

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

**INTERFACE CONTROL DOCUMENT (ICD)
FOR PROACTIVE DISCLOSURE SERVICE (PDS)
TRANSACTIONS**

Version 1.07

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**U.S. Department of Health and Human Services
Health Resources & Services Administration
Bureau of Health Professions
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DOCUMENT CHANGE HISTORY

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

Date	Version #	Change Description
04/2007	1.00	Initial Version
06/2007	1.01	<p>Below is a summary of changes to the Interface Control Document (ICD) for Proactive Disclosure Service (PDS) Transactions version 1.01. Effective June 18, 2007, this ICD version 1.01 replaces version 1.00. For PDS submissions prior to June 18, 2007, readers should refer to version 1.00 of the Interface Control Document for Proactive Disclosure Service (PDS) Transactions available at www.npdb-hipdb.hrsa.gov. The changes in this version are indicated below:</p> <p>Section 1, Overview</p> <ul style="list-style-type: none"> • Added Section 1.4, User Account Security. See Section 1.4. • Updated Section 1.5, Contact Information. See Section 1.5. <p>Section 2.3, Submission (Input) File Formats</p> <ul style="list-style-type: none"> • Added Section 2.3.3, Submission File Format for Password Change Request Transactions. See Table 2-3. <p>Section 2.4, Response (Output) File Formats</p> <ul style="list-style-type: none"> • Added Section 2.4.5, Response File Format for Password Change Request Transactions. See Table 2-8. <p>Legacy Format Adverse Action Report Data Record (AAR)</p> <ul style="list-style-type: none"> • Increased the field width for AA_DESC. See Table 3-2. <p>Adverse Action Report Data Record (CAAR). See Table 3-3.</p> <ul style="list-style-type: none"> • Increased the field width for NARRATIVE_DESC. • Added an additional code for AUTOMATIC_RNSTMNT. <p>Adverse Action Report Type Data Record (AART)</p> <ul style="list-style-type: none"> • Updated the valid values for the type of report element to include “A” for “Correction of Revision to Action”. See Table 3-4. <p>Legacy Format Adverse Action Report Type Data Record (LAART)</p>

Date	Version #	Change Description
		<ul style="list-style-type: none"> • Updated the valid values for the type of report element to include “A” for “Correction of Revision to Action”. See Table 3-5. <p>Basis for Action Data Record (BACTN)</p> <ul style="list-style-type: none"> • Updated the description of the basis for action code elements to omit for Correction of Revision to Action Reports. See Table 3-8. <p>Entity Data Record (ENTY)</p> <ul style="list-style-type: none"> • The ENTITY_STATUS, CURRENT_ENTITY_NM, CURRENT_ENTITY_ADDR1, CURRENT_ENTITY_ADDR2, CURRENT_ENTITY_CITY, CURRENT_ENTITY_STATE, CURRENT_ENTITY_CNTRY, CURRENT_ENTITY_ZIP5, CURRENT_ENTITY_ZIP4, LAST_ENTITY_UPDATE_DT fields have been added to this data record in order to provide the most recent entity information. See Table 3-12. <p>Header Data Record (HDR). See Table 3-16</p> <ul style="list-style-type: none"> • Added guidance to leave PASSWD field blank if using the ITP Service. • Added guidance for field values when changing and resetting passwords. • Updated valid values for the transaction type code element to include “90” and “91”. • Changed value of VER_NUM field from R8.0 to R9.0. • Increased field width of submission filename. <p>Judgment or Conviction Report Type Data Record (JOCRT)</p> <ul style="list-style-type: none"> • Updated the valid values for the type of report element to include “A” for “Correction of Revision to Action”. See Table 3-23. <p>Judgment or Conviction Report Data Record (JOCR)</p> <ul style="list-style-type: none"> • Increased the field width for NARR_DESC. See Table 3-25. <p>Medical Malpractice Payment Report Data Record (MMPR)</p> <ul style="list-style-type: none"> • Increased the field width for DESC_JUDGMENT_SETTLEMENT, DESC_CONDITION, DESC_PROCEDURE, and DESC_ALLEGATIONS. See Table 3-26. <p>Legacy Format Medical Malpractice Payment Report Data Record</p>

Date	Version #	Change Description
		<p>(MMR)</p> <ul style="list-style-type: none"> Increased the field width for DESC_ACTN and DESC_PYMT. See Table 3-27. <p>Password Change Request Data Record (PWD)</p> <ul style="list-style-type: none"> Added PWD Data Record to allow a password change transaction. See Table 3-31. <p>Password Change Status Data Record (PWDS)</p> <ul style="list-style-type: none"> Added PWDS Data Record to provide the status of a password change transaction. See Table 3-32. <p>Report Statement Data Record (RSDR)</p> <ul style="list-style-type: none"> Increased the field width for SUBJECT_STMT and SECRETARY_STMT. See Table 3-42. <p>Error Codes. See Section 4, List N.</p> <ul style="list-style-type: none"> Updated description of error code 41. Added additional error codes. <p>PDS Transaction Type Codes. See Section 4, List T.</p> <ul style="list-style-type: none"> Added additional transaction type codes for password change transactions. <p>PDS Report Disclosure Reason Codes. See Section 4, List U.</p> <ul style="list-style-type: none"> Added additional disclosure reason codes. <p>Entity Status Codes. See Section 4, List V.</p> <ul style="list-style-type: none"> Added list of entity status codes. <p>Section 5, Sample Files</p> <ul style="list-style-type: none"> Removed password and updated version number in sample file submissions and responses. Updated the ENTY Record in sample report responses. Added password-related sample file submissions and responses.
08/2007	1.02	<p>Below is a summary of changes to the Interface Control Document (ICD) for Proactive Disclosure Service (PDS) Transactions version 1.02. Effective August 13, 2007, this ICD version 1.02 replaces version 1.01. For PDS submissions prior to August 13, 2007, readers should refer to version 1.01 of this document, available at www.npdb-hipdb.hrsa.gov. The changes in this version are indicated below:</p> <p>Section 3, Transaction File Data Records</p> <ul style="list-style-type: none"> Added adverse action classification codes 1389 and 1399 to the

Date	Version #	Change Description
		<p>description of the data element AA_CLASS_CD_DESC. See Section 3, Table 3-3.</p> <p>Section 4, PDS Code Lists</p> <ul style="list-style-type: none"> • Added individual subject Clinical Privilege adverse action classification codes 1634 and 1639. See Section 4, List G-1. • Created distinct adverse action classification code lists for individual subject Federal Licensure and State Licensure reports. See Section 4, List G-4 and G-5. • Added individual subject Federal Licensure adverse action classification code 1146. See Section 4, List G-4. • Modified individual subject Federal Licensure adverse action classification code descriptions for 1295 and 1296. See Section 4, List G-4. • Added individual subject State Licensure adverse action classification codes 1138 and 1146. See Section 4, List G-5. • Modified individual subject State Licensure adverse action classification code descriptions for 1295 and 1296. See Section 4, List G-5. • Added individual subject State Licensure adverse action classification codes, 1310 – 1496, for Nurse Multi-State Privilege Actions. See Section 4, List G-5. • Retired individual subject Clinical Privileges/Professional Society Basis for Action Code AD. See Section 4, List I-1 and List J. • Added individual subject Exclusion/Debarment reports Basis for Action Codes 72 and 73. See Section 4, List I-3. <p>Error Codes. See Section 4, List N.</p> <ul style="list-style-type: none"> • Added error code AG. • Removed error codes 89 and 93 because they are no longer in use.
10/2007	1.03	<p>Below is a summary of changes to the Interface Control Document (ICD) for Proactive Disclosure Service (PDS) Transactions version 1.03. Effective October 8, 2007, this ICD version 1.03 replaces version 1.02. For PDS submissions prior to October 8, 2007, readers should refer to version 1.02 of this document, available at www.npdb-hipdb.hrsa.gov. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> • Removed term Single-State from Licensure Actions in heading and footnotes. See Section 4, List G-5.

Date	Version #	Change Description
11/5/2007	1.04	<p>Below is a summary of changes to the Interface Control Document (ICD) for PDS Transactions version 1.04. Effective November 5, 2007, this ICD version 1.04 replaces version 1.03. The changes in this version are indicated below:</p> <p>Error Codes. See Section 4, List N.</p> <ul style="list-style-type: none"> • Added error codes RJ. • Retired error codes RB, RC and RD.
	1.05	Reserved for changes as a result of final implementation of Section 1921.
6/16/2008	1.06	<p>Below is a summary of changes to the Interface Control Document (ICD) for PDS Transactions version 1.06. Effective June 16, 2008, this ICD version 1.06 replaces version 1.04. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> • Changed value of VER_NUM field from R9.0 to R10.0. See Table 3-17. • Increased the size of telephone numbers from 10 digits to 15 digits to accommodate international numbers. See Tables 3-7, 3-9 and 3-42. • Increased the number of individual license instances from 10 to 20. See Table 3-20. • Created ability for the Data Banks to send text-based messages to individual users within an entity. See Section 2.4.6, Table 3-11 and Section 5, Sample 16. • Decreased the maximum number of sentence/judgment records returned for JOCRs from 10 to 5. See Table 3-45. • Added new fields RELATED_RPT_STATUS and RELATED_RPT_DCN for revisions to AAR and JOCR reports that indicate the most recent version of the related report. See Table 3-35.
9/2/2008	1.07	<p>Below is a summary of changes to the Interface Control Document (ICD) for PDS Transactions version 1.07. Effective September 2, 2008, this ICD version 1.07 replaces version 1.06. The changes in this version are indicated below:</p> <p>Error Codes. See List N: Error Codes.</p> <ul style="list-style-type: none"> • 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 about the format, structure, and content of electronic files for submitting Proactive Disclosure Service (PDS) transactions to the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB). PDS transactions are requests by statutorily authorized entities for information disclosure from the NPDB, the HIPDB, or both Data Banks. The PDS was developed in response to the growing interest in continuous monitoring of health care practitioners. The PDS provides an alternative to the current Data Bank querying service. You may continue to query on all your practitioners, enroll all practitioners in PDS, or enroll some practitioners in PDS while continuing to query on others.

There are two methods for using the PDS:

- Interactively via the Internet using the Integrated Querying and Reporting Service (IQRS).
- Through an electronic transaction file submission, using the ICD Transfer Program (ITP) with data provided in the format specified in this ICD.

The IQRS is the primary method of PDS submission. The IQRS supports PDS transactions through a web-based interface using a browser. The ITP is an alternative for entities that generate PDS transactions automatically from custom (third-party) software or other special purpose software.

To submit PDS transactions to the NPDB, an entity must be authorized to query 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 submit PDS transactions to the HIPDB, an entity must be authorized to query 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 ITP or use this document until you are properly registered with the NPDB-HIPDB.

This document should be used only for submitting PDS transactions to, and receiving PDS transactions from the NPDB, the HIPDB, or both Data Banks. To submit one-time queries to the NPDB-HIPDB, use the ICD for query transactions. To submit reports to the NPDB-HIPDB, use the ICDs for Judgment or Conviction Report (JOCR) transactions, Medical Malpractice Payment Report (MMPR) transactions, or Adverse Action Report (AAR) transactions, as appropriate. These ICDs are available at www.npdb-hipdb.hrsa.gov. Only authorized and registered users are permitted to report to the Data Bank(s).

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

1.2 Types of PDS Transactions

Enrolling a subject in the PDS is similar to using the existing query service provided by the Data Banks. Initially, all reports pertaining to the enrolled subject will be disclosed to the entity. If a new report on an enrolled subject is received by the Data Banks, it will be disclosed immediately to the enrolling entity. Using the traditional query facility an entity would have to re-query to become aware of new reports. As the Data Banks receive changes to a report (e.g., the subject of a report adds a statement to a report), entities that have queried on the subject within the last three years receive a copy of the changed report via U.S. mail. If the subject of the report is enrolled in the PDS by an entity, that entity will instead receive the changed report via the PDS. Using PDS the entity will be apprised of all report activity pertaining to an enrolled subject while the enrollment is active. If the enrollment is canceled, the entity will receive future report changes via U.S. mail for three years from the date that the report was disclosed by the PDS.

There are several types of PDS transactions:

- Enrollment - Enrolls an individual subject (e.g., health care practitioner) in the PDS. Organization subjects are not supported by the PDS. Enrollment transactions can include one or more subjects in a single transaction file. For billing purposes, each subject enrolled in a particular month will have an enrollment that expires one year from the end of that month (e.g., all subjects enrolled in January 2006 regardless of the day of enrollment, have an expiration date of January 31, 2007). The enrollment fee will be assessed upon submission of the enrollment(s).
- Report Disclosure - Discloses a new or updated Data Bank report on an enrolled subject within one business day of the Data Bank receiving a report or a change to a report. Report disclosures can only contain a single report in one transaction file. A disclosure reason will be provided with each report disclosure. Refer to Section 4, List U for a complete list of the report disclosure reason descriptions.
- Update - Changes or additions to an enrollment. An entity might submit an update to change a subject's address, or add a Social Security Number, for example. Each update submission file may only include a single subject update.
 - For PDS Updates, only one data item may be changed or deleted per transaction. An unlimited amount of information may be added per transaction. For example, a single update transaction could include a changed birth date, an additional alias and an additional SSN. But a single update transaction that includes a changed birth date and a deleted alias would be rejected.
 - In addition to the per transaction limits for PDS Updates, updates cannot be submitted while the enrollment or a previous update of that subject are still being processed. If you try to update a PDS subject before the initial enrollment is

complete or before an earlier update of that same subject is complete, the update will be rejected.

- **Renewal** - Extends the enrollment's expiration date for an additional year. Enrollments may be renewed at any time within two months of expiration. For renewal transactions, all subjects submitted together in the same batch must have the same expiration date. An enrollment will be "suspended" if the enrollment is not renewed by the expiration date. Reports will not be disclosed for an enrollment that has been suspended. The enrollment will be "re-activated" if it is renewed within one month of the expiration date. When an enrollment is re-activated any report disclosures withheld during the suspension period will be made available for download. A suspended enrollment will be automatically canceled if it is not renewed within one month of the expiration. Enrollments that are canceled can not be re-activated.
- **Cancellation** - Cancels the enrollment of a subject in the PDS. Each cancellation submission file may only include a single enrollment cancellation. Enrollments that are canceled can not be re-activated. Billing credits will not be issued for the cancellation of a subject enrollment prior to the expiration of the enrollment. A subject enrollment must be canceled immediately when the subject leaves the enrolling organization. Failure to cancel enrollment of a subject that is no longer part of the enrolling organization is a violation of the confidentiality provisions of the *Health Care Quality Improvement Act of 1986*, as amended, and may result in a financial penalty.
- **Status Request** - Provides verification of enrollment status and dates. The results of a status request may be used for audit purposes. No report information will be returned in response to a status request. Each status request submission file is only permitted include a single enrollment status request. For audit purposes, enrollment status information is available for four years from the enrollment cancellation date.

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

The PDS is intended for the use of ongoing monitoring of subjects within an organization. Any misuse or manipulation counter to the purpose of the Data Banks will result in the loss of the organization's ability to use the PDS.

1.3 Submission of PDS Transactions to the NPDB-HIPDB

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

1.3.1 The ICD Transfer Program (ITP)

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

1.4 User Account Security

1.4.1 User Accounts

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

1.4.2 New Entity Registration Passwords

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

1.4.3 User Account Password Policies

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

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

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

1.4.4 Resetting Passwords

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

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

If the entity's administrator forgets his or her password, or is locked out of the IQRS or ITP Service, the administrator must call the NPDB-HIPDB Customer Service Center to receive a Data Banks-generated temporary password. If the administrator's name is not maintained in the administrator's IQRS user account, the company's certifying official will be required to submit a signed, faxed request for the change on company letterhead. The Customer Service Center will respond by immediately changing the old administrator password and contacting the new administrator with a Data Banks-generated temporary password and instructions for updating the administrator's user account. These temporary passwords (user and administrator) will only be valid for three calendar days. The user/administrator should change his or her password immediately; and no grace login period will be permitted.

1.4.5 Password Restrictions

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

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

1.5 Contact Information

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

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

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

1.6 Document Organization

This document is organized into five sections and two appendices.

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

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

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

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

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

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

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

2. Transaction File Formats

2.1 Introduction

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

The data records that comprise a file depend on the type of transaction submitted. The Header Data Record of each file identifies the type of transaction; the remaining records in the file are processed based on the specific format for that transaction type. The first three records in every PDS submission file are the Header, PDS, and Certification Data Records, respectively. Following the Certification Data Record are the mandatory records for the specific transaction type.

PDS and password change request submission files must include all applicable fields noted as mandatory in Section 3, Transaction File Data Records. PDS enrollment submission files must also include one of the following sets of data: (1) State license number, State of licensure, school attended, and year of graduation, (2) Social Security Number (SSN), or (3) Individual Taxpayer Identification Number (ITIN). The format for each data set is provided in Section 3 of this document.

For multiple-name PDS transactions, subject data marked by an asterisk (*) must be repeated for each subject. An example of a multiple-name PDS submission can be found in Section 5, Sample 2. The format for each data record is provided in Section 3 of this document.

2.2 Construction of Data Records

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

Example Header Data Record:

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

Example Trailer Data Record:

```
TRLR~
```

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

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

Unlike other types of NPDB-HIPDB data records, the NULL character (ASCII 0) may not be used as a field delimiter.

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

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

Data fields that are “mandatory if known” may be left blank, but **must** have adjacent field delimiters separating them; all other fields must be completed. When the Data Bank(s) receive a transaction via ITP, the request is processed, and the transaction response is sent back to the submitting organization in the secure manner in which it was received. If the NPDB-HIPDB computer system rejects a transaction, it electronically sends a rejection notice to the submitting organization, detailing reasons for the rejection.

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

For multiple-name PDS transactions, the set of subject data records repeats for each subject in the transaction. When repeating the subject data records, the entire block of records repeats. Section 5, Sample 2 contains a multiple-name PDS enrollment of three individual subjects as an example of repeating sets of records. The data records that must repeat for each subject in a multiple-name PDS transaction are listed in the tables in Sections 2.3 and 2.4.

2.3 Submission (Input) File Formats

This section provides the file formats for PDS and password change request submissions to the NPDB-HIPDB system.

2.3.1 Submission File Formats for PDS Enrollment/Update Transactions

The following table denotes the order in which data records must be submitted for Enrollment and Update transactions. The format for each data record is listed in Section 3.

Table 2-1: Submission File Data Record Ordering for Individual Subject PDS Transactions (Enrollment/Update)

Data Records	Single/Multiple-Name Enrollment/Update ¹
Header Data Record (HDR)	1
PDS Data Record (PDS)	2
Certification Data Record (CERT)	3
PDS Type Record (PDST)	4*
Individual Subject Data Record (ISUBJ)	5*
Drug Enforcement Administration Data Record (DEA)	6*
Individual Subject Occupation/Field of Licensure Data Record (ISOFL)	7*
Professional School Data Record (GRAD)	8*
Other Name(s) Used Data Record (ALIAS)	9*
Social Security Number Data Record (SSN)	10*
Individual Taxpayer Identification Number Data Record (ITIN)	11*
Federal Employer Identification Number Data Record (FEIN)	12*
National Provider Identifier Data Record (NPI)	13*
Unique Physician Identification Number Data Record (UPIN)	14*
Customer Use Data Record (CUSE)	15*
Trailer Data Record (TRLR)	16

* Data record must be repeated for each subject enrolled. Only enrollments can contain multiple names.

¹ For updates, only one item of data may be changed per transaction and an update cannot be submitted before the initial enrollment or an earlier update are complete.

2.3.2 Submission File Formats for PDS Renewal/Cancellation/Status Transactions

The following table denotes the order in which data records must be submitted for Renewal, Cancellation and Status transactions. The format for each data record is listed in Section 3.

Table 2-2: Submission File Data Record Ordering for Individual Subject PDS Transactions (Renewal/Cancellation/Status)

Data Records	Single/Multiple-Name Renewal/Cancellation/Status
Header Data Record (HDR)	1
PDS Data Record (PDS)	2
Certification Data Record (CERT)	3
PDS Type Record (PDST)	4*
Short Individual Subject (SIS)	5*
Customer Use Data Record (CUSE)	6*
Trailer Data Record (TRLR)	7

* Data record must be repeated for each subject.

2.3.3 Submission File Formats for Password Change Request Transactions

The following table denotes the order in which data records must be submitted for Password Change Request transactions. The format for each data record is listed in Section 3.

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

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

2.4 Response (Output) File Formats

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

The response to a PDS transaction contains a variable number of data records, depending on the number of subjects submitted in the transaction, whether any subject names within the transaction were rejected, and the presence of report data in the response. Some submission data records are returned in responses. Refer to Section 3 for data record format descriptions.

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

In addition to files received in response to transaction files, report activity on a subject enrolled in the PDS can trigger a report disclosure file to be generated. For example, if a new report is received by the Data Banks on an enrolled subject, a report disclosure file will be generated for the enrolling entity to download. An entity administrator can use the IQRS to configure the PDS to send an e-mail notification to users within their organization that a new report disclosure file is available to be downloaded. The e-mail notification will not contain any identifying information about the enrolled subject or the report.

Section 2.4.1 denotes the order in which the mandatory data records for PDS transactions are returned. Section 2.4.2 denotes the order in which the mandatory data records for report disclosures are returned. Section 2.4.5 denotes the order in which the data records for password change requests are returned. Section 2.4.6 denotes the order in which the data records for Data Bank Correspondence responses are returned.

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

2.4.1 Response File Formats for Individual Subject PDS Transactions

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

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

Data Records	Single/Multiple-Name PDS Transaction
Header Data Record (HDR)	1
File Status Data Record (FSTA)	2
PDS Data Record (PDS)	3
Agent Data Record (AGNT)	4
PDS Type Record (PDST)	5*
PDS Status Data Record (PSTA)	6*
Individual Subject Data Record (ISUBJ)	7*
Drug Enforcement Administration Data Record (DEA)	8*
Individual Subject Occupation/Field of Licensure Data Record (ISOFL)	9*
Professional School Data Record (GRAD)	10*
Other Name(s) Used Data Record (ALIAS)	11*
Social Security Number Data Record (SSN)	12*
Individual Taxpayer Identification Number Data Record (ITIN)	13*
Federal Employer Identification Number Data Record (FEIN)	14*
National Provider Identifier Data Record (NPI)	15*
Unique Physician Identification Number Data Record (UPIN)	16*
Customer Use Data Record (CUSE)	17*
Report Data Records **	18**
Trailer Data Record (TRLR)	19

* Data record will be repeated for each subject.

** Data records will be repeated for each report in the Data Bank(s) for each subject. Report data records differ based on the type of report. No reports will be included in renewal, cancellation or status responses.

2.4.2 Response File Formats for Disclosure of New or Changed Report

The following table denotes the order in which data records are returned for disclosure of new or changed reports. The format for each data record is listed in Section 3. Only one enrolled subject and Data Bank report will be contained in a report disclosure file.

Table 2-5: Response File Data Record Ordering for Disclosure of New or Changed Reports

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

* Report data records differ based on the type of report.

** Depending on the type of disclosure (e.g., voided report) there may be no report data records.

Table 2-6: Report Response File Data Record Ordering for Individual Subject PDS Transactions

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

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

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

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

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

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

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

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

2.4.3 Special Multiple-Name Rejection Response Transactions

If a multiple-name PDS transaction is rejected before the Data Bank(s) process the subjects' names, the corresponding file is handled differently than other rejection responses. When the system identifies an error in the Header Data Record (e.g., an invalid DBID is present), no further action is taken to process that file, and the remaining data records in that file are not available for inclusion in the response file. Therefore, the rejection response file will appear in a different order than that specified in Section 2.4.2. The order for these types of rejections is detailed in Table 2-7.

Table 2-7: Rejection File Data Record Ordering for Multiple-Name PDS Transactions

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

2.4.4 Files Exceeding 1MB of Disk Space

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

2.4.5 Response File Format for Password Change Request Transactions

The following table denotes the order in which data records are returned for Password Change Request transactions. The format for each data record is listed in Section 3.

Table 2-8: Response File Data Record Ordering for Password Change Request Transactions

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

2.4.6 Response File Format for Data Bank Correspondence Transactions

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

Table 2-9: Response File Data Record Ordering for Data Bank Correspondence Transactions

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

3. Transaction File Data Records

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

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

For each data record, Tables 3-1 through 3-50 list fields as mandatory, mandatory if known, and not applicable. The Status column indicates “M” for mandatory fields and “I” for “mandatory if known” fields. Some data record tables do not have the Status column as they represent the response or additional data records used in transactions returned by the NPDB-HIPDB.

Entities may submit PDS transactions only on types of subjects that they are statutorily authorized and registered to query.

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

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

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

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

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

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

The status column for all fields is not applicable.

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

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

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

The status column for all fields is not applicable.

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

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

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

The status column for all fields is not applicable.

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

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

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

The status column for all fields is not applicable.

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

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

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

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

The status column for all fields is not applicable.

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

Table 3-6: Affiliations Data Record (AFF)

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

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

The status column for all fields is not applicable.

Table 3-7: Agent Data Record (AGNT)

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

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

The status column for all fields is not applicable.

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

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

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

The status column for all fields is not applicable.

Table 3-9: Certification Data Record (CERT)

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

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

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

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

Table 3-10: Customer Use Data Record (CUSE)

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

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

Status: M = Mandatory, I = Mandatory If Known

Table 3-11: Data Bank Correspondence Data Record (DBC)

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

Table 3-12: Drug Enforcement Administration Data Record (DEA)

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

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

Status: M = Mandatory, I = Mandatory If Known

Table 3-13: Entity Data Record (ENTY)

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

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

The status column for all fields is not applicable.

Table 3-14: Entity Internal Report Reference Data Record (ER)

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

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

The status column for all fields is not applicable.

Table 3-15: Federal Employer Identification Number Data Record (FEIN)

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

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

Status: M = Mandatory, I = Mandatory If Known

* **For enrollments on individual subjects this field is always "if known."**

Table 3-16: Fully Qualified State License Data Record (FQSL)

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

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

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

The status column for all fields is not applicable.

Table 3-17: Header Data Record (HDR)

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

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

Status: M = Mandatory, I = Mandatory If Known

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

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

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

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

Table 3-18: Hospital Data Record (HOSP)

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

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

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

The status column for all fields is not applicable.

Table 3-19: Individual Subject Data Record (ISUBJ)

Field	Field Type	Field Width	Description	Status
ISUBJ~	T	5	Tag for Individual Subject Data Record - "ISUBJ."	M
LNAME~	A	25	Last name of subject.	M
FNAME~	A	15	First name of subject.	M
MNAME~	A	15	Middle name of subject.	I
SUFFIX~	A	4	Suffix (e.g., Jr., Sr., III).	I
GENDER~	C	1	"M" = Male, "F" = Female, "U" = Unknown.	M
HOME_ADDR1~	A	40	First line of home mailing address.	I*
HOME_ADDR2~	A	40	Second line of address.	I
HOME_CITY~	A	28	City.	I*
HOME_STATE~	C	2	Required if State is in U.S.A. (Refer to Section 4, List A, for State codes.)	I*
HOME_CNTRY~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I
HOME_ZIP5~	A	5	ZIP code.	I*
HOME_ZIP4~	A	4	4-digit ZIP Code extension.	I
ORG_NAME~	A	50	Name of organization where subject works.	I
ORG_TYPE~	C	3	Type of organization where subject works. (Refer to Section 4, List B, for Type of Organization codes.) ***	I
ORG_TYPE_DESC~	A	100	Organization type description. This field is mandatory if the type of organization is not classified in Section 4, List B, and Type of Organization code "999," Other Type is selected. Otherwise, leave this field blank. ***	I
WORK_ADDR1~	A	40	First line of street address where subject works.	M*
WORK_ADDR2~	A	40	Second line of address.	I
WORK_CITY~	A	28	City.	M*
WORK_STATE~	C	2	Required if State is in U.S.A. (Refer to Section 4, List A, for State codes.)	M*
WORK_CNTRY~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I
WORK_ZIP5~	A	5	ZIP code.	M*
WORK_ZIP4~	A	4	4-digit ZIP code extension.	I
DOB~	D	8	Date of birth in MMDDYYYY format.	M

Field	Field Type	Field Width	Description	Status
RESERVED/DECEASED~	C	0/1	Valid for responses only. Is the subject deceased? "Y" = Yes, "N" = No, "U" = Unknown. For submissions, this is a reserved field, leave blank.	M**
RESERVED/DECEASED_DT~	D	0/8	Valid for responses only. If the subject is deceased, date of death in MMDDYYYY format. For submissions, this is a reserved field, leave blank.	M**

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

Status: M = Mandatory, I = Mandatory If Known

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

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

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

Table 3-20: Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL)

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

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

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

Status: M = Mandatory, I = Mandatory If Known

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

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

Table 3-21: Individual Supplemental Information Data Record (ISUPPL)

Field (n = 1 through 5)	Field Type	Field Width	Description
ISUPPL~	T	6	Tag for Supplemental Information Data Record - "ISUPPL."
DECEASED_DT~	D	8	Date of death in MMDDYYYY format.
LNAME~	A	25	Last name of subject.
FNAMEn~	A	15	First name of subject.
MNAME~	A	15	Middle name of subject.
SUFFIXn~	A	5	Suffix (e.g., JR, SR, III).
The Data Bank(s) allow up to 5 sets of data repeated in the ISUPPL record.			

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

The status column for all fields is not applicable.

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

Table 3-22: Investigating Agencies Data Record (INVTG)

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

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

The status column for all fields is not applicable.

Table 3-23: Individual Taxpayer Identification Number Data Record (ITIN)

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

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

Status: M = Mandatory, I = Mandatory If Known

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

Table 3-24: Judgment or Conviction Report Type Data Record (JOCRT)

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

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

The status column for all fields is not applicable.

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

Table 3-25: Judgment or Conviction Report Act(s) or Omission(s) Data Record (AOCD)

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

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

The status column for all fields is not applicable.

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

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

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

The status column for all fields is not applicable.

Table 3-27: Medical Malpractice Payment Report Data Record (MMPR)

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

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

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

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

The status column for all fields is not applicable.

Table 3-28: Legacy Format Medical Malpractice Payment Report Data Record (MMR)

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

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

The status column for all fields is not applicable.

Table 3-29: Medical Malpractice Report Type Data Record (MMRT)

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

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

The status column for all fields is not applicable.

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

Table 3-30: National Provider Identifier Data Record (NPI)

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

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

Status: M = Mandatory, I = Mandatory If Known

Table 3-31: Other Name(s) Used Data Record (ALIAS)

Field (n = 1 through 5)	Field Type	Field Width	Description	Status
ALIAS~	T	5	Tag for Other Name(s) Used Data Record - "ALIAS."	M
LNAME~	A	25	Other last name used by subject.*	I
FNAMEn~	A	15	Other first name used by subject.*	I
MNAME~	A	15	Other middle name used by subject.	I
SUFFIX~	A	4	Other Suffix (e.g., Jr., Sr., III).	I

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

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

Status: M = Mandatory, I = Mandatory If Known

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

Table 3-32: Password Change Request Data Record (PWD)

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

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

Status: M = Mandatory, I = Mandatory If Known

Table 3-33: Password Change Status Data Record (PWDS)

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

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

The status column for all fields is not applicable.

Table 3-34: Practitioner Data Record (PRCT)

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

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

The status column for all fields is not applicable.

Table 3-35: Previous DCN Data Record (PDCN)

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

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

The status column for all fields is not applicable.

Table 3-36: Professional School Data Record (GRAD)

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

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

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

Status: M = Mandatory, I = Mandatory If Known

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

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

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

Table 3-37: Proactive Disclosure Service Data Record (PDS)

Field	Field Type	Field Width	Description	Status
PDS~	T	3	Tag for PDS Data Record - "PDS."	M
ENROLL_CANCEL_PURPOSE~	C	1	Purpose of enrollment or reason for cancellation. Refer to Section 4, List E, for purpose/reason codes. Leave this field blank for updates, renewals or status requests.	M
OTHER_CANCEL_PURPOSE~	C	200	Other reason for cancellation. Use this field when ENROLL_CANCEL_PURPOSE is "O" for cancellations. Otherwise, leave this field blank.	I
NBR_NAMES~	N	3	Number of subjects in this file.	M
PYMT_TYPE~	C	1	Payment Type. "A" = Electronic Funds Transfer, "C" = Credit Card.	M ¹
CREDIT_CARD_NBR~	N	16	Credit Card Number.	M* ¹
CC_EXP_DTE~	D	6	Credit Card Expiration Date in MMYYYY format. Mandatory only if paying by credit card.	M* ¹
CC_CARDHOLDER~	A	100	Cardholder name exactly as presented on credit card.	M* ¹
CC_BILLING_ADDR1~	A	40	First line of credit card billing address.	M* ¹
CC_BILLING_ADDR2~	A	40	Second line of credit card billing address.	I ¹
CC_BILLING_CITY~	A	28	City of credit card billing address.	M* ¹
CC_BILLING_STATE~	C	2	State of credit card billing address. Required if State is in U.S.A. (Refer to Section 4, List A, for State codes.)	M* ¹
CC_BILLING_CNTRY~	A	20	Country of credit card billing address. Required if Country is not U.S.A. Leave blank if Country is U.S.A.	I ¹
CC_ZIP5~	A	5	Zip code of credit card billing address.	M* ¹
CC_ZIP4~	A	4	4-digit Zip code extension of credit card billing address.	I ¹

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

Status: M = Mandatory, I = Mandatory If Known

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

¹ No payment information required for updates, cancellations or status requests.

Table 3-38: PDS Type Record (PDST)

Field	Field Type	Field Width	Description	Status
PDST~	T	4	Tag for PDS Type Record - "PDST."	M
DATABANK_SUBJ_ID_NBR~	N	15	Unique identifier for this subject. Must be left blank for enrollment requests. A unique subject identification number will be supplied by the Data Banks in successful enrollment responses. This value (or the CUSTOMER_SUBJ_ID_NBR field) must be supplied when updating, renewing, canceling or requesting status on this subject. Must be provided if this is an update transaction and the CUSTOMER_SUBJ_ID_NBR is being updated.	I*
CUSTOMER_SUBJ_ID_NBR~	A	20	Unique identifier for this subject. This is an entity defined value used for identifying an enrolled subject. The Data Banks will use this value to uniquely identify each enrolled subject so it must be unique across the entity's enrolled and canceled subjects. The value should be provided with each new enrollment and subsequent transactions on the same subject. If this value is not provided for an enrollment, the DATABANK_SUBJ_ID_NBR, returned in the enrollment response, must be stored in the entity's system. This value (or the DATABANK_SUBJ_ID_NBR field) must be supplied when updating, renewing, canceling or requesting status on this subject.	I*
PDS_REASON_CD~	C	2	Reserved for PDS report disclosures only. Indicates the reason for the report disclosure. (Refer to section 4, List U for reason codes/descriptions.)	I
PARAMETER1~	N	16	Reserved for PDS report disclosures only. Used in conjunction with the PDS_REASON_CD to explain the reason for disclosure. (Refer to section 4, List U for reason code/description templates.)	I
PARAMETER2~	C	2000	Reserved for PDS report disclosures only. Used in conjunction with the PDS_REASON_CD to explain the reason for disclosure. (Refer to section 4, List U for reason code/description templates.) Depending on the reason code this field may not be used.	I
PARAMETER3~	N	16	Reserved for PDS report disclosures only. Used in conjunction with the PDS_REASON_CD to explain the reason for disclosure. (Refer to section 4, List U for reason code/description templates.) Depending on the reason code this field may not be used.	I

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

Status: M = Mandatory, I = Mandatory If Known

* One of these two values is mandatory for updates, renewals, cancellations and status requests.

Table 3-39: PDS File Status Data Record (FSTA)

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

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

The status column for all fields is not applicable.

Table 3-40: PDS Report Status Data Record (QRSD)

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

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

The status column for all fields is not applicable.

Table 3-41: PDS Status Data Record (PSTA)

Field	Field Type	Field Width	Description
PSTA~	T	4	Tag for PDS Status Data Record - "PSTA."
DCN_NBR~	N	16	Data Bank Control Number assigned to a name within an enrollment batch.
START_DATE_NPDB~	D	8	Date of initial NPDB enrollment in MMDDYYYY format.
END_DATE_NPDB~	D	8	Date NPDB enrollment will expire or was cancelled in MMDDYYYY format.
ENROLLED_NPDB~	C	1	Subject's current NPDB enrollment status. "Y" = Yes, "N" = No.
START_DATE_HIPDB~	D	8	Date of initial HIPDB enrollment in MMDDYYYY format.
END_DATE_HIPDB~	D	8	Date HIPDB enrollment will expire or was cancelled in MMDDYYYY format.
ENROLLED_HIPDB~	C	1	Subject's current HIPDB enrollment status. "Y" = Yes, "N" = No.
NBR_REPORTS~	N	3	Number of reports returned in this file. This field is always blank in cancellation, renewal and status responses. This field will also be blank in Void Report disclosures.
RESULTS_IND~	C	1	Enrollment results. "S" = successful, "R" = rejected, "P" = results pending.
ERR_CD~	C	2	Rejection code. If the name was rejected, the two-digit code indicates why the name could not be processed. (Refer to Section 4, List N, for Error codes.) This field is only present when an error is present; files with no errors will not list this field. This field is repeated for each error found.

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

The status column for all fields is not applicable.

Table 3-42: Report Point of Contact Data Record (RPOC)

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

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

The status column for all fields is not applicable.

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

Table 3-43: Report Statement Data Record (RSDR)

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

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

The status column for all fields is not applicable.

Table 3-44: Short Individual Subject Record (SIS)

Field	Field Type	Field Width	Description	Status
SIS~	T	3	Tag for Short Individual Subject Data Record - "SIS."	M
LNAME~	A	25	Last name of subject.	M
FNAME~	A	15	First name of subject.	M
MNAME~	A	15	Middle name of subject.	I
SUFFIX~	A	4	Suffix (e.g., JR, SR, III).	I

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

Status: M = Mandatory, I = Mandatory If Known

Table 3-45: Sentence/Judgment Data Record (SJ)

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

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

The status column for all fields is not applicable.

Table 3-46: Social Security Number Data Record (SSN)

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

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

Status: M = Mandatory, I = Mandatory If Known

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

Table 3-47: Statutory Offenses and Counts Data Record (STATOC)

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

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

The status column for all fields is not applicable.

Table 3-48: Subject Notification Failure Supplemental Information Data Record (SUPPLSND)

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

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

The status column for all fields is not applicable.

Table 3-49: Trailer Data Record (TRLR)

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

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

Status: M = Mandatory, I = Mandatory If Known

Table 3-50: Unique Physician Identification Number Data Record (UPIN)

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

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

Status: M = Mandatory, I = Mandatory If Known

4. PDS Code Lists

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

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

**List A-2
APO/FPO Postal Codes***

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

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

**List B
Type of Organization Codes**

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

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

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

List D Specialty Codes

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

List E PDS Transaction Purpose Codes

<u>Enrollment Codes</u>	
P	Privileging or Employment
R	Professional Review
M	Mandatory Two-Year Review
S	Licensing
F	Fraud and Abuse Investigation
G	Certification to Participate in a Government Program
I	Claims Processing
<u>Cancellation Codes</u>	
X	Practitioner no longer holds privileges, staff membership, affiliation, license, or participates in program
D	Duplicate enrollment
N	No longer required/need to monitor
C	Enrollment is too costly
O	Other, specify

**List F
Nature of Relationship Codes - Individual Subjects**

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

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

Clinical Privileges (Also Includes Peer-Reviewed Panel Membership Actions)	
Clinical Privileges — Actions	
1610	Revocation of Clinical Privileges
1630	Suspension of Clinical Privileges
1632	Summary or Emergency Suspension of Clinical Privileges
1634	Voluntary Limitation, Restriction, or Reduction of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
1635	Voluntary Surrender of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
1639	Summary or Emergency Limitation, Restriction, or Reduction of Clinical Privileges
1640	Reduction of Clinical Privileges
1645	Other Restriction/Limitation of Clinical Privileges, Specify, _____
1650	Denial of Clinical Privileges
Clinical Privileges — Revisions to Actions (No Basis for Action Codes Required)	
1634	Voluntary Limitation, Restriction, or Reduction of Clinical Privilege(s) While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
1635	Voluntary Surrender of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
1680	Clinical Privileges Restored or Reinstated, Complete
1681	Clinical Privileges Restored or Reinstated, Conditional
1689	Clinical Privileges Restoration or Reinstatement Denied
1690	Reduction of Previous Action
1695	Extension of Previous Action

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

Health Plan Action	
Health Plan Action — Actions	
1920	Contract Termination
1930	Suspension of Contract
1932	Administrative Fine/Monetary Penalty
1941	Employment Termination
1942	Employment Suspension
1950	Denial of Contract Application or Renewal
1989	Other Health Plan Action, Specify, _____
Health Plan Action — Revisions to Actions (No Basis for Action Code Required)	
1990	Reinstatement
1992	Reinstatement Denied
1995	Reduction of Previous Action
1996	Extension of Previous Action

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

Exclusion or Debarment	
Exclusion or Debarment — Actions	
1500	Debarment From Federal Programs
1505	Exclusion From a Federal Health Care Program
1507	Exclusion From a State Health Care Program
1508	Exclusion From Medicare, Medicaid and All Other Federal Health Care Programs ¹
1509	Exclusion From Medicare and State Health Care Programs ¹
Exclusion or Debarment — Revisions to Actions (No Basis for Action Codes Required)	
1515	Reinstatement
1516	Reinstatement Denied

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

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

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

Federal Licensure

Licensure — Actions

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

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

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

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

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

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

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

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

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

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

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

List G-6**Adverse Action Classification Codes - Individual Subjects – Government Administrative**

Government Administrative	
Government Administrative — Actions	
1510	Termination of Medicare or Other Federal Health Care Program Participation
1512	Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action
1513	Nonrenewal of Medicare or Other Federal Health Care Program Participation Agreement for Cause
1517	Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action
1518	Nonrenewal of Medicaid or Other State Health Care Program Participation Agreement for Cause
1520	Contract Termination
1530	Civil Money Penalty
1532	Administrative Fine/Monetary Penalty
1550	Disqualification of Clinical Investigator From Receiving Investigational Products
1551	Termination of Medicaid or Other State Health Care Program Participation
1555	Employment Disqualification Based on Finding in State Nurse Aide Registry
1560	Personnel Action - Employee Termination
1562	Personnel Action - Employee Suspension
1565	Personnel Action - Not Classified
1589	Other Action - Not Classified, Specify, _____
Government Administrative — Revisions to Actions (No Basis for Action Code Required)	
1590	Reinstatement
1592	Reinstatement Denied
1595	Reduction of Previous Action
1596	Extension of Previous Action

List G-7**Adverse Action Classification Codes - Individual Subjects – Professional Society**

Professional Society	
Professional Society — Actions	
1710	Revocation of Professional Society Membership
1730	Suspension of Professional Society Membership
1745	Other Restriction/Limitation on Professional Society Membership, Specify, _____
1750	Denial of Professional Society Membership (Subsequent)
Professional Society — Revisions to Actions (No Basis for Action Code Required)	
1780	Membership Reinstated, Complete
1781	Membership Reinstated, Conditional
1789	Membership Reinstatement Denied
1790	Reduction of Previous Action
1795	Extension of Previous Action

List H
Adverse Action Classification Codes – Retired¹

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

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

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

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

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

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

Misconduct or Abuse

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

Fraud, Deception, or Misrepresentation

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

Unsafe Practice or Substandard Care

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

List I-1 (continued)

Basis for Action Codes - Individual Subjects – Clinical Privileges and Professional Society**Improper Supervision or Allowing Unlicensed Practice**

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

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Other

- 99 Other - Not Classified, Specify, _____

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

Health Plan Action

Non-Compliance With Federal, State or Contractual Requirements

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

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

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

Misconduct or Abuse

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

Fraud, Deception, or Misrepresentation

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

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

Unsafe Practice or Substandard Care

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

Improper Supervision or Allowing Unlicensed Practice

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

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Other

- 99 Other - Not Classified, Specify, _____

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

Exclusion or Debarment

Criminal Conviction

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

Other

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

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

Federal or State Licensure

Non-Compliance With Federal, State or Contractual Requirements

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

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

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

Misconduct or Abuse

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

Fraud, Deception, or Misrepresentation

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

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

Unsafe Practice or Substandard Care

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

Improper Supervision or Allowing Unlicensed Practice

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

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Other

- 99 Other - Not Classified, Specify, _____

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

Government Administrative

Non-Compliance With Federal, State or Contractual Requirements

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

Criminal Conviction or Adjudication

- B1 Nolo Contendere Plea
- 19 Criminal Conviction

Confidentiality, Consent or Disclosure Violations

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

Misconduct or Abuse

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

Fraud, Deception, or Misrepresentation

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

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

Unsafe Practice or Substandard Care

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

Improper Supervision or Allowing Unlicensed Practice

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

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Other

- 99 Other - Not Classified, Specify, _____

List J
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

List K
Adverse Action Report - Type of Action Codes

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

List L
Judgment or Conviction Report Act or Omission Codes

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

List M
Judgment or Conviction Report Type of Action Codes

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

List N Error Codes

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

List N (continued)
Error Codes

Code	Description
B1	Incomplete individual subject Occupation/Field of Licensure.
B2	Incomplete or invalid subject Occupation/Field of Licensure information. For each License provided, a valid, two-letter abbreviation for the U.S. State from where the license was issued and a valid, three-digit Occupation/Field of Licensure code must be provided. License Numbers must contain at least one digit. If the subject does not have a license, specify No License and do not provide a License Number. An Occupation/Field of Licensure Description is required if the Occupation/Field of Licensure code is "Other", and not allowed otherwise.
B3	The specialty code selected is either invalid or incompatible with the occupation/field of licensure code selected. Physician specialty codes should only be used for physicians (occupation/field of licensure codes 010, 015, 020 and 025). Dental specialty codes should only be used for dentists (occupation/field of licensure codes 030 and 035).
B5	Incomplete or invalid subject Occupation/Field of Licensure information. For each License provided, a valid, two-letter abbreviation for the U.S. State from where the license was issued must be provided. License numbers must contain at least one digit. If the subject does not have a license, specify No License and do not provide a License Number.
B6	Invalid organization subject license number State field.
BA	Specialty code is a required field for this occupation/field of licensure selection.
C0	Incomplete or invalid Organization Name or Type information. For each organization, you must provide a valid Organization Name and Organization Type. An Other Description is required if the Organization Type is 999, and not allowed otherwise.
C4	Invalid Food and Drug Administration number(s).
C5	Invalid National Provider Identifier(s).
C6	Invalid Federal Employer Identification Number(s).
D0	Invalid deceased date.
D3	Invalid type of organization.
G1	Set A and set B mandatory fields not complete for individual query.
I1	Invalid Individual Taxpayer Identification Number(s).
I4	Invalid Unique Physician Identification Number(s).
J1	Credit Card Issuer Unavailable: The Data Banks experienced communication problems in contacting your financial institution when we attempted to bill your account for the enclosed query. Since your financial institution was not contacted, your account should not have been charged for this query. If, for any reason, you are billed for the enclosed file, please contact the NPDB-HIPDB Customer Service Center immediately at 1-800-767-6732. Please create a new query file for the subject name(s) in the enclosed query file and transmit it to the Data Bank(s). Should you add additional subject names to your new query, your new charges will be higher than your original charge because fees are levied on a per-name basis. We regret any inconvenience that this may cause.
J2	Missing or invalid credit card information, the card holder name is missing or not valid.
J3	Missing or invalid credit card information, the credit card number is not a valid credit card number.
J4	Missing or invalid credit card information, the credit card expiration date is not valid.
J5	All or part of the credit card billing address is missing or invalid.
P1	Missing or invalid customer subject ID number.
P2	Too many data elements have been changed in this enrollment update which may change the identity of the subject and cause erroneous matching results.
P3	Missing or invalid enrollment purpose code.
P4	Missing or invalid cancellation purpose code.
P5	A cancellation purpose description must be provided if the cancellation purpose is "Other" and is not allowed otherwise.
P6	Purpose code only allowed for enrollment and cancellation transactions.
P7	Invalid number of subjects: Number of subjects does not match the number of subjects in the file.
P8	Data Bank subject ID number is not allowed for enrollment transactions.
P9	Data Bank subject ID number does not correspond to the same enrolled subject as the customer subject ID number.
PA	Data Bank subject ID number does not correspond to an active enrolled subject.
PB	Data Bank subject ID number or customer subject ID number must be provided.
PC	Customer subject ID number does not correspond to an active enrolled subject.
PD	Subject is currently being enrolled or updated. Retry your PDS update after receiving output from the enrollment or most recent update.
PE	Enrolled subject can only be renewed within two months before or one month after its renewal date.
PF	The entity on whose behalf you are submitting this transaction has not enabled use of the PDS.
PG	Missing or invalid Data Bank subject ID number.

List N (continued)
Error Codes

Code	Description
PH	Only one PDS update, cancellation or status request is allowed per submission file.
PI	A maximum of 999 subjects may be submitted in a batch transaction.
PJ	This PDS renewal batch contains enrolled subjects with different expiration dates.
R1	All or part of certification information is missing.
R4	Invalid Organization Name.
RE	The DBID for your organization must be renewed before you can access the Data Banks services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB statutory authorities, available at www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Once the statutory authorities have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB-HIPDB for processing. If your organization has already mailed the registration renewal to the Data Banks, it will be processed within one business day of its receipt by the NPDB-HIPDB. Data Bank Correspondence will be sent once the Data Banks have successfully processed your registration renewal form. If necessary, you may complete a new form by selecting Renew Registration below. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RF	The DBID for your organization must be renewed before you can access the Data Banks services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB statutory authorities, available at www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Contact the administrator of your organization so they can renew the registration. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.

List N (continued)
Error Codes

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

List O Medical Malpractice Act or Omission Codes¹

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

List P Adverse Action Classification Codes

<p>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</p> <p>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</p> <p>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</p> <p>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)</p> <p>60000 Code/Clinical Privileges</p> <p>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</p> <p>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</p>	<p>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</p> <p>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</p> <p>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)</p> <p>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</p> <p>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</p> <p>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</p>
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**List P (continued)
Adverse Action Classification Codes**

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

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

List R MMPR Specific Allegation Codes*

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

List S
MMPR Outcome Codes

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

List T
PDS Transaction Type Codes

Code	Description
PE	PDS Enrollment
PU	PDS Update
PN	PDS Renewal
PC	PDS Cancellation
PI	PDS Status Request
PD	PDS Report Disclosure
90	User Account Password Change.
91	User Account Password Reset (Only Permitted By Entity Administrator)
DB	Data Bank Correspondence

List U
PDS Report Disclosure Reason Codes

Code	Description
IR	The reporting entity identified in this disclosure has submitted Initial Report {PARAMETER1}.
RR	The reporting entity identified in this disclosure has submitted Revision to Action Report {PARAMETER1}.
CR	The reporting entity identified in this disclosure has submitted correction(s) to report {PARAMETER1}.
CA	The reporting entity identified in this disclosure has submitted correction(s) to report {PARAMETER1}.
DA	The subject of report {PARAMETER1} 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 {PARAMETER1} has withdrawn the dispute originally associated with this report.
SA	The subject of report {PARAMETER1} has added a statement to the report to explain or comment on the action reported.
DS	The subject of report {PARAMETER1} has filed a dispute with the Data Bank(s) concerning information contained in the report, and has added a statement to the report to explain or comment on the action reported. The reporting entity identified in this disclosure and the subject of the report are responsible for settling the dispute.
SW	The subject of report {PARAMETER1} 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 {PARAMETER1} is being appealed.
RE	The subject of report {PARAMETER1} 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 {PARAMETER1} 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 {PARAMETER1}.
VR	Report {PARAMETER1} 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 {PARAMETER1}. The following data fields have been modified: {PARAMETER2}.
OA	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) corrected report {PARAMETER1}. The following data fields have been modified: {PARAMETER2}.
RC	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) corrected report {PARAMETER1} 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 {PARAMETER1} 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 {PARAMETER1} because it was determined to be a duplicate report. Please destroy all copies of report {PARAMETER1}. 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 {PARAMETER1} 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.

Code	Description
BI	Correction Report {PARAMETER1} 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 {PARAMETER2}. Additionally, the Correction Report {PARAMETER1} has been voided and re-submitted as Revision to Action {PARAMETER3}. Please destroy all copies of report {PARAMETER1}.
BV	Correction Report {PARAMETER1} 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 {PARAMETER2}. Additionally, the Correction Report {PARAMETER1} has been voided and re-submitted as Revision to Action {PARAMETER3}. Please destroy all copies of report {PARAMETER1}.
BR	Correction Report {PARAMETER1} 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 {PARAMETER2}. Additionally, the Correction Report {PARAMETER1} has been voided and re-submitted as Revision to Action {PARAMETER3}. Please destroy all copies of report {PARAMETER1}.
AV	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) converted report {PARAMETER1} to Revision to Action Report {PARAMETER2}. This action should have been reported as a Revision to Action since it modifies the previously reported action {PARAMETER3}. Please destroy all copies of report {PARAMETER1}.
AR	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) converted report {PARAMETER1} to Revision to Action Report {PARAMETER2}. This action should have been reported as a Revision to Action since it modifies the previously reported action {PARAMETER3}. Please destroy all copies of report {PARAMETER1}.
NM	Report {PARAMETER1} no longer matches the enrolled subject profile for {PARAMETER2}. Please disregard and destroy all previous versions of this report and any copies.
ND	Report {PARAMETER1} is no longer disclosable to your entity. Please disregard and destroy all previous versions of this report and any copies.

List V Entity Status Codes

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

5. Sample Files

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

Sample 1A: Single Enrollment - Submission

```
HDR~222222222222777~~PE~R10.0~29494688~07232003~~testUser~\n
PDS~P~1~C~4333333333333333~012006~ENTITY INTERNATIONAL~147 CANDY LANE~~FAIRFAX~VA~~22030~~\n
CERT~John Smith~Submitter~1234567980~~07232003~\n
PDST~~~~~\n
ISUBJ~BOLLYWOOD~DOC~~~M~123 CEDAR HEDGE RUN~~PHILADELPHIA~PA~~15555~5555~GENERAL HOSPITAL~301~~123 EMERGENCY
LANE~~PHILADELPHIA~PA~~15555~5555~06131956~~~\n
DEA~\n
ISOFL~654~~3628282828~NE~~030~~685987876~NY~DB~\n
GRAD~SCHOOL1~1985~SCHOOL2~1990~\n
ALIAS~\n
SSN~321321321~210210210~432432432~543543543~\n
ITIN~922817347~\n
FEIN~\n
NPI~\n
UPIN~\n
CUSE~\n
TRLR~\n
```

Sample 1B: Single Enrollment - Response

```
HDR~222222222222777~~PE~R10.0~29494688~07232003~~~\n
FSTA~R~7950000029494689~3.25~1~3.25~1~9202171~\n
PDS~P~1~C~XXXXXXXXXXXX3333~012006~ENTITY INTERNATIONAL~147 CANDY LANE~~FAIRFAX~VA~~22030~~\n
AGNT~~~~~\n
PDST~620000000000101~~~~~\n
PSTA~7950000029494689~07232003~07312004~Y~07232003~07312004~Y~1~S~\n
ISUBJ~BOLLYWOOD~DOC~~~M~123 CEDAR HEDGE RUN~~PHILADELPHIA~PA~~15555~5555~GENERAL HOSPITAL~301~~123 EMERGENCY
LANE~~PHILADELPHIA~PA~~15555~5555~06131956~~~\n
DEA~~~~~\n
```

ISOFL~654~~362828282828~NE~~030~~685987876~NY~DB~~~~~
 ~~~~~~\n  
 GRAD~SCHOOL1~1985~SCHOOL2~1990~~~~~\n  
 ALIAS~~~~~\n  
 SSN~321321321~210210210~432432432~543543543~\n  
 ITIN~922817347~~~~\n  
 FEIN~~~~~\n  
 NPI~~~~~\n  
 UPIN~~~~~\n  
 CUSE~~~\n  
 QRSD~7950000029494687~07232003~P~\n  
 ENTY~MEDICAL MALPRACTICE INSURANCE COMPANY~12 BROOKFIELD DRIVE~~CHANTILLY~VA~~20151~~A~MEDICAL MALPRACTICE  
 INSURANCE COMPANY~12 BROOKFIELD DRIVE~~CHANTILLY~VA~~20151~~04192003~\n  
 MMRT~I~07232003~07232003~Y~~N~Y~N~\n  
 ISUBJ~BOLLYWOOD~DOC~~~M~123 CEDAR HEDGE RUN~~PHILADELPHIA~PA~~15555~~~~~06131956~N~~\n  
 DEA~~~~~\n  
 ISOFL~654~~362828282828~NE~~~~~  
 ~~~~\n  
 GRAD~HARVARD~1985~~~~~\n
 ALIAS~~~~~\n
 SSN~543543543~~~~\n
 MPMR~~P~100~07222003~S~100~J~07102003~ABC123~BODY NAME~FILE NUMBE~DESCRIPTION OF JUDGMENT OR
 SETTLEMENT~100~1~N~~N~~Y~58~M\n
 ~I~DESCRIPTION OF MEDICAL CONDITION~DESCRIPTION OF PROCEDURE PERFORMED~030~324~~05202003~~~~06~DESCRIPTION OF
 ALLEGATIONS A\n
 ND INJURIES OR ILLNESSES~\n
 HOSP~~~~~\n
 PDCN~~~~~\n
 RSDR~07232003~Y~This report was submitted in error. I was absolutely not at fault.~07232003~Y~Report was submitted appropriately.~R~\n
 RPOC~REPORTING POINT OF CONTACT~SPECIALIST~3213213210~~\n
 ISUPPL~07252003~APPLESEED~JOHNNY~~~~~\n
 SUPPLSND~~~~~\n
 ER~AB876896~\n
 TRLR~\n

Sample 2A: Multiple Name Enrollment - Submission

HDR~22222222222777~PE~R10.0~00011349~01012004~testUser~\n
 PDS~P~3~A~\n
 CERT~John Smith~Submitter~1234567890~01012004~\n
 PDST~Subject001~\n
 ISUBJ~SMITH~JEFF~R~M~R. JEFF SMITH MD~H-2222 N. LEE HWY., SUITE 206~FLINT~VA~22222~04241928~\n
 DEA~444~\n
 ISOFL~010~060650~VA~\n
 GRAD~GEORGETOWN UNIVERSITY~1955~\n
 ALIAS~SMIT~JEFFEREY~\n
 SSN~333332345~\n
 ITIN~\n
 FEIN~\n
 NPI~333~\n
 UPIN~\n
 CUSE~ENROLL1~\n
 PDST~Subject002~\n
 ISUBJ~WALKER~JAMES~H~F~JAMES WALKER, D.O.~1777 W. BIG YANKEE RD.~TROY~VA~33333~08261956~\n
 DEA~\n
 ISOFL~030~4544445454845485~VA~\n
 GRAD~\n
 ALIAS~\n
 SSN~333091234~\n
 ITIN~\n
 FEIN~\n
 NPI~\n
 UPIN~\n
 CUSE~ENROLL2~\n
 PDST~SUBJECT003~\n
 ISUBJ~HECTOR~JOHN~MD~M~JOHN HECTOR, M.D.~6815 DIXIE HIGHWAY~NEW YORK~NY~10010~12281918~\n
 DEA~\n
 ISOFL~010~3838383838~TX~\n
 GRAD~MOUNT SINAI MEDICAL COLLEGE~1985~\n
 ALIAS~\n
 SSN~\n
 ITIN~\n
 FEIN~\n
 NPI~\n

UPIN~\n
CUSE~ENROLL3~\n
TRLR~\n

Sample 2B: Multiple Name Enrollment - Pending Response (note second subject in pending status)

HDR~22222222222777~PE~R10.0~00011349~01012004~\n
FSTA~R~7950000029494808~3.25~3~3.25~3~9202232~\n
PDS~P~3~A~\n
AGNT~\n
PDST~62000000000102~Subject001~\n
PSTA~7950000029494809~01012004~01312005~Y~01012004~01312005~Y~0~S~\n
ISUBJ~SMITH~JEFF~R~M~R. JEFF SMITH MD~H-2222 N. LEE HWY., SUITE 206~FLINT~VA~22222~04241928~\n
DEA~444~\n
ISOFL~010~060650~VA~\n
GRAD~GEORGETOWN UNIVERSITY~1955~\n
ALIAS~SMIT~JEFFEREY~\n
SSN~333332345~\n
ITIN~\n
FEIN~\n
NPI~333~\n
UPIN~\n
CUSE~ENROLL1~\n
PDST~62000000000103~Subject002~\n
PSTA~7950000029494810~N~N~P~\n
ISUBJ~WALKER~JAMES~H.~F~JAMES WALKER, D.O.~1777 W. BIG YANKEE RD.~TROY~VA~33333~08261956~\n
DEA~\n
ISOFL~030~4544445454845485~VA~\n
~\n
GRAD~\n
ALIAS~\n
SSN~333091234~\n
ITIN~\n
FEIN~\n
NPI~\n
UPIN~\n
CUSE~ENROLL2~\n
PDST~62000000000104~SUBJECT003~\n

PSTA~7950000029494811~01012004~01312005~Y~01012004~01312005~Y~0~S~\n
ISUBJ~HECTOR~JOHN~MD~M~~~~~JOHN HECTOR, M.D.~~~6815 DIXIE HIGHWAY~~NEW YORK~NY~~10010~~12281918~~~\n
DEA~~~~~\n
ISOFL~010~~3838383838~TX~~~~~\n
~\n
GRAD~MOUNT SINAI MEDICAL COLLEGE~1985~~~~~\n
ALIAS~~~~~\n
SSN~~~~~\n
ITIN~~~~~\n
FEIN~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
CUSE~ENROLL3~\n
TRLR~\n

Sample 2C: Multiple Name Enrollment - Resolved Response

HDR~22222222222777~~PE~R10.0~00011349~01012004~~~\n
FSTA~R~7950000029494808~~~~~\n
PDS~P~1~A~~~~~\n
AGNT~~~~~\n
PDST~62000000000103~Subject002~~~~~\n
PSTA~7950000029494810~01012004~01312005~Y~01012004~01312005~Y~0~S~\n
ISUBJ~WALKER~JAMES~H.~F~~~~~JAMES WALKER, D.O.~~~1777 W. BIG YANKEE RD.~~TROY~VA~~33333~~08261956~~~\n
DEA~~~~~\n
ISOFL~030~~4544445454845485~VA~~~~~\n
~~~~~\n
GRAD~~~~~\n
ALIAS~~~~~\n
SSN~333091234~~~~~\n
ITIN~~~~~\n
FEIN~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
CUSE~ENROLL2~\n
TRLR~\n

**Sample 3A: Update - Submission**

HDR~222222222222777~PU~R10.0~00011349~01012004~testUser~\n
PDS~~~1~\n
CERT~John Smith~Submitter~1234567890~01012004~\n
PDST~Subject002~\n
ISUBJ~WALKER~JAMES~H.~F~JAMES WALKER, D.O.~1777 W. BIG YANKEE RD.~TROY~VA~33333~08261956~\n
DEA~\n
ISOFL~030~4544445454845485~VA~\n
GRAD~\n
ALIAS~NEWNAME~JAMES~H~\n
SSN~333091234~\n
ITIN~\n
FEIN~\n
NPI~\n
UPIN~\n
CUSE~UPDATE1~\n
TRLR~\n

**Sample 3B: Update - Response**

HDR~222222222222777~PU~R10.0~00011349~01012004~\n
FSTA~R~7950000029494812~\n
PDS~~~1~\n
AGNT~~~\n
PDST~62000000000103~Subject002~\n
PSTA~7950000029494812~01012004~01312005~Y~01012004~01312005~Y~0~S~\n
ISUBJ~WALKER~JAMES~H.~F~JAMES WALKER, D.O.~1777 W. BIG YANKEE RD.~TROY~VA~33333~08261956~\n
DEA~~~~\n
ISOFL~030~4544445454845485~VA~\n
~~~~\n
GRAD~~~~\n
ALIAS~NEWNAME~JAMES~H~\n
SSN~333091234~\n
ITIN~~~~\n
FEIN~~~~\n
NPI~~~~\n
UPIN~~~~\n
CUSE~UPDATE1~\n
TRLR~\n

Sample 4A: Multiple Name Renewal - Submission

HDR~22222222222777~PN~R10.0~00011349~01012004~testUser~\n
PDS~~~3~C~4333333333333333~012006~ENTITY INTERNATIONAL~147 CANDY LANE~~FAIRFAX~VA~~22030~~\n
CERT~John Smith~Submitter~1234567890~~01012004~\n
PDST~~Subject001~~~~~\n
SIS~SMITH~JEFF~R~~\n
CUSE~RENEW1~\n
PDST~~Subject002~~~~~\n
SIS~WALKER~JAMES~H.~~\n
CUSE~RENEW2~\n
PDST~~SUBJECT003~~~~~\n
SIS~HECTOR~JOHN~~MD~\n
CUSE~RENEW3~\n
TRLR~\n

Sample 4B: Multiple Name Renewal - Response

HDR~22222222222777~PN~R10.0~00011349~01012004~~~\n
FSTA~R~7950000029494815~3.25~3~3.25~3~9202236~\n
PDS~~~3~C~XXXXXXXXXXXX3333~012006~ENTITY INTERNATIONAL~147 CANDY LANE~~FAIRFAX~VA~~22030~~\n
AGNT~~~~\n
PDST~62000000000102~Subject001~~~~~\n
PSTA~7950000029494809~01012004~01312006~Y~01012004~01312006~Y~~S~\n
ISUBJ~SMITH~JEFF~R~~M~~~~~R. JEFF SMITH MD~~H-2222 N. LEE HWY., SUITE 206~~FLINT~VA~~22222~~04241928~~~\n
DEA~444~~~~\n
ISOFL~010~~060650~VA~~~~~\n
GRAD~GEORGETOWN UNIVERSITY~1955~~~~~\n
ALIAS~SMIT~JEFFEREY~~~~~\n
SSN~33332345~~~~~\n
ITIN~~~~~\n
FEIN~~~~~\n
NPI~333~~~~~\n
UPIN~~~~~\n
CUSE~RENEW1~\n
PDST~62000000000103~Subject002~~~~~\n
PSTA~7950000029494810~01012004~01312006~Y~01012004~01312006~Y~~S~\n
ISUBJ~WALKER~JAMES~H.~~F~~~~~JAMES WALKER, D.O.~~1777 W. BIG YANKEE RD.~~TROY~VA~~33333~~08261956~~~\n

DEA~~~~~\n
ISOFL~030~~4544445454845485~VA~\n
~~~~~\n
GRAD~~~~~\n
ALIAS~~~~~\n
SSN~333091234~\n
ITIN~~~~~\n
FEIN~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
CUSE~RENEW2~\n
PDST~62000000000104~SUBJECT003~~~~~\n
PSTA~7950000029494811~01012004~01312006~Y~01012004~01312006~Y~~S~\n
ISUBJ~HECTOR~JOHN~~MD~M~~~~~JOHN HECTOR, M.D.~~6815 DIXIE HIGHWAY~~NEW YORK~NY~~10010~~12281918~~~\n
DEA~~~~~\n
ISOFL~010~~3838383838~TX~\n
~\n
GRAD~MOUNT SINAI MEDICAL COLLEGE~1985~~~~~\n
ALIAS~~~~~\n
SSN~~~~~\n
ITIN~~~~~\n
FEIN~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
CUSE~RENEW3~\n
TRLR~\n

**Sample 5A: Multiple Name Cancellation - Submission**

HDR~22222222222777~PC~R10.0~00011349~03262005~testUser~\n  
 PDS~N~3~\n  
 CERT~John Smith~Submitter~1234567890~03262005~\n  
 PDST~Subject001~\n  
 SIS~SMITH~JEFF~R~\n  
 CUSE~CANCEL1~\n  
 PDST~Subject002~\n  
 SIS~WALKER~JAMES~H.~\n  
 CUSE~CANCEL2~\n  
 PDST~SUBJECT003~\n  
 SIS~HECTOR~JOHN~MD~\n  
 CUSE~CANCEL3~\n  
 TRLR~\n

**Sample 5B: Multiple Name Cancellation - Response**

HDR~22222222222777~PC~R10.0~00011349~03262005~\n  
 FSTA~R~7950000029494816~\n  
 PDS~N~3~\n  
 AGNT~\n  
 PDST~62000000000102~Subject001~\n  
 PSTA~7950000029494809~01012004~03262005~N~01012004~03262005~N~S~\n  
 ISUBJ~SMITH~JEFF~R~M~R. JEFF SMITH MD~H-2222 N. LEE HWY., SUITE 206~FLINT~VA~2222~04241928~\n  
 DEA~444~\n  
 ISOFL~010~060650~VA~\n  
 GRAD~GEORGETOWN UNIVERSITY~1955~\n  
 ALIAS~SMIT~JEFFEREY~\n  
 SSN~333332345~\n  
 ITIN~\n  
 FEIN~\n  
 NPI~333~\n  
 UPIN~\n  
 CUSE~CANCEL1~\n  
 PDST~62000000000103~Subject002~\n  
 PSTA~7950000029494810~01012004~03262005~N~01012004~03262005~N~S~\n  
 ISUBJ~WALKER~JAMES~H.~F~JAMES WALKER, D.O.~1777 W. BIG YANKEE RD.~TROY~VA~33333~08261956~\n

DEA~~~~~\n
ISOFL~030~~4544445454845485~VA~\n
~~~~~\n
GRAD~~~~~\n
ALIAS~~~~~\n
SSN~333091234~\n
ITIN~~~~~\n
FEIN~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
CUSE~CANCEL2~\n
PDST~62000000000104~SUBJECT003~~~~~\n
PSTA~7950000029494811~01012004~03262005~N~01012004~03262005~N~S~\n
ISUBJ~HECTOR~JOHN~~MD~M~~~~~JOHN HECTOR, M.D.~~~6815 DIXIE HIGHWAY~~NEW YORK~NY~~10010~~12281918~~~\n
DEA~~~~~\n
ISOFL~010~~3838383838~TX~\n
~\n
GRAD~MOUNT SINAI MEDICAL COLLEGE~1985~~~~~\n
ALIAS~~~~~\n
SSN~~~~~\n
ITIN~~~~~\n
FEIN~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
CUSE~CANCEL3~\n
TRLR~\n

Sample 6A: Multiple Name Request For Status - Submission

HDR~22222222222777~PI~R10.0~00011349~09102005~testUser~\n
PDS~~~3~\n
CERT~John Smith~Submitter~1234567890~09102005~\n
PDST~~Subject001~\n
SIS~SMITH~JEFF~R~\n
CUSE~STATUS1~\n
PDST~~Subject002~\n
SIS~WALKER~JAMES~H.~\n
CUSE~STATUS2~\n
PDST~~SUBJECT003~\n
SIS~HECTOR~JOHN~MD~\n
CUSE~STATUS3~\n
TRLR~\n

Sample 6B: Multiple Name Request For Status - Response

HDR~22222222222777~PI~R10.0~00011349~09102005~\n
FSTA~R~7950000029494817~\n
PDS~~~3~\n
AGNT~~~\n
PDST~62000000000102~Subject001~\n
PSTA~7950000029494809~01012004~03262005~N~01012004~03262005~N~S~\n
ISUBJ~SMITH~JEFF~R~M~R. JEFF SMITH MD~H-2222 N. LEE HWY., SUITE 206~FLINT~VA~2222~04241928~\n
DEA~444~\n
ISOFL~010~060650~VA~\n
GRAD~GEORGETOWN UNIVERSITY~1955~\n
ALIAS~SMIT~JEFFEREY~\n
SSN~333332345~\n
ITIN~~~\n
FEIN~~~\n
NPI~333~\n
UPIN~~~\n
CUSE~STATUS1~\n
PDST~62000000000103~Subject002~\n
PSTA~7950000029494810~01012004~03262005~N~01012004~03262005~N~S~\n
ISUBJ~WALKER~JAMES~H.~F~JAMES WALKER, D.O.~1777 W. BIG YANKEE RD.~TROY~VA~33333~08261956~\n

DEA~~~~~\n
ISOFL~030~~4544445454845485~VA~\n
~~~~~\n
GRAD~~~~~\n
ALIAS~~~~~\n
SSN~333091234~\n
ITIN~~~~~\n
FEIN~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
CUSE~STATUS2~\n
PDST~62000000000104~SUBJECT003~\n
PSTA~7950000029494811~01012004~03262005~N~01012004~03262005~N~S~\n
ISUBJ~HECTOR~JOHN~MD~M~~~~~JOHN HECTOR, M.D.~~~6815 DIXIE HIGHWAY~~NEW YORK~NY~~10010~~12281918~~~\n
DEA~~~~~\n
ISOFL~010~~3838383838~TX~\n
~\n
GRAD~MOUNT SINAI MEDICAL COLLEGE~1985~\n
ALIAS~~~~~\n
SSN~~~~~\n
ITIN~~~~~\n
FEIN~~~~~\n
NPI~~~~~\n
UPIN~~~~~\n
CUSE~STATUS3~\n
TRLR~\n

**Sample 7: Proactive Report Disclosure - New Report**

HDR~222222222222777~PD~R10.0~\n

AGNT~\n

PDST~62000000000101~RR~7950000029494740~\n

PSTA~7950000029494689~07232003~07312005~Y~1~S~\n

ISUBJ~BOLLYWOOD~DOC~M~123 CEDAR HEDGE RUN~PHILADELPHIA~PA~15555~5555~GENERAL HOSPITAL~301~123 EMERGENCY LANE~PHILADELPHIA~PA~15555~5555~06131956~\n

DEA~\n

ISOFL~654~3628282828~NE~030~685987876~NY~DB~\n

~~~~~\n

GRAD~SCHOOL1~1985~SCHOOL2~1990~\n

ALIAS~\n

SSN~321321321~210210210~432432432~543543543~\n

ITIN~922817347~\n

FEIN~\n

NPI~\n

UPIN~\n

QRSD~7950000029494740~10312005~J~\n

ENTY~GOVERNMENT REPORTERS UPI~7655 SUMMIT STREET~SUITE 1220~STARLIGHT~NM~80123~A~GOVERNMENT REPORTERS UPI~7655 SUMMIT STREET~SUITE 1220~STARLIGHT~NM~80123~02022004~\n

JOCRT~I~R~11272007~11272007~N~Y~N~Y~\n

ISUBJ~BOLLYWOOD~DOCTOR~W~JR~M~5000 MAIN ST.~LOUISVILLE~PA~18201~9113~06131956~N~\n

DEA~\n

ISOFL~654~3628282828~NE~\n

~~~~~\n

ALIAS~\n

SSN~210210210~\n

ITIN~\n

FEIN~\n

NPI~\n

UPIN~\n

AFF~\n

JOCR~7950000029494605~FED COURT NAME~F~CITY NAME~HI~9023423942390~AGENCY NAME~23904823048~30~NOTHING.~09151998~\n

APEAL~N~\n

INVTG~AGENCY NAME~23948230420~\n

STATOC~SECTION~OFFENSE~23~\n

AOCD~220~\n

SJ~20000.00~1~5~3~1~5~3~1~3~5~1~3~5~15~SUBJECT ORDERED TO SURRENDER  
 LICENSE~\n  
 PDCN~7950000029491170~C~7950000029492558~\n  
 RSDR~\n  
 RPOC~JOHN SMITH~INTERN~3940583490~\n  
 ISUPPL~\n  
 SUPPLSND~\n  
 ER~REF#78912~\n  
 TRLR~\n

**Sample 8: Proactive Report Disclosure - Void Report**

HDR~222222222222777~PD~R10.0~\n  
 AGNT~\n  
 PDST~620000000000101~VR~7950000029494740~\n  
 PSTA~7950000029494689~07232003~07312005~Y~07232003~07312005~Y~0~S~\n  
 ISUBJ~BOLLYWOOD~DOC~M~123 CEDAR HEDGE RUN~PHILADELPHIA~PA~15555~5555~GENERAL HOSPITAL~301~123 EMERGENCY  
 LANE~PHILADELPHIA~PA~15555~5555~06131956~\n  
 DEA~\n  
 ISOFL~654~362828282828~NE~030~685987876~NY~DB~\n  
 ~\n  
 GRAD~SCHOOL1~1985~SCHOOL2~1990~\n  
 ALIAS~\n  
 SSN~321321321~210210210~432432432~543543543~\n  
 ITIN~922817347~\n  
 FEIN~\n  
 NPI~\n  
 UPIN~\n  
 TRLR~\n

**Sample 9: Proactive Report Disclosure - Report No Longer Matches The Enrolled Subject Profile**

HDR~22222222222777~PD~R10.0~\n
AGNT~\n
PDST~62000000000101~NM~795000001128765~DOC BOLLYWOOD~\n
PSTA~7950000029494689~07232003~07312005~Y~07232003~07312005~Y~0~S~\n
ISUBJ~BOLLYWOOD~DOC~M~123 CEDAR HEDGE RUN~PHILADELPHIA~PA~15555~5555~GENERAL HOSPITAL~301~123 EMERGENCY  
LANE~PHILADELPHIA~PA~15555~5555~06131956~\n
DEA~\n
ISOFL~654~3628282828~NE~030~685987876~NY~DB~\n
~\n
GRAD~SCHOOL1~1985~SCHOOL2~1990~\n
ALIAS~\n
SSN~321321321~210210210~432432432~543543543~\n
ITIN~922817347~\n
FEIN~\n
NPI~\n
UPIN~\n
TRLR~\n

**Sample 10: Proactive Report Disclosure - Resubmitted Initial Report**

HDR~22222222222777~PD~R10.0~\n
AGNT~\n
PDST~62000000000101~BI~7950000029494916~7950000029495802~7950000029495803~\n
PSTA~7950000029494689~07232003~07312005~Y~07232003~07312005~Y~1~S~\n
ISUBJ~BOLLYWOOD~DOC~M~123 CEDAR HEDGE RUN~PHILADELPHIA~PA~15555~5555~GENERAL HOSPITAL~301~123 EMERGENCY  
LANE~PHILADELPHIA~PA~15555~5555~06131956~\n
DEA~\n
ISOFL~654~3628282828~NE~030~685987876~NY~DB~\n
~\n
GRAD~SCHOOL1~1985~SCHOOL2~1990~\n
ALIAS~\n
SSN~321321321~210210210~432432432~543543543~\n
ITIN~922817347~\n
FEIN~\n
NPI~\n
UPIN~\n

QRSD~7950000029495802~10312005~J~\n
 ENTY~GOVERNMENT REPORTERS UPI~7655 SUMMIT STREET~SUITE 1220~STARLIGHT~NM~~80123~~A~GOVERNMENT REPORTERS  
 UPI~7655 SUMMIT STREET~SUITE 1220~STARLIGHT~NM~~80123~~02022004~\n
 JOCRT~I~R~11272007~11272007~N~~Y~N~Y ~\n
 ISUBJ~BOLLYWOOD~DOCTOR~W~JR~M~~~~~5000 MAIN ST.~~LOUISVILLE~PA~~18201~9113~06131956~N~~\n
 DEA~~~~~\n
 ISOFL~654~~3628282828~NE~~~~~\n
 ~~~\n
 ALIAS~~~~~\n
 SSN~210210210~\n
 ITIN~~~~~\n
 FEIN~~~~~\n
 NPI~~~~~\n
 UPIN~~~~~\n
 AFF~~~~~\n
 JOCR~7950000029495802~FED COURT NAME~F~CITY NAME~HI~9023423942390~AGENCY NAME~23904823048~30~NOTHING.~09151998~\n
 APEAL~N~~\n
 INVTG~AGENCY NAME~23948230420~\n
 STATOC~SECTION~OFFENSE~23~~~~~\n
 AOCD~220~~~~~\n
 SJ~20000.00~~1~5~3~1~5~3~1~3~5~1~3~5~15~SUBJECT ORDERED TO SURRENDER
 LICENSE~~~~~\n
 PDCN~~~~~\n
 RSDR~~~~~\n
 RPOC~JOHN SMITH~INTERN~3940583490~~\n
 ISUPPL~~~~~\n
 SUPPLSND~~~~~\n
 ER~REF#78912~\n
 TRLR~\n

Sample 11: Proactive Report Disclosure - Data Bank Corrected Report

HDR~22222222222777~PD~R10.0~\n

AGNT~\n

PDST~62000000000101~OC~7950000029495802~Home Zip Code;Unique Physician Identification Number~\n

PSTA~7950000029494689~07232003~07312005~Y~07232003~07312005~Y~1~S~\n

ISUBJ~BOLLYWOOD~DOC~M~123 CEDAR HEDGE RUN~PHILADELPHIA~PA~15555~5555~GENERAL HOSPITAL~301~123 EMERGENCY LANE~PHILADELPHIA~PA~15555~5555~06131956~\n

DEA~\n

ISOFL~654~3628282828~NE~030~685987876~NY~DB~\n

~~~~~\n

GRAD~SCHOOL1~1985~SCHOOL2~1990~\n

ALIAS~\n

SSN~321321321~210210210~432432432~543543543~\n

ITIN~922817347~\n

FEIN~\n

NPI~\n

UPIN~\n

QRSD~7950000029495899~10312005~J~\n

ENTY~GOVERNMENT REPORTERS UPI~7655 SUMMIT STREET~SUITE 1220~STARLIGHT~NM~80213~A~GOVERNMENT REPORTERS UPI~7655 SUMMIT STREET~SUITE 1220~STARLIGHT~NM~80213~02022004~\n

JOCRT~I~R~11272007~11272007~N~Y~N~Y ~\n

ISUBJ~BOLLYWOOD~DOCTOR~W~JR~M~5000 MAIN ST.~LOUISVILLE~PA~18021~9113~06131956~N~\n

DEA~\n

ISOFL~654~3628282828~NE~\n

~~~~~\n

ALIAS~\n

SSN~210210210~\n

ITIN~\n

FEIN~\n

NPI~\n

UPIN~333444~\n

AFF~\n

JOCR~7950000029495899~FED COURT NAME~F~CITY NAME~HI~9023423942390~AGENCY NAME~23904823048~30~NOTHING.~09151998~\n

APEAL~N~\n

INVTG~AGENCY NAME~23948230420~\n

STATOC~SECTION~OFFENSE~23~\n

AOCD~220~\n

SJ~20000.00~~1~5~3~1~5~3~1~3~5~1~3~5~15~SUBJECT ORDERED TO SURRENDER
LICENSE~~~~~\n
PDCN~~~~\n
RSDR~~~~~\n
RPOC~JOHN SMITH~INTERN~3940583490~~\n
ISUPPL~~~~~\n
SUPPLSND~~~~~\n
ER~REF#78912~\n
TRLR~\n

Sample 12A: Password Change Request - Submission

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

Sample 12B: Password Change Request - Response

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

Sample 13A: Password Change Request Rejection - Submission

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

Sample 13B: Password Change Request Rejection - Response

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

Sample 14A: Password Change Request by an Agent- Submission (The Agent DBID is specified in the Entity DBID field and the Agent DBID field is empty)

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

Sample 14B: Password Change Request by an Agent - Response

HDR~22222222222908~~90~R10.0~29494690~06182007~~~\n
PWDS~johnsmith~S~797000029494682~~09162007~\n
TRLR~\n

Sample 15A: Password Reset Request - Submission

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

Sample 15B: Password Reset Request - Response

HDR~22222222222777~~91~R10.0~29494691~06182007~~~\n
PWDS~johndoe~S~797000029494683~1xDesspAdrpw~06212007~\n
TRLR~\n

Sample 16: Data Bank Correspondence - Response

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

APPENDIX A - DISCLAIMER

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

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

Definitions:

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

APPENDIX B - RULES OF BEHAVIOR

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

B.1 Ownership

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

B.2 Responsibilities

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

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

B.3 Confidentiality

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

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

B.4 Intrusion Detection

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

Individuals using this system are subject to monitoring of those activities. Anyone using this

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

B.5 Violation of Rules of Behavior

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

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