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

INTERFACE CONTROL DOCUMENT (ICD) FOR ADVERSE ACTION REPORT (AAR) XML TRANSACTIONS

Version 1.10

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Health Resources and Services Administration
Bureau of Health Professions
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The table below identifies changes that have been incorporated into each baseline of this document.

Date	Version #	Change Description
10/17/2005	1.01	Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) XML Transactions version 1.01. Effective October 17, 2005, this ICD version 1.01 replaces version 1.0. The changes in this version are indicated below: Rules of Behavior • Added an appendix that describes the Rules of Behavior. See Appendix I. Occupation/Field of Licensure Codes • Modified the Heading Nurses Aide/Home Health Aide to Nurse Aide, Home Health Aide and Other Aide. See Table 4-4. • Added the New Codes 148, 165, 175 under the Heading Nurse Aide, Home Health Aide and Other Aide. See Table 4-4. • Added the New Code 470 under the Heading Speech, Language, and Hearing Service Provider. See Table 4-4. Data Dictionary Elements • Added Guidance to the description of the professionalSchool/school data element. See Table 4-1. Occupation and Licensure, Other Occupation and Licensure, Section 3.15, and License (Organization), Section 3.18 • State codes are now limited to U.S. States and Territories. State codes, AA (Central and South America), AE (Europe), and AP (Pacific), are no longer accepted. See Table 4-2 and 4-3. Error Codes • Modified error code descriptions, added new error codes, and removed unused error codes. See Table 4-14.
5/8/2006	1.02	Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) XML Transactions version 1.02. Effective May 8, 2005, this ICD version 1.02 replaces version 1.01. The changes in this version are indicated below: • 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.

Date	Version #	Change Description
		• 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	1.03	Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) XML Transactions version 1.03. Effective July 31, 2006, this ICD version 1.03 replaces version 1.02. The changes in this version are indicated below: • Removed unused error codes and added error code AF. See Table 4-14.
8/13/2007	1.04	Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) XML Transactions version 1.04. Effective August 13, 2007, this ICD version 1.04 replaces version 1.03. The changes in this version are indicated below: • Added adverse action classification codes 1389 and 1399 to the description of the data element classification/description. See Table 4-1. • Added error code AI. See Table 4-14. • Modified error code description for AA. See Table 4-14. • Added individual subject Federal Licensure adverse action classification code 1146. See List A-1. • Modified individual subject Federal Licensure adverse action classification code descriptions for 1295 and 1296. See List A-1. • Modified organization subject State and Federal Licensure adverse action classification code descriptions for 3295 and 3296. See List A-3 and B-3. • Added adverse action classification codes 1389 and 1399 to the description of the data element classification/description. See Table B-3. • Added adverse action classification codes 1373 and 1480 to the list of adverse action classification codes that do not allow a length of action. See Table B-3, Note 1. • Added adverse action classification code 1373 to the list of adverse action classification codes that if present must provide an amount of monetary penalty, fine or restitution. See Table B-3, Note 3. • Added adverse action classification code 1138 to the list of adverse action classification codes that cannot be selected in combination with any other adverse action classification code. See Table B-3, Note 4.

Date	Version #	Change Description
		• Added adverse action classification code 1138 to the list of adverse action classification codes that cannot be submitted on a report that has a CCB of false. See Table B-3, Note 5. • Added note about nurse multi-state licensure privilege codes. See Table B-3, Note 7. • Added individual subject State Licensure adverse action classification codes 1138 and 1146. See List B-1. • Modified individual subject State Licensure adverse action classification code descriptions for 1295 and 1296. See List B-1. • Added individual subject State Licensure adverse action classification codes, 1310 - 1496, for Nurse Multi-State Privilege Actions. See List B-1. • Added individual subject Clinical Privilege adverse action classification codes 1634 and 1639. See List C-1. • Retired individual subject Clinical Privileges/Professional Society Basis for Action Code AD. See Table 4-14, List C-2 and F-2. • Added individual and organization subject Exclusion/Debarment reports Basis for Action Codes 72 and 73. See List E-3.
10/8/2007	1.05	Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) XML Transactions version 1.05. Effective October 8, 2007, this ICD version 1.05 replaces version 1.04. The changes in this version are indicated below: • Removed term Single-State from Licensure Actions. See Table B-3, Note 7. • Removed term Single-State from Licensure Actions in heading. See List B-1.
	1.06	Not Publicly Released
	1.07	Not Publicly Released
3/31/2008	1.08	Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) XML Transactions version 1.08. Effective March 31, 2008, this ICD version 1.08 replaces version 1.05. The changes in this version are indicated below: Password Change Transaction Specifications • Created ability for users to change passwords using the QRXS. See the Interface Control Document (ICD) for Password Change XML Transactions, and Section 1. Data Bank Correspondence • Created ability for the Data Banks to send text-based messages to individual users with an entity. See Sections 1.2.4, 2.2.4, 3.43 and 3.44, and Table 4-1.

Date	Version #	Change Description
		Report Change Notifications • Created ability for the reporting entity to receive QRXS-based report change notifications. Report change notifications will also be available through the IQRS. The entity will continue to receive paper notifications through the mail. The IQRS allows the entity administrator to-opt out of receiving paper versions of report change notifications. See Sections 1.2.2, 2.2.3, 3.41, and 3.42 and Tables 4-1, 4-15, and 4-16. **Reporting Compliance Notice** • Added a Data Bank Reporting Compliance Notice to Initial and Revision to Action Report responses indicating whether the submitted report was filed with the Data Banks within the timeframe required by law. See Sections 3.24 and 3.26, and Table 4-1. **Reporting Entity's Current Contact Information** • Created the ability to return the reporting entity's current contact information related to a report. See Sections 3.28 and 3.30 and Tables 4-1 and 4-17. **Support for International Telephone Numbers** • Added support for international telephone numbers. See Section 3.8 and Table 4-1. **Expanded Narrative Description Elements** • Expanded narrative description elements from 2,000 to 4,000 characters. See Table 4-1. **New Automatic Reinstatement Option** Added additional automatic reinstatement option. See Table 4-1. **Correction of Revision to Action Reports** • Created ability to correct a Revision to Action Report without voiding the Revision to Action and resubmitting a new report. See Tables 4-1, 4-10, A-3, B-3, C-2, D-3, E-3, F-2, and G-3. **Related Report Information for Revision to Action Reports** • Created the ability to return the information about the related report for Revision to Action Reports. See Section 3.31 and Table 4-1. **Date of Action Validation For Revision to Action Reports** • Added rule that for a Revision to Action or a Correction of Revision to Action Report, the date of action must be the same as or later than the date of action on the Initial Report. See Tables A-3, B-3, C-2, D-3, E-3, F-2, and G-3.

Date	Version #	Change Description
		Error Codes • Added error code AG. Removed error code F4. See Table 4-14. • Expanded the error message element from 2,000 to 4,000 characters. See Table 4-1.
3/31/2008	1.08.01	Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) XML Transactions version 1.08.01. Effective March 31, 2008, this ICD version 1.08.01 replaces version 1.08. The changes in this version are indicated below: Error Codes • Added error code F9. Modified descriptions for error codes A2, AD, and AI. See Table 4-14.
6/16/2008	1.09	Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) XML Transactions version 1.09. Effective June 16, 2008, this ICD version 1.09 replaces version 1.08.01. The changes in this version are indicated below: Report Change Notifications • Added Legacy AAR format. See Section 3.35, and Section 4.2, Table 4-18. Individual, Section 3.9, Figure 14 • Changed the maximum number of other Occupation and Licensures from 9 to 19.
6/16/2008	1.09.01	Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) XML Transactions version 1.09.01. Effective June 16, 2008, this ICD version 1.09.01 replaces version 1.09. The changes in this version are indicated below: Individual, Section 3.9, Figure 14 • Changed the maximum number of other Occupation and Licensures from 19 to 59. Data Dictionary Elements • Changed the description of the previousTransaction data element. See Table 4-1.

Date	Version #	Change Description
9/2/2008	1.10	Below is a summary of changes to the Interface Control Document (ICD) for Adverse Action Report (AAR) XML Transactions version 1.10. Effective September 2, 2008, this ICD version 1.10 replaces version 1.09.01. The changes in this version are indicated below: Error Codes. See Table 4-14. • Added error code CV. • Modified descriptions for error codes 20, 90, and 91.

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1. Overview

1.1   Introduction

This Interface Control Document (ICD) provides information concerning the format, structure, and content of electronic files for submitting Adverse Action Reports (AARs) via the Querying and Reporting XML Service (QRXS) client program to the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

There are three methods for submitting reports to the NPDB-HIPDB:

- Interactively via the Internet using the Integrated Querying and Reporting Service (IQRS).
- Through an XML transaction file submission, the QRXS with data provided in the format specified in this ICD.
- Through an electronic transaction file submission, the ICD Transfer Program (ITP), with the data provided in the format specified in *Interface Control Document (ICD) for Adverse Action Report (AAR) Transactions*, available at *www.npdb-hipdb.hrsa.gov/itp.html*. For new users that wish to submit Adverse Action Reports electronically, the QRXS is the recommended method.

The IQRS is the primary method of report submission. The IQRS allows reporters to submit single reports through a Web-based interface using a browser. In addition, users can create draft versions of reports prior to submission. The IQRS also provides data validation capabilities and allows maintenance of a subject database for subsequent query or report submissions. Submission by QRXS is an alternative for those reporters who generate reports from custom (third-party) software or other special purpose software.

Actions submitted in the AAR format that are reportable to the NPDB include State licensure actions taken against physicians and dentists, as well as clinical privileges and professional society membership actions taken against health care practitioners. Actions submitted in the AAR format that are reportable to the HIPDB include the following adverse actions taken against health care practitioners, providers, and suppliers: Federal and State licensure and certification actions; Government health care program certification actions; exclusions from Federal and State health care programs; and other adjudicated actions or decisions as established by regulation (including actions taken by health plans and other actions taken by Federal and State agencies).

To report to 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 report to 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 IQRS or use this document until you are properly registered with the NPDB-HIPDB.

This document should be used only for submitting (i.e., reporting) AARs to the NPDB, the HIPDB, or both. Health care-related criminal convictions and civil judgments that are reportable to the HIPDB must be submitted using the Judgment or Conviction Reports (JOCR) Transaction Specifications. Medical Malpractice Payment Reports (MMPR) must be submitted to the NPDB using the MMPR Transaction Specifications. Password change transactions must be submitted to the Data Banks using the Password Change Transaction Specifications. To query the NPDB, the HIPDB, or both Data Banks, you may use the IQRS, or use the ICD for Query Transactions with the ITP Interface, available at *www.npdb-hipdb.hrsa.gov/itp.html*. Only authorized and registered users are permitted to query the Data Bank(s).

Use of the procedures outlined in this ICD signifies acceptance of the Disclaimer in Appendix H and the Rules of Behavior in Appendix I. 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 Transactions

There are four types of transaction related to reports:
1. Report submission transactions
2. Report change notification transactions
3. Password change transactions
4. Data Bank correspondence transactions

1.2.1   Report Submission And Response Transactions

All report submissions sent to the Data Bank(s) must specify the type of report. The report type will determine the format and structure of the report submission, and how the report submission is processed. Initial, Correction, and Revision to Action Report submissions must include one of the codes defined for the transaction data element of the report record in Section 4.1, Data Dictionary – Elements. Notice of Appeal and Void Report submissions are identified using the appeal record or the void record, as appropriate. Based on statutory and regulatory requirements, Notice of Appeal transactions should be submitted only for Licensure, Exclusion/Debarment, Health Plan, and Government Administrative actions. Notice of Appeal transactions on Clinical Privileges and Professional Society actions are not accepted.

The types of reports are defined as follows:

Initial: The first record of an adverse action submitted to and processed by the Data Bank(s). An Initial Report is the current version of the report until a Revision to Action, Correction, Void, or Notice of Appeal is submitted.

Correction: A report that corrects an error or omission in an existing report. A Correction will supersede the contents of a current version of a report in the Data Bank(s). It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary.

Void: The retraction of a report in its entirety from the Data Bank(s). The report is removed from the subject's disclosed record.

Revision to Action: A new report that relates to and modifies a previously reported adverse action, (e.g., reinstatement of a license, extension of an exclusion from a Government program, restrictions of clinical privileges lifted, previously stayed license revocation imposed).

Correction of Revision to Action: A report that corrects previously submitted Revision to Action Report. This correction will supersede the contents of a current version of the Revision to Action Report in the Data Bank(s). It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary.

Notice of Appeal: A report notifying the HIPDB that a subject has formally appealed a previously reported adverse action. Reporting entities must submit a Notice of Appeal whenever a previously reported adverse action is on appeal. A Notice of Appeal is separate and distinct from a subject's dispute of a Data Bank report. There is no legal requirement for this type of report to be submitted to the NPDB.

1.2.2 Report Change Notification Transactions

Once a report has been accepted by the Data Banks, it may be corrected or voided by the submitting entity. The subject of the report may also choose to dispute the report, add a statement, or request that the Secretary of Health and Human Services (HHS) review the disputed report. This transaction provides the latest version of the report to the reporting entity. This type of transaction is documented in this ICD.

While the QRXS does not accept legacy AAR submissions, the entity administrator can use the IQRS to elect to receive legacy AAR report change notifications via the QRXS. This ICD also documents the legacy AAR format.

The entity administrator can also use the IQRS to elect to stop receiving paper copies of changed reports.

1.2.3 Password Change Transactions

This transaction enables a user and an administrator to change their passwords and enables an administrator to reset a user's password. This type of transaction is documented in the Password Change Transaction Specification, which includes an ICD, XML Schema, and sample files, and is available at *www.npdb-hipdb.hrsa.gov/qrxs.html*.

1.2.4 Data Bank Correspondence Transactions

This transaction enables the Data Banks to communicate important messages to an entity's users. This type of transaction is documented in this ICD.

1.3 Submission of Reports to the NPDB-HIPDB

This ICD specifies the data elements (variables), data types, acceptable values and codes, organization, and format for submitting AARs to the NPDB-HIPDB system by the QRXS and for interpreting (i.e., parsing) electronic transaction responses received from the QRXS. QRXS files submitted to the NPDB-HIPDB system will be validated against the specifications in this document, which may be amended periodically. 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. The Data Banks recommend that submitters use an XML Schema validator to validate the structure and format of submission files. Any file that deviates from these specifications will be rejected.

1.3.1 The QRXS Client Program

XML files are transferred electronically to and from the NPDB-HIPDB system via the QRXS client program. The QRXS client and user guide are available on the NPDB-HIPDB Web site at *www.npdb-hipdb.hrsa.gov/qrxs.html*. For security, all communication with the QRXS 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 that includes 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 QRXS 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 QRXS within 30 calendar days of the registration verification mailing date, the registration 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, ITP, or QRXS. 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. For more information, see the Password Change Transaction Specifications.

Users are required to change their account password **every 90 calendar days.** An IQRS or QRXS password change request can be submitted at any time to change an account's password. QRXS password change transactions must be submitted to the Data Banks using the Password Change Transaction Specifications. 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 use the IQRS to change the password or contact the entity administrator to reset the user's password.

NOTE: In order to use the IQRS to change a password once the grace login period has expired, a user must have an e-mail address stored in their user account in the IQRS. An e-mail will be sent to the user to enable the expired password to be changed.

To ensure the security and privacy of user account passwords when using QRXS, 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 Password

When a user forgets his or her password, or is locked out of the IQRS, ITP, or QRXS, 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 QRXS. 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 with the administrator's name, title, telephone number, and e-mail address.

If the entity's administrator forgets his or her password, or is locked out of the IQRS or QRXS, 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   Submission of Password Change/Reset Transactions to the Data Banks

The password change transactions can be submitted to the Data Banks using the Password Change Transaction Specifications, which include an ICD, XML Schema, and sample files, and is available at *www.npdb-hipdb.hrsa.gov/qrxs.html*.

1.5   Contact Information

Periodic updates are made to the ICD for AAR XML Transactions by the Data Banks. To receive advance notice of QRXS news and system changes, users should join the QRXS Mailing List at *www.npdb-hipdb.hrsa.gov/MailingListReg.html*.

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 XML Schema files are required periodically. Users will be notified six months in advance of updates to the XML Schema files. If you are already registered for the QRXS Mailing List and would like to be removed, contact the Customer Service Center.

For specific questions concerning registration or NPDB-HIPDB reporting 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 specifications are available at *www.npdb-hipdb.hrsa.gov*.

1.6   On-line Resources

The QRXS resources are available for download at *www.npdb-hipdb.hrsa.gov/qrxs.html*. The Web site contains:

- This ICD, in PDF format.
- The QRXS distribution package containing the stand-alone client program that transmits files containing report data to, and receives response files from the Data Banks, as well as supporting documentation for the client program Application Programming Interface (API).
- The QRXS Client Program User Guide, in PDF format.
- The XML Schema files for this ICD.
- Sample report submission and response files for each transaction type.
- The ICD for Password Change Transactions, in PDF format.
- The XML Schema files for the ICD for Password Change Transactions.
- Sample Password Change Transactions submission and response files.

1.7   Document Organization

This document is organized into four sections and nine appendices.

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

Section 2, Transaction File Formats, contains the general submission and response file formats and explains how to read the schema diagrams.

Section 3, Transaction File Data Records, contains the format for and the contents of the submission and response files.

Section 4, Reports and Data Definitions, contains the element definitions and common AAR codes found within the schema, retired AAR codes, and error codes.

APPENDIX A: FEDERAL LICENSURE ACTIONS, describes individual and organization subject data requirements, as well as adverse action data requirements for submissions of Federal Licensure actions.

APPENDIX B: STATE LICENSURE ACTIONS, describes individual and organization subject data requirements, as well as adverse action data requirements for submissions of State Licensure actions.

APPENDIX C: CLINICAL PRIVILEGES ACTIONS, describes individual subject data requirements, as well as adverse action data requirements for submissions of Clinical Privileges actions.

APPENDIX D: HEALTH PLAN ACTIONS, describes individual and organization subject data requirements, as well as adverse action data requirements for submissions of Health Plan actions.

APPENDIX E: EXCLUSIONS OR DEBARMENTS, describes individual and organization subject data requirements, as well as adverse action data requirements for submissions of Exclusions or Debarments.

APPENDIX F: PROFESSIONAL SOCIETY ACTIONS, describes individual subject data requirements, as well as adverse action data requirements for submissions of Professional Society actions.

APPENDIX G: GOVERNMENT ADMINISTRATIVE ACTIONS, describes individual and organization subject data requirements, as well as adverse action data requirements for submissions of Government Administrative actions.

APPENDIX H: 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 I: RULES OF BEHAVIOR, specifies the conditions that must be followed to gain access and obtain information from and report to the NPDB-HIPDB system.
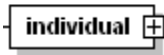
2. Transaction File Formats

Reports sent to the NPDB-HIPDB system are referred to as submission files. Responses sent by the Data Bank(s) to each reporter who submitted a report (via electronic transaction file) are referred to as response files. A submission file may contain multiple transactions. Responses are limited to one per file.
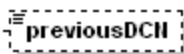
Submissions and responses are XML documents that conform to the AAR schema written in the W3C XML Schema Language (version 1.0). The specifications (the schema and this ICD) for submission and response files are available at *www.npdb-hipdb.hrsa.gov/qrxs.html.* Submission files should be checked for schema compliance using an XML Schema validator prior to submission.

Section 3, Transaction File Data Records, defines the format and content of data records within a transaction file. Section 4, Reports and Data Definitions, defines each of the data elements in the file formats. The data fields required for a file depend on the type of transaction submitted, the type of subject, and the type of submitter (i.e., entities should only report the types of actions that they are authorized to submit). For example, the transaction file format for submitting an initial State Licensure AAR on an individual subject contains a different set of data records than the transaction file format for voiding a previously submitted Exclusion/Debarment AAR on an organization subject. Data that are always required are indicated in the record formats in Section 3, Transfer File Data Records. Rules for data that may be optional or conditionally required are indicated in the data dictionary or in the appendices.

Below is a guide to the format diagrams:
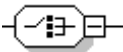
A box with a solid line surrounds required elements.

The little box on the right side of the element displaying a "+" or "–" indicates that the element is a complex type. The "+"means that the simple elements in the complex type are not displayed in the same figure where as the "–" indicates that the simple elements are displayed.

A box with a dashed line surrounds elements that may be optional (depending on the type of transaction).

The cardinality of an element is indicated with a range if more than one instance may be allowed.

The symbol denotes a schema sequence; elements in the sequence must appear in the order shown.

The symbol denotes a schema choice; only one of the elements shown may appear in the record.

2.1   Submission File Format

An AAR Submission file consists of a submitter record and one or more submissions. Record formats are described in Section 3, Transaction File Data Records.
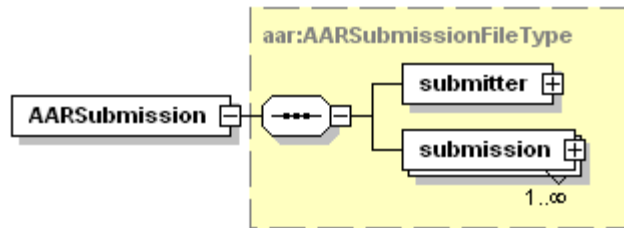
Figure 1:   AAR Submission File

2.2   Response File Formats

A valid submission will generate a response for each transaction in the Submission File. Accepted transactions result in a Report Response File. Rejected transactions result in a Report Rejection File. Report Change Notifications and Data Bank Correspondence transactions are not specifically based upon a previous report submission. Report Change Notification transactions result in a Report Change Notification Response File. Data Bank Correspondence transactions result in a Correspondence Response File.

2.2.1   Report Response

A Report Response File contains one submitter record and one response record. Record formats are described in Section 3, Transaction File Data Records.
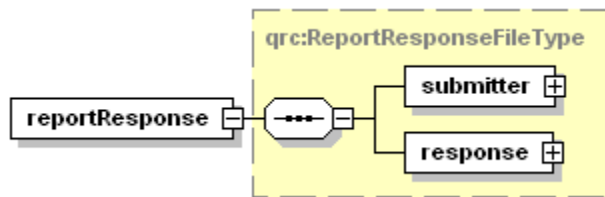
Figure 2:   AAR Report Response File

2.2.2   Report Rejection

A Report Rejection File contains one submitter record and one rejection record. Record formats are described in Section 3, Transaction File Data Records.
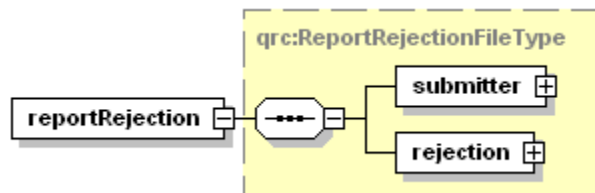
Figure 3:   AAR Report Rejection File

2.2.3   Report Change Notification

A Report Change Notification File contains one record providing general transaction information, and two records describing the reason for the notification and why the report changed, followed by one report or void record. Record formats are described in Section 3, Transaction File Data Records.
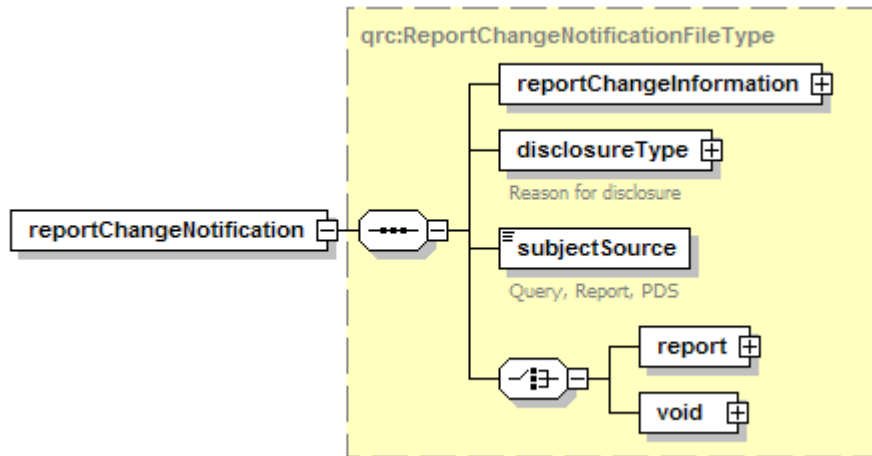
Figure 4:   Report Change Notification File

2.2.4   Correspondence

A Correspondence File contains one recipient record identifying who the message is for and one response record. Record formats are described in Section 3, Transaction File Data Records.
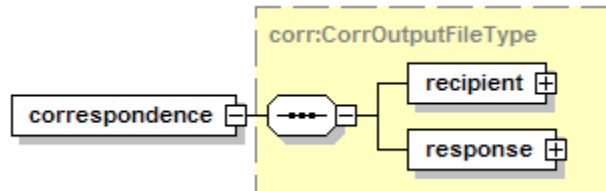
Figure 5:   Correspondence File

3. Transaction File Data Records

The format and content of data records within a transaction file are defined in the W3C XML Schema Language. The specifications (the schema and this ICD) for the data records can be found on-line at *www.npdb-hipdb.hrsa.gov/qrxs.html*. A single data record type may be used in multiple transaction file formats.

Data records that are required for processing the required elements and codes specific to each transaction type are organized by action type in Appendices A through G. Refer to Table 4-9: Type of Action for a list and definitions of the types of actions that may be submitted to the Data Bank(s) using the AAR format.

All elements in a data record are either mandatory, or mandatory if known, depending on the type of subject and the type of action being reported. Refer to Section 4, Reports and Data Definitions and the appendices to determine the specific requirements for the type of action being reported. Mandatory fields must be completed or the report **will be rejected**. If an element is 'mandatory if known' and the reporting entity does not have the information, the field **must be omitted entirely** rather than contain a default or empty value.

The record elements are defined in Section 4.1, Data Dictionary – Elements. The description, format, and length are given for each element. An element may appear in multiple records.

Unless otherwise noted, the specified width represents the maximum number of characters allowed for the element. **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. **Reports submitted using an incorrect record format or invalid codes will be rejected**.

The schema specifies that the UTF-8 character set must be used. Submitted reports must not contain American Standard Code for Information Interchange (ASCII) characters outside the range of 32 to 127 or the report will be rejected.

Record types are organized into logical groups using XML Schema types and namespaces. Simple and complex types (e.g., Individual Name, Address, Occupation and Licensure) that are common to the XML AAR format specification are defined in lower-level schemas so that they can be used to define higher-level records. Some elements are described as being optional in order to provide a flexible schema that is usable to report all action types. **Refer to Section 4, Reports and Data Definitions and the appropriate appendix based on the type of action desired to determine which elements are required for the type of action being reported.**

3.1 Submitter

The Submitter Record is required for every submission file and included in every response. The agent DBID is used by an agent submitting a report on behalf of an entity.
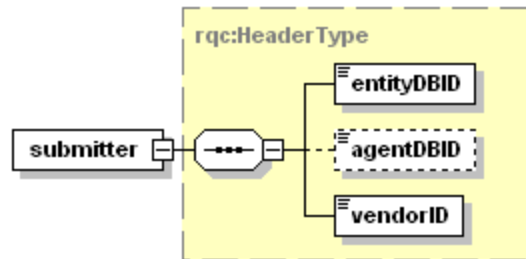
Figure 6:   Submitter Record

3.2 Submission

The Submission Record contains the information for a single transaction.   The record is repeated for each report submitted in the Submission File.
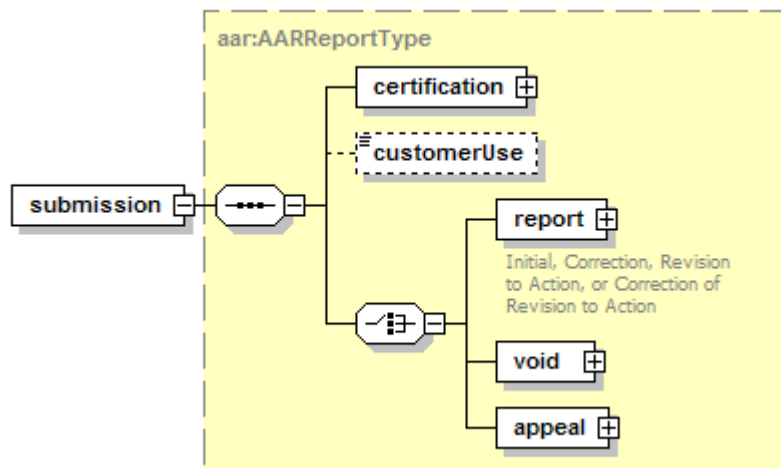
Figure 7:   Submission Record

3.3 Certification

The Certification Record contains the information for the authorized submitter of the transaction or the person to contact regarding the report.
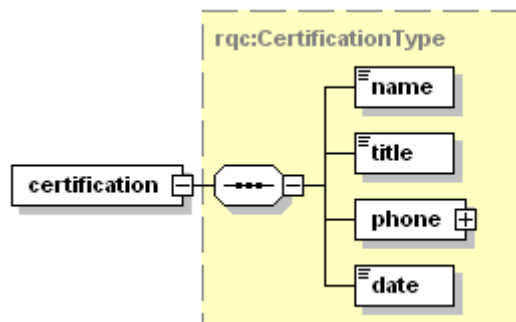
Figure 8:   Certification Record

3.4   Report

The Report Record contains the subject and report data for Initial, Correction, and Revision to Action transactions.
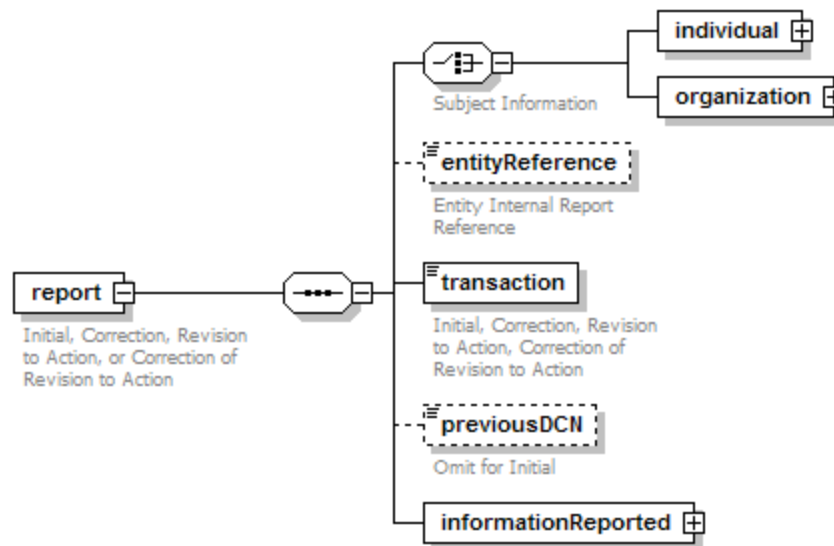
Figure 9:   Report Record

3.5   Void

The Void Record contains the report number of the report that is to be voided.
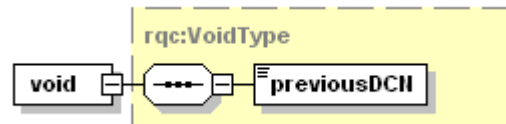
Figure 10:   Void Record

3.6   Appeal

The Appeal Record contains the report number of the action that the subject is appealing and the appeal action record.
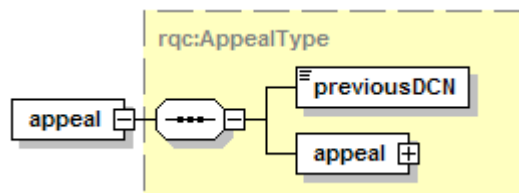
Figure 11:   Appeal Record

3.7 Appeal (Action)

The Appeal (Action) Record contains the status and date of an appeal.
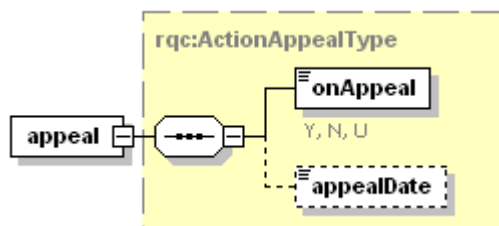
Figure 12:   Appeal (Action) Record

3.8 Phone

The Phone Record contains phone number information. The phone number is required (no formatting allowed) and an optional extension may be specified.
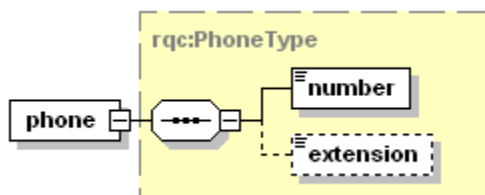
Figure 13:   Phone Record

3.9 Individual

The Individual Record contains the subject information for a reported individual. Refer to the appropriate appendices for specific individual subject requirements based on the type of action being reported.
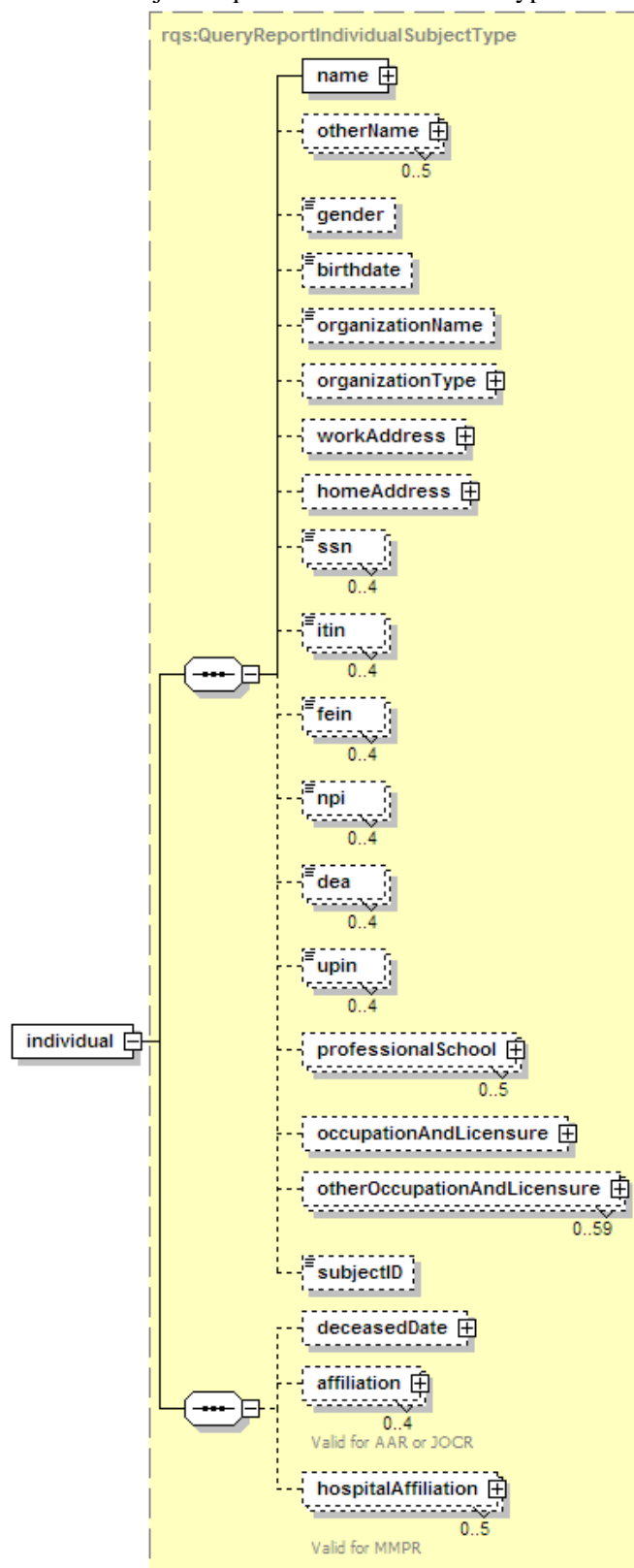
Figure 14:   Individual Record

3.10 Organization

The Organization Record contains the subject information for a reported organization. Refer to the appropriate appendices for specific organization subject requirements based on the type of action being reported.
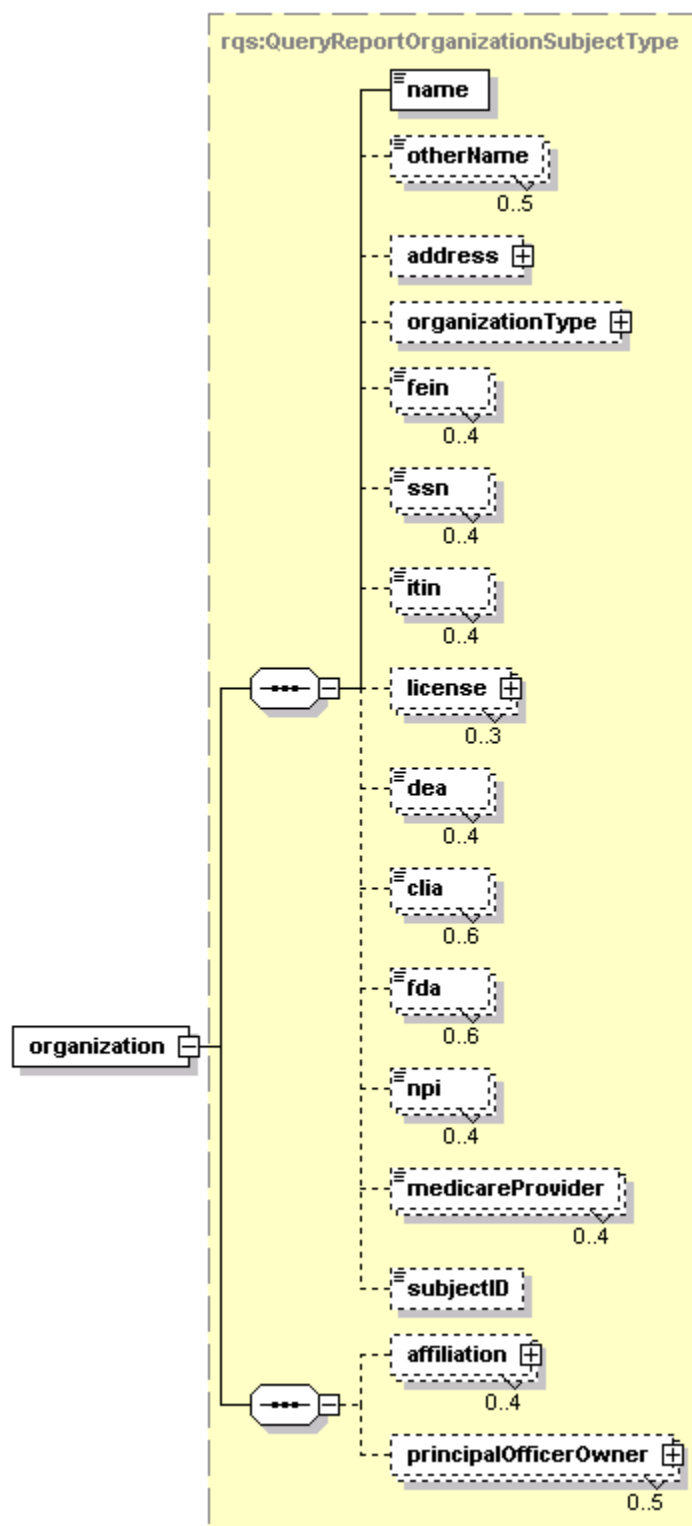
Figure 15:   Organization Record

3.11 Name, Other Name

The Name Record contains the name data for an individual subject. First and last are always required for any name specified.
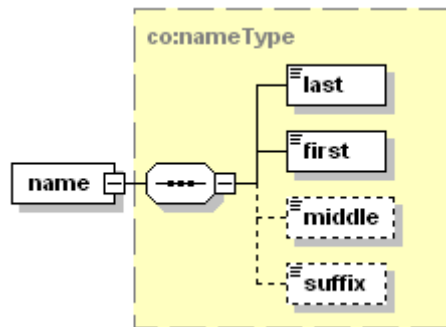
Figure 16:   Name Record

3.12 Organization Type

The Organization Type Record contains the code that best describes the organization (for an organization subject) or the subject's principal place of employment (for an individual subject). An optional description field is available for organization types not specified in the type code list.
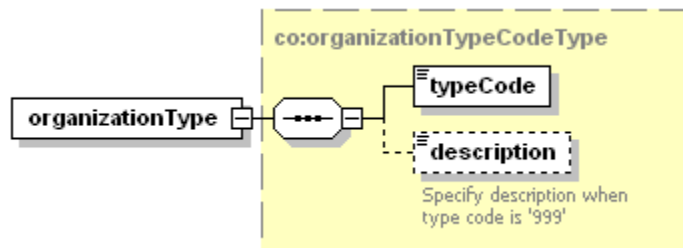
Figure 17:   Organization Type Record

3.13 Work Address, Home Address, Address

The Address Type Record contains the information for a subject's address and an affiliate's address. For U.S. addresses, address, city, state, zip are required and country must be omitted. For non-U.S. addresses, country is required. See Table 4-2: State Abbreviations and U.S. Territories for all rules regarding non-U.S. or military addresses.
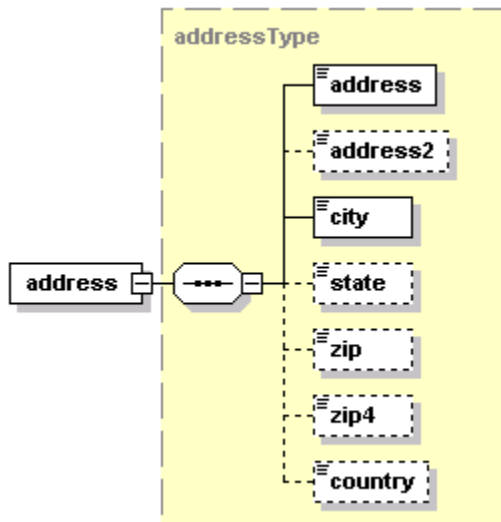
Figure 18:   Address Record

3.14 Professional School

The Professional School Record contains the school and graduation year of an individual subject. All fields are required when a school is specified.
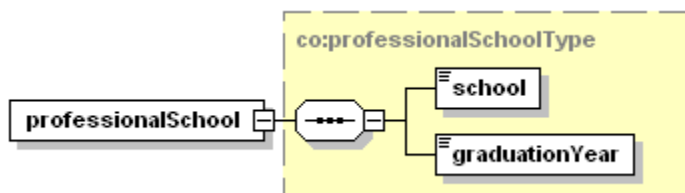
Figure 19:   Professional School Record

3.15 Occupation and Licensure, Other Occupation and Licensure

The Occupation and Licensure Record contains the professional occupation and licensure information for an individual subject. Either number or noLicense is required, unless otherwise specified in the appendices. Specialty is required for Federal and State licensure actions when the subject is a physician or dentist.
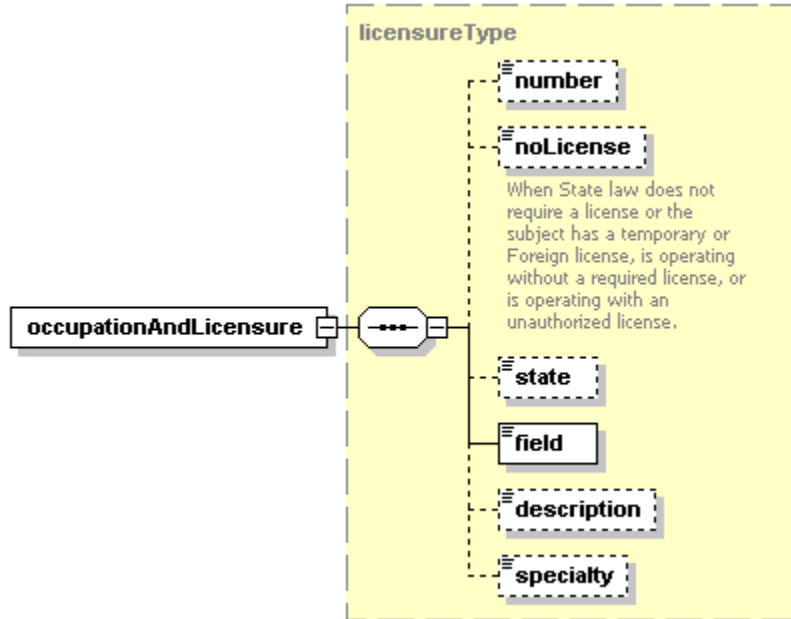
Figure 20:   Occupation and Licensure Record

3.16 Deceased Date

The Deceased Date Record contains the deceased status of an individual subject.
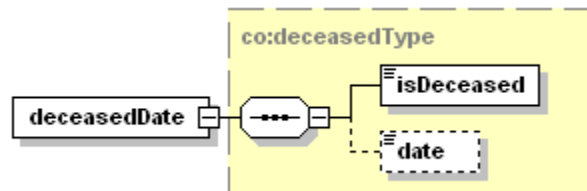
Figure 21:   Deceased Date Record

3.17 Affiliation

The Affiliation Record contains the professional affiliation for a subject.
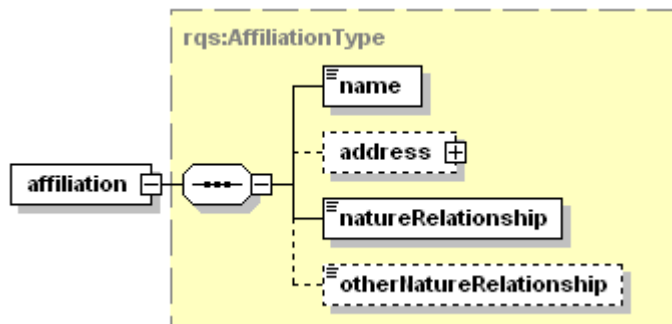
Figure 22:   Affiliation Record

3.18 License (Organization)

The Organization License Record contains the licensure information for an organization subject. The state and either number or noLicense is required.
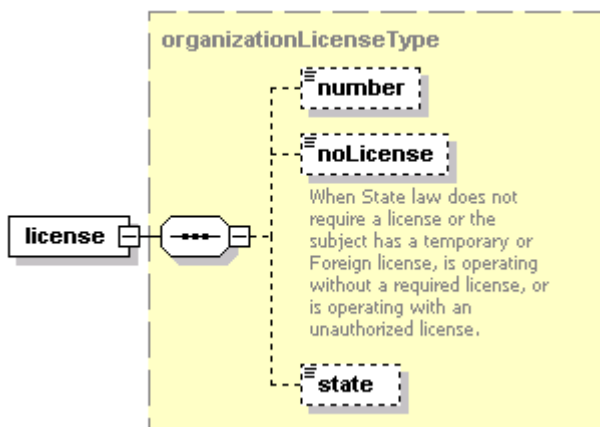
Figure 23:   License Record

3.19 Principal Officer Owner

The Principal Officer Owner Record contains the officer and owner information for an organization subject.
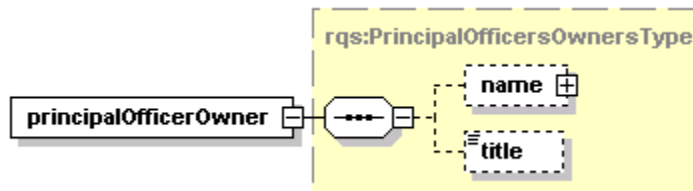
Figure 24:   Principal Officer Owner Record

3.20 Information Reported (AAR)

The AAR Information Reported Record contains the report data for an AAR. Refer to the appropriate appendices for specific AAR action information requirements based on the type of action being reported.
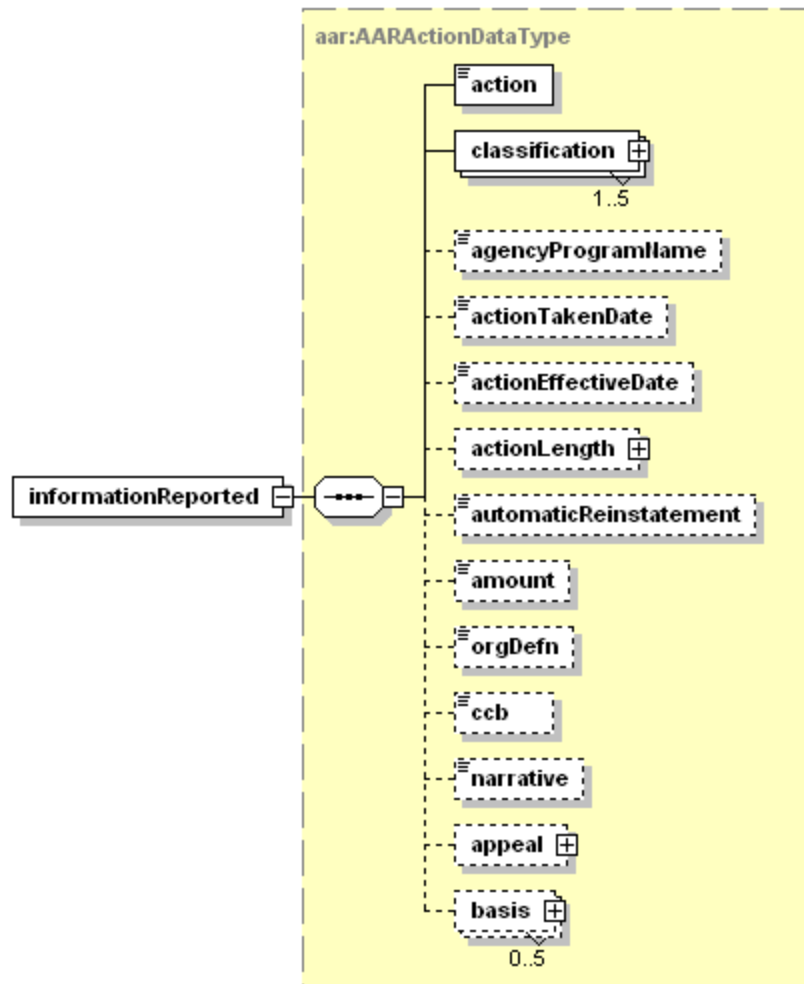
Figure 25:   AAR Information Reported

3.21 Classification

The Classification Record contains the Adverse Action Classification Code for the report.
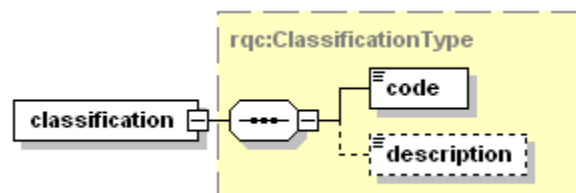
Figure 26:   Classification Record

3.22 Action Length

The Action Length Record contains the length of action information for the report.
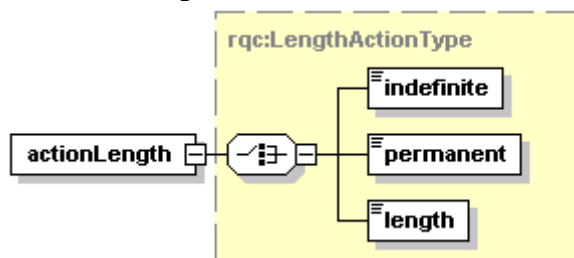
Figure 27:   Action Length Record

3.23 Basis

The Basis Record contains the Basis for Action code for the report.
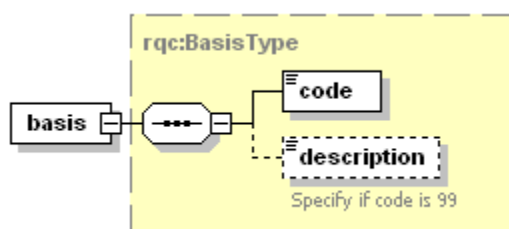
Figure 28:   Basis Record

3.24 Response

The Response Record contains the response information for a report that was accepted and successfully processed.
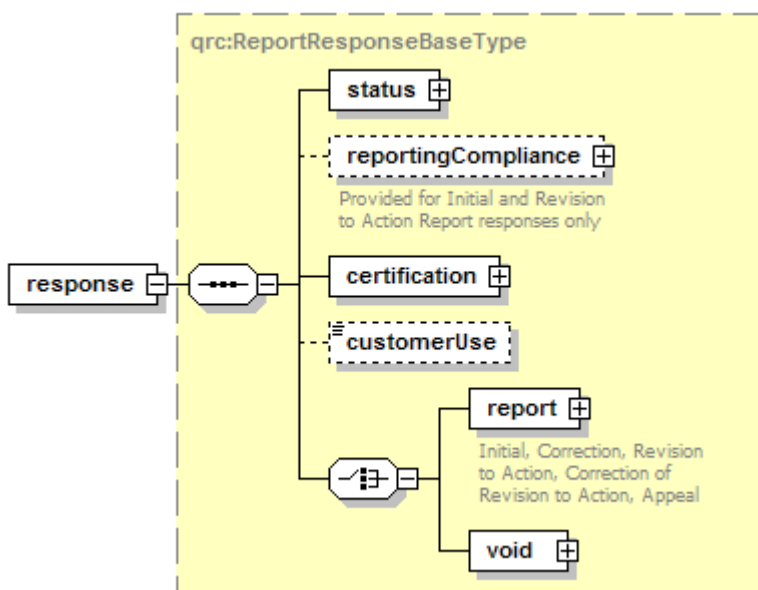
Figure 29:   Response Record

3.25 Status

The Status Record contains the information associated with the receipt of the report.
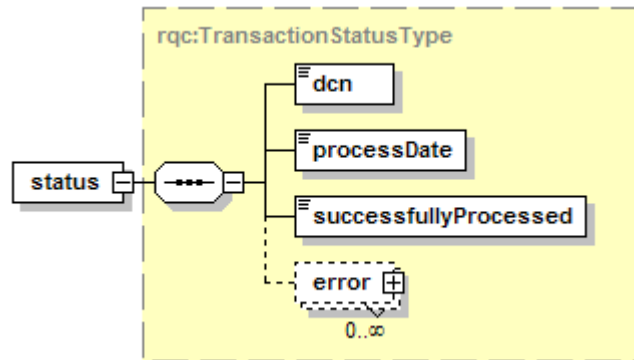
Figure 30:   Status Record

3.26 Reporting Compliance

The Reporting Compliance Record contains the information indicating whether the submitted report was filed with the Data Banks within the timeframe required by law. This record is provided only in report responses for Initial and Revision to Action Report submissions.
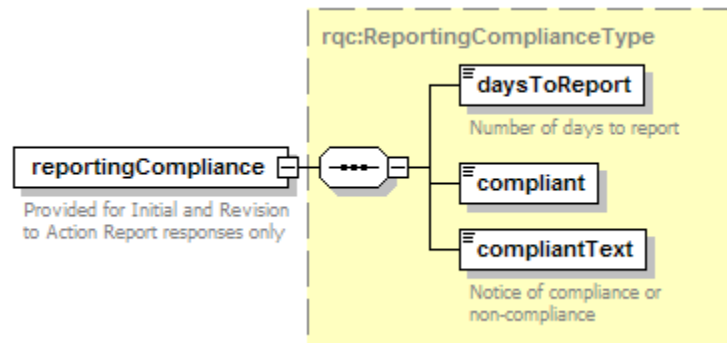
Figure 31:   Reporting Compliance Record

3.27 Error

The Error Record contains the information for any errors that occurred during the processing of the report.
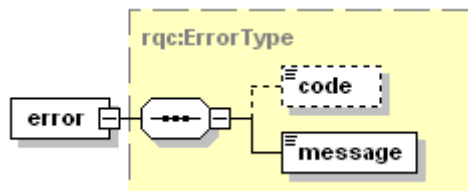
Figure 32:   Error Record

3.28 Report (Response)

The Report (Response) Record contains the report information returned in a response.
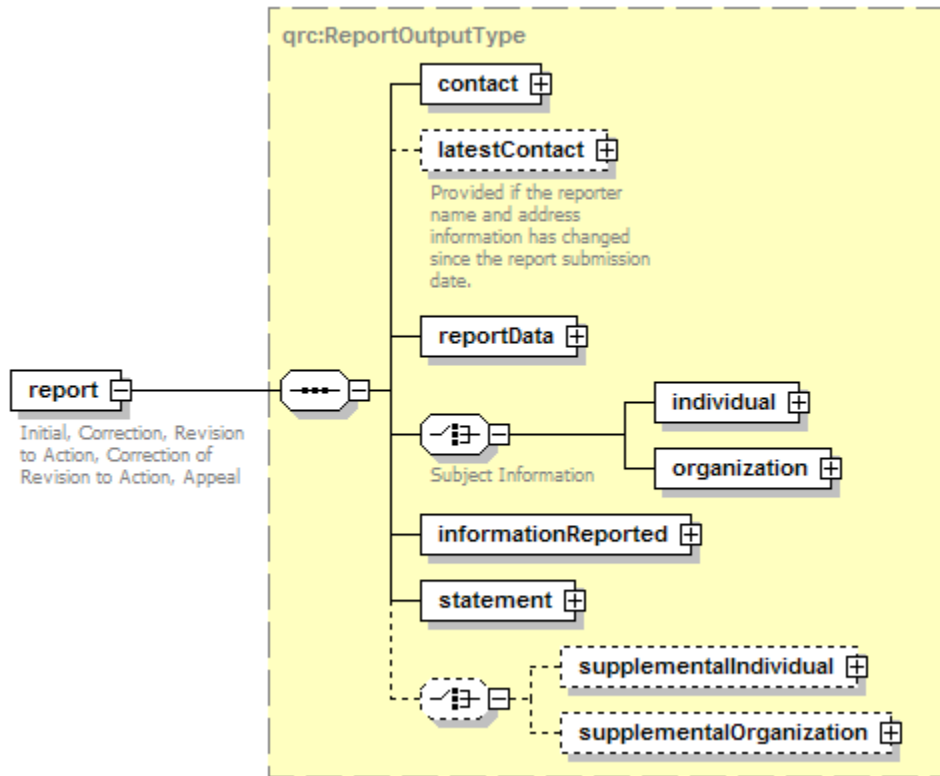
Figure 33:   Report (Response) Record

3.29 Contact

The Contact Record contains the contact information for the associated entity.
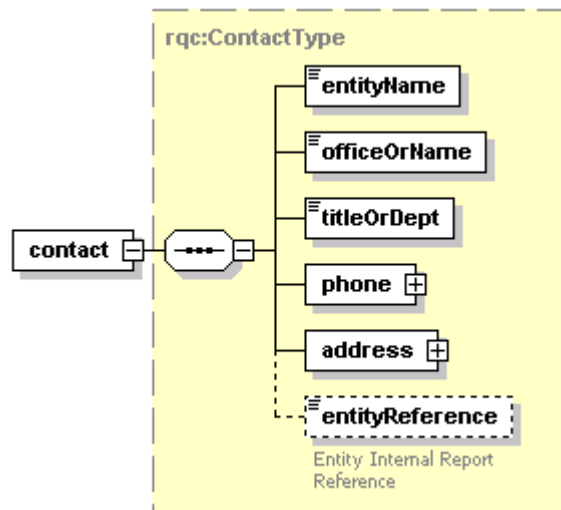
Figure 34:   Contact Record

3.30 Latest Contact

The Latest Contact Record contains the most recent contact information on file with the Data Banks for the reporting entity. This record is provided if the reporter name and address information has changed since the report submission date. Point of contact information (officeOrName, titleOrDept, and phone) is only provided when the entity has a successor and the successor has provided that information to the Data Banks.
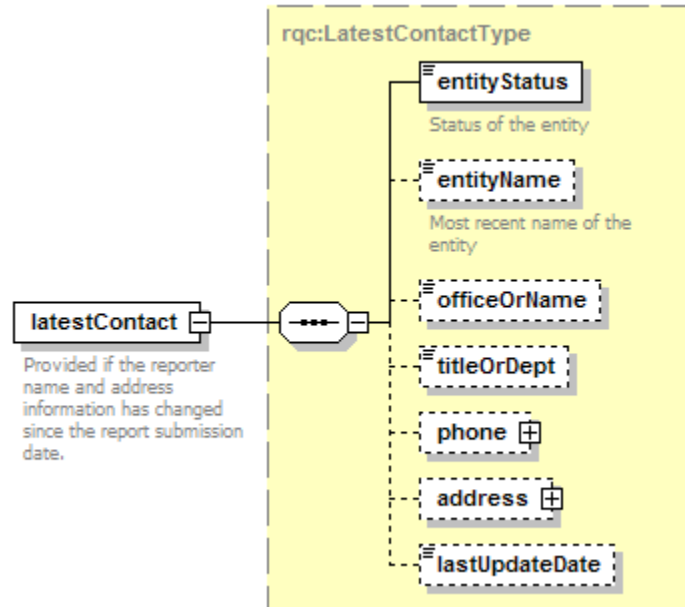
Figure 35:   Latest Contact Record

3.31 Report Data

The Report Data Record contains the information for the report submission transaction type, information about the related report (Revision to Action reports), and statutory authority for maintaining the report in the Data Bank(s). For appeals, the previousDCN and previousTransaction will contain the values from the appealed report. For Revision to Action reports where the previousDCN was corrected or voided by another transaction, latestRelatedDCN, latestRelatedTransaction, and latestRelatedNote will contain information about the related report as it has been corrected or voided. For Revision to Action reports where the previousDCN was voided by another transaction, latestRelatedDCN will be omitted.
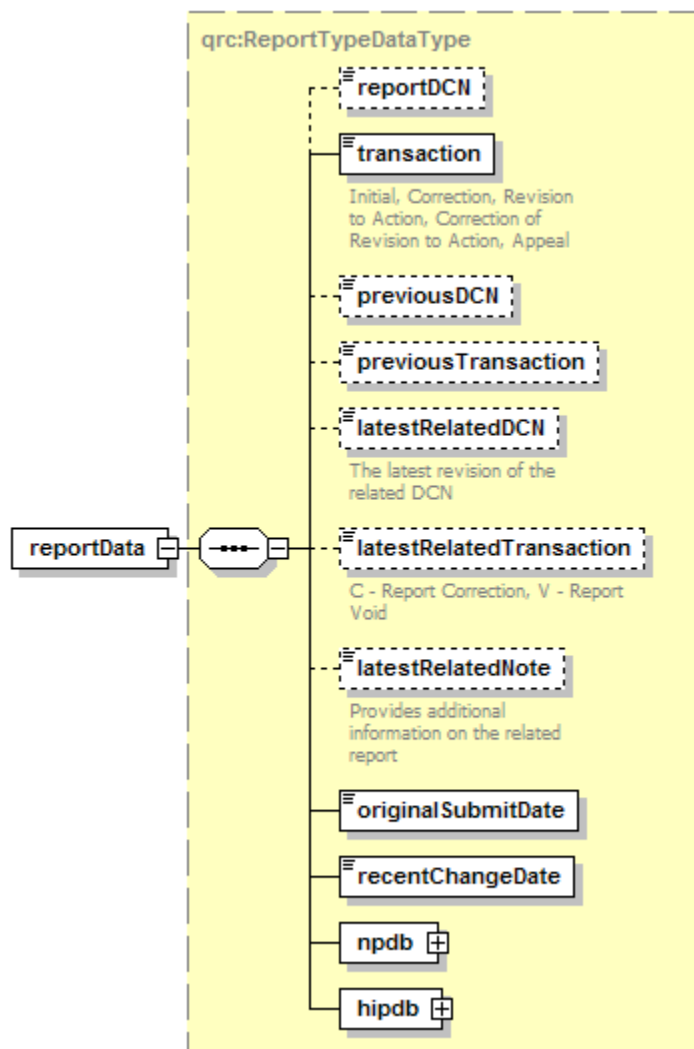
Figure 36:   Report Data Record

3.32 NPDB

The NPDB Authority Record contains the statutory authority information for maintaining and disclosing the report.
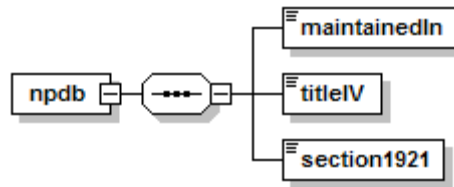
Figure 37:   NPDB Authority Record

3.33 HIPDB

The HIPDB Authority Record contains the statutory authority information for maintaining and disclosing the report.
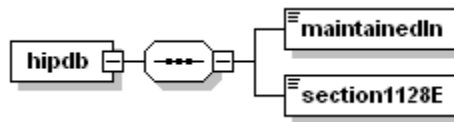
Figure 38:   HIPDB Authority Record

3.34 Information Reported (Response, Rejection, Report Change)

The Information Reported Record contains the information reported record from the report submission within an AAR element. It will be an Information Reported (AAR) Record for an AAR submission. It will be an Information Reported (AAR) Record, or Legacy AAR Record, for an AAR report change notice.
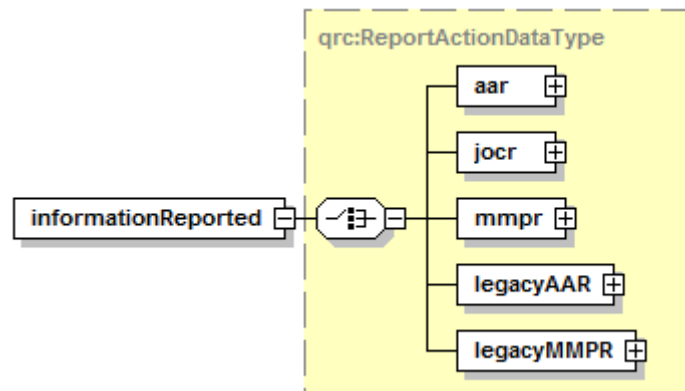
Figure 39:   Information Reported Record (Response, Rejection, Report Change)

3.35 Legacy AAR

The Legacy AAR Record contains the information reported for a Legacy AAR report.
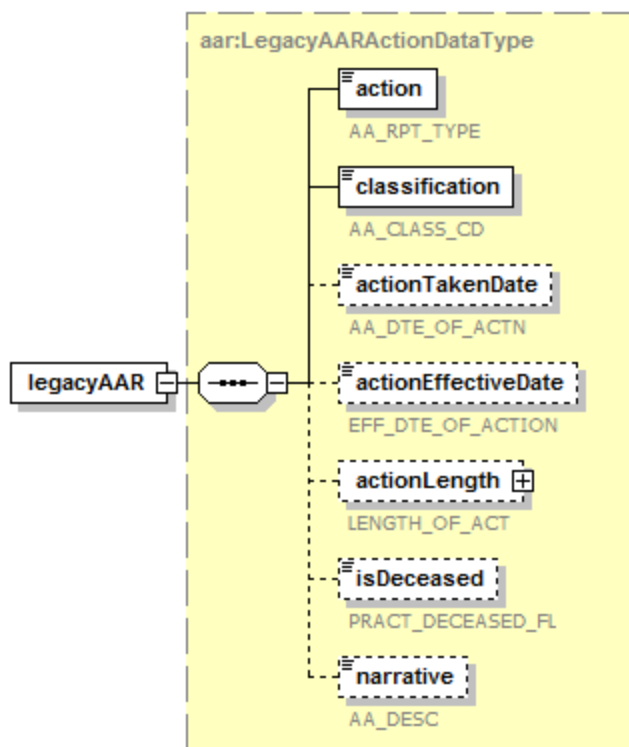
Figure 40:   Legacy AAR Record

3.36 Statement

The Statement Record contains the statements associated with the report and the dispute status.
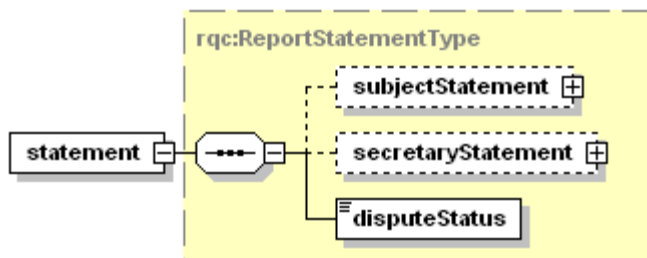
Figure 41:   Statement Record

3.37 Subject Statement, Secretary Statement

The Subject Statement Record contains the statement information for the report's subject. The Secretary Statement contains the statement information from the Secretary of the U.S. Department of Health and Human Services.
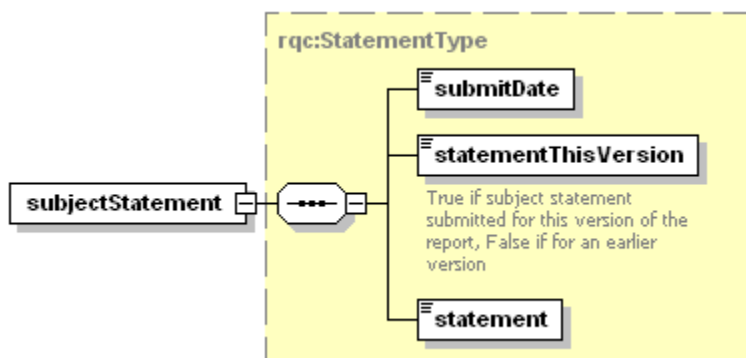
Figure 42:   Subject Statement Record

3.38 Supplemental Individual

The Supplemental Individual Record contains the supplemental information associated with an individual subject. 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.
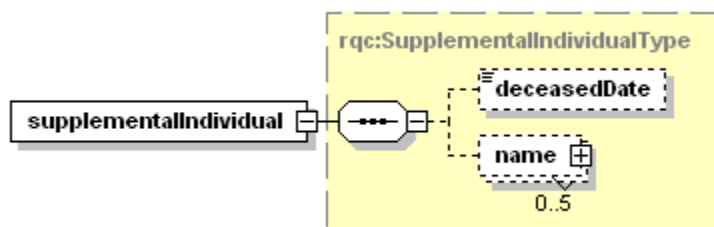
Figure 43:   Supplemental Individual Record

3.39 Supplemental Organization

The Supplemental Organization Record contains the supplemental information associated with an organization subject. 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.
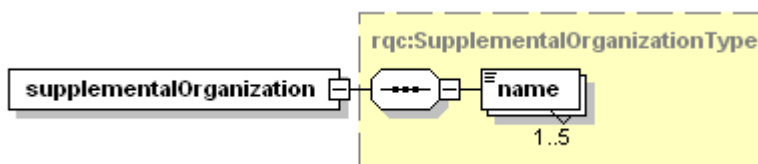
Figure 44:   Supplemental Organization Record

3.40 Rejection

The Rejection Record contains the response information for a report that was not accepted or was not successfully processed.
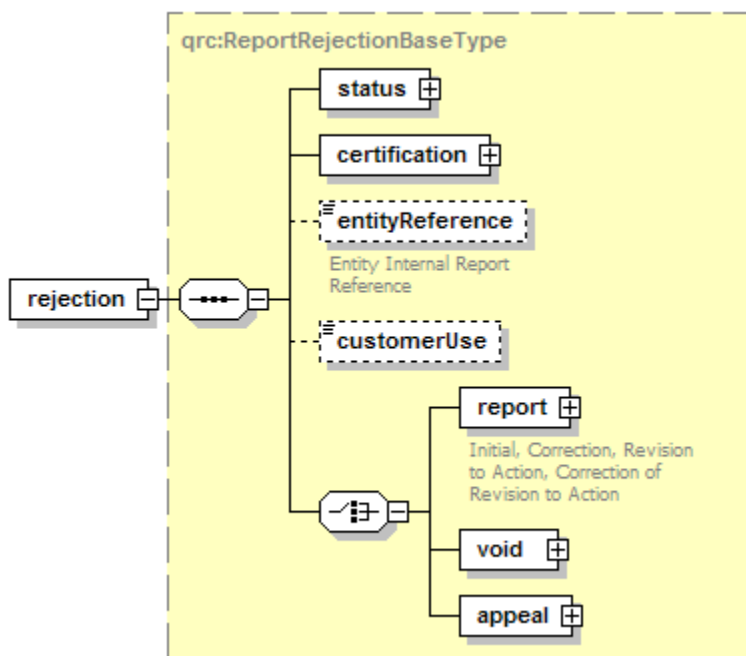
Figure 45:   Rejection Record

3.41 Report (Rejection)

The Rejection Report Record contains the report information returned in a rejection.
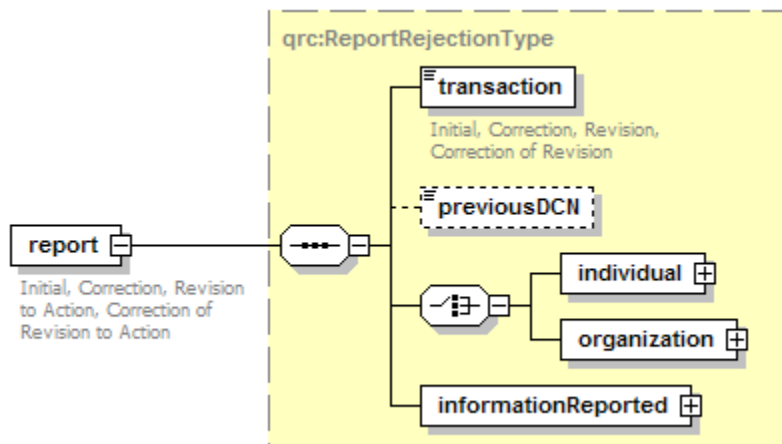
Figure 46:   Rejection Report Record

3.42 Report Change Information

The Report Change Information Record contains general report change information.
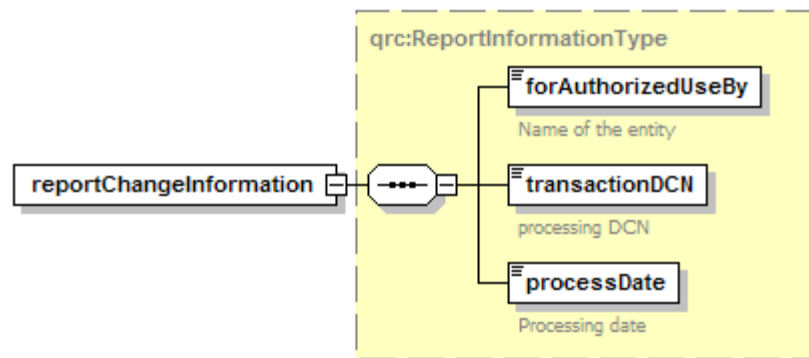
Figure 47:   Report Change Information Record

3.43 Disclosure Type

The Disclosure Type Record contains the description of the change to the report.
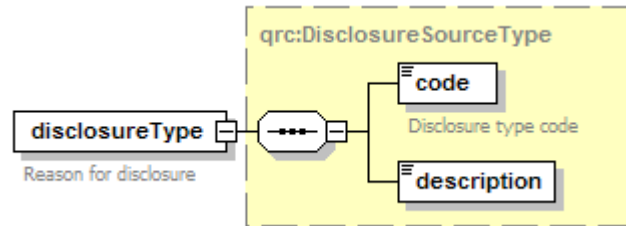
Figure 48:　Report Disclosure Record

3.44 Recipient

The Recipient Record is included in every Data Bank Correspondence response and identifies for whom the message is intended.
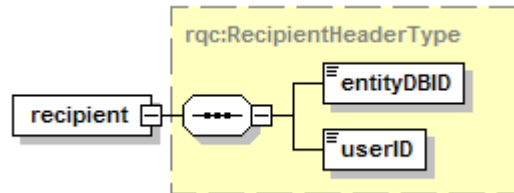
Figure 49:　Recipient Record

3.45 Response (Correspondence)

The Correspondence Response Record contains the message information.
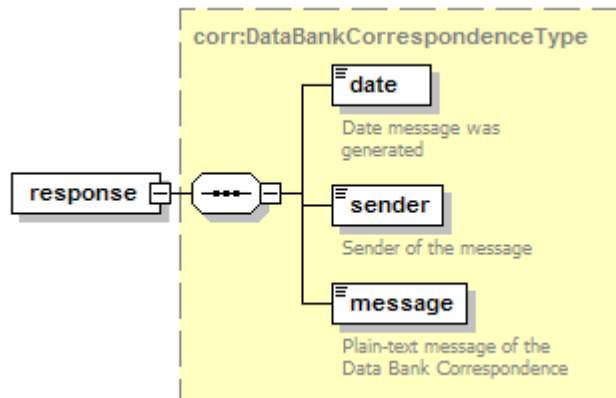
Figure 50:　Response (Correspondence) Record

4. Reports and Data Definitions

4.1 Data Dictionary – Elements

The data dictionary defines each element that appears in the AAR schemas (Submission, Response, Rejection, and Correspondence). Data must follow the specified type according to the following codes:

> A = Alphanumeric
> C = Code (refer to the appropriate code list in Section 4.2, Data Dictionary - Common List of Values, or the data description)
> D = Date (YYYY-MM-DD). Dates are specified using the XML Schema date type unless noted otherwise
> N = Numeric
> B = Boolean (true, false, 1, 0). Boolean values are specified using the XML Schema boolean type unless noted otherwise.
> R = Duration (PnYnMnD). Durations are specified using the XML Schema duration type unless noted otherwise. Duration is defined as a three dimensional space where the coordinates designate the Gregorian year, month, and day, respectively, and will be of the form "PnYnMnD". For example one year, 8 months, 16 days would be written as "P1Y8M16D". One year, 6 months would be written as "P1Y6M". No more than two digits may be used to specify the number of years and the number of months. No more than three digits may be used to specify the number of days.

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. **Reports submitted using an incorrect format or code(s) will be rejected.**

Table 4-1: Data Dictionary Elements

Data Element	Description	Field Type	Field Width
entityDBID	Data Bank Identification Number (DBID) of Reporting Entity assigned by the Data Bank(s).	N	15
agentDBID	Agent DBID (if registered agent is submitting report). Complete only if a registered agent is reporting on behalf of the entity identified (entityDBID) above. If an agent is not submitting the report, omit this field.	N	15
vendorID	Self-defined value identifying the vendor of the software that was used to generate the submission file.	A	40
certification/name	Name of individual certifying transaction. (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).	A	40
certification/title	Title of individual certifying transaction.	A	40
phone/number	Telephone number of individual certifying transaction. Area code must be included. For international phone numbers, include country code. Do not use delimiters. Format: NNNNNNNNNNNNNNN.	N	15
phone/extension	Telephone extension.	N	5
certification/date	Certification date. The certification date must not be in the future.	D	10

Data Element	Description	Field Type	Field Width
customerUse	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.	A	20
name/last	Last name of subject. When specifying other names used information (otherName), both first name and last name must be provided.	A	25
name/first	First name of subject.	A	15
name/middle	Middle name of subject.	A	15
name/suffix	Suffix (e.g., JR, SR, III).	A	4
gender	"M" = Male, "F" = Female, "U" = Unknown	C	1
birthdate	Individual subject's birth date.	D	10
organizationName	Name of organization where subject works when subject is an individual.	A	50
organizationType/typeCode	Type of organization when subject is an organization. Type of organization where subject works when subject is an individual. Refer to Section 4.2, Table 4-8 for codes.	C	3
organizationType/description	Organization type description. Complete only if Type of Organization code "999" is specified above. Otherwise, omit this field.	A	100
address/address	First line of street address.	A	40
address/address2	Second line of address.	A	40
address/city	City. Refer to Section 4.2, Table 4-2 if Military.	A	28
address/state	If State or territory is inside U.S. Refer to Section 4.2, Table 4-2 for State codes.	C	2
address/zip	ZIP code. Refer to Section 4.2, Table 4-3 for APO/FPO Codes.	A	5
address/zip4	4-digit ZIP code extension.	A	4
address/country	Required if country is not U.S. Omit if country is U.S.	A	20
ssn	Social Security Number (SSN) of subject. Cannot be all zeros. Must be all numbers or include optional hyphens (NNN-NN-NNNN).	N	9 or 11
itin	Individual Taxpayer Identification Number (ITIN). Must begin with 9. Must be all numbers or include optional hyphens (NNN-NN-NNNN).	N	9 or 11
fein	Federal Employer Identification Number (FEIN).	N	9
clia	Clinical Laboratory Improvement Act (CLIA) Number.	A	10
fda	Food and Drug Administration (FDA) Number.	N	7
npi	National Provider Identifier (NPI).	N	10
dea	Drug Enforcement Administration (DEA) Number.	A	12
upin	Unique Physician Identification Number (UPIN).	A	6

Data Element	Description	Field Type	Field Width
professionalSchool/school	Name of professional school attended by a subject. Enter name of professional school or certificate program. NOTE: You may only provide up to 40 characters. Submission data beyond 40 characters will be truncated. If the subject is not a health care practitioner, omit this record. "Health care practitioners" consist of those Occupation/Field(s) of Licensure codes from 000 through 699. When reporting on health care practitioners whose occupation does not require professional schooling or a certification program, enter "None" for the school attended and, in the year of graduation field, enter the year the State authorized them to practice. 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 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 field and enter the year that the subject was authorized by the state to provide health care services in the Year of Graduation field.	A	4000
professionalSchool/ graduationYear	Year of graduation in YYYY format. Enter year of graduation from professional school or year of completion of certificate program. The graduation year must be at least 15 years beyond the date of birth, and between 1900 and the current year (inclusive).	N	4
licensure/number	State license number. If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, this will be omitted. Must contain at least one digit.	A	16
licensure/noLicense	Select when 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. Omit when a number is provided for this license.	B	N/A
licensure/state	State of license. Refer to Section 4.2, Table 4-2 for State codes.	C	2
licensure/field	Occupation/Field of Licensure. (Refer to Section 4.2, Table 4-4 for codes. Also, refer to Table 4-11 when receiving Notice of Appeal responses). Provide the Occupation/Field of Licensure code most closely associated with the adverse action being reported.	C	3
licensure/description	Other Occupation/Field of Licensure. Complete only if Occupation/Field of Licensure code of "699" or "899" is selected. Describe the Occupation/Field of Licensure. Otherwise, omit this field.	A	60
licensure/specialty	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 4.2, Table 4-5 for Specialty codes.	C	2
subjectID	Reserved. Do not specify.	A	20
deceasedDate/isDeceased	"Y" = Yes, "N" = No, "U" = Unknown; If "Y" then deceasedDate/date must be specified if known.	C	1
deceasedDate/date	Deceased Date.	D	10
affiliation/name	Name of health care entity with which subject is affiliated or associated. (Inclusion does not imply complicity in the reported action.)	A	40

Data Element	Description	Field Type	Field Width
affiliation/ natureRelationship	Nature of Subject's Relationship to Affiliate/Associate code (Refer to Section 4.2, Table 4-6 for Individual subjects or Section 4.2, Table 4-7 for Organization subjects.)	C	3
affiliation/ otherNatureRelationship	Other Nature of Subject's Relationship to Affiliate. Complete only if Nature of Subject's Relationship to Affiliate/Associate code is "999". Otherwise, omit this field.	A	40
organization/name	Name of organization when subject is an organization.	A	50
organization/otherName	Other organization name.	A	50
medicareProvider	Medicare Provider and Supplier Number.	A	15
principalOfficerOwner/title	Title of Principal Officer or Owner.	A	40
AARActionDataType			
action	State Licensure = "SL", Federal Licensure = "FL", Clinical Privileges = "CP", Health Plan = "HP", Exclusion/Debarment = "ED", Professional Society = "PS", Government Administrative = "GA"	C	2
classification/code	Adverse Action Classification Code. Refer to Individual and Organization subject codes specific to each type of action as listed in corresponding Appendices. Also refer to Section 4.2, Table 4-12 for individual and organization subjects when receiving Notice of Appeal report responses.	C	4
classification/description	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".	A	40
entityReference	Entity Internal Report Reference. This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Banks, but it will be provided on copies of the report sent to querier(s).	A	20
transaction	Identifies the type of report: Initial, Correction, Revision to Action, Correction of Revision to Action, Appeal, Void. (Appeal can only appear in report responses since Appeals are submitted using the Appeal record rather than the Report Record). Refer to Table 4-10	C	1
agencyProgramName	Name of Agency or Program that took the Adverse Action.	A	40
actionTakenDate	Date action was taken. The date the action was taken must not be in the future. The date of action for a Revision To Action or a Correction of Revision to Action Report must be the same as or later than the date of action on the Initial Report. (The NPDB will not accept reports with a date of action taken prior to September 1, 1990. The HIPDB will not accept reports with a date of action taken prior to August 21, 1996).	D	10
actionEffectiveDate	Date action became effective.	D	10
actionLength/indefinite *	Is the action indefinite? Omit if not indefinite.	B	N/A
actionLength/permanent *	Is the action permanent? Omit if not permanent.	B	N/A
actionLength/length *	Number of years, months and days that action is effective. (Not applicable to actions with a permanent or indefinite duration or actions with no duration.) Omit if indefinite or permanent.	R	3-11
* Only one of these three types of actionLength type elements shall be accepted in the actionLength.			
automaticReinstatement	Is reinstatement automatic at completion of adverse action period? "Y" = Yes, "N" = No, "C" = Yes, with conditions (requires a Revision to Action report when status changes). Must be specified if known.	C	1

Data Element	Description	Field Type	Field Width
amount	Total amount of monetary penalty, fine, or restitution in dollars and cents (do not include dollar sign, include decimal point followed by two digits; max value is 999999999.99; entered amount must be greater than 0.00).	N	12
orgDefn	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? (only applicable to Organization State Licensure reports).	B	N/A
ccb	Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of the patient? (This field is only applicable to State Licensure actions taken against a physician or dentist, i.e., Occupation/Field of Licensure code "010", "015", "020", "025", "030", "035". Omit this field for State Licensure actions taken against other types of subjects, and for any other adverse action).	B	N/A
narrative	Narrative description of Subject's act(s) or omission(s) and relevant information related to the adverse action taken. Do not reference any patient names or personal information about patients.	A	4000
appeal/onAppeal	Is the action on appeal? "Y" = Yes, "N" = No, "U" = Unknown. If "Y" then appeal/date must be specified if known.	C	1
appeal/appealDate	Date the action was appealed.	D	10
previousDCN	Data Bank Control Number of Corrected, Revised, Appealed, or Voided report.	N	16
basis/code	Basis for the action taken. Refer to Individual and Organization subject codes specific to each type of action as listed in corresponding Appendices. Also, refer to Section 4.2, Table 4-13 for individual and organization subjects when receiving Notice of Appeal Responses. This field is not applicable to Revision to Action Reports and Correction of Revision to Action Reports, and should be omitted for these reports.	C	2
basis/description	Description of the basis for action taken; specify only if basis code is "99", Other - Not Classified.	A	75
Response, Rejection Report Elements			
successfullyProcessed	Status indicating if the file was successfully processed.	B	N/A
processDate	Date transaction was processed.	D	10
reportingCompliance/ daysToReport	Indicates the number of days between the date this action was taken and the date this report was filed. This field will only be provided in the response to an Initial or a Revision to Action Report. Federal Law as implemented by 45 CFR Part 60 and 45 CFR Part 61 requires reporting entities to file reports generally within 30 days of taking a reportable action.	N	5
reportingCompliance/ compliant	"true": This report was filed in accordance with the timeframes required by Federal Law. "false": The reporting entity has failed to satisfy its reporting obligations under Federal law by filing this report late.	B	N/A
reportingCompliance/ compliantText	Text detailing the report compliance notice.	A	4000
dcn	Data Bank Control Number. Unique number assigned to this transaction.	N	16
reportChangeInformation/ transactionDCN	Data Bank Control Number. Unique number assigned to the transaction that generated the Report Change Notification response.	N	16
reportChangeInformation/ forAuthorizedUseBy	Name of the entity for which the Report Change Notification response is generated.	A	40

Data Element	Description	Field Type	Field Width
disclosureType/code	Indicates why the changed report is being disclosed. Refer to Section 4.2, Table 4-15.	C	2
disclosureType/description	Description corresponding to the disclosure type code.	A	4000
subjectSource	Indicates why the entity is receiving the report change notification. Refer to Section 4.2, Table 4-16.	C	1
reportData/reportDCN	Data Bank Control Number. Unique number assigned to the report contained in the Report Change Notification response.	N	16
entityName	The entity of the point of contact.	A	40
officeOrName	The current individual or office designated as the point of contact for this report.	A	40
titleOrDept	Title or department of point of contact.	A	40
latestContact/entityStatus	Most recent status of the entity. Refer to Section 4.2, Table 4-17 for Entity Status Codes.	C	1
latestContact/entityName	Most recent name of the entity or its successor entity.	A	40
latestContact/lastUpdateDate	Date of most recent name or address change made by the original reporting entity. The date is only provided if the original reporting entity has no successor.	D	10
error/code	Indicates why the transaction was rejected and could not be processed. Refer to Section 4.2, Table 4-14 for Error Codes. This field will be repeated for each error found. The field is only present when an error is present.	C	2
error/message	Error message description corresponding to the error code.	A	4000
subjectStatement/submitDate	Date statement was submitted by the subject.	D	10
subjectStatment/ statementThisVersion	"true": The subject entered the statement in response to this version of this report. "false": The subject entered the statement submitted 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 report response was processed, the subject has not changed the statement in response to the changes in the report.	B	N/A
subjectStatement/statement	Subject statement.	A	4000
secretaryStatement/ submitDate	Date statement was submitted by the Secretary of the U.S. Department of Health and Human Services.	D	10
secretaryStatement/ statementThisVersion	"true": The Secretary of the U.S. Department of Health and Human Services reviewed this version of this report and entered this statement. "false": The Secretary of the U.S. Department of Health and Human Services reviewed an earlier version of this report and entered this statement. After the Secretarial Review decision and subject statement were entered, the reporting entity changed the report. The Secretary has not reviewed the current version of the report.	B	N/A
secretaryStatement/statement	Secretary of the U.S. Department of Health and Human Services statement.	A	4000
disputeStatus	Report dispute status. "N" = not in dispute, "Y" = in dispute, "S" = elevated to Secretarial Review, "R" = reviewed by Secretary.	C	1
maintainedIn	The report is maintained in the specified Data Bank.	B	N/A
npdb/titleIV	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.	B	N/A

Data Element	Description	Field Type	Field Width
npdb/section1921	The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, 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.	B	N/A
hipdb/section1128E	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.	B	N/A
previousTransaction	Transaction code of report. "I" = Initial, "C" = Correction, "R" = Revision, "O" = Correction of Revision.	C	1
latestRelatedDCN	DCN of the related report Correction. Only appears in Revision to Action Report change notification response when the related report is corrected.	N	16
latestRelatedTransaction	Indicates whether the related report is corrected or voided. "C" = Correction, "V" = Void. Only appears in Revision to Action Report change notification response when the related report is corrected or voided.	C	1
latestRelatedNote	Describes the relationship between this report and the related report. Only appears in Revision to Action Report change notification response when the related report is corrected or voided.	A	4000
originalSubmitDate	Date of original submission.	D	10
recentChangeDate	Date of most recent change.	D	10
supplementalIndividual/ deceasedDate	Deceased date of individual subject. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.	D	10
supplementalIndividual/ name/last	Last name of subject. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.	A	25
supplementalIndividual/ name/first	First name of subject. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.	A	15
supplementalIndividual/ name/middle	Middle name of subject. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.	A	15
supplementalIndividual/ name/suffix	Suffix (e.g., JR, SR, III). This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.	A	4
supplementalOrganization/ name	Name of organization when subject is an organization. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.	A	50
LegacyAARActionDataType			
action	Type of adverse action – "L" = licensure, "C" = clinical privileges, "S" = society membership.	C	1
classification	Adverse Action Classification Code. (Refer to Section 4, Table 4-18, for codes.)	C	5
actionTakenDate	Date of action.	D	10
actionEffectiveDate	Date action became effective.	D	10
actionLength/indefinite *	Is the action indefinite?	B	N/A

Data Element	Description	Field Type	Field Width
actionLength/permanent *	Is the action permanent?	B	N/A
actionLength/length *	Number of years, months and days that action is effective. (Not applicable to actions with a permanent or indefinite duration or actions with no duration.) Omit if indefinite or permanent.	R	3-11
* Only one of these three types of actionLength type elements shall be populated in the actionLength.			
isDeceased	Is practitioner is known to be deceased?	B	N/A
narrative	Description of act(s) or omission(s), or other reason action was taken.	A	4000
Other Response Elements			
correspondence/ recipient/entityDBID	Data Bank Identification Number (DBID) for whom the Data Bank Correspondence is intended.	N	15
correspondence/ recipient/userID	The user ID for whom the Data Bank Correspondence is intended.	A	14
correspondence/ response/date	The date the Data Bank Correspondence was generated.	D	10
correspondence/ response/sender	The sender of the Data Bank Correspondence.	A	40
correspondence/ response/message	The plain-text message of the Data Bank Correspondence.	A	4000

4.2   Data Dictionary – Common List of Values

Table 4-2:   State Abbreviations and U.S. Territories

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)

Please adhere to the following guidelines when entering foreign or military addresses:

Addresses for United States Territories:
- Enter Territory abbreviation in state field.

Addresses outside the United States or its territories:
- Leave the state field blank.
- Enter the city and/or province in the city field.
- Enter the Country Code in the zip fields—maximum five characters in first field, maximum four characters in the second field.
- Enter the country in the country field.

Military Addresses:
- Enter APO in the city field.
- Enter AE, AA in the state field.
- Enter the ZIP code in the zip field.

The following State Codes are not valid for State of Licensure:
- AA   Central and South America (Armed Forces)
- AE   Europe (Armed Forces)
- AP   Pacific (Armed Forces)

Table 4-3: 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			
	095	Atlantic Ocean/	**AP - Pacific**	962	Korea
		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 Table 4-2.

Table 4-4: Occupation/Field of Licensure Codes

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

Table 4-4: Occupation/Field of Licensure Codes (Continued)

Occupation/Field of Licensure Codes		
Health Care Facility Administrator[1] 752 Adult Care Facility Administrator 755 Hospital Administrator 758 Long-Term Care Administrator	**Other Occupation**[1] 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	

Table 4-5: Specialty Codes

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

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1 Health Care Facility Administrator and Other Occupation codes are not available for Clinical Privilege and Professional Society actions.

Table 4-6:   Nature of Relationship – Individual Subjects

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

Table 4-7:   Nature of Relationship – Organization Subjects

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

Table 4-8: Type of Organization Codes

Type of Organization Codes		

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
 	
393 Home Health Agency/
**   Organization**
 	
382 Hospice/Hospice Care
**   Provider**
 	
Hospital
304 Federal Hospital
301 General/Acute Care Hospital
302 Psychiatric Hospital
303 Rehabilitation Hospital
 	
Hospital Unit
307 Psychiatric Unit
308 Rehabilitation Unit
 	
310 Laboratory/CLIA Laboratory
 	
389 Nursing Facility/Skilled
**   Nursing Facility**
	370 Research Center/Facility
	
	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
	
	Managed Care Organization
	331 Health Maintenance
	    Organization
	335 Preferred Provider
	    Organization
		336 Provider Sponsored
		    Organization
		338 Religious, Fraternal Benefit
		    Society Plan
		
		320 Health Insurance
		** Company/Provider**
		
		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
		
		390 Ambulance
		** Service/Transportation**
		** Company**
		
		999 Other Type – Not Classified,
		** Specify**

Table 4-9: Type of Action

Code	Type	Description
SL	Licensure (State Licensure)	State licensure actions are adverse actions taken by a State licensing authority related to the license, certification or registration of a health care provider, practitioner, or supplier. State licensing actions include State professional and health care facility licensing sanctions. State licensing actions against physicians and dentists are reportable to the NPDB under provisions of Title IV of the *Health Care Quality Improvement Act of 1986*, as amended, and 45 CFR Part 60. State licensing actions against health care practitioners, providers, and suppliers are reportable to the HIPDB under Section 1128E of the *Social Security Act* and 45 CFR Part 61.
FL	Licensure (Federal Licensure)	Federal licensure actions are adverse actions taken by a Federal licensing authority related to the license, certification or registration of a health care provider, practitioner, or supplier. Federal licensure actions include Federal CLIA certification actions, Federal DEA registration actions, and Federal FDA licensing/certification/registration actions. These actions are reportable to the HIPDB under Section 1128E of the *Social Security Act* and 45 CFR Part 61. DEA registration actions against health care practitioners also are reportable to the NPDB under Title IV of *the Health Care Quality Improvement Act of 1986*, as amended, and 45 CFR Part 60.
CP	Clinical Privilege (Includes Panel Membership)	Clinical privilege actions are adverse actions taken by a hospital or other health care entity related to its authorization of a health care practitioner to provide health care services, including actions related to a practitioner's membership on the medical staff or panel. These actions are reportable to the NPDB under Title IV of *the Health Care Quality Improvement Act of 1986*, as amended, and 45 CFR Part 60.
HP	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 *Social Security Act* and 45 CFR part 61. These actions must meet the regulatory definition of "other adjudicated actions or decisions," 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.
ED	Exclusion or Debarment	Exclusion or debarment of a practitioner, provider, or supplier from participating in and/or contracting with a Federal or State health care program is an adverse action that is reportable to the HIPDB under Section 1128E of the *Social Security Act* 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.
PS	Professional Society	Professional Society actions are adverse actions taken by an association of health care practitioners that follows a formal peer review process for the purpose of furthering quality health care. These actions are reportable to the NPDB under provisions of Title IV of the *Health Care Quality Improvement Act of 1986*, as amended and 45 CFR Part 60.

Code	Type	Description
GA	Government Administrative	Government administrative actions are reportable to the HIPDB under Section 1128E of the *Social Security Act* and 45 CFR Part 61. They encompass adverse actions reportable to HIPDB that are not elsewhere classified. This category includes any publicly available negative action or finding by a Federal or State agency that certifies health care practitioners, providers, or 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. Other adjudicated actions or decisions must meet the regulatory definition for that term as described in the Health Plan action definition above. These adjudicated actions or decisions may include, for example, personnel actions and employment disqualifications, and contract terminations.

Table 4-10: Adverse Action Report Type Codes

Code	Description
I	**Initial**: The first record of an adverse action that is submitted to and processed by the Data Bank(s). An Initial Report is the current version of the report until a Revision to Action, Correction, Void, or Notice of Appeal is submitted.
C	**Correction**: A report that corrects an error or omission in an existing report. The Correction will supersede the contents of the current version of a report in the Data Bank(s). It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary.
V	**Void**: The retraction of a report in its entirety from the Data Bank(s). The report is removed from the subject's disclosable record.
R	**Revision to Action**: A new action that relates to and modifies a previously reported adverse action, (e.g., reinstatement of a license, extension of an exclusion from a Government program, restrictions of clinical privileges lifted, previously stayed license revocation imposed).
O	**Correction of Revision to Action:** A report that corrects a previously submitted Revision to Action Report. This correction will supersede the contents of the current version of the Revision to Action Report in the Data Bank(s). It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary.
A	**Notice of Appeal**: A report notifying the HIPDB that a subject has formally appealed a previously reported adverse action. Reporting entities must submit a Notice of Appeal whenever a previously reported adverse action is on appeal. A Notice of Appeal is separate and distinct from a subject's dispute of a Data Bank report. There is no legal requirement for this type of report to be submitted to the NPDB.

Table 4-11: Occupation/Field of Licensure Codes – Retired

Occupation/Field of Licensure Codes – Retired
135   Advanced Practice Nurse
370   Psychologist, Clinical
Note(s):
Retired Codes are not available for submitting on new reports but may appear on Notice of Appeal responses.

Table 4-12: Adverse Action Classification Codes – Retired

Adverse Action Classification Codes – Retired
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
Note(s):
Retired Codes are not available for submitting on new reports but may appear on Notice of Appeal responses.

Table 4-13: Basis for Action Codes – Retired

Basis for Action Codes – Retired
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 for Clinical Privilege Reports
Note(s):
Retired Codes are not available for submitting on new reports but may appear on Notice of Appeal responses.

Table 4-14: Error Codes

Error Code	Description
03	File is not compliant with the current format version.
06	Invalid transaction code entered.
07	Invalid Data Bank ID.
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.
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	At least one Drug Enforcement Administration number was not included.
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.
30	Adverse Action Report data is missing or illegible: required information is missing in section C of the Adverse Action Report you submitted. Each of the fields in this section must be completed legibly. Please submit a new, fully completed adverse action report to the Data Bank(s). Do not reference Data Bank Control Number of this rejection notice on your new report. If this rejected report was an initial report, you must submit a new initial report; if a correction or void was rejected, you must resubmit your correction or void as if this rejected report was never submitted to the Data Bank(s).
31	Invalid Adverse Action Classification code.
46	Data Bank Control Number of report to be voided or corrected is missing or invalid.
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.
77	Invalid certification phone number.
78	Invalid certification phone extension.
79	Invalid subject deceased flag.
81	Invalid subject address.
87	Unable to read certification data record.
90	Missing last name from name record. Must enter both Last Name and First Name.
91	Missing first name from name record. Must enter both Last Name and First Name.
A1	Invalid type of adverse action.
A2	The Name of Agency or Program that took the Adverse Action is missing or invalid.
A3	Invalid or duplicate Adverse Action Classification code.
A4	Invalid entry for total amount of monetary penalty, assessment, restitution and/or fine.
A5	Invalid entry for date of action, date of finding, or date action became effective.
A6	Invalid length of action.
A7	Invalid entry in automatic reinstatement field.
A8	Missing narrative description.
A9	Invalid entries in the publicly available or professional competence or conduct field.
AA	Invalid combination of Adverse Action Classification codes. State Licensure actions taken against physicians, dentists, or medical or dental residents may not contain multiple codes when one of the following codes is reported: 1138, 1139, 1149, or 1189. Federal Licensure actions taken by the DEA against health care practitioners may not contain multiple codes when one of the following codes is reported: 1149, 1173, or 1189. Exclusion/Debarment actions taken by the HHS Office of Inspector General may not contain multiple codes when one of the following codes is reported: 1508, 1509, 3508, or 3509. Additional actions should be submitted in separate reports.
AC	Length of action information should not be included in the report for the selected Adverse Action Classification codes.
AD	Name of Agency or Program that took the Adverse Action is not allowed for this report type.
AE	The QRXS does not accept transactions related to Adverse Action Reports in legacy format.

Error Code	Description
AF	This agent user ID does not have authority to perform this action for this entity.
AG	Invalid date of action or date of finding. For a Revision to Action report, the date of action or date of finding must be the same as or later than the date of action or date of finding on the initial report.
AI	Status codes in Licensure Actions and Nurse Multi-State Licensure Privilege Actions cannot be selected together.
B1	Incomplete individual subject Occupation/Field of Licensure record.
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).
B4	Invalid organization subject license number.
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.
BB	The specialty code must not be specified for Clinical Privilege or Professional Society actions.
C0	Incomplete or incorrect Organization Name or Type information. For each organization, you must provide a valid Organization Name and Organization Type.
C4	Invalid Food and Drug Administration number(s).
C5	Invalid National Provider Identifier(s).
C6	Invalid Federal Employer Identification Number(s).
C7	Invalid affiliation record.
C8	Invalid appeal record.
CV	You may not void a report that has related Revision to Action reports. You must first void the Revision to Action reports before voiding this report. You can view the related Revision to Action reports by attempting to void this report using the IQRS (https://www.npdb-hipdb.hrsa.gov).
D0	Invalid deceased date.
D2	Invalid health care entity definition entry.
D3	Invalid type of organization.
D4	Missing organization name.
D5	Missing or invalid Basis for Action code.
D6	Report is not valid under any NPDB-HIPDB statutory authority.
D7	This type of report does not accept notices of appeal.
D8	You do not have the statutory authority to submit a notice of appeal for this report.
D9	Professional school and year of graduation should not be present for non-practitioners.
DA	Missing or invalid basis for action description.
E1	No basis code should be present for revision to actions.
E5	Missing competence or conduct basis entry.
E6	Competence or conduct entry not applicable to your report.
F5	A revision to action transaction attempted to modify certain fields that must contain the same information as the report being revised: 'Type of Action', 'Occupation/Field of Licensure' if you are filing a report on an individual subject, as well as 'Competence/Conduct Basis' if you are filing a State licensure report on an individual subject, or 'Health Care Entity Definition' if you are filing a State licensure report on an organizational subject.
F6	The previous DCN did not match a report in the Data Bank.
F7	A transaction type was not found for the specified report.
F8	The previous DCN is not applicable for this type of report.
F9	A correction of revision to action transaction attempted to correct a non-revision to action report.

Error Code	Description
I1	Invalid Individual Taxpayer Identification Number(s).
I2	At least one ITIN or SSN must be provided for Individual Subject.
I3	At least one ITIN, SSN or FEIN must be provided for Organization Subject.
I4	Invalid Unique Physician Identification Number(s).
I5	Invalid Principal Officers and Owners information.
I6	Invalid Medicare Provider/Supplier Number(s).
I7	Invalid Clinical Laboratory Improvement Act Number(s).
I8	Invalid Entity Internal Report Reference.
I9	Invalid report type.
IN	ITIN not allowed for this report type.
KC	Invalid Other Organization Name.
KD	Hospital Affiliates are only valid for medical malpractice payment reports. Report this data in an Affiliate record instead.
R1	All or part of certification information is missing.
R2	Invalid affiliate address.
R4	Invalid Organization Name.
R6	Invalid Customer Use data.
R9	You do not have the correct statutory authority to submit this report.
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 regulations, available at http://www.npdb-hipdb.hrsa.gov/legislation.html, as part of the renewal process. Once the regulations 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.
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 regulations, available at http://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 regulations, available at http://www.npdb-hipdb.hrsa.gov/legislation.html. Once the certifying official has reviewed these regulations, 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.
RI	The administrator account can not be used to submit report transactions. These transactions must be submitted using a user account.

Table 4-15: Disclosure Type Codes

Code	Description
IR	The reporting entity identified in this disclosure has submitted Initial Report {1}.
RR	The reporting entity identified in this disclosure has submitted Revision to Action Report {1}.
CR	The reporting entity identified in this disclosure has submitted correction(s) to report {1}.
CA	The reporting entity identified in this disclosure has submitted correction(s) to report {1}.
DA	The subject of report {1} has filed a dispute with the Data Bank(s) concerning information contained in the report. The reporting entity identified in this disclosure and the subject of the report are responsible for settling the dispute.
DW	The subject of report {1} has withdrawn the dispute originally associated with this report.
SA	The subject of report {1} has added a statement to the report to explain or comment on the action reported.
SW	The subject of report {1} has withdrawn the statement previously associated with this report.
NA	The reporting entity identified in this disclosure has indicated that the action described in report {1} is being appealed.
RE	The subject of report {1} has requested that this dispute be reviewed by the Secretary of the U.S. Department of Health and Human Services.
RW	The subject of report {1} has withdrawn the request for review of this dispute by the Secretary of the U.S. Department of Health and Human Services.
RD	The Secretary of the U.S. Department of Health and Human Services has reviewed the facts of the dispute and has made a determination regarding report {1}.
VR	Report {1} and all information in it have been expunged from the Data Bank(s) and should not be used. Please destroy all copies of this report.
OC	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) corrected report {1}. The following data fields have been modified: {2}.
OA	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) corrected report {1}. The following data fields have been modified: {2}.
RC	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) corrected report {1} as directed by the Secretary of the U.S. Department of Health and Human Services. For further information, see the Secretary's comments included in this disclosure.
RA	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) corrected report {1} as directed by the Secretary of the U.S. Department of Health and Human Services. For further information, see the Secretary's comments included in this disclosure.
OV	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) voided report {1} because it was determined to be a duplicate report. Please destroy all copies of report {1}. The original report remains in the Data Bank(s).
RV	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) voided report {1} as directed by the Secretary of the U.S. Department of Health and Human Services. The referenced report and all information in it have been expunged from the Data Bank(s) and should not be used. Please destroy all copies of this report.
BI	Correction Report {1} should have been submitted as a Revision to Action since it modifies a previously reported action. To correct this, the Data Bank(s), on behalf of the reporting entity identified in this disclosure, have re−submitted the original or previous Initial Report as {2}. Additionally, the Correction Report {1} has been voided and re−submitted as Revision to Action {3}. Please destroy all copies of report {1}.
BV	Correction Report {1} should have been submitted as a Revision to Action since it modifies a previously reported action. To correct this, the Data Bank(s), on behalf of the reporting entity identified in this disclosure, have re−submitted the original or previous Initial Report as {2}. Additionally, the Correction Report {1} has been voided and re−submitted as Revision to Action {3}. Please destroy all copies of report {1}.
BR	Correction Report {1} should have been submitted as a Revision to Action since it modifies a previously reported action. To correct this, the Data Bank(s), on behalf of the reporting entity identified in this disclosure, have re−submitted the original or previous Initial Report as {2}. Additionally, the Correction Report {1} has been voided and re−submitted as Revision to Action {3}. Please destroy all copies of report {1}.

Code	Description
AV	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) converted report {1} to Revision to Action Report {2}. This action should have been reported as a Revision to Action since it modifies the previously reported action {3}. Please destroy all copies of report {1}.
AR	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) converted report {1} to Revision to Action Report {2}. This action should have been reported as a Revision to Action since it modifies the previously reported action {3}. Please destroy all copies of report {1}.
Note(s): The descriptions listed herein contain placeholder references ({1}, {2}, and{3}) and each will be replaced with an actual report DCN when a notification is generated by the Data Bank(s).	

Table 4-16: Subject Source Codes

Code	Description
Q	You received the previous version of this report via a query.
R	Your entity submitted the previous version of this report.
P	You received the previous version of this report via a PDS enrollment that has since been canceled.

Table 4-17: 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.

Table 4-18: Adverse Action Classification Codes – Legacy AAR

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

Adverse Action Classification Codes - Legacy AAR (continued)

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 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)	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 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

APPENDIX A: FEDERAL LICENSURE ACTIONS

A.1   Subject Data Elements

Table A-1: Individual Subject Data Elements – Federal Licensure

Individual Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	Up to 5
gender	Yes	
birthdate	Yes	
organizationName	No	
organizationType	No	Required if organizationName specified
workAddress	Conditional	Valid work or home address required
homeAddress	Conditional	Valid work or home address required
ssn	Yes	Up to 4; See Note (1)
itin	No	Up to 4; See Note (1)
fein	No	Up to 4
npi	No	Up to 4
dea	No	Up to 4
upin	No	Up to 4
professionalSchool	Yes	Up to 5
occupationAndLicensure	Yes	
occupationAndLicensure/number	Conditional	See Note (2)
occupationAndLicensure/noLicense	Conditional	See Note (2)
occupationAndLicensure/state	Yes	
occupationAndLicensure/field	Yes	
occupationAndLicensure/description	Conditional	See Note (3)
occupationAndLicensure/specialty	Conditional	See Note (4)
otherOccupationAndLicensure	No	Up to 59; See Note (5)
subjectID	No	Reserved; Do not specify
deceasedDate	Yes	
affiliation	No	Up to 4; See Note (6)

Note(s):

(1) For HIPDB reports, at least one SSN or ITIN must be provided.

(2) If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, omit number and specify noLicense. If a number is specified, omit noLicense. Either number or noLicense must be provided.

(3) The description is required only if field code "699" or "899" is specified; otherwise omit.

(4) The specialty data element is applicable only to subjects who are physicians and dentists (i.e., Occupation/Field of Licensure codes "010", "015", "020", "025", "030", "035"). Specialty is required for Federal and State Licensure actions in which the subject is a physician or dentist.

(5) Used if more than one set of occupation and licensure information is provided; refer to Notes (2) – (4) for otherOccupationAndLicensure fields.

(6) When specifying affiliation information, the affiliate name is required. If providing an affiliate address, either the city and state, or the city and country must be provided.

Table A-2: Organization Subject Data Elements – Federal Licensure

Organization Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	Up to 5
address	Yes	
organizationType	Yes	
fein	Yes	Up to 4; See Note (1)
ssn	No	Up to 4; See Note (1)
itin	No	Up to 4; See Note (1)
license	Yes	Up to 3
license/number	Conditional	See Note (2)
license/noLicense	Conditional	See Note (2)
license/state	Yes	
dea	No	Up to 4
clia	No	Up to 6
fda	No	Up to 6
npi	No	Up to 4
medicareProvider	No	Up to 4
subjectID	No	Reserved; Do not specify
affiliation	No	Up to 4; See Note (3)
principalOfficerOwner	No	Up to 5

Note(s):
(1) For HIPDB reports, at least one FEIN or SSN or ITIN must be provided.

(2) If State law does not require a license, or the subject has a temporary license, is operating without a required license, or is operating with an unauthorized license, omit number and specify noLicense. If a number is specified, omit noLicense. Either number or noLicense must be provided.

(3) When specifying affiliation information, the affiliate name is required. If providing an affiliate address, either the city and state, or the city and country must be provided.

A.2   Federal Licensure Adverse Action Data

Table A-3: Federal Licensure Adverse Action Elements

Element	Required	Valid Values / Limitations
action	Yes	Common List of Values, Section 4.2, Table 4-9
classification/code	Yes	List A-1 for individual subject; List A-3 for organization subject; Up to 5; See Note (4)
classification/description	Conditional	Provide description of the adverse action taken only if the adverse action code is "1189", "1199", or "3239"
agencyProgramName	Yes	
actionTakenDate	Yes	See Note (2), (5)
actionEffectiveDate	Yes	
actionLength	Conditional	See Note (1)
automaticReinstatement	No	
amount	Conditional	See Note (3)
narrative	Yes	
appeal	Yes	
basis	Conditional	List A-2 for individual subject; List A-4 for organization subject; Up to 5; Do not provide basis code for Revisions to Actions or Correction of Revision to Actions. Mandatory for Initial and other Correction Reports.

Note(s):

(1) For some adverse action reports, the length of action fields should NOT contain values. If this report has one of the following conditions, do NOT insert values:

- If this is an Initial Report and ALL Adverse Action Classification Codes indicate a civil money penalty, administrative fine, or other monetary penalty, per Note (3) below (e.g., Adverse Action Classification Codes "1173", "3230", "3233").

- If this is a Revision to Action Report and ALL Adverse Action Classification Codes indicate a complete reinstatement (e.g., Adverse Action Classification Codes "1280", "3281").

If this report has a mixture of some Adverse Action Classification Codes that are in the above conditions and some Adverse Action Classification Codes that are not in the above conditions, then the length of action fields are required.

(2) The NPDB will not accept reports with a date of action taken prior to September 1, 1990. The HIPDB will not accept reports with a date of action taken prior to August 21, 1996.

For individual subject reports, if reporter is not Drug Enforcement Administration (DEA), then action taken date must be on or after August 21, 1996.

(3) "Amount of Monetary Penalty, Fine or Restitution" is Mandatory if the adverse action being reported is a civil money penalty, administrative fine, or other monetary penalty (e.g., Adverse Action Classification Codes "1173", "3230", or "3233").

(4) 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.

(5) If this is a Revision to Action or a Correction of Revision to Action Report, the date of action must be the same as or later than the date of action on the Initial Report.

A.3 Data Dictionary List of Values – Federal Licensure Actions

List A-1: Adverse Action Classification Codes – Individual Subjects

Federal 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)
1173   Publicly Available Fine/Monetary Penalty
1189   Publicly Available Negative Action or Finding (HIPDB Only), Specify
1199   Other Licensure Action – Not Classified, Specify
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

List A-2: Basis for Action Codes – Individual Subjects

Federal 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

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

List A-2: Basis for Action Codes – Individual Subjects (Continued)

Federal Licensure	
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 of Delegation
G2	Allowing or Aiding Licensed Practice
Improper Prescribing, Dispensing, Administering Medication/Drug Violation	
H1	Narcotics Violation or Other Violation of Drug Status
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 A-3: Adverse Action Classification Codes – Organization Subjects

Federal 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

Revisions to Actions (No Basis for Action Codes 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 A-4: Basis for Action Codes – Organization Subjects

Federal 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

APPENDIX B: STATE LICENSURE ACTIONS

B.1   Subject Data Elements

Table B-1: Individual Subject Data Elements – State Licensure

Individual Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	Up to 5
gender	Yes	
birthdate	Yes	
organizationName	No	
organizationType	No	Required if organizationName specified
workAddress	Conditional	Valid work or home address required
homeAddress	Conditional	Valid work or home address required
ssn	Yes	Up to 4; See Note (1)
itin	No	Up to 4; See Note (1)
fein	No	Up to 4
npi	No	Up to 4
dea	No	Up to 4
upin	No	Up to 4
professionalSchool	Yes	Up to 5
occupationAndLicensure	Yes	
occupationAndLicensure/number	Conditional	See Note (2)
occupationAndLicensure/noLicense	Conditional	See Note (2)
occupationAndLicensure/state	Yes	
occupationAndLicensure/field	Yes	
occupationAndLicensure/description	Conditional	See Note (3)
occupationAndLicensure/specialty	Conditional	See Note (4)
otherOccupationAndLicensure	No	Up to 59; See Note (5)
subjectID	No	Reserved; Do not specify
deceasedDate	Yes	
affiliation	No	Up to 4; See Note (6)

Note(s):

(1) For HIPDB reports, at least one SSN or ITIN must be provided.

(2) If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, omit number and specify noLicense. If a number is specified, omit noLicense. Either number or noLicense must be provided.

(3) The description is required only if field code "699" or "899" is specified; otherwise omit.

(4) The specialty data element is applicable only to subjects who are physicians and dentists (i.e., Occupation/Field of Licensure codes "010", "015", "020", "025", "030", "035"). Specialty is required for Federal and State Licensure actions in which the subject is a physician or dentist.

(5) Used if more than one set of occupation and licensure information is provided; refer to Notes (2) – (4) for otherOccupationAndLicensure fields.

(6) When specifying affiliation information, the affiliate name is required. If providing an affiliate address, either the city and state, or the city and country must be provided.

Table B-2: Organization Subject Data Elements – State Licensure

Organization Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	Up to 5
address	Yes	
organizationType	Yes	
fein	Yes	Up to 4; See Note (1)
ssn	No	Up to 4; See Note (1)
itin	No	Up to 4; See Note (1)
license	Yes	Up to 3
license/number	Conditional	See Note (2)
license/noLicense	Conditional	See Note (2)
license/state	Yes	
dea	No	Up to 4
clia	No	Up to 6
fda	No	Up to 6
npi	No	Up to 4
medicareProvider	No	Up to 4
subjectID	No	Reserved; Do not specify
affiliation	No	Up to 4; See Note (3)
principalOfficerOwner	No	Up to 5

Note(s):

(1) For HIPDB reports, at least one FEIN or SSN or ITIN must be provided.

(2) If State law does not require a license, or the subject has a temporary license, is operating without a required license, or is operating with an unauthorized license, omit number and specify noLicense. If a number is specified, omit noLicense. Either number or noLicense must be provided.

(3) When specifying affiliation information, the affiliate name is required. If providing an affiliate address, either the city and state, or the city and country must be provided.

B.2   State Licensure Adverse Action Data

Table B-3: State Licensure Adverse Action Elements

Element	Required	Valid Values / Limitations
action	Yes	Common List of Values, Section 4.2, Table 4-9
classification/code	Yes	List B-1 for individual subject; List B-3 for organization subject; Up to 5; See Note (4), (7)
classification/description	Conditional	Provide description of the adverse action taken only if the adverse action code is "1189", "1199", "1389", "1399", or "3239"
agencyProgramName	Yes	
actionTakenDate	Yes	See Note (2), (8)
actionEffectiveDate	Yes	
actionLength	Conditional	See Note (1)
automaticReinstatement	No	
amount	Conditional	See Note (3)
orgDefn	Yes	Organization subjects only; See Note (6)
ccb	Conditional	Individual only; See Note (5)
narrative	Yes	
appeal	Yes	
basis	Conditional	List B-2 for individual subject; List B-4 for organization subject; Up to 5; Do not provide basis code for Revisions to Actions or Correction of Revision to Actions. Mandatory for Initial and other Correction Reports.

Note(s):

(1) For some adverse action reports, the length of action fields should NOT contain values. If this report has one of the following conditions, do NOT insert values:

- If this is an Initial Report and ALL Adverse Action Classification Codes indicate a civil money penalty, administrative fine, or other monetary penalty, per Note (3) below (e.g., Adverse Action Classification Codes "1173", "1373", "3230", "3233").

- If this is a Revision to Action Report and ALL Adverse Action Classification Codes indicate a complete reinstatement (e.g., Adverse Action Classification Codes "1280", "1480", "3281").

If this report has a mixture of some Adverse Action Classification Codes that are in the above conditions and some Adverse Action Classification Codes that are not in the above conditions, then the length of action fields are required.

(2) The NPDB will not accept reports with a date of action taken prior to September 1, 1990. The HIPDB will not accept reports with a date of action taken prior to August 21, 1996.

(3) "Amount of Monetary Penalty, Fine or Restitution" is Mandatory if the adverse action being reported is a civil money penalty, administrative fine, or other monetary penalty (e.g., Adverse Action Classification Codes "1173", "1373", "3230", or "3233").

(4) 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.

Table B-3: State Licensure Adverse Action Elements (Continued)

(5) This field is only applicable to State Licensure actions taken against a physician or dentist, i.e., Occupation/Field of Licensure code "010", "015", "020", "025", "030", "035." Omit this field for State Licensure actions taken against other types of subjects. The Data Banks cannot accept reports which contain Adverse Action Classification Codes "1138" or "1139" and ccb set to "false."

(6) For reports in which orgDefn is "false", the action date must be on or after August 21, 1996. Omit this field for reports on individual subjects.

(7) 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.

(8) If this is a Revision to Action or a Correction of Revision to Action Report, the date of action must be the same as or later than the date of action on the Initial Report.

B.3   Data Dictionary List of Values – State Licensure Actions

List B-1: Adverse Action Classification Codes – Individual Subjects

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)
1139	Summary or Emergency Suspension of License (NPDB Only)
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)
1173	Publicly Available Fine/Monetary Penalty
1189	Publicly Available Negative Action or Finding (HIPDB Only), Specify
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 Action
1296	Extension of Previous Action

List B-1: Adverse Action Classification Codes – Individual Subjects (Continued)

State Licensure

Licensure — Nurse Multi-State Privilege Actions

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)

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

List B-2: Basis for Action Codes – Individual Subjects

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

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

List B-2: Basis for Action Codes – Individual Subjects (Continued)

	State Licensure
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 B-3: Adverse Action Classification Codes – Organization Subjects

	State 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
Revisions to Actions (No Basis for Action Codes 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 B-4: Basis for Action Codes – Organization Subjects

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

APPENDIX C: CLINICAL PRIVILEGES ACTIONS

C.1 Subject Data Elements

Table C-1: Individual Subject Data Elements – Clinical Privileges

Individual Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	Up to 5
gender	Yes	
birthdate	Yes	
organizationName	No	
workAddress	Conditional	Valid work or home address required
homeAddress	Conditional	Valid work or home address required
ssn	No	Up to 4
dea	No	Up to 4
professionalSchool	Yes	Up to 5
occupationAndLicensure	Yes	
occupationAndLicensure/number	Conditional	See Note (1)
occupationAndLicensure/noLicense	Conditional	See Note (1)
occupationAndLicensure/state	Yes	
occupationAndLicensure/field	Yes	See Note (2)
occupationAndLicensure/description	Conditional	See Note (3)
otherOccupationAndLicensure	No	Up to 59; See Note (4)
subjectID	No	Reserved; Do not specify
deceasedDate	Yes	

Note(s):

(1) If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, omit number and specify noLicense. If a number is specified, omit noLicense. Either number or noLicense must be provided.

(2) Do not provide Occupation/Field of Licensure code greater than "699."

(3) The description is required only if field code "699" is specified; otherwise omit.

(4) Used if more than one set of occupation and licensure information is provided; refer to Notes (1) – (3) for otherOccupationAndLicensure fields.

C.2   Clinical Privileges Adverse Action Data

Table C-2: Clinical Privileges Adverse Action Elements

Element	Required	Valid Values / Limitations
action	Yes	Common List of Values, Section 4.2, Table 4-9
classification/code	Yes	List C-1 for individual subject; Up to 5
classification/description	Conditional	Provide description of the adverse action taken only if the adverse action code is "1645."
actionTakenDate	Yes	See Note (2), (3)
actionEffectiveDate	Yes	
actionLength	Conditional	See Note (1)
narrative	Yes	
basis	Conditional.	List C-2 for individual subject; Up to 5; Do not provide basis code for Revisions to Actions or Correction of Revision to Actions. Mandatory for Initial and other Correction Reports.

Note(s):

(1) For some adverse action reports, the length of action fields should NOT contain values. For example, if this is a Revision to Action Report and ALL Adverse Action Classification Codes indicate a complete reinstatement (code "1680"), omit the length of action. If this report has a mixture of some Adverse Action Classification Codes that are in the above conditions and some Adverse Action Classification Codes that are not in the above conditions, then the length of action fields are required.

(2) The NPDB will not accept reports with a date of action taken prior to September 1, 1990.

(3) If this is a Revision to Action or a Correction of Revision to Action Report, the date of action must be the same as or later than the date of action on the Initial Report.

C.3 Data Dictionary List of Values – Clinical Privileges Actions

List C-1: Adverse Action Classification Codes – Individual Subjects

Clinical Privileges (also Includes Peer-Reviewed Panel Membership Actions)
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
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 C-2: Basis for Action Codes – Individual Subjects

Clinical Privileges
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

List C-2: Basis for Action Codes – Individual Subjects (Continued)

	Clinical Privileges
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

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

APPENDIX D: HEALTH PLAN ACTIONS

D.1   Subject Data Elements

Table D-1: Individual Subject Data Elements – Health Plan

Individual Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	Up to 5
gender	Yes	
birthdate	Yes	
organizationName	No	
organizationType	No	Required if organizationName specified
workAddress	Conditional	Valid work or home address required
homeAddress	Conditional	Valid work or home address required
ssn	Yes	Up to 4; See Note (1)
itin	No	Up to 4; See Note (1)
fein	No	Up to 4
npi	No	Up to 4
dea	No	Up to 4
upin	No	Up to 4
professionalSchool	No	Up to 5
occupationAndLicensure	Yes	
occupationAndLicensure/number	No	See Note (2)
occupationAndLicensure/noLicense	No	See Note (2)
occupationAndLicensure/state	No	
occupationAndLicensure/field	Yes	
occupationAndLicensure/description	Conditional	See Note (3)
occupationAndLicensure/specialty	No	See Note (4)
otherOccupationAndLicensure	No	Up to 59; See Note (5)
subjectID	No	Reserved; Do not specify
deceasedDate	Yes	
affiliation	No	Up to 4; See Note (6)

Note(s):

(1) For HIPDB reports, at least one SSN or ITIN must be provided.

(2) If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, omit number and specify noLicense. If a number is specified, omit noLicense.

(3) The description is required only if field code "699" or "899" is specified; otherwise omit.

(4) The specialty data element is applicable only to subjects who are physicians and dentists (i.e., Occupation/Field of Licensure codes "010", "015", "020", "025", "030", "035").

(5) Used if more than one set of occupation and licensure information is provided; refer to Notes (2) – (5) for otherOccupationAndLicensure fields.

(6) When specifying affiliation information, the affiliate name is required. If providing an affiliate address, either the city and state, or the city and country must be provided.

Table D-2: Organization Subject Data Elements – Health Plan

Organization Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	Up to 5
address	Yes	
organizationType	Yes	
fein	Yes	Up to 4; See Note (1)
ssn	No	Up to 4; See Note (1)
itin	No	Up to 4; See Note (1)
license	No	Up to 3
license/number	No	See Note (2)
license/noLicense	No	See Note (2)
license/state	No	
dea	No	Up to 4
clia	No	Up to 6
fda	No	Up to 6
npi	No	Up to 4
medicareProvider	No	Up to 4
subjectID	No	Reserved; Do not specify
affiliation	No	Up to 4; See Note (3)
principalOfficerOwner	No	Up to 5
Note(s):		

Note(s):

(1) For HIPDB reports, at least one FEIN or SSN or ITIN must be provided.

(2) If State law does not require a license, or the subject has a temporary license, is operating without a required license, or is operating with an unauthorized license, omit number and specify noLicense. If a number is specified, omit noLicense.

(3) When specifying affiliation information, the affiliate name is required. If providing an affiliate address, either the city and state, or the city and country must be provided.

D.2   Health Plan Adverse Action Data

Table D-3: Health Plan Adverse Action Elements

Element	Required	Valid Values / Limitations
action	Yes	Common List of Values, Section 4.2, Table 4-9
classification/code	Yes	List D-1 for individual subject; List D-3 for organization subject; Up to 5
classification/description	Conditional	Provide description of the adverse action taken only if the adverse action code is "1989" or "3989."
agencyProgramName	Yes	
actionTakenDate	Yes	See Note (2), (4)
actionEffectiveDate	Yes	
actionLength	Conditional	See Note (1)
automaticReinstatement	No	
amount	Conditional	See Note (3)
narrative	Yes	
appeal	Yes	
basis	Conditional	List D-2 for individual subject; List D-4 for organization subject; Up to 5; Do not provide basis code for Revisions to Actions or Correction of Revision to Actions. Mandatory for Initial and other Correction Reports.

Note(s):

(1) For some adverse action reports, the length of action fields should NOT contain values. If this report has one of the following conditions, do NOT insert values:

- If this an Initial Report and ALL Adverse Action Classification Codes indicate a civil money penalty, administrative fine, or other monetary penalty, per Note (3) below (Adverse Action Classification Codes "1932", "3932").

- If this is a Revision to Action Report and ALL Adverse Action Classification Codes indicate a complete reinstatement (Adverse Action Classification Codes "1990", "3990").

If this report has a mixture of some Adverse Action Classification Codes that are in the above conditions and some Adverse Action Classification Codes that are not in the above conditions, then the length of action fields are required.

(2) The HIPDB will not accept reports with a date of action taken prior to August 21, 1996.

(3) "Amount of Monetary Penalty, Fine or Restitution" is Mandatory if the adverse action being reported is a civil money penalty, administrative fine, or other monetary penalty (e.g., Adverse Action Classification Codes "1932" or "3932").

(4) If this is a Revision to Action or a Correction of Revision to Action Report, the date of action must be the same as or later than the date of action on the Initial Report.

D.3 Data Dictionary List of Values – Health Plan Actions

List D-1: Adverse Action Classification Codes – Individual Subjects

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
Revisions to Actions (No Basis for Action Codes Required)
1990   Reinstatement
1992   Reinstatement Denied
1995   Reduction of Previous Action
1996   Extension of Previous Action

List D-2: Basis for Action Codes – Individual Subjects

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

List D-2: Basis for Action Codes – Individual Subjects (Continued)

Health Plan Action	
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

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 D-3: Adverse Action Classification Codes – Organization Subjects

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
Revisions to Actions (No Basis for Action Codes Required)
3990   Reinstatement
3992   Reinstatement Denied
3995   Reduction of Previous Action
3996   Extension of Previous Action

List D-4: Basis for Action Codes – Organization Subjects

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

List D-4: Basis for Action Codes – Organization Subjects (Continued)

Health Plan Action
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

APPENDIX E: EXCLUSIONS OR DEBARMENTS

E.1   Subject Data Elements

Table E-1: Individual Subject Data Elements – Exclusion or Debarment

Individual Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	Up to 5
gender	Yes	
birthdate	Yes	
organizationName	No	
organizationType	No	Required if organizationName specified
workAddress	Conditional	Valid work or home address required
homeAddress	Conditional	Valid work or home address required
ssn	Yes	Up to 4; See Note (1)
itin	No	Up to 4; See Note (1)
fein	No	Up to 4
npi	No	Up to 4
dea	No	Up to 4
upin	No	Up to 4
professionalSchool	No	Up to 5
occupationAndLicensure	Yes	
occupationAndLicensure/number	No	See Note (2)
occupationAndLicensure/noLicense	No	See Note (2)
occupationAndLicensure/state	No	
occupationAndLicensure/field	Yes	
occupationAndLicensure/description	Conditional	See Note (3)
occupationAndLicensure/specialty	No	See Note (4)
otherOccupationAndLicensure	No	Up to 59; See Note (5)
subjectID	No	Reserved; Do not specify
deceasedDate	Yes	
affiliation	No	Up to 4; See Note (6)

Note(s):

(1) For HIPDB reports, at least one SSN or ITIN must be provided.

(2) If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, omit number and specify noLicense. If a number is specified, omit noLicense.

(3) The description is required only if field code "699" or "899" is specified; otherwise omit.

(4) The specialty data element is applicable only to subjects who are physicians and dentists (i.e., Occupation/Field of Licensure codes "010", "015", "020", "025", "030", "035").

(5) Used if more than one set of occupation and licensure information is provided; refer to Notes (2) – (5) for otherOccupationAndLicensure fields.

(6) When specifying affiliation information, the affiliate name is required. If providing an affiliate address, either the city and state, or the city and country must be provided.

Table E-2: Organization Subject Data Elements Elements – Exclusion or Debarment

Organization Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	
address	Yes	
organizationType	Yes	
fein	Yes	Up to 4; See Note (1)
ssn	No	Up to 4; See Note (1)
itin	No	Up to 4; See Note (1)
license	No	Up to 3
license/number	No	See Note (2)
license/noLicense	No	See Note (2)
license/state	No	
dea	No	Up to 4
clia	No	Up to 6
fda	No	Up to 6
npi	No	Up to 4
medicareProvider	No	Up to 4
subjectID	No	Reserved; Do not specify
affiliation	No	Up to 4; See Note (3)
principalOfficerOwner	No	Up to 5

Note(s):
(1) For HIPDB reports, at least one FEIN or SSN or ITIN must be provided.

(2) If State law does not require a license, or the subject has a temporary license, is operating without a required license, or is operating with an unauthorized license, omit number and specify noLicense. If a number is specified, omit noLicense.

(3) When specifying affiliation information, the affiliate name is required. If providing an affiliate address, either the city and state, or the city and country must be provided.

E.2   Exclusion or Debarment Adverse Action Data

Table E-3: Exclusion or Debarment Adverse Action Elements

Element	Required	Valid Values / Limitations
action	Yes	Common List of Values, Section 4.2, Table 4-9
classification/code	Yes	List E-1 for individual subject; List E-2 for organization subject; Up to 5; See Note (3); Do not provide description.
agencyProgramName	Yes	
actionTakenDate	Yes	See Note (2), (4)
actionEffectiveDate	Yes	
actionLength	Conditional	See Note (1)
automaticReinstatement	No	
narrative	Yes	
appeal	Yes	
basis	Conditional	List E-3 for individual or organization subject; Up to 5; Do not provide basis code for Revisions to Actions or Correction of Revision to Actions. Mandatory for Initial and other Correction Reports.

Note(s):
(1) The length of action fields should not contain values if this is a Revision to Action Report and all Adverse Action Classification Codes indicate a complete reinstatement (Adverse Action Classification Codes "1515" or "3515").

(2) The NPDB will not accept reports with a date of action taken prior to September 1, 1990. The HIPDB will not accept reports with a date of action taken prior to August 21, 1996.

(3) Adverse Action Codes "1508", "1509", "3508", "3509" are for **HHS Office of Inspector General use only**, and multiple adverse action codes cannot be provided when any of these four codes are indicated. Additional actions should be submitted in separate reports.

(4) If this is a Revision to Action or a Correction of Revision to Action Report, the date of action must be the same as or later than the date of action on the Initial Report.

E.3   Data Dictionary List of Values – Exclusions or Debarments

List E-1: Adverse Action Classification Codes – Individual Subjects

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 Programs
1509   Exclusion From Medicare and State Health Care Programs
Revisions to Actions (No Basis for Action Codes Required)
1515   Reinstatement
1516   Reinstatement Denied

List E-2: Adverse Action Classification Codes – Organization Subjects

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
3509   Exclusion From Medicare and State Health Care Programs
Revisions to Actions (No Basis for Action Codes Required)
3515   Reinstatement
3516   Reinstatement Denied

List E-3: Basis for Action Codes – Individual and Organization Subjects

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

APPENDIX F: PROFESSIONAL SOCIETY ACTIONS

F.1   Subject Data Elements

Table F-1: Individual Subject Data Elements – Professional Society

Individual Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	Up to 5
gender	Yes	
birthdate	Yes	
organizationName	No	
workAddress	Conditional	Valid work or home address required
homeAddress	Conditional	Valid work or home address required
ssn	No	Up to 4
dea	No	Up to 4
professionalSchool	Yes	Up to 5
occupationAndLicensure	Yes	
occupationAndLicensure/number	Conditional	See Note (1)
occupationAndLicensure/noLicense	Conditional	See Note (1)
occupationAndLicensure/state	Yes	
occupationAndLicensure/field	Yes	See Note (2)
occupationAndLicensure/description	Conditional	See Note (3)
otherOccupationAndLicensure	No	Up to 59; See Note (4)
subjectID	No	Reserved; Do not specify
deceasedDate	Yes	

Note(s):

(**1**) If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, omit number and specify noLicense. If a number is specified, omit noLicense. Either number or noLicense must be provided.

(**2**) Do not provide Occupation/Field of Licensure code greater than "699."

(**3**) The description is required only if field code "699" is specified; otherwise omit.

(**4**) Used if more than one set of occupation and licensure information is provided; refer to Notes (1) – (3) for otherOccupationAndLicensure fields.

F.2   Professional Society Adverse Action Data

Table F-2: Professional Society Adverse Action Elements

Element	Required	Valid Values / Limitations
action	Yes	Common List of Values, Section 4.2, Table 4-9
classification/code	Yes	List F-1 for individual subject; Up to 5
classification/description	Conditional	Provide description of the adverse action taken only if the adverse action code is "1745."
actionTakenDate	Yes	See Note (2), (3)
actionEffectiveDate	Yes	
actionLength	Conditional	See Note (1)
narrative	Yes	
basis	Conditional.	List F-2 for individual subject; Up to 5; Do not provide basis code for Revisions to Actions or Correction of Revision to Actions. Mandatory for Initial and other Correction Reports.
Note(s):		

Note(s):

(1) For some adverse action reports, the length of action fields should NOT contain values. For example, if this is a Revision to Action Report and ALL Adverse Action Classification Codes indicate a complete reinstatement (code "1780"), omit the length of action. If this report has a mixture of some Adverse Action Classification Codes that are in the above conditions and some Adverse Action Classification Codes that are not in the above conditions, then the length of action fields are required.

(2) The NPDB will not accept reports with a date of action taken prior to September 1, 1990.

(3) If this is a Revision to Action or a Correction of Revision to Action Report, the date of action must be the same as or later than the date of action on the Initial Report.

F.3   Data Dictionary List of Values – Professional Society Actions

List F-1: Adverse Action Classification Codes – Individual Subjects

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)
Revisions to Actions (No Basis for Action Codes Required)
1780   Membership Reinstated, Complete
1781   Membership Reinstated, Conditional
1789   Membership Reinstatement Denied
1790   Reduction of Previous Action
1795   Extension of Previous Action

List F-2: Basis for Action Codes – Individual Subjects

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

List F-2: Basis for Action Codes – Individual Subjects (Continued)

Professional Society

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

APPENDIX G: GOVERNMENT ADMINISTRATIVE ACTIONS

G.1 Subject Data Elements

Table G-1: Individual Subject Data Elements – Government Administrative

Individual Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	Up to 5
gender	Yes	
birthdate	Yes	
organizationName	No	
organizationType	No	Required if organizationName specified
workAddress	Conditional	Valid work or home address required
homeAddress	Conditional	Valid work or home address required
ssn	Yes	Up to 4; See Note (1)
itin	No	Up to 4; See Note (1)
fein	No	Up to 4
npi	No	Up to 4
dea	No	Up to 4
upin	No	Up to 4
professionalSchool	No	Up to 5
occupationAndLicensure	Yes	
occupationAndLicensure/number	No	See Note (2)
occupationAndLicensure/noLicense	No	See Note (2)
occupationAndLicensure/state	No	
occupationAndLicensure/field	Yes	
occupationAndLicensure/description	Conditional	See Note (3)
occupationAndLicensure/specialty	No	See Note (4)
otherOccupationAndLicensure	No	Up to 59; See Note (5)
subjectID	No	Reserved; Do not specify
deceasedDate	Yes	
affiliation	No	Up to 4; See Note (6)

Note(s):

(1) For HIPDB reports, at least one SSN or ITIN must be provided.

(2) If State law does not require a license, or if the subject has a temporary or foreign license, is operating without a required license, or is operating with an unauthorized license, omit number and specify noLicense. If a number is specified, omit noLicense.

(3) The description is required only if field code "699" or "899" is specified; otherwise omit.

(4) The specialty data element is applicable only to subjects who are physicians and dentists (i.e., Occupation/Field of Licensure codes "010", "015", "020", "025", "030", "035").

(5) Used if more than one set of occupation and licensure information is provided; refer to Notes (2) – (5) for otherOccupationAndLicensure fields.

(6) When specifying affiliation information, the affiliate name is required. If providing an affiliate address, either the city and state, or the city and country must be provided.

Table G-2: Organization Subject Data Elements – Government Administrative

Organization Element	Required	Valid Values / Limitations
name	Yes	
otherName	No	
address	Yes	
organizationType	Yes	
fein	Yes	Up to 4; See Note (1)
ssn	No	Up to 4; See Note (1)
itin	No	Up to 4; See Note (1)
license	No	Up to 3
license/number	No	See Note (2)
license/noLicense	No	See Note (2)
license/state	No	
dea	No	Up to 4
clia	No	Up to 6
fda	No	Up to 6
npi	No	Up to 4
medicareProvider	No	Up to 4
subjectID	No	Reserved; Do not specify
affiliation	No	Up to 4; See Note (3)
principalOfficerOwner	No	Up to 5
Note(s): **(1)** For HIPDB reports, at least one FEIN or SSN or ITIN must be provided. **(2)** If State law does not require a license, or the subject has a temporary license, is operating without a required license, or is operating with an unauthorized license, omit number and specify noLicense. If a number is specified, omit noLicense. **(3)** When specifying affiliation information, the affiliate name is required. If providing an affiliate address, either the city and state, or the city and country must be provided.		

G.2 Government Administrative Adverse Action Data

Table G-3: Government Administrative Adverse Action Elements

Element	Required	Valid Values / Limitations
action	Yes	Common List of Values, Section 4.2, Table 4-9
classification/code	Yes	List G-1 for individual subject; List G-3 for organization subject; Up to 5
classification/description	Conditional	Provide description of the adverse action taken only if the adverse action code is "1589" or "3589."
agencyProgramName	Yes	
actionTakenDate	Yes	See Note (2), (4)
actionEffectiveDate	Yes	
actionLength	Conditional	See Note (1)
automaticReinstatement	No	
amount	Conditional	See Note (3)
narrative	Yes	
appeal	Yes	
basis	Conditional.	List G-2 for individual subject; List G-4 for organization subject; Up to 5; Do not provide basis code for Revisions to Actions or Correction of Revision to Actions. Mandatory for Initial and other Correction Reports.

Note(s):

(1) For some adverse action reports, the length of action fields should NOT contain values. If this report has one of the following conditions, do NOT insert values:

- If this is an Initial Report and ALL Adverse Action Classification Codes indicate a civil money penalty, administrative fine, or other monetary penalty, per Note (3) below (e.g., Adverse Action Classification Codes "1530", "1532", "3230", or "3232").

- If this is a Revision to Action Report and ALL Adverse Action Classification Codes indicate a complete reinstatement (e.g., Adverse Action Classification Codes "1590", "3590").

If this report has a mixture of some Adverse Action Classification Codes that are in the above conditions and some Adverse Action Classification Codes that are not in the above conditions, then the length of action fields are required.

(2) The HIPDB will not accept reports with a date of action taken prior to August 21, 1996.

(3) "Amount of Monetary Penalty, Fine or Restitution" is Mandatory if the adverse action being reported is a civil money penalty, administrative fine, or other monetary penalty (Adverse Action Classification Codes "1530", "1532", "3230", or "3232").

(4) If this is a Revision to Action or a Correction of Revision to Action Report, the date of action must be the same as or later than the date of action on the Initial Report.

G.3 Data Dictionary List of Values – Government Administrative Actions

List G-1: Adverse Action Classification Codes – Individual Subjects

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
Revisions to Actions (No Basis for Action Codes Required)
1590   Reinstatement
1592   Reinstatement Denied
1595   Reduction of Previous Action
1596   Extension of Previous Action

List G-2: Basis for Action Codes – Individual Subjects

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

List G-2: Basis for Action Codes – Individual Subjects (Continued)

Government Administrative

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

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

List G-2: Basis for Action Codes – Individual Subjects (Continued)

Government Administrative
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 G-3: Adverse Action Classification Codes – Organization Subjects

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	Non-renewal 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	Non-renewal 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

Revisions to Actions (No Basis for Action Codes Required)
3590	Reinstatement
3592	Reinstatement Denied
3595	Reduction of Previous Action
3596	Extension of Previous Action

List G-4: Basis for Action Codes – Organization Subjects

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

List G-4: Basis for Action Codes – Organization Subjects (Continued)

Government Administrative	
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

APPENDIX H: 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.

No warranty or guarantee of any type is implied or intended for the use of ICDs by the QRXS user or its customers. Should there remain any latent faults in the ICD, or for any other reason, the QRXS 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.

The Data Bank(s) make no commitment, and none shall be inferred by the QRXS 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 QRXS user to produce transaction files as described in the ICD.

Any QRXS user is prohibited from identifying its product as sanctioned or authorized by the Data Bank(s). The QRXS 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.

The QRXS 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 QRXS user's software.

Definitions:

Customer – Any NPDB or HIPDB entity to whom the QRXS user provides application software and support for electronic querying and/or reporting to the NPDB-HIPDB.

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*.

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).

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*.

QRXS 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.

APPENDIX I: 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:

I.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.

I.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.

I.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.

I.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.

I.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.