure to Obtain Informed Consent
- C2 Failure to Comply With Patient Consultation Requirements
- C3 Breach of Confidentiality

Conflict of Interest

- 71 Conflict of Interest

Fraud, Deception, or Misrepresentation

- E1 Insurance Fraud (Medicare, Medicaid or Other Insurance)
- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims
- E3 Filing False Reports or Falsifying Records
- E2 Providing or Ordering Unnecessary Tests or Services
- E4 Fraud, Deceit or Material Omission in Obtaining License or Credentials
- E5 Misleading, False or Deceptive Advertising or Marketing
- 05 Fraud – Unspecified

Substandard Care or Patient Neglect/Abuse

- F6 Substandard or Inadequate Care
- 14 Patient Abuse
- 15 Patient Neglect
- F9 Patient Abandonment
- FA Inappropriate Refusal to Treat
- 53 Failure to Provide Medically Reasonable and/or Necessary Items or Services
- FC Negligent Credentialing

List L-4 (continued)
Basis for Action Codes - Organization Subjects – Government Administrative

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- H1 Narcotics Violation or Other Violation of Drug Statutes
- H2 Unauthorized Prescribing of Medication
- H3 Unauthorized Dispensing of Medication
- H4 Unauthorized Administration of Medication
- H5 Error in Prescribing, Dispensing or Administering Medication

Other

- 99 Other - Not Classified, Specify, _____

List M
Basis for Action Codes - Retired¹

- 01 Alcohol and/or Other Substance Abuse
- 03 Narcotics Violations
- 06 Insurance Fraud – Medicare or Other Federal Government Program
- 07 Insurance Fraud – Medicaid or Other State Government Program
- 08 Insurance Fraud – Non-Government or Private Insurance
- 09 Fraud in Obtaining License or Credentials
- 20 Mental Disorder
- 22 Advertising or Marketing Services or Products That Are Discriminatory, Misleading, False, or Deceptive
- 30 Allowing Unlicensed Person to Practice
- 74 Violation of Federal or State Antitrust Statute
- 75 Violation of Drug-Free Workplace Act
- 76 Violation of Immigration and Nationality Act Employment Provisions
- 77 Violation of Americans With Disabilities Act or Applicable Federal and State Laws
- 78 Violation of Civil Rights Act or Applicable Federal and State Laws
- 80 Physical Impairment
- 83 Hospital Privileges Restricted, Suspended or Revoked
- AD Surrendered Clinical Privileges

¹ Retired Codes are not available for submission on new reports but may appear on existing reports.

List N
Adverse Action Report - Type of Action Codes

Code	Type	Description
1	Licensure (State Licensure)	State licensure actions are adverse actions taken by State licensing authorities related to the license, certification, or registration of health care practitioners, providers, and suppliers. State licensing actions include State professional and health care facility licensing sanctions. State licensing actions against physicians and dentists that are based upon the subject's professional competence or conduct are reportable to the NPDB under provisions of Title IV of the <i>Health Care Quality Improvement Act of 1986</i> , as amended, and 45 CFR Part 60. All State licensing actions against health care practitioners, providers, and suppliers are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
2	Licensure (Federal Licensure)	Federal licensure actions are adverse actions taken by Federal licensing authorities related to the license, certification, or registration of health care providers, practitioners, and suppliers. Federal licensure actions include Federal CLIA certification actions; Federal DEA registration actions; and Federal FDA licensing, certification, and registration actions. These actions are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61. DEA registration actions against health care practitioners also are reportable to the NPDB under Title IV of the <i>Health Care Quality Improvement Act of 1986</i> , as amended, and 45 CFR Part 60.
3	Clinical Privilege (Includes Panel Membership)	Clinical Privilege actions are adverse actions taken by hospitals and other health care entities related to the authorization of health care practitioners to provide health care services, including actions related to a practitioner's membership on the medical staff or panel, and based upon the subject's professional competence or conduct. These actions are reportable to the NPDB under Title IV of the <i>Health Care Quality Improvement Act of 1986</i> , as amended, and 45 CFR Part 60.
4	Health Plan	Health plan actions are adverse actions that are taken by a health plan against a health care practitioner, provider or supplier and that are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR part 61. These actions must meet the regulatory definition of "other adjudicated actions," which requires that they: 1) be formal or official actions; 2) include the availability of a due process mechanism; and 3) be based on acts or omissions that affect or could affect the payment, provision or delivery of a health care item or service. The definition specifically excludes clinical privileging actions or paneling decisions (which normally are the result of a formal peer review process). However, quality actions that include the availability of due process are reportable. An example of a reportable health plan action would be the termination of a practitioner's contract to provide health care services, as long as it meets the three specified criteria.
5	Exclusion or Debarment	The exclusion or debarment of a health care practitioner, provider, or supplier from participating in and/or contracting with a Federal or State health care program is reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61. Exclusion of a practitioner from the Medicare and Medicaid programs is reportable to the NPDB under a Memorandum of Understanding with the Office of Inspector General, and the Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services.
6	Professional Society	Professional Society actions are adverse actions taken by associations of health care practitioners that follow formal peer review processes for the purpose of furthering quality health care and that are based upon the subject's professional competence or conduct. These actions are reportable to the NPDB under the provisions of Title IV of the <i>Health Care Quality Improvement Act of 1986</i> , as amended, and 45 CFR Part 60.
7	RESERVED	
8	RESERVED	
9	Government Administrative	Government Administrative actions are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61. They encompass adverse actions reportable to HIPDB that are not classified elsewhere. This category includes any publicly available negative action or finding by Federal or State agencies that certify health care practitioners, providers, and suppliers for participation in a Government health care program. In addition, other Government Administrative actions include any other adjudicated action or decision by an authorized Federal or State agency against a health care practitioner, provider, or supplier. These adjudicated actions or decisions may include, for example, personnel actions, employment disqualifications, and contract terminations.

List O
Judgment or Conviction Report Act or Omission Codes

200	Fraudulent Billing/Cost Reporting	525	Research Fraud
205	Billing for Services Not Rendered/Supplies Not Provided	550	Medical Record Falsification
207	Misrepresentation of Services/ Supplies Provided	551	Creating Medical Record for Patient Who Does Not Exist
210	Duplicate Billing	552	Alteration/Misrepresentation of Medical Record
220	Unbundling of Services	600	Anti-Competition Violation/Deceptive Advertising
222	Upcoding of Services	700	Controlled Substances Violation
230	Fraudulent Cost Reporting	710	Mislabeling Drugs
240	Medicare/Medicaid Secondary Payor Fraud	720	Generic Substitutions
250	Submitting Claims After Sanctions	730	Prescription Splitting
260	Overcharging	735	Prescription Shorting
270	Failure to Pay Non-Assigned Claim	740	Drug Diversion
300	Patient Abuse	750	Forged/Altered Prescription Drugs
305	Theft or Misappropriation of Patient Property	760	Illegal Prescription of Controlled Substance
310	Billing for Medically Unnecessary Services	770	Counterfeiting Drugs
320	Poor Quality of Care	780	Illegal Drug Use/Possession
350	Failure to Provide Medically Necessary Care	790	Illegal Drug Trafficking
400	Licensed Practitioner Impersonation/ Allowing Unlicensed Persons to Practice	810	Kickbacks
500	Procurement Fraud	820	Self-Referral Violations
		999	Other Act/Omission - Not Classified, Specify, _____

List P
Judgment or Conviction Report Type of Action Codes

Code	Type	Description
10	Criminal Conviction (Guilty Plea or Trial)	Federal or State criminal convictions against health care practitioners, providers, and suppliers. Convictions must be related to the delivery of a health care item or service. Convictions include guilty pleas and findings of guilt by either a judge or a jury. These actions are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
20	Deferred Conviction/ Pre-Trial Diversion	Federal or State court actions in which a health care practitioner, provider, or supplier has entered into participation in a first offender, or other program or arrangement where the conviction has been deferred or held in abeyance. These actions must be related to the delivery of a health care item or service. These actions are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
30	Nolo Contendere (No Contest) Plea	Acceptance by a Federal or State court of a nolo contendere or no contest plea by a health care practitioner, provider, or supplier in a matter related to the delivery of a health care item or service. These actions are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
40	Civil Judgment	Civil judgments against health care practitioners, providers, and suppliers in Federal or State courts. Judgments must be related to the delivery of a health care item or service. This reporting requirement does not include settlements in which no findings of liability have been made. These actions are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.
50	Injunction	Civil actions taken against health care practitioners, providers, and suppliers that seek to stop a specific activity, such as the continued production or distribution of a violative product or the provision of a service. The action must be related to the delivery of a health care item or service. These actions are reportable to the HIPDB under Section 1128E of the <i>Social Security Act</i> and 45 CFR Part 61.

List Q Error Codes

Code	Description
01	Format of information in subject record(s) was in error.
05	SQL error.
07	Invalid Data Bank ID.
08	Invalid password.
09	This entity does not have the privilege to perform this transaction.
13	This agent does not have the authority to act for entity.
20	All or part of a subject's name is missing or invalid. Subject First Name and Last Name are required.
23	Incomplete subject Occupation/Field of Licensure information. For each license number you provide, you must also provide a valid, two-letter abbreviation for the U.S. State from where the license was issued, and a valid, three-digit Occupation/Field of Licensure code.
25	All or part of school information is missing or illegible: professional school information must include both the name of the professional health care school attended and the year the subject graduated. If the subject did not graduate, provide the last year he or she attended the school-this will be presented on the response as the subject year of graduation.
26	Invalid Drug Enforcement Administration number.
27	Invalid Social Security Number.
28	Missing, invalid, or illegible date of birth. Date of birth must be at least 15 years before today's date and after 1900.
29	Invalid gender code.
37	Invalid payment type.
39	All or part of certification is missing: you must provide your printed name, your title (except for individual subject self-queries), your daytime telephone number, your signature, and the date you signed the form. Please submit a new, fully completed form to the Data Bank(s).
41	Missing or invalid credit card information. The Data Banks accept VISA, MasterCard, Discover or American Express. The Data Banks do not accept cash, checks or money orders.
42	Your registered entity does not have a valid EFT account on file.
43	Expired credit card: please contact your credit card company for further information.
44	Rejected credit card: the bank that issued your credit card has denied these charges. No further information was made available to the Data Bank(s) regarding the reason for this rejection. Please contact your credit card company for further information.
47	Query data is missing.
48	Invalid Query Purpose code.
57	Control character (non-alphanumeric) found in file.
60	File is not in the appropriate format. Check to ensure that the file is not zipped or in binary format (e.g., MS Word or Corel WordPerfect) prior to resubmission.
61	Query file with this name has already been processed.
69	Graduation year is inconsistent with year of birth: the subject's date of birth and year of graduation must be at least 15 years apart.
71	Invalid Agent Identification Number.
72	Entity does not have active status.
73	Agent does not have active status.
74	Possible @ sign in data.
77	Invalid certification phone number.
78	Invalid certification phone extension.
79	Invalid subject deceased flag.
81	Invalid subject address.
85	Credit card authorization unavailable: the NPDB-HIPDB experienced communications problems with our credit card authorization service when we attempted to bill your account for the enclosed query. As a result, the charges were not fully authorized and we are unable to process the query. Your credit card account may show a temporary hold for these charges that will expire within 10 days of the process date shown above. If, for any reason, you are billed for the enclosed query file, please contact the NPDB-HIPDB Customer Service Center immediately at 1-800-767-6732. Please create a new query file for the subject names you need to have processed and transmit it to the Data Bank(s). We regret any inconvenience that this may cause.
87	Unable to read certification data record.
88	Unable to read query data record.
90	Missing last name from name record. Must enter both Last Name and First Name.

List Q (continued)
Error Codes

Code	Description
91	Missing first name from name record. Must enter both Last Name and First Name.
AF	This agent user ID does not have authority to perform this action for this entity.
B1	Incomplete individual subject Occupation/Field of Licensure.
B2	Incomplete or invalid subject Occupation/Field of Licensure information. For each License provided, a valid, two-letter abbreviation for the U.S. State from where the license was issued and a valid, three-digit Occupation/Field of Licensure code must be provided. License Numbers must contain at least one digit. If the subject does not have a license, specify No License and do not provide a License Number. An Occupation/Field of Licensure Description is required if the Occupation/Field of Licensure code is "Other", and not allowed otherwise.
B3	The specialty code selected is either invalid or incompatible with the occupation/field of licensure code selected. Physician specialty codes should only be used for physicians (occupation/field of licensure codes 010, 015, 020 and 025). Dental specialty codes should only be used for dentists (occupation/field of licensure codes 030 and 035).
B5	Incomplete or invalid subject Occupation/Field of Licensure information. For each License provided, a valid, two-letter abbreviation for the U.S. State from where the license was issued must be provided. License numbers must contain at least one digit. If the subject does not have a license, specify No License and do not provide a License Number.
B6	Invalid organization subject license number State field.
BA	Specialty code is a required field for this occupation/field of licensure selection.
C0	Incomplete or invalid Organization Name or Type information. For each organization, you must provide a valid Organization Name and Organization Type. An Other Description is required if the Organization Type is 999, and not allowed otherwise.
C4	Invalid Food and Drug Administration number(s).
C5	Invalid National Provider Identifier(s).
C6	Invalid Federal Employer Identification Number(s).
D0	Invalid deceased date.
D3	Invalid type of organization.
G1	Set A and set B mandatory fields not complete for individual query.
G2	Set A and set B mandatory fields not complete for organization query.
J1	Credit Card Issuer Unavailable: The Data Banks experienced communication problems in contacting your financial institution when we attempted to bill your account for the enclosed query. Since your financial institution was not contacted, your account should not have been charged for this query. If, for any reason, you are billed for the enclosed file, please contact the NPDB-HIPDB Customer Service Center immediately at 1-800-767-6732. Please create a new query file for the subject name(s) in the enclosed query file and transmit it to the Data Bank(s). Should you add additional subject names to your new query, your new charges will be higher than your original charge because fees are levied on a per-name basis. We regret any inconvenience that this may cause.
J2	Missing or invalid credit card information, the card holder name is missing or not valid.
J3	Missing or invalid credit card information, the credit card number is not a valid credit card number.
J4	Missing or invalid credit card information, the credit card expiration date is not valid.
J5	All or part of the credit card billing address is missing or invalid.
R1	All or part of certification information is missing.
RE	The DBID for your organization must be renewed before you can access the Data Banks services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB statutory authorities, available at www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Once the statutory authorities have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB-HIPDB for processing. If your organization has already mailed the registration renewal to the Data Banks, it will be processed within one business day of its receipt by the NPDB-HIPDB. Data Bank Correspondence will be sent once the Data Banks have successfully processed your registration renewal form. If necessary, you may complete a new form by selecting Renew Registration below. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.

List Q (continued)
Error Codes

Code	Description
RF	The DBID for your organization must be renewed before you can access the Data Banks services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB statutory authorities, available at www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Contact the administrator of your organization so they can renew the registration. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RG	The DBID for the entity on whose behalf you are submitting the file must be renewed before the submission file can be processed by the Data Banks. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. As part of the renewal process, the certifying official of the entity on whose behalf you are submitting the file must review the NPDB-HIPDB statutory authorities, available at www.npdb-hipdb.hrsa.gov/legislation.html . Once the certifying official has reviewed these statutory authorities, the entity administrator can complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RH	File is not compliant with the current format version of the latest Interface Control Document (ICD). Please review the appropriate ICD specification for the type of transaction you wish to submit and update your ICD transaction files.
RJ	The administrator account can not be used to submit query, report, or PDS transactions. These transactions must be submitted using a user account.
S1	The new password must be different from the old password.
S2	The new password must be 8 to 14 characters long.
S3	The new password contains only alphabetic characters.
S4	The new password contains only numeric characters.
S5	The new password contains an illegal character.
S6	The new password was similar to your account user ID.
S7	The new password was similar to your account user ID with the characters reversed.
S8	The new password was the same as one you used previously. Passwords may not be the same as any of the last four passwords.
S9	The new password did not contain enough different characters.
S0	The new password was based on a commonly used keyboard sequence. Passwords may not be a simplistic or systematic sequence (e.g., abcd1234).
SA	The new password was similar to a word in the dictionary.
SB	The new password was similar to a word in the dictionary with the characters reversed.
SC	Missing or invalid user ID in the password change request.
SD	Only the administrator may reset a user's account password.
SE	You may not change another user's account password.
SF	The administrator password cannot be reset. A password change request may be submitted instead.
SG	The new password must be provided in the password change request.
SH	The password must be omitted in the password reset request. The Data Banks will generate a new password.
SI	The DBID specified in the initialization file for the ITP client program did not match the agent or entity DBID contained in the submitted ICD file.
SJ	Reserved for future use.

List R
Medical Malpractice Act or Omission Codes¹

<p>Diagnosis</p> <p>010 Failure to Diagnose (i.e., Concluding That Patient Has No Disease or Condition Worthy of Follow-Up or Observation)</p> <p>020 Wrong Diagnosis or Misdiagnosis (i.e., Original Diagnosis is Incorrect)</p> <p>030 Improper Performance of Test</p> <p>040 Unnecessary Diagnostic Test</p> <p>050 Delay in Diagnosis</p> <p>060 Failure to Obtain Consent/Lack of Informed Consent</p> <p>090 Diagnosis Related—Not Otherwise Classified</p> <p>Anesthesia</p> <p>110 Failure to Complete Patient Assessment</p> <p>120 Failure to Monitor</p> <p>130 Failure to Test Equipment</p> <p>140 Improper Choice of Anesthesia Agent or Equipment</p> <p>150 Improper Technique/Induction</p> <p>160 Improper Equipment Use</p> <p>170 Improper Intubation</p> <p>180 Improper Positioning</p> <p>185 Failure to Obtain Consent/Lack of Informed Consent</p> <p>190 Anesthesia Related—Not Otherwise Classified</p> <p>Surgery</p> <p>210 Failure to Perform Surgery</p> <p>220 Improper Positioning</p> <p>230 Retained Foreign Body</p> <p>240 Wrong Body Part</p> <p>250 Improper Performance of Surgery</p> <p>260 Unnecessary Surgery</p> <p>270 Delay in Surgery</p> <p>280 Improper Management of Surgical Patient</p> <p>285 Failure to Obtain Consent/Lack of Informed Consent</p> <p>290 Surgery Related—Not Otherwise Classified</p> <p>Medication</p> <p>305 Failure to Order Appropriate Medication</p> <p>310 Wrong Medication Ordered</p> <p>315 Wrong Dosage Ordered of Correct Medication</p>	<p>Medication (contd.)</p> <p>320 Failure to Instruct on Medication</p> <p>325 Improper Management of Medication Regimen</p> <p>330 Failure to Obtain Consent/Lack of Informed Consent</p> <p>340 Medication Error—Not Otherwise Classified</p> <p>350 Failure to Medicate</p> <p>355 Wrong Medication Administered</p> <p>360 Wrong Dosage Administered</p> <p>365 Wrong Patient</p> <p>370 Wrong Route</p> <p>380 Improper Technique</p> <p>390 Medication Administration Related—Not Otherwise Classified</p> <p>Intravenous and Blood Products</p> <p>410 Failure to Monitor</p> <p>420 Wrong Solution</p> <p>430 Improper Performance</p> <p>440 IV Related—Not Otherwise Classified</p> <p>450 Failure to Ensure Contamination Free</p> <p>460 Wrong Type</p> <p>470 Improper Administration</p> <p>480 Failure to Obtain Consent/Lack of Informed Consent</p> <p>490 Blood Product Related—Not Otherwise Classified</p> <p>Obstetrics</p> <p>505 Failure to Manage Pregnancy</p> <p>510 Improper Choice of Delivery Method</p> <p>520 Improperly Performed Vaginal Delivery</p> <p>525 Improperly Performed C-Section</p> <p>530 Delay in Delivery (Induction or Surgery)</p> <p>540 Failure to Obtain Consent/Lack of Informed Consent</p> <p>550 Improperly Managed Labor—Not Otherwise Classified</p> <p>555 Failure to Identify/Treat Fetal Distress</p> <p>560 Delay in Treatment of Fetal Distress (i.e., Identified but Treated in Untimely Manner)</p> <p>570 Retained Foreign Body/Vaginal/Uterine</p> <p>575 Abandonment</p> <p>580 Wrongful Life/Birth</p> <p>590 Obstetrics Related—Not Otherwise Classified</p>	<p>Treatment</p> <p>610 Failure to Treat</p> <p>620 Wrong Treatment/Procedure Performed</p> <p>630 Failure to Instruct Patient on Self-Care</p> <p>640 Improper Performance of Treatment/Procedure</p> <p>650 Improper Management of Course of Treatment</p> <p>660 Unnecessary Treatment</p> <p>665 Delay in Treatment</p> <p>670 Premature End of Treatment (Also Abandonment)</p> <p>675 Failure to Supervise Treatment/Procedure</p> <p>680 Failure to Obtain Consent/Lack of Informed Consent</p> <p>685 Failure to Refer or Seek Consultation</p> <p>690 Treatment Related—Not Otherwise Classified</p> <p>Monitoring</p> <p>710 Failure to Monitor</p> <p>720 Failure to Respond to Patient</p> <p>730 Failure to Report on Patient Condition</p> <p>790 Monitoring Related—Not Otherwise Classified</p> <p>Biomedical Equipment/Product</p> <p>810 Failure to Inspect/Monitor</p> <p>820 Improper Maintenance</p> <p>830 Improper Use</p> <p>840 Failure to Respond to Warning</p> <p>850 Failure to Instruct Patient on Use of Equipment/Product</p> <p>860 Malfunction/Failure</p> <p>890 Biomedical Equipment/Product Related—Not Otherwise Classified</p> <p>Miscellaneous</p> <p>910 Inappropriate Behavior of Clinician (e.g., Sexual Misconduct Allegation, Assault)</p> <p>920 Failure to Protect Third Parties (e.g., Failure to Warn/Protect From Violent Patient Behavior)</p> <p>930 Breach of Confidentiality/Privacy</p> <p>940 Failure to Maintain Appropriate Infection Control</p> <p>950 Failure to Follow Institutional Policy or Procedure</p> <p>960 Other (Provide Detailed Description)</p> <p>990 Failure to Review Provider Performance</p>
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¹ Codes other than those listed above may be returned to the user. These additional codes are no longer accepted by the Data Banks and should be interpreted as 'UNKNOWN'.

List S Adverse Action Classification Codes

10000 License Revoked	63500 Voluntary Surrender of Privileges
10100 License Revoked: Alcohol and Other Substance Abuse	63501 Vol Surr of Priv: Alcohol and Other Substance Abuse
10200 License Revoked: Incompetence/Malpractice/Negligence	63502 Vol Surr of Priv: Incompetence/Malpractice/Negligence
10300 License Revoked: Narcotics Violations	63503 Vol Surr of Priv: Narcotics Violations
10400 License Revoked: Felony	63504 Vol Surr of Priv: Felony
10500 License Revoked: Fraud	63505 Vol Surr of Priv: Fraud
11000 License Revoked: Unprofessional Conduct	63510 Vol Surr of Priv: Unprofessional Conduct
12000 License Revoked: Mental Disorder	63520 Vol Surr of Priv: Mental Disorder
13000 License Revoked: Allowing Unlicensed Person to Practice	63530 Vol Surr of Priv: Allowing Unlicensed Person to Practice
15000 License Revoked: Disciplinary Action in Another State	63550 Vol Surr of Priv: Disciplinary Action in Another State
18000 License Revoked: Other Reason - Not Classified	63580 Vol Surr of Priv: Physical Impairment
	63590 Vol Surr of Priv: Other
20000 License Probation	64000 Clinical Privileges Reduced
20100 License Probation: Alcohol and Other Substance Abuse	64001 Clinic Priv Reduced: Alcohol and Other Substance Abuse
20200 License Probation: Incompetence/Malpractice/Negligence	64002 Clinic Priv Reduced: Incompetence/Malpractice/Negligence
20300 License Probation: Narcotics Violations	64003 Clinic Priv Reduced: Narcotics Violations
20400 License Probation: Felony	64005 Clinic Priv Reduced: Fraud
20500 License Probation: Fraud	64010 Clinic Priv Reduced: Unprofessional Conduct
21000 License Probation: Unprofessional Conduct	64020 Clinic Priv Reduced: Mental Disorder
22000 License Probation: Mental Disorder	64030 Clinic Priv Reduced: Allowing Unlicensed Person to Practice
23000 License Probation: Allowing Unlicensed Person to Practice	64050 Clinic Priv Reduced: Disciplinary Action in Another State
25000 License Probation: Disciplinary Action in Another State	64080 Clinic Priv Reduced: Physical Impairment
28000 License Probation: Other Reason - Not Classified	64090 Clinic Priv Reduced: Other
30000 License Suspended	64500 Other Clinical Privileges Restriction
30100 License Suspended: Alcohol and Other Substance Abuse	64501 Other Priv Restrict: Alcohol and Other Substance Abuse
30200 License Suspended: Incompetence/Malpractice/Negligence	64502 Other Priv Restrict: Incompetence/Malpractice/Negligence
30300 License Suspended: Narcotics Violations	64503 Other Priv Restrict: Narcotics Violations
30400 License Suspended: Felony	64504 Other Priv Restrict: Felony
30500 License Suspended: Fraud	64505 Other Priv Restrict: Fraud
31000 License Suspended: Unprofessional Conduct	64510 Other Priv Restrict: Unprofessional Conduct
32000 License Suspended: Mental Disorder	64520 Other Priv Restrict: Mental Disorder
33000 License Suspended: Allowing Unlicensed Person to Practice	64530 Other Priv Restrict: Allowing Unlicensed Person to Practice
35000 License Suspended: Disciplinary Action in Another State	64550 Other Priv Restrict: Disciplinary Action in Another State
38000 License Suspended: Other Reason - Not Classified	64580 Other Priv Restrict: Physical Impairment
40000 License-Miscellaneous	64590 Other Priv Restrict: Other (Inc. Probation Restricting Priv)
40100 License-Misc.: License Restored or Reinstated	65000 Clinical Privileges Denial
40200 License-Misc.: Reinstatement Denied	65001 Denial-Privs: Alcohol and Other Substance Abuse
40600 License-Misc.: Reprimand	65002 Denial-Privs: Incompetence/Malpractice/Negligence
41000 License-Misc.: Other Misc. Action (Inc. Censure & Surrender)	65003 Denial-Privs: Narcotics Violations
41200 License-Misc.: License Denied (Renewal Only)	65004 Denial-Privs: Felony
60000 Code/Clinical Privileges	65005 Denial-Privs: Fraud
	65010 Denial-Privs: Unprofessional Conduct
61000 Clinic Privileges Revoked	65020 Denial-Privs: Mental Disorder
61001 Clinic Priv Revoked: Alcohol and Other Substance Abuse	65030 Denial-Privs: Allowing Unlicensed Person to Practice
61002 Clinic Priv Revoked: Incompetence/Malpractice/Negligence	65050 Denial-Privs: Disciplinary Action Taken in Another State
61003 Clinic Priv Revoked: Narcotics Violations	65080 Denial-Privs: Physical Impairment
61004 Clinic Priv Revoked: Felony	65090 Denial-Privs: Other
61005 Clinic Priv Revoked: Fraud	
61010 Clinic Priv Revoked: Unprofessional Conduct	68000 Revision-Privs: Reinstatement, Complete
61020 Clinic Priv Revoked: Mental Disorder	68100 Revision-Privs: Reinstatement, Conditional
61030 Clinic Priv Revoked: Allowing Unlicensed Person to Practice	68900 Revision-Privs: Reinstatement Denied
61050 Clinic Priv Revoked: Disciplinary Action in Another State	69000 Revision-Privs: Reduction of Previous Action
61080 Clinic Priv Revoked: Physical Impairment	69500 Revision-Privs: Extension of Previous Action
61090 Clinic Priv Revoked: Other	69900 Revision-Privs: Reversal of Action Due to Appeal or Review
63000 Clinic Privileges Suspended	71000 Professional Society Membership Revoked
63001 Privs Suspended: Alcohol and Other Substance Abuse	71001 Prof Society Revoked: Alcohol and Other Substance Abuse
63002 Privs Suspended: Incompetence/Malpractice/Negligence	71002 Prof Society Revoked: Incompetence/Malpractice/Negligence
63003 Privs Suspended: Narcotics Violations	71003 Prof Society Revoked: Narcotics Violations
63004 Privs Suspended: Felony	71004 Prof Society Revoked: Felony
63005 Privs Suspended: Fraud	71005 Prof Society Revoked: Fraud
63010 Privs Suspended: Unprofessional Conduct	71010 Prof Society Revoked: Unprofessional Conduct
63020 Privs Suspended: Mental Disorder	71020 Prof Society Revoked: Mental Disorder
63030 Privs Suspended: Allowing Unlicensed Person to Practice	71030 Prof Society Revoked: Allowing Unlicensed Person to Practice
63050 Privs Suspended: Disciplinary Action in Another State	71050 Prof Society Revoked: Disciplinary Action in Another State
63080 Privs Suspended: Physical Impairment	71080 Prof Society Revoked: Physical Impairment
63090 Privs Suspended: Other	71090 Prof Society Revoked: Other

**List S (continued)
Adverse Action Classification Codes**

<p>73000 Professional Society Membership Suspended 73001 Prof Soc. Suspended: Alcohol and Other Substance Abuse 73002 Prof Soc. Suspended: Incompetence/Malpractice/Negligence 73003 Prof Soc. Suspended: Narcotics Violations 73004 Prof Soc. Suspended: Felony 73005 Prof Soc. Suspended: Fraud 73010 Prof Soc. Suspended: Unprofessional Conduct 73020 Prof Soc. Suspended: Mental Disorder 73030 Prof Soc. Suspended: Allowing Unlicensed Person to Practice 73050 Prof Soc. Suspended: Disciplinary Action in Another State 73080 Prof Soc. Suspended: Physical Impairment 73090 Prof Soc. Suspended: Other</p> <p>74500 Other Restrictions - Professional Society Membership 74501 Prof Soc Other Rest: Alcohol and Other Substance Abuse 74502 Prof Soc Other Rest: Incompetence/Malpractice/Negligence 74503 Prof Soc Other Rest: Narcotics Violations 74504 Prof Soc Other Rest: Felony 74505 Prof Soc Other Rest: Fraud 74510 Prof Soc Other Rest: Unprofessional Conduct 74520 Prof Soc Other Rest: Mental Disorder 74530 Prof Soc Other Rest: Allowing Unlicensed Person to Practice 74550 Prof Soc Other Rest: Disciplinary Action in Another State 74580 Prof Soc Other Rest: Physical Impairment 74590 Prof Soc Other Rest: Other (Inc Probation Restricting Privs)</p>	<p>75000 Denial-Professional Society Membership 75001 Denial-Prof Society: Alcohol and Other Substance Abuse 75002 Denial-Prof Society: Incompetence/Malpractice/Negligence 75003 Denial-Prof Society: Narcotics Violations 75004 Denial-Prof Society: Felony 75005 Denial-Prof Society: Fraud 75010 Denial-Prof Society: Unprofessional Conduct 75020 Denial-Prof Society: Mental Disorder 75030 Denial-Prof Society: Allowing Unlicensed Person to Practice 75050 Denial-Prof Society: Disciplinary Action in Another State 75080 Denial-Prof Society: Physical Impairment 75090 Denial-Prof Society: Other</p> <p>78000 Revision-Prof Society: Reinstatement, Complete 78100 Revision-Prof Society: Reinstatement, Conditional 78900 Revision-Prof Society: Reinstatement Denied 79000 Revision-Prof Society: Reduction of Previous Action 79500 Revision-Prof Society: Extension of Previous Action 79900 Revision-Prof Society: Reversal of Previous Action</p>
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**List T
Query Transaction Codes**

Code	Description
1L	Single Query – Individual Subject
1C	Single Query – Organization Subject
1A	Multiple-Name Query – Individual Subject
1J	Multiple-Name Query – Organization Subject
90	User Account Password Change
91	User Account Password Reset (Only Permitted By Entity Administrator)
DB	Data Bank Correspondence

**List U
MMPR Nature of Allegation Codes**

001 Diagnosis Related	060 Treatment Related
010 Anesthesia Related	070 Monitoring Related
020 Surgery Related	080 Equipment/Product Related
030 Medication Related	090 Other Miscellaneous
040 IV & Blood Products Related	100 Behavioral Health Related
050 Obstetrics Related	

List V
MMPR Specific Allegation Codes*

<p>Failure to Take Appropriate Action</p> <p>100 Failure to Use Aseptic Technique 101 Failure to Diagnose 102 Failure to Delay a Case When Indicated 103 Failure to Identify Fetal Distress 104 Failure to Treat Fetal Distress 105 Failure to Medicate 106 Failure to Monitor 107 Failure to Order Appropriate Medication 108 Failure to Order Appropriate Test 109 Failure to Perform Preoperative Evaluation 110 Failure to Perform Procedure 111 Failure to Perform Resuscitation 112 Failure to Recognize a Complication 113 Failure to Treat</p> <p>Delay In Performance</p> <p>200 Delay in Diagnosis 201 Delay in Performance 202 Delay in Treatment 203 Delay in Treatment of Identified Fetal Distress</p> <p>Error/Improper Performance</p> <p>300 Administration of Blood or Fluids Problem 301 Agent Use or Selection Error 302 Complementary or Alternative Medication Problem 303 Equipment Utilization Problem 304 Improper Choice of Delivery Method 305 Improper Management 306 Improper Performance 307 Improperly Performed C-Section 308 Improperly Performed Vaginal Delivery 309 Improperly Performed Resuscitation 310 Improperly Performed Test 311 Improper Technique 312 Intubation Problem 313 Laboratory Error 314 Pathology Error 315 Medication Administered via Wrong Route 316 Patient History, Exam, or Workup Problem 317 Problems With Patient Monitoring in Recovery 318 Patient Monitoring Problem 319 Patient Positioning Problem 320 Problem with Appliance, Prostheses, Orthotic, Restorative, Splint, Device, etc. 321 Radiology or Imaging Error 322 Surgical or Other Foreign Body Retained 323 Wrong Diagnosis or Misdiagnosis 324 Wrong Dosage Administered 325 Wrong Dosage Dispensed 326 Wrong Dosage Ordered of Correct Medication 327 Wrong Medication Administered</p>	<p>328 Wrong Medication Dispensed 329 Wrong Medication Ordered 330 Wrong Body Part 331 Wrong Blood Type 332 Wrong Equipment 333 Wrong Patient 334 Wrong Procedure or Treatment</p> <p>Unnecessary/Contraindicated Procedure</p> <p>400 Contraindicated Procedure 401 Surgical or Procedural Clearance Contraindicated 402 Unnecessary Procedure 403 Unnecessary Test 404 Unnecessary Treatment</p> <p>Communication/Supervision</p> <p>500 Communication Problem Between Practitioners 501 Failure to Instruct or Communicate with Patient or Family 502 Failure to Report on Patient Condition 503 Failure to Respond to Patient 504 Failure to Supervise 505 Improper Supervision</p> <p>Continuity of Care/Care Management</p> <p>600 Failure/Delay in Admission to Hospital or Institution 601 Failure/Delay in Referral or Consultation 602 Premature Discharge from Institution 603 Altered, Misplaced or Prematurely Destroyed Records</p> <p>Behavior/Legal</p> <p>700 Abandonment 701 Assault and Battery 702 Breach of Contract or Warranty 703 Breach of Patient Confidentiality 704 Equipment Malfunction 705 Failure to Conform with Regulation, Statute, or Rule 706 Failure to Ensure Patient Safety 707 Failure to Obtain Consent or Lack of Informed Consent 708 Failure to Protect a Third Party 709 Failure to Test Equipment 710 False Imprisonment 711 Improper Conduct 712 Inadequate Utilization Review 713 Negligent Credentialing 714 Practitioner with Communicable Disease 715 Product Liability 716 Religious Issues 717 Sexual Misconduct 718 Third Party Claimant 719 Vicarious Liability 720 Wrongful Life/Birth</p> <p>899 Cannot Be Determined from Available Records 999 Allegation – Not Otherwise Classified, Specify _____</p>
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* These codes were adapted from code lists developed by The Risk Management Foundation of the Harvard Medical Institutions and the Physician Insurers Association of America.

**List W
MMPR Outcome Codes**

Code	Description
01	Emotional injury only
02	Insignificant injury
03	Minor temporary injury
04	Major temporary injury
05	Minor permanent injury
06	Significant permanent injury
07	Major permanent injury
08	Grave Permanent Injury, such as quadriplegic or brain damage, requiring lifelong dependent care
09	Death
10	Cannot be determined from available records

**List X
Entity Status Codes**

Code	Type	Description
A	Original Reporting Entity is Active	The entity that filed the report may have changed its name or address on file with the Data Banks. The most recent entity contact information reported to the Data Banks and the date on which it was reported is provided.
S	Original Reporting Entity is Inactive but has a Successor	The entity that filed the report is no longer an active registrant with the Data Banks. The most recent information for the registered successor entity is provided.
D	Original Reporting Entity is Inactive with no Successor	The entity that filed the report is no longer an active registrant with the Data Banks. The most recent entity contact information reported to the Data Banks and the date on which it was reported is provided. The Data Banks have no additional information regarding this entity.
N	Original Reporting Entity is Inactive and its Successor is Inactive	The entity that filed the report is no longer an active registrant with the Data Banks. The most recent information for the registered successor entity is provided, but that entity is also no longer an active registrant with the Data Banks. The Data Banks have no additional information regarding this entity.

5. Sample Files

Note that in the sample files the end of a record is marked by “\n.” The “\n” represents the new line character that should appear in the file. **Actual transaction files should not use the characters “\” and “n” to indicate the end of a record.**

Sample 1A: Single Query on an Individual Subject - Submission (Notice the repeating SSN fields)

```
HDR~222222222222777~~1L~R10.0~29494688~07232003~~testUser~\n
QRY~P~1~C~4333333333333333~012006~ENTITY INTERNATIONAL~147 CANDY LANE~~FAIRFAX~VA~~22030~~\n
CERT~John Smith~Submitter~1234567980~~07232003~\n
ISUBJ~BOLLYWOOD~DOC~~~M~123 CEDAR HEDGE RUN~~PHILADELPHIA~PA~~15555~5555~GENERAL HOSPITAL~301~~123 EMERGENCY
LANE~~PHILADELPHIA~PA~~15555~5555~06131956~~~\n
DEA~\n
ISOFL~654~~362828282828~NE~~030~~685987876~NY~DB~\n
GRAD~SCHOOL1~1985~SCHOOL2~1990~\n
ALIAS~\n
SSN~321321321~210210210~432432432~543543543~\n
ITIN~922817347~\n
FEIN~\n
NPI~\n
UPIN~\n
CUSE~\n
TRLR~\n
```

Sample 1B: Single Query on an Individual Subject - Response

HDR~22222222222777~1L~R10.0~29494688~07232003~\n
FSTA~R~7950000029494689~4.00~1~4.00~1~9202171~\n
QRY~P~1~C~XXXXXXXXXX3333~012006~ENTITY INTERNATIONAL~147 CANDY LANE ~FAIRFAX~VA~22030~\n
AGNT~\n
QSTA~7950000029494689~N~0~\n
ISUBJ~BOLLYWOOD~DOC~M~123 CEDAR HEDGE RUN~PHILADELPHIA~PA~15555~5555~GENERAL HOSPITAL~301~123 EMERGENCY
LANE~PHILADELPHIA~PA~15555~5555~06131956~\n
DEA~\n
ISOFL~654~3628282828~NE~030~685987876~NY~DB~\n
~\n
GRAD~SCHOOL1~1985~SCHOOL2~1990~\n
ALIAS~\n
SSN~321321321~210210210~432432432~543543543~\n
ITIN~922817347~\n
FEIN~\n
NPI~\n
UPIN~\n
CUSE~\n
TRLR~\n

Sample 2A: Single Query on an Organization Subject - Submission

HDR~222222222222777~1C~R10.0~29494690~07232003~testUser~\n

QRY~R~1~C~4333333333333333~012006~ENTITY INTERNATIONAL~147 CANDY LANE~~FAIRFAX~VA~~22030~~\n

CERT~John Smith~Submitter~1234567890~07232003~\n

ESUBJ~QUERIED ORGANIZATION~12 BUCKLEMYSHOE~~FAIRFAX~VA~~20202~~310~~~\n

DEA~\n

ESLN~NV356655756~NV~\n

CLIA~321354564~321654654~354654~990865~7676765~8768568965~\n

OENAM~OTHER NAME~\n

SSN~\n

ITIN~\n

FEIN~123321123~\n

NPI~\n

MEDICAREP~\n

FDA~\n

CUSE~\n

TRLR~\n

Sample 2B: Single Query on an Organization Subject - Response

HDR~22222222222777~1C~R10.0~29494690~07232003~~~\n
FSTA~R~7950000029494691~~~4.00~1~9202173~\n
QRY~R~1~C~XXXXXXXXXX3333~012006~ENTITY INTERNATIONAL~147 CANDY LANE ~~FAIRFAX~VA~~22030~~\n
AGNT~~~~\n
QSTA~7950000029494691~N~0~\n
ESUBJ~QUERIED ORGANIZATION~12 BUCKLEMYSHOE~~FAIRFAX~VA~~20202~~310~~~\n
DEA~~~~\n
ESLN~NV356655756~NV~~~~\n
CLIA~321354564~321654654~354654~990865~7676765~8768568965~\n
OENAM~OTHER NAME~~~~\n
SSN~~~~\n
ITIN~~~~\n
FEIN~123321123~~~~\n
NPI~~~~\n
MEDICAREP~~~~\n
FDA~~~~\n
CUSE~~\n
TRLR~\n

Sample 3A: Multiple-Name Query on an Individual Subject - Submission (Notice the repeating Subject fields)

HDR~22222222222777~1A~R10.0~00011349~01012004~testUser~\n
 QRY~P~3~A~\n
 CERT~John Smith~Submitter~1234567890~01012004~\n
 ISUBJ~SMITH~JEFF~R~M~\n R. JEFF SMITH MD~H-2222 N. LEE HWY., SUITE 206~FLINT~VA~2222~04241928~\n
 DEA~444~\n
 ISOFL~010~060650~VA~\n
 GRAD~GEORGETOWN UNIVERSITY~1955~\n
 ALIAS~SMIT~JEFFEREY~\n
 SSN~33332345~\n
 ITIN~\n
 FEIN~\n
 NPI~333~\n
 UPIN~\n
 CUSE~QUERY1~\n
 ISUBJ~WALKER~JAMES~H~F~\n JAMES WALKER, D.O.~1777 W. BIG YANKEE RD.~TROY~VA~3333~08261956~\n
 DEA~\n
 ISOFL~030~4544445454845485~VA~\n
 GRAD~\n
 ALIAS~\n
 SSN~333091234~\n
 ITIN~\n
 FEIN~\n
 NPI~\n
 UPIN~\n
 CUSE~QUERY2~\n
 ISUBJ~HECTOR~JOHN~MD~M~\n JOHN HECTOR, M.D.~6815 DIXIE HIGHWAY~NEW YORK~NY~10010~12281918~\n
 DEA~\n
 ISOFL~010~38383838~TX~\n
 GRAD~MOUNT SINAI MEDICAL COLLEGE~1985~\n
 ALIAS~\n
 SSN~\n
 ITIN~\n
 FEIN~\n
 NPI~\n
 UPIN~\n
 CUSE~QUERY3~\n
 TRLR~\n

Sample 3B: Multiple-Name Query on an Individual Subject - Response

HDR~22222222222777~1A~R10.0~00011349~07252003~~~\n
FSTA~R~7950000029494808~4.00~3~4.00~3~9202232~\n
QRY~P~3~A~~~~~\n
AGNT~~~~\n
QSTA~7950000029494809~N~0~\n
ISUBJ~SMITH~JEFF~R~M~~~~~R. JEFF SMITH MD~~~H-2222 N. LEE HWY., SUITE 206~~FLINT~VA~~22222~~04241928~~~\n
DEA~444~~~~\n
ISOFL~010~~060650~VA~~~~~\n
GRAD~GEORGETOWN UNIVERSITY~1955~~~~~\n
ALIAS~SMIT~JEFFEREY~~~~~\n
SSN~333332345~~~~\n
ITIN~~~~\n
FEIN~~~~\n
NPI~333~~~~\n
UPIN~~~~\n
CUSE~QUERY1~\n
QSTA~7950000029494810~N~0~\n
ISUBJ~WALKER~JAMES~H.~F~~~~~JAMES WALKER, D.O.~~~1777 W. BIG YANKEE RD.~~TROY~VA~~33333~~08261956~~~\n
DEA~~~~\n
ISOFL~030~~4544445454845485~VA~~~~~\n
~~~~~\n
GRAD~~~~~\n
ALIAS~~~~~\n
SSN~333091234~~~~\n
ITIN~~~~\n
FEIN~~~~\n
NPI~~~~\n
UPIN~~~~\n
CUSE~QUERY2~\n
QSTA~7950000029494811~N~0~\n
ISUBJ~HECTOR~JOHN~~MD~M~~~~~JOHN HECTOR, M.D.~~~6815 DIXIE HIGHWAY~~NEW YORK~NY~~10010~~12281918~~~\n
DEA~~~~\n
ISOFL~010~~3838383838~TX~~~~~\n
~\n
GRAD~MOUNT SINAI MEDICAL COLLEGE~1985~~~~~\n
ALIAS~~~~~\n
SSN~~~~\n

ITIN~~~~~\n  
FEIN~~~~~\n  
NPI~~~~~\n  
UPIN~~~~~\n  
CUSE~QUERY3~\n  
TRLR~\n

**Sample 4A: Multiple-Name Query on an Organization Subject - Submission** (Notice the repeating Subject fields)

HDR~222222222222777~1J~R10.0~TEST2~01012004~testUser~\n  
 QRY~R~6~A~~~~\n  
 CERT~John Smith~Submitter~1234567890~25698~01012004~\n  
 ESUBJ~STANDARD MRI~621 ADDRESS LN.~ST. LOUIS~MO~63141~399~\n  
 DEA~454567~\n  
 ESLN~NO LICENSE~\n  
 CLIA~\n  
 OENAM~STANDARD MRI, INC~\n  
 SSN~\n  
 ITIN~\n  
 FEIN~464646466~431342445~\n  
 NPI~\n  
 MEDICAREP~11075~\n  
 FDA~\n  
 CUSE~QUERY45~\n  
 ESUBJ~THE CENTER FOR HEARING DISORDERS~2 MAIN ST.~FORT LEE~NJ~08474~352~\n  
 DEA~\n  
 ESLN~\n  
 CLIA~\n  
 OENAM~\n  
 SSN~\n  
 ITIN~923818283~934834288~928834723~\n  
 FEIN~\n  
 NPI~\n  
 MEDICAREP~1102~\n  
 FDA~\n  
 CUSE~QUERY46~\n  
 ESUBJ~MEDICAL SUPPLIES CORP~3 PARK AVE~LOS ANGELES~CA~90019~343~\n  
 DEA~\n  
 ESLN~DTSDFTTTTTTTTTT3~CA~\n  
 CLIA~\n  
 OENAM~\n  
 SSN~111223333~\n  
 ITIN~\n  
 FEIN~234234234~\n  
 NPI~\n  
 MEDICAREP~228350~\n

FDA~\n  
CUSE~TEST45~\n  
ESUBJ~KAISER CARE~7000 KAISER ST~~BETHESDA~MD~~18989~~389~~~\n  
DEA~\n  
ESLN~DTSDFTTTTTTTTTTT3~CA~\n  
CLIA~\n  
OENAM~\n  
SSN~111223333~\n  
ITIN~\n  
FEIN~234234234~\n  
NPI~\n  
MEDICAREP~228350~\n  
FDA~\n  
CUSE~TEST46~\n  
ESUBJ~SMITH REHABILITATION CLINIC~7915 NORTH MAIN ST~~SMITHVILLE~AK~~30393~~389~~~\n  
DEA~666555~\n  
ESLN~666555~NE~\n  
CLIA~\n  
OENAM~\n  
SSN~\n  
ITIN~\n  
FEIN~666555444~\n  
NPI~\n  
MEDICAREP~\n  
FDA~\n  
CUSE~\n  
ESUBJ~CHICAGO HOPE HOSPITAL~20 TELEVISED WAY~~CHICAGO~IL~~60606~~301~~~\n  
DEA~123456~8765432~\n  
ESLN~999888~IL~\n  
CLIA~11111~\n  
OENAM~CHICAGO GENERAL~CHICAGO MEDICAL~\n  
SSN~111223333~777889999~444332222~\n  
ITIN~\n  
FEIN~111222333~999888777~\n  
NPI~111~33333~44444~\n  
MEDICAREP~99999~ABC123~SAMPLE321~\n  
FDA~5551243~5553456~\n  
CUSE~\n  
TRLR~\n

**Sample 4B: Multiple-Name Query on an Organization Subject - Response**

HDR~222222222222777~1J~R10.0~TEST2~07252003~\n  
 FSTA~R~7950000029494812~4.00~6~9202233~\n  
 QRY~R~6~A~\n  
 AGNT~\n  
 QSTA~7950000029494813~N~0~\n  
 ESUBJ~STANDARD MRI~621 ADDRESS LN.~ST. LOUIS~MO~63141~399~\n  
 DEA~454567~\n  
 ESLN~NO LICENSE~\n  
 CLIA~\n  
 OENAM~STANDARD MRI, INC~\n  
 SSN~\n  
 ITIN~\n  
 FEIN~464646466~431342445~\n  
 NPI~\n  
 MEDICAREP~11075~\n  
 FDA~\n  
 CUSE~QUERY45~\n  
 QSTA~7950000029494814~N~0~\n  
 ESUBJ~THE CENTER FOR HEARING DISORDERS~2 MAIN ST.~FORT LEE~NJ~08474~352~\n  
 DEA~\n  
 ESLN~\n  
 CLIA~\n  
 OENAM~\n  
 SSN~\n  
 ITIN~923818283~934834288~928834723~\n  
 FEIN~\n  
 NPI~\n  
 MEDICAREP~1102~\n  
 FDA~\n  
 CUSE~QUERY46~\n  
 QSTA~7950000029494815~N~0~\n  
 ESUBJ~MEDICAL SUPPLIES CORP~3 PARK AVE~LOS ANGELES~CA~90019~343~\n  
 DEA~\n  
 ESLN~DTSDFTTTTTTTTTT3~CA~\n  
 CLIA~\n  
 OENAM~\n  
 SSN~111223333~\n

ITIN~~~~~\n  
FEIN~234234234~~~~~\n  
NPI~~~~~\n  
MEDICAREP~228350~~~~~\n  
FDA~~~~~\n  
CUSE~TEST45~\n  
QSTA~7950000029494816~N~0~\n  
ESUBJ~KAISER CARE~7000 KAISER ST~~BETHESDA~MD~~18989~~389~~~\n  
DEA~~~~~\n  
ESLN~DTSDFTTTTTTTTTTT3~CA~~~~~\n  
CLIA~~~~~\n  
OENAM~~~~~\n  
SSN~111223333~~~~~\n  
ITIN~~~~~\n  
FEIN~234234234~~~~~\n  
NPI~~~~~\n  
MEDICAREP~228350~~~~~\n  
FDA~~~~~\n  
CUSE~TEST46~\n  
QSTA~7950000029494817~N~0~\n  
ESUBJ~SMITH REHABILITATION CLINIC~7915 NORTH MAIN ST~~SMITHVILLE~AK~~30393~~389~~~\n  
DEA~666555~~~~~\n  
ESLN~666555~NE~~~~~\n  
CLIA~~~~~\n  
OENAM~~~~~\n  
SSN~~~~~\n  
ITIN~~~~~\n  
FEIN~666555444~~~~~\n  
NPI~~~~~\n  
MEDICAREP~~~~~\n  
FDA~~~~~\n  
CUSE~~~\n  
QSTA~7950000029494818~N~0~\n  
ESUBJ~CHICAGO HOPE HOSPITAL~20 TELEVISED WAY~~CHICAGO~IL~~60606~~301~~~\n  
DEA~123456~8765432~~~~~\n  
ESLN~999888~IL~~~~~\n  
CLIA~11111~~~~~\n  
OENAM~CHICAGO GENERAL~CHICAGO MEDICAL~~~~~\n  
SSN~111223333~777889999~444332222~~~~~

ITIN~~~~~\n  
FEIN~111222333~999888777~~~\n  
NPI~111~33333~44444~~\n  
MEDICAREP~99999~ABC123~SAMPLE321~~\n  
FDA~5551243~5553456~~~~~\n  
CUSE~~~\n  
TRLR~~~\n



**Sample 5A: Multiple-Name Query on an Individual Subject - Pending Response Submission**

HDR~22222222222777~1A~R10.0~00011349~01012004~testUser~\n  
 QRY~P~3~A~\n  
 CERT~John Smith~Submitter~1234567890~01012004~\n  
 ISUBJ~SMITH~JEFF~R~M~R. JEFF SMITH MD~H-2222 N. LEE HWY., SUITE 206~FLINT~VA~2222~04241928~\n  
 DEA~444~\n  
 ISOFL~010~060650~VA~\n  
 GRAD~GEORGETOWN UNIVERSITY~1955~\n  
 ALIAS~SMIT~JEFFEREY~\n  
 SSN~333332345~\n  
 ITIN~\n  
 FEIN~\n  
 NPI~333~\n  
 UPIN~\n  
 CUSE~QUERY1~\n  
 ISUBJ~WALKER~JAMES~H~F~JAMES WALKER, D.O.~1777 W. BIG YANKEE RD.~TROY~VA~3333~08261956~\n  
 DEA~\n  
 ISOFL~030~4544445454845485~VA~\n  
 GRAD~\n  
 ALIAS~\n  
 SSN~333091234~\n  
 ITIN~\n  
 FEIN~\n  
 NPI~\n  
 UPIN~\n  
 CUSE~QUERY2~\n  
 ISUBJ~HECTOR~JOHN~MD~M~JOHN HECTOR, M.D.~6815 DIXIE HIGHWAY~NEW YORK~NY~10010~12281918~\n  
 DEA~\n  
 ISOFL~010~38383838~TX~\n  
 GRAD~MOUNT SINAI MEDICAL COLLEGE~1985~\n  
 ALIAS~\n  
 SSN~\n  
 ITIN~\n  
 FEIN~\n  
 NPI~\n  
 UPIN~\n  
 CUSE~QUERY3~\n  
 TRLR~\n

**Sample 5B: Multiple-Name Query on Individual Subject - Pending Response**

HDR~222222222222777~1A~R10.0~00011349~07252003~\n
FSTA~R~7950000029494808~4.00~2~4.00~2~9202236~\n
QRY~P~3~A~\n
AGNT~\n
QSTA~7950000029494809~N~0~\n
ISUBJ~SMITH~JEFF~R~M~R. JEFF SMITH MD~H-2222 N. LEE HWY., SUITE 206~FLINT~VA~22222~04241928~\n
DEA~444~\n
ISOFL~010~060650~VA~\n
GRAD~GEORGETOWN UNIVERSITY~1955~\n
ALIAS~SMIT~JEFFEREY~\n
SSN~333332345~\n
ITIN~\n
FEIN~\n
NPI~333~\n
UPIN~\n
CUSE~QUERY1~\n
QSTA~7950000029494810~N~0~\n
ISUBJ~WALKER~JAMES~H~F~JAMES WALKER, D.O.~1777 W. BIG YANKEE RD.~TROY~VA~33333~08261956~\n
DEA~\n
ISOFL~030~4544445454845485~VA~\n
~\n
GRAD~\n
ALIAS~\n
SSN~333091234~\n
ITIN~\n
FEIN~\n
NPI~\n
UPIN~\n
CUSE~QUERY2~\n
QSTA~7950000029494811~P~0~\n
ISUBJ~HECTOR~JOHN~MD~M~JOHN HECTOR, M.D.~6815 DIXIE HIGHWAY~NEW YORK~NY~10010~12281918~\n
DEA~\n
ISOFL~010~3838383838~TX~\n
~\n
GRAD~MOUNT SINAI MEDICAL COLLEGE~1985~\n

ALIAS~::~::~::~::~\n  
SSN~::~\n  
ITIN~::~\n  
FEIN~::~\n  
NPI~::~\n  
UPIN~::~\n  
CUSE~QUERY3~\n  
TRLR~\n

**Sample 5C: Multiple-Name Query on an Individual Subject - Pending Response Resolved**

HDR~22222222222777~1A~R10.0~00011349~07252003~~~\n
FSTA~R~7950000029494808~4.00~1~4.00~1~9202233~\n
QRY~P~3~A~~~~~\n
AGNT~~~~\n
QSTA~7950000029494811~N~0~\n
ISUBJ~HECTOR~JOHN~~MD~M~~~~~JOHN HECTOR, M.D.~~~6815 DIXIE HIGHWAY~~NEW YORK~NY~~10010~~12281918~~~\n
DEA~~~~\n
ISOFL~010~~3838383838~TX~~~~~\n
~\n
GRAD~MOUNT SINAI MEDICAL COLLEGE~1985~~~~~\n
ALIAS~~~~~\n
SSN~~~~\n
ITIN~~~~\n
FEIN~~~~\n
NPI~~~~\n
UPIN~~~~\n
CUSE~QUERY3~\n
TRLR~\n

**Sample 6A: Multiple-Name Query on an Individual Subject - Rejection**

HDR~222222222222777~1A~R10.0~00011349~01022004~testUser~\n  
QRY~P~3~A~\n  
CERT~John Smith~Submitter~1234567890~99999~01022004~\n  
ISUBJ~SMITH~SAMUEL~RICHARD~III~M~SMITH AND SONS~5000 AVENUE OF THE AMERICAS~STE 4004~NEW  
YORK~NY~10016~04241928~\n  
DEA~355~553~667~\n  
ISOFL~010~088850ABC~NY~\n  
GRAD~GEORGETOWN UNIVERSITY~1955~\n  
ALIAS~SMITH~SAM~\n  
SSN~999887777~\n  
ITIN~\n  
FEIN~\n  
NPI~\n  
UPIN~\n  
CUSE~TEST1~\n  
ISUBJ~WALKER~JAMES~H~F~JAMES WALKER, D.O.~300 GARLAND AVE.~DETROIT~MI~48084~08261956~\n  
DEA~\n  
ISOFL~030~43747383838388~VA~\n  
GRAD~\n  
ALIAS~\n  
SSN~454646466~\n  
ITIN~\n  
FEIN~\n  
NPI~\n  
UPIN~\n  
CUSE~TEST2~\n  
ISUBJ~SIMPSON~BARTHOLOMEW~J~MD~M~300 METRO CENTER DRIVE~SPRINGFIELD~PA~11019~12281948~\n  
DEA~\n  
ISOFL~010~4844494949~MI~\n  
GRAD~UNIVERSITY OF TEXAS~\n  
ALIAS~\n  
SSN~\n  
ITIN~\n  
FEIN~\n  
NPI~\n  
UPIN~\n  
CUSE~TEST3~\n  
TRLR~\n

**Sample 6B: Multiple-Name Query on an Individual Subject - Rejection Response** (Notice the third subject contains rejection code 25 due to the missing year of graduation in the GRAD record.)

```

HDR~22222222222777~1A~R10.0~00011349~07252003~\n
FSTA~R~7950000029494820~4.00~3~4.00~3~9202234~\n
QRY~P~3~A~\n
AGNT~\n
QSTA~7950000029494821~N~0~\n
ISUBJ~SMITH~SAMUEL~RICHARD~III~M~SMITH AND SONS~5000 AVENUE OF THE AMERICAS~STE 4004~NEW YORK~NY~10016~04241928~\n
DEA~355~553~667~\n
ISOFL~010~088850ABC~NY~\n
~\n
GRAD~GEORGETOWN UNIVERSITY~1955~\n
ALIAS~SMITH~SAM~\n
SSN~999887777~\n
ITIN~\n
FEIN~\n
NPI~\n
UPIN~\n
CUSE~TEST1~\n
QSTA~7950000029494822~N~0~\n
ISUBJ~WALKER~JAMES~H~F~JAMES WALKER, D.O.~300 GARLAND AVE.~DETROIT~MI~48084~08261956~\n
DEA~\n
ISOFL~030~43747383838388~VA~\n
~\n
GRAD~\n
ALIAS~\n
SSN~454646466~\n
ITIN~\n
FEIN~\n
NPI~\n
UPIN~\n
CUSE~TEST2~\n
QSTA~7950000029494823~R~0~25~\n
ISUBJ~SIMPSON~BARTHOLOMEW~J~MD~M~300 METRO CENTER DRIVE~SPRINGFIELD~PA~11019~12281948~\n
DEA~\n
ISOFL~010~4844494949~MI~\n
~\n

```

GRAD~UNIVERSITY OF TEXAS~~~~~\n  
ALIAS~~~~~\n  
SSN~~~~~\n  
ITIN~~~~~\n  
FEIN~~~~~\n  
NPI~~~~~\n  
UPIN~~~~~\n  
CUSE~TEST3~\n  
TRLR~\n

**Sample 7A: Query Where Name Matches Six Reports**

HDR~22222222222777~~1L~R10.0~00008166~01012004~~testUser~\n  
QRY~S~1~A~~~~\n  
CERT~John Smith~Submitter~1231231234~~01012004~\n  
ISUBJ~CUNNINGHAM~RICHARD~M~~M~~~~~300 MAIN ST~~RICHMOND~VA~~22222~~11281955~~~~\n  
DEA~67~\n  
ISOFL~350~~B432976~IL~~\n  
GRAD~HARVARD~1979~\n  
ALIAS~\n  
SSN~515151515~\n  
ITIN~\n  
FEIN~~\n  
NPI~45~\n  
UPIN~456~\n  
CUSE~TEST CUST USE~\n  
TRLR~\n



**Sample 7B: Query - Individual Response Where Response Contains: Licensure (New Format), Licensure (Legacy Format), JOCR, MMPR (New Format), MMPR (Legacy Format), Exclusion/Debarment (New Format)**

HDR~22222222222777~1L~R10.0~00008166~01012004~\n  
 FSTA~R~7950000029494831~4.00~1~4.00~1~9202236~\n  
 QRY~S~1~A~\n  
 AGNT~\n  
 QSTA~7950000029494831~M~6~\n  
 ISUBJ~CUNNINGHAM~RICHARD~M~M~300 MAIN ST~RICHMOND~VA~22222~11281955~\n  
 DEA~67~\n  
 ISOFL~350~B432976~IL~\n  
 n  
 GRAD~HARVARD~1979~\n  
 ALIAS~\n  
 SSN~515151515~\n  
 ITIN~\n  
 FEIN~\n  
 NPI~45~\n  
 UPIN~456~\n  
 CUSE~TEST CUST USE~\n  
 QRSD~795000000001234~02251999~A~\n  
 ENTY~BOARD OF MEDICINE~123 CAPITAL STREET~SPRINGFIELD~IL~55555~3251~A~BOARD OF MEDICINE~123 CAPITAL STREET~SPRINGFIELD~IL~55555~3251~06011999~\n  
 LAART~I~10211999~10211999~Y~Y~Y~Y~\n  
 PRCT~CUNNINGHAM~RICHARD~M~300 MAIN ST~RICHMOND~VA~22222~11281955~\n  
 DEA~\n  
 FQSL~ B432976~IL~350~\n  
 GRAD~HARVARD~1979~\n  
 AAR~795000000001234~L~10191999~30400~0~98~10191999~N~EMERGENCY SUSPENSION OF LICENSE BASED ON SUBECT'S SUBSTANCE ABUSE.~\n  
 RSDR~11042000~Y~IT ONLY HAPPENED ONCE. I WAS TAKING PAINKILLERS FOR AN INJURY WHICH IS NOW HEALED.~Y~\n  
 RPOC~\n  
 ISUPPL~07252003~APPLESEED~JOHNNY~\n  
 SUPPLSND~\n  
 ER~\n  
 QRSD~795000000005555~04132001~C~\n  
 ENTY~DIVISION OF MEDICAL QUALITY ASSURANCE~4444 TALL CEDARS PARKWAY~SPRINGFIELD~IL~55555~5555~A~DIVISION OF MEDICAL QUALITY ASSURANCE~1000 SHORT ELM BLVD~SUITE 19~SPRINGFIELD~IL~55555~5555~06222003~\n  
 AART~1~I~I~04132001~04132001~N~Y~N~Y~\n

ISUBJ~CUNNINGHAM~RICHARD~M~300 MAIN ST~RICHMOND~VA~22222~2222~11281955~U~\n

DEA~\n

ISOFL~010~ME

37412~FL~39~\n

GRAD~HARVARD~1979~\n

ALIAS~\n

SSN~515151515~\n

ITIN~\n

FEIN~\n

NPI~\n

UPIN~\n

AFF~\n

CAAR~795000000005555~BOARD OF MEDICINE~0~12252000~12252000~P~N~ALLEGATIONS OF ENTERING A PLEA OF GUILTY TO 1  
 FELONY COUNT OF FALSELY PRESCRIBING CONTROLLED SUBSTANCES.~N~1110~\n

APEAL~U~\n

BACTN~19~\n

RSDR~N~\n

RPOC~\n

ISUPPL~07252003~APPLESEED~JOHNNY~\n

SUPPLSND~04132001~123 SYCAMORE ST.~ATLANTA~GA~33333~\n

ER~\n

QRSD~7950000000456789~07252001~M~\n

ENTY~MALPRACTICE INSURANCE COMPANY~678 CHICAGO WAY~SUITE C~CHICAGO~IL~4444~S~MEDMAL MALPRACTICE  
 INSURANCE LTD~5005 ELM ST~SUITE 2006~DES MOINES~IA~1111~2222~\n

MMRT~I~06052000~06052000~Y~N~Y~N~\n

PRCT~CUNNINGHAM~RICHARD~M~300 MAIN ST~RICHMOND~VA~22222~11281955~\n

DEA~\n

FQSL~ME0037412~FL~010~\n

GRAD~HARVARD~1979~\n

MMR~7950000000456789~I~090~09151998~03052001~629000~S~629000~1~J~01112001~N~DEFENDANT REMOVED WRONG LIMB.~\n

HOSP~\n

RSDR~N~\n

RPOC~Joe Cool~Reporting Contact~7035554444~\n

ISUPPL~07252003~APPLESEED~JOHNNY~\n

SUPPLSND~\n

ER~\n

QRSD~795000001111111~04212000~J~\n

ENTY~EXECUTIVE OFFICE FOR US ATTORNEYS~200 PENNSYLVANIA AVE.~WASHINGTON~DC~20530~A~EXECUTIVE OFFICE FOR US  
 ATTORNEYS~200 PENNSYLVANIA AVE, NW~ROOM 5200~WASHINGTON~DC~20530~06202003~\n

JOCRT~I~R~04062000~04062000~N~~Y~N~Y~\n
ISUBJ~CUNNINGHAM~RICHARD~~~M~300 MAIN ST~~RICHMOND~VA~~22222~~~~~11281955~U~~\n
DEA~~~~~\n
ISOFL~899~UNKNOWN~~~~~\n
n
ALIAS~~~~~\n
SSN~515151515~~~~\n
ITIN~~~~~\n
FEIN~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
AFF~~~~~\n
JOCR~7950000011111111~DISTRICT COURT~F~UNKNOWN~IL~12345BHOMCRFAM~DOJIL678960~IL8769~10~HEALTH CARE FRAUD~022222\n
APEAL~Y~07231997~\n
INVTG~ALL OTHER HHS~~~~~\n
STATOC~18 :00002~AIDING AND ABETTING~3~321654~SELLING CONTROLLED SUBSTANCES~1~~~~~\n
A OCD~999~UNKNOWN~~~~~\n
SJ~12500~0~15~0~~~~~0~0~0~~~~~\n
PDCN~7950000011110022~V~~
RSDR~~~~~N~\n
RPOC~~~~~\n
ISUPPL~07252003~APPLESEED~JOHNNY~~~~~\n
SUPPLSND~~~~~\n
ER~~~\n
QRSD~7950000888888888~04252000~C~\n
ENTY~HHS OFFICE OF INSPECTOR GENERAL~N2-01-26~7500 SECURITY BOULEVARD~BALTIMORE~MD~~21244~~A~HHS OFFICE OF INSPECTOR GENERAL~N2-01-26~7500 SECURITY BOULEVARD~BALTIMORE~MD~~21244~~02152000~\n
AART~5~I~I~06302000~06302000~Y~~Y~Y~Y~\n
ISUBJ~CUNNINGHAM~RICHARD~~~U~300 MAIN ST~~RICHMOND~VA~~22222~~~~~11281955~N~~\n
DEA~~~~~\n
ISOFL~350~~~~~\n
GRAD~~~~~\n
ALIAS~~~~~\n
SSN~515151515~~~~\n
ITIN~~~~~\n
FEIN~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
AFF~~~~~

CAAR~7950000888888888~HHS\_OIG~05012000~05012000~S~10~0~N~CONVICTED OF A CRIME INVOLVING THE MEDICARE, MEDICAID,  
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT OR BLOCK GRANTS TO STATES FOR SOCIAL SERVICES  
PROGRAMS.~1508~\n

APEAL~U~\n

BACTN~56~\n

RSDR~N~\n

RPOC~Roy Smith~Submitter~7031112222~11~\n

ISUPPL~07252003~APPLESEED~JOHNNY~\n

SUPPLSND~\n

ER~\n

QRSD~7950000029494687~07232003~P~\n

ENTY~MEDICAL MALPRACTICE INSURANCE COMPANY~12 BROOKFIELD DRIVE~CHANTILLY~VA~20151~D~ MEDICAL MALPRACTICE  
INSURANCE COMPANY~1100 BROOKFIELD DRIVE~SUITE 100~CHANTILLY~VA~20151~07242003~\n

MMRT~I~07232003~07232003~Y~N~Y~N~\n

ISUBJ~CUNNINGHAM~RICHARD~M~123 SYCAMORE ST.~ATLANTA~GA~33333~11281955~N~\n

DEA~\n

ISOFL~350~B432976~IL~\n

GRAD~HARVARD~1979~\n

ALIAS~\n

SSN~515151515~\n

MMPR~P~100~07222003~S~100~J~07102003~ABC123~BODY NAME~FILE NUMBE~DESCRIPTION OF JUDGMENT OR  
SETTLEMENT~100~1~N~N~Y~58~M~I~DESCRIPTION OF MEDICAL CONDITION~DESCRIPTION OF PROCEDURE  
PERFORMED~030~324~05202003~06~DESCRIPTION OF ALLEGATIONS AND INJURIES OR ILLNESSES~\n

HOSP~\n

RSDR~07232003~Y~This report was submitted in error. I was absolutely not at fault.~07232003~Y~Report was submitted appropriately.~R~\n

RPOC~REPORTING POINT OF CONTACT~SPECIALIST~3213213210~\n

ISUPPL~07252003~APPLESEED~JOHNNY~\n

SUPPLSND~\n

ER~AB876896~\n

TRLR~\n

**Sample 8A: Password Change Request - Submission**

HDR~22222222222777~~90~R10.0~29494688~06182007~~~\n  
PWD~administrator~mYnEWpASSWORD~\n  
TRLR~\n

**Sample 8B: Password Change Request - Response**

HDR~22222222222777~~90~R10.0~29494688~06182007~~~\n  
PWDS~administrator~S~7970000029494680~~09162007~\n  
TRLR~\n

**Sample 9A: Password Change Request Rejection - Submission**

HDR~22222222222777~~90~R10.0~29494689~06182007~~~\n  
PWD~johndoe~Password7~\n  
TRLR~\n

**Sample 9B: Password Change Request Rejection - Response**

HDR~22222222222777~~90~R10.0~29494689~06182007~~~\n  
PWDS~johndoe~R~7970000029494681~~~SA~\n  
TRLR~\n

**Sample 10A: Password Change Request by an Agent- Submission** (The Agent DBID is specified in the Entity DBID field and the Agent DBID field is empty)

HDR~22222222222908~~90~R10.0~29494690~06182007~~~\n  
PWD~johnsmith~ mYnEWpASSWORD~\n  
TRLR~\n

**Sample 10B: Password Change Request by an Agent - Response**

HDR~22222222222908~~90~R10.0~29494690~06182007~~~\n  
PWDS~johnsmith~S~7970000029494682~~09162007~\n  
TRLR~\n

**Sample 11A: Password Reset Request - Submission**

HDR~22222222222777~~91~R10.0~29494691~06182007~~~\n  
PWD~johndoe~~\n  
TRLR~\n

**Sample 11B: Password Reset Request - Response**

HDR~22222222222777~~91~R10.0~29494691~06182007~~~\n  
PWDS~johndoe~S~7970000029494683~1xDesspAdrpw~06212007~\n  
TRLR~\n

**Sample 12: Data Bank Correspondence - Response**

HDR~22222222222777~~DB~R10.0~~~~\n  
DBC~22222222222777~administrator~11192007~NPDB-HIPDB~Your EFT account has been activated.~\n  
TRLR~\n

## APPENDIX A - DISCLAIMER

Terms and Conditions: The National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) make this ICD available as a courtesy to assist authorized clients who have unique operating requirements.

- A. No warranty or guarantee of any type is implied or intended for the use of ICDs by the ICD user or its customers. Should there remain any latent faults in the ICD, or for any other reason, the ICD user will not hold or attempt to hold the Data Bank(s) or individuals associated with them responsible for damages of any type resulting from its use.
- B. The Data Bank(s) make no commitment, and none shall be inferred by the ICD user or its customers, for providing any technical support or other assistance or consultation whatsoever regarding the modification, installation, use, maintenance, or operation of software produced by the ICD user to produce transaction files as described in the ICD.
- C. Any ICD user is prohibited from identifying its product as sanctioned or authorized by the Data Bank(s). The ICD user is required to inform its customers that the Data Bank(s) do not sanction or authorize any software, other than software produced by the NPDB or the HIPDB, that produces transaction files as described in the ICD.
- D. The ICD user agrees to indemnify and hold harmless the Data Bank(s) in the event that one of its customers obtains a judgment as a result of any use of the ICD user's software.

### Definitions:

- **ICD** – The Interface Control Document that provides information about the format, structure, and content of electronic transaction files for processing by the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank (NPDB-HIPDB).
- **ICD user** – Any individual or organization that implements software to produce transaction files as described in the ICD, either for its own use or to provide to NPDB or HIPDB entities.
- **NPDB entity** – Any entity that is authorized to query or report to the NPDB, pursuant to 42 U.S.C. §11101, *et seq.*, the *Health Care Quality Improvement Act of 1986*.
- **HIPDB entity** – Any entity that is authorized to query or report to the HIPDB, pursuant to 42 U.S.C. §1301, *et seq.*, as amended by Sections 201 and 205, the *Health Insurance Portability and Accountability Act of 1996*.
- **Customer** – Any NPDB or HIPDB entity to whom the ICD user provides application software and support for electronic querying and/or reporting to the NPDB-HIPDB.

## **APPENDIX B - RULES OF BEHAVIOR**

All individuals that have access to obtain information from and report information to the NPDB-HIPDB system must comply with the following conditions:

### **B.1 Ownership**

This system is the property of the U.S. Department of Health and Human Services, Health Resources and Services Administration and is for authorized users only. The system is for official NPDB-HIPDB business only. Unauthorized access or use of this system may subject violators to criminal, civil and/or administrative penalties.

### **B.2 Responsibilities**

Individual users are provided with a unique user ID and initial password to access this system. You are responsible for maintaining the integrity of and are held accountable for everything done using your user ID and password. No other person, including those at the NPDB-HIPDB Customer Service Center has access to your password. Passwords shall not be shared with others. If password security is suspected to be compromised you agree to change the password immediately, and notify the NPDB-HIPDB Customer Service Center.

Information and activities associated with the NPDB-HIPDB system shall not be false, inaccurate or misleading; violate any law, statute, ordinance or regulation; and contain any viruses or any malicious code that may damage, detrimentally interfere with, surreptitiously intercept, or expropriate any system, data, or personal information. "Information" is defined as any information you provide to the NPDB-HIPDB System in the course of using this system. "Activities" is defined as any process of interacting with the NPDB-HIPDB system.

### **B.3 Confidentiality**

The system contains personal information protected under the provisions of the Privacy Act of 1974, 5 USC Section 552a. Violations of the provisions of the Privacy Act may subject the offender to criminal penalties.

Information reported to the NPDB and the HIPDB is confidential and shall not be disclosed except as specified in the NPDB and HIPDB regulations. The HHS OIG has the authority to impose civil money penalties on those who violate the confidentiality provisions of NPDB and/or HIPDB information. Persons or entities that receive information either directly or indirectly are subject to the confidentiality provisions specified in the NPDB regulations at 45 CFR Part 60 and the imposition of a civil money penalty of up to \$11,000 for each offense if they violate those provisions. When an authorized agent is designated to handle NPDB-HIPDB queries, both the entity and the agent are required to maintain confidentiality in accordance with the federal statutory requirements.



#### **B.4 Intrusion Detection**

The system is maintained for the U.S. Government. It is protected by various provisions of Title 18, U.S. Code. Violations of Title 18 are subject to criminal prosecution in federal court.

Individuals using this system are subject to monitoring of those activities. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence obtained by such monitoring to law enforcement officials. Moreover, for system security purposes and to ensure that the system is used for legitimate purposes by authorized, registered users, we collect information concerning the use of this system e.g. data you view and alter. We employ software programs to monitor traffic, and to identify unauthorized attempts to view and/or change information, or otherwise cause damage to the system. Information from these sources may be used to help identify an individual(s) in the event of authorized law enforcement investigation, and pursuant to any required legal process.

#### **B.5 Violation of Rules of Behavior**

In the event it is suspected that you have not complied with these rules of behavior your account will be frozen, resulting in denial of all access to the system; and criminal, civil and/or administrative action may be taken.

Use of the NPDB-HIPDB system signifies acknowledgement and understanding of the responsibilities and agreement to comply with the Rules of Behavior for the NPDB-HIPDB system.