Medicare Fee-For Service Public Provider Enrollment Files: Data Guidance

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# Foreword

This document provides background information and data guidance for the Public Provider Enrollment Files (PPEF). The ensuing sections of this document are organized to provide policy and data context first, followed by a general overview of the data, followed by instructions for performing common data operations, and conclude with data dictionaries and reference tables to characterize the data.

* Section 1, “Background,” provides basic background information pertaining to both policy and the source of the provider enrollment data. Additionally, key terms are defined in this section.
* Section 2, “PPEF Data Contents,” provides an overview of the contents of the PPEF, including the scope of the data and descriptions of each file.
* Section 3, “Common Data Operations,” gives general methodological instructions for performing common data operations.
* Section 4, “Data Limitations,” lists the data limitations that should be kept in mind when using the PPEF.
* Appendix A, “Extract Attributes,” provides data dictionaries and variable reference tables for the PPEF.
* Appendix B, “Revision History,” tracks updates and additions related to the PPEF.

Contents

The following document provides data guidance on using the Public Provider Enrollment Files (PPEF).

[Foreword i](#_Toc457391339)

[1 Background 2](#_Toc457391340)

[1.1 Policy Context 2](#_Toc457391341)

[1.2 Data Source 2](#_Toc457391342)

[1.3 Key Terms 2](#_Toc457391343)

[2 PPEF Data Contents 4](#_Toc457391344)

[2.1 Population 4](#_Toc457391345)

[2.2 Relational Provider Enrollment Data 4](#_Toc457391346)

[3 Common Data Operations 6](#_Toc457391347)

[3.1 Identifying All Enrollments for a Provider 6](#_Toc457391348)

[3.2 Identifying Enrollment Provider Type and Specialty 6](#_Toc457391349)

[3.3 Identifying All Providers to Which an Individual Practitioner Reassigns Their Benefits 7](#_Toc457391350)

[3.4 Identifying All Individual Practitioners Reassinging Benefits to a Provider 7](#_Toc457391351)

[3.5 Determining Practice Location Information 7](#_Toc457391352)

[3.6 Determining Reassignment Practice Location Information 7](#_Toc457391353)

[4 Data Limitations 8](#_Toc457391354)

[4.1 Multiple NPIs per Enrollment 8](#_Toc457391355)

[4.2 No Historical Enrollment Information 8](#_Toc457391356)

[4.3 Additional Enrollment Restrictions 8](#_Toc457391357)

[Appendix A – Data Attributes 9](#_Toc457391358)

[A.1 Enrollment File 9](#_Toc457391359)

[A.2 Reassignment File 11](#_Toc457391360)

[A.3 Practice Location File 12](#_Toc457391361)

[A.4 Secondary Specialty File 13](#_Toc457391362)

[A.5 STATE\_CD - Reference 14](#_Toc457391363)

[A.6 PROVIDER\_TYPE\_CD - Reference 16](#_Toc457391364)

[A.7 GNDR\_SW - Reference 22](#_Toc457391365)

[Appendix B – Revision History 23](#_Toc457391366)

# Background

This section provides background and context for understanding the PPEF. Section 1.1 describes the policy context and goals leading to the release of the PPEF. Section 1.2 provides information on the data source of the PPEF: the Provider Enrollment, Chain, and Ownership System (PECOS). Section 1.3 defines key terms.

## Policy Context

After releasing 2012 service and payment claims information for individual providers, the Center for Program Integrity (CPI) at the Centers for Medicare & Medicaid Services (CMS) began receiving data requests for provider enrollment data. Growing interest from the health care industry in this data stemmed from the need to identify Medicare enrolled providers and their associations to groups/organizations. At the time, there was no avenue for anyone outside of CMS to validate and verify if an individual provider or organization was enrolled in Medicare. The Public Provider Enrollment Files (PPEF), which were released to the general public for the first time on February 22, 2016, aim to correct this and allow easy access to Medicare provider enrollment data.

The PPEF align with CMS’ efforts to promote and practice data transparency for non-sensitive Medicare information. In addition to allowing users to easily access and validate provider information against Medicare data, the PPEF make key provider and supplier data available for use by the healthcare community for research and increased awareness in the provider and supplier community about the enrollment information CMS has on file. CMS’ long-term goal for the PPEF is to expand the data elements available and to consolidate it with other public lists, such as the Ordering and Referring File, the Part D Prescribing File, and the Revalidation Lists.

## Data Source

The source of this data is the Provider Enrollment, Chain, and Ownership System, or PECOS (pronounced pey-kohs). PECOS is an electronic Medicare enrollment system and national data repository for individual and organizational providers who have enrolled or are enrolling in Medicare. CMS’s Medicare Administrative Contractors (MACs) enroll providers using PECOS. From these enrolling providers, the MACs through PECOS collect information related to the provider’s identity, such as SSN or EIN, specialty, qualifications, practice locations, ownership, billing agency information, reassignment of benefits, and related organizations.

## Key Terms

**Enrollment ID**: A 15-digit unique alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information in PECOS (e.g., enrollment type, enrollment state, provider specialty, reassignment of benefits) is linked through the enrollment ID. Individual enrollment IDs begin with an “I” and organization enrollment IDs begin with an “O”.

**Medicare Administrative Contractor (MAC)**: A regional private health care insurer that serves as the primary contact between the Medicare fee-for-service (FFS) program and its providers by performing activities such as enrolling providers and processing claims. There are three types of MACs: Parts A/B, Home Health/Hospice, and Durable Medical Equipment (DME). While MACs oversee a collection of states (jurisdiction), providers typically enroll at the state level.

**National Provider Identifier (NPI)**: A 10-digit unique numeric identifier that all providers must obtain before enrolling in Medicare. It is assigned to health care providers upon application through the National Plan and Provider Enumeration System (NPPES). Unlike enrollment IDs, there is no provider information embedded within any of the digits of NPIs.

**PECOS Associate Control ID (PAC ID)**: A 10-digit unique numeric identifier that is assigned to each individual or organization in PECOS. All entity-level information in PECOS (e.g., tax identification numbers and organizational names) is linked through the PAC ID. A PAC ID may be associated with multiple enrollment IDs if the individual or organization enrolled multiple times under different circumstances. Unlike enrollment IDs, there is no provider information embedded within any of the digits of PAC IDs.

**Practice Location**: The location where the provider performs services. While providers may have practice locations linked directly to their enrollments in PECOS, they may also practice at other locations where they reassign benefits. This address cannot be a PO Box.

**Provider**: For the purposes of the PPEF, a provider is any entity that submitted an enrollment application through the MACs, in order to bill to Medicare for services. This includes institutional providers, clinics, group practices, suppliers, physicians and non-physician practitioners, ordering and referring physicians and non-physician practitioners, and durable medical equipment (DME) suppliers.

**Provider Enrollment, Chain, and Ownership System (PECOS)**: The electronic Medicare enrollment system and national data repository for individual and organizational providers who have enrolled or are enrolling in Medicare. PECOS is the data source of the PPEF.

**Provider Type**: The type of enrollment application submitted by the provider. Institutional providers submit form CMS-855A; clinics, group practices, and some suppliers submit form CMS-855I; eligible ordering and referring physicians and non-physician practitioners submit form CMS-855O; and durable medical equipment (DME) suppliers submit form CMS-855S.

**Reassignment**: Occurs when an individual Medicare practitioner allows a provider or supplier to submit claims and receive payment for some or all of the services the practitioner rendered to Medicare beneficiaries.

**Specialty**: A granular distinction between providers, as reported on the enrollment application. Practitioners and DME suppliers have one primary specialty, but they may have one or more secondary specialties.

**Tax Identification Number (TIN)**: The unique identifier assigned by the Social Security Administration (SSA) or the Internal Revenue Service (IRS) to a person or organization. For individuals, the TIN is equivalent to the social security number (SSN). For organizations, the TIN is typically the EIN.

# PPEF Data Contents

This section provides an overview of the contents of the PPEF. Section 2.1 describes the scope (i.e., population) of the data. Section 2.2 describes and explains the general purpose of each of the four relational data files included in the PPEF: ENROLLMENT, REASSIGNMENT, PRACTICE\_LOCATION, and Secondary\_Specialty.

## Population

The Public Provider Enrollment Files (PPEF) include all provider enrollment applications, or enrollments, that were approved to bill or order and refer only in Medicare as of August 16, 2016, which is the date the extract was produced. This includes enrollments for:

* Individual practitioners, both physicians and non-physicians
* DME suppliers
* Part A providers, such as hospitals, hospices, and home health agencies
* Part B suppliers, such as clinics/group practices and ambulance providers
* Practitioners who only enroll to order and refer.

The PPEF do not currently include information on providers who have opted out of Medicare, although opt out information is stored in PECOS.

## Relational Provider Enrollment Data

For each enrollment in the population specified in Section 2.1 (i.e., all approved enrollments), the PPEF contain basic provider enrollment information; reassignment of benefit information, if applicable; practice location city, state, and zip, if applicable; and secondary specialty information, if applicable. This information is stored in four separate relational data files. This is due to the one to many relationships between enrollment application information and reassignment of benefits information, practice location information, and secondary specialty information. A brief description of each file’s contents is given below. Appendix A – Data Attributes contains further details on the level, sort order, and layout of these files, and Section 3 describes common data operations associated with these files.

ENROLLMENT – This file contains a unique listing of all provider enrollment applications that have been approved to bill or order and refer in Medicare. The enrollment ID (ENRLMT\_ID) is the unique number assigned by PECOS to identify provider enrollment applications. This enrollment ID field is used to link between the four data files included in the PPEF. This file contains the National Provider Identifier (NPI) associated with the enrollment and the PECOS-assigned identifier, PECOS Associate Control ID or PAC ID, which is used to identify enrolling providers. This file also includes the type of provider, name, and gender.

REASSIGNMENT – This file contains a unique listing of enrollment ID pairs of individual providers reassigning their benefits and providers receiving the reassignment of benefits. The practitioner enrollment ID that is reassigning benefits is given in the REASGN\_BNFT\_ENRLMT\_ID field. The enrollment ID of the entity receiving the reassignment of benefits is given in the RCV\_BNFT\_ENRLMT\_ID field. This file can be linked to the ENROLLMENT file using either of these enrollment ID fields.

PRACTICE\_LOCATION – This file contains a unique listing of practice location city, state, and zip code for each enrollment. This file can be linked to the ENROLLMENT file using enrollment ID.

Secondary\_Specialty – This file contains a unique listing of enrollment ID and secondary specialty information pairs, for practitioner and DME supplier enrollments. This file can be linked to the ENROLLMENT file using enrollment ID.

# Common Data Operations

This section outlines how to use the PPEF to perform common data operations. The data operations described below are meant to be illustrative of how to use and link the files described in Section 2. Section 3.1 explains how to identify all enrollments for a provider based on PECOS Associate Control ID (PAC ID). Section 3.2 provides instructions for identifying an enrollment’s provider type and specialty using the PROVIDER\_TYPE\_CD and PROVIDER\_TYPE\_DESC fields. Section 3.3 explains how to use the REASSIGNMENT file to identify all providers to which an individual practitioner reassigns their benefits. Section 3.4 describes a similar operation, identifying all individual practitioners reassigning benefits to a provider. Section 3.5 provides details on determining practice location information by joining the ENROLLMENT file to the PRACTICE\_LOCATION file. Finally, Section 3.6 explains the process for determining the practice locations for individuals reassigning benefits, leveraging the files produced in Sections 3.3 and 3.5.

## Identifying All Enrollments for a Provider

The PECOS Associate Control ID or PAC ID (PECOS\_ASCT\_CNTL\_ID) is used to identify an enrolling provider. For most enrollment scenarios, the PAC ID maps closely to an SSN for individual providers and an EIN for organizational providers. A provider may enroll multiple times, under different enrollment scenarios. One common example is when a provider enrolls in multiple states to bill to Medicare in multiple states. For each enrollment, an enrollment ID (ENRLMT\_ID) is issued and associated with the PAC ID. Therefore, one PAC ID may be associated with one or more enrollment ID. All enrollments in the ENROLLMENT file that share a PAC ID are associated with the same provider.

## Identifying Enrollment Provider Type and Specialty

The PROVIDER\_TYPE\_CD and PROVIDER\_TYPE\_DESC fields contain information on the type and specialty of each provider. The PROVIDER\_TYPE\_CD field is structured such that the first two digits encode the type of enrollment submitted when the provider enrolled and the last two digits encode the enrollment specialty (the code pairs are separated by a hyphen).

The enrollment type (first two digits) can take on one of five values:

* ‘00’ – Part A Provider
* ‘12’ – Part B Supplier
* ‘14’ – Practitioner
* ‘30’ – DME Supplier
* ‘33’ – Order and Referring Only.

The specialty code (last two digits) takes on values specific to the enrollment type. Appendix A.6 gives the possible values for these fields.

Each enrollment is associated with only one enrollment type. However, depending on the enrollment type, each enrollment may have an unlimited number of specialties. Therefore, an enrollment may be associated with multiple PROVIDER\_TYPE\_CD values. The primary PROVIDER\_TYPE\_CD is found in the ENROLLMENT file. For practitioners and DME suppliers, all other, secondary PROVIDER\_TYPE\_CD values can be found by linking to the Secondary\_Specialty file by ENRLMT\_ID.

## Identifying All Providers to Which an Individual Practitioner Reassigns Their Benefits

Individual practitioners can allow other entities to bill Medicare on their behalf. This arrangement, referred to as reassignment of benefits, is stored in PECOS and can be found in the PPEF. To identify the entities that an individual reassigns their benefits to, the REASSIGNMENT file is used. The practitioner enrollment ID that is reassigning benefits is given in the REASGN\_BNFT\_ENRLMT\_ID field. The enrollment ID of the entity receiving the reassignment of benefits is given in the RCV\_BNFT\_ENRLMT\_ID field. To get the NPI, PAC ID, and name for each provider involved in the reassignment relationship, this file can be linked to the ENROLLMENT file first by ENRLMT\_ID-REASGN\_BNFT\_ENRLMT\_ID and then by ENRLMT\_ID-RCV\_BNFT\_ENRLMT\_ID. The resulting file can be subset to the individual provider NPI of interest.

## Identifying All Individual Practitioners Reassinging Benefits to a Provider

This operation is similar to the operation described in Section 3.3. Instead of restricting to an individual provider NPI of interest, the resulting file can be subset to an enrollment ID (RCV\_BNFT\_ENRLMT\_ID) of interest. The NPIs associated with this enrollment ID are the individuals reassigning their benefits.

## Determining Practice Location Information

Practice location information is obtained by joining the ENROLLMENT file, which is unique by enrollment ID (ENRLMT\_ID), to the PRACTICE\_LOCATION file, which is unique by enrollment ID and practice location, together by ENRLMT\_ID. There are a couple of important things to note after performing this linkage. (1) The resulting file contains duplicate information for a PAC ID. This is a consequence of practice location information being stored at the enrollment ID level in PECOS. The resulting file can be aggregated to the entity level by removing duplicate CITY\_NAME, STATE\_CD, and ZIP\_CD observations by PAC ID. (2) Not all individual enrollments (i.e., first character of enrollment ID is an ‘I’) will have practice locations. This is a consequence of a number of enrollment scenarios that do not require practice locations (e.g., the individual provider enrolls as order and referring only).

## Determining Reassignment Practice Location Information

To determine the practice locations for individuals reassigning benefits, the resulting files from Section 3.3 and Section 3.5 are combined. That is, all of the reassignments of an NPI of interest are first determined using the logic of Section 3.3. Then, the enrollment IDs that are found in the RCV\_BNFT\_ENRLMT\_ID field are linked to the PRACTICE\_LOCATION file to obtain practice location information.

# Data Limitations

Although the PPEF marks an unprecedented release of provider enrollment data, the extract has a few limitations that are worth noting. These data limitations are detailed below.

## Multiple NPIs per Enrollment

Organizational providers often have valid enrollment scenarios that would necessitate multiple NPIs per enrollment. For ease of use and to keep the Enrollment file unique by enrollment ID, the Enrollment file lists just a single NPI per enrollment. CP 575 NPIs are prioritized when available.

## No Historical Enrollment Information

The provider enrollment data included in the PPEF does not contain historical enrollment information. While PECOS contains a complete history of provider enrollment data, the PPEF data files are restricted to data considered to be current.

## Additional Enrollment Restrictions

In addition to restricting the PPEF to all provider enrollments that are currently approved to bill or order and refer only in Medicare, the files omit a small number of enrollments known to have PECOS data quality issues. Data quality issues include, but are not limited to:

* Missing a primary enrollment specialty
* Missing both an organizational name and an individual name
* Missing an NPI or does not contain a valid NPI
* Organizational enrollments without an address in the practice location file
* Individual enrollments without an address in the practice location file and without a reassignment of benefits

# Appendix A – Data Attributes

This appendix contains detail for each of the four relational data files included in the PPEF: the base enrollment file (ENROLLMENT), the enrollment ID reassignment of benefits crosswalk file (REASSIGNMENT), the practice location file (PRACTICE\_LOCATION), and the secondary specialty file (Secondary\_Specialty). For each file, a high-level description, what the file is unique by, the sort order, and a data dictionary are provided.

This appendix also includes the possible code values and descriptions for the STATE\_CD, PROVIDER\_TYPE\_CD, and GNDR\_SW fields.

## A.1 Enrollment File

Description: This file contains a unique listing of all provider enrollment applications that have been approved to bill or order and refer in Medicare.

Level: The data is unique by enrollment ID (ENRLMT\_ID).

**Sort Order:** The data is sorted by enrollment ID (ENRLMT\_ID).

**Data Dictionary:**

| **#** | **Name** | **Description** | **Type** | **Length** |
| --- | --- | --- | --- | --- |
| 1 | NPI | Provider National Provider Identifier (NPI)  An NPI is a 10-digit unique numeric identifier that all providers must obtain before enrolling in Medicare. It is assigned to health care providers upon application through the National Plan and Provider Enumeration System (NPPES). | CHAR | 10 |
| 2 | PECOS\_ASCT\_CNTL\_ID | Provider associate level variable (PAC ID) from PECOS database used to link across tables.  A PAC ID is a 10-digit unique numeric identifier that is assigned to each individual or organization in PECOS. All entity-level information (e.g., tax identification numbers and organizational names) is linked through the PAC ID. A PAC ID may be associated with multiple enrollment IDs if the individual or organization enrolled multiple times under different circumstances. | CHAR | 10 |
| 3 | ENRLMT\_ID | Provider enrollment ID from PECOS database used to link across tables.  An enrollment ID is a 15-digit unique alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information (e.g., enrollment type, enrollment state, provider specialty and reassignment of benefits) is linked through the enrollment ID. | CHAR | 15 |
| 4 | PROVIDER\_TYPE\_CD | Provider enrollment application and enrollment specialty type, see PROVIDER\_TYPE\_CD - Reference for description of values.  This field shows the provider’s primary specialty code. For practitioners and DME suppliers, please see the Secondary Specialty file for a list of secondary specialties (when applicable). Only about 20% of practitioners and DME suppliers have at least one secondary specialty. | CHAR | 5 |
| 5 | PROVIDER\_TYPE\_DESC | Provider enrollment application and enrollment specialty type description, see PROVIDER\_TYPE\_CD - Reference for description of values. | CHAR | 220 |
| 6 | STATE\_CD | Provider enrollment state, abbreviated location, see STATE\_CD - Reference tab for description of values.  Providers enroll at the state level, so one PAC ID may be associated with multiple ENRLMT\_IDs and multiple STATE\_CD values. | CHAR | 2 |
| 7 | FIRST\_NAME | Individual provider first name. | CHAR | 25 |
| 8 | MDL\_NAME | Individual provider middle name. | CHAR | 25 |
| 9 | LAST\_NAME | Individual provider last name. | CHAR | 35 |
| 10 | ORG\_NAME | Organizational provider name. | CHAR | 70 |
| 11 | GNDR\_SW | Individual provider gender, see GNDR\_SW - Reference for description of values. | CHAR | 1 |

## A.2 Reassignment File

Description: This file contains an enrollment ID crosswalk between those individual providers reassigning their benefits and those providers receiving the reassignment of benefits.

Level: The data is unique by the reassigning of benefits enrollment ID (REASGN\_BNFT\_ENRLMT\_ID) and the receiving reassignment of benefits enrollment ID (RCV\_BNFT\_ENRLMT\_ID).

**Sort Order:** The data is sorted by the reassigning of benefits enrollment ID (REASGN\_BNFT\_ENRLMT\_ID) and the receiving reassignment of benefits enrollment ID (RCV\_BNFT\_ENRLMT\_ID).

**Data Dictionary:**

| **#** | **Name** | **Description** | **Type** | **Length** |
| --- | --- | --- | --- | --- |
| 1 | REASGN\_BNFT\_ENRLMT\_ID | Enrollment ID of the provider reassigning benefits to bill to Medicare.  To find enrollment information for providers reassigning their benefits to bill to Medicare, link REASGN\_BNFT\_ENRLMT\_ID to ENRLMT\_ID in the Enrollment file. | CHAR | 15 |
| 2 | RCV\_BNFT\_ENRLMT\_ID | Enrollment ID of the provider receiving reassignment benefits to bill to Medicare.  To find enrollment information for providers receiving reassignment benefits to bill to Medicare, link RCV\_BNFT\_ENRLMT\_ID to ENRLMT\_ID in the Enrollment file. | CHAR | 15 |

## A.3 Practice Location File

Description: This file contains a unique listing of practice location city, state, and zip code for each enrollment.

Level: The data is unique by enrollment ID (ENRLMT\_ID) and practice location city, state, and zip code (CITY\_NAME-STATE\_CD-ZIP\_CD).

**Sort Order:** The data is sorted by enrollment ID (ENRLMT\_ID) and practice location city, state, and zip code (CITY\_NAME-STATE\_CD-ZIP\_CD).

**Data Dictionary:**

| **#** | **Name** | **Description** | **Type** | **Length** |
| --- | --- | --- | --- | --- |
| 1 | ENRLMT\_ID | Provider enrollment ID from PECOS database used to link across tables.  An enrollment ID is a 15-digit unique alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information (e.g., enrollment type, enrollment state, provider specialty and reassignment of benefits) is linked through the enrollment ID.  All enrollment IDs that reassign their benefits to bill Medicare to this enrollment ID are also associated with the practice location. | CHAR | 15 |
| 2 | CITY\_NAME | Provider practice location city.  Each practice location is linked to an enrollment ID. If any other provider reassigns benefits to an enrollment ID listed in the Practice Location file, the practice location is also associated with that other provider. | CHAR | 30 |
| 3 | STATE\_CD | Provider practice location state, see STATE\_CD - Reference tab for description of values.  Each practice location is linked to an enrollment ID. If any other provider reassigns benefits to an enrollment ID listed in the Practice Location file, the practice location is also associated with that other provider. | CHAR | 2 |
| 4 | ZIP\_CD | Provider practice location zip code.  Each practice location is linked to an enrollment ID. If any other provider reassigns benefits to an enrollment ID listed in the Practice Location file, the practice location is also associated with that other provider. | CHAR | 15 |

## A.4 Secondary Specialty File

Description: This file contains secondary specialty information for physician and DME enrollments.

Level: The data is unique by enrollment ID (ENRLMT\_ID) and provider type code (PROVIDER\_TYPE\_CD).

**Sort Order:** The data is sorted by enrollment ID (ENRLMT\_ID) and provider type code (PROVIDER\_TYPE\_CD).

**Data Dictionary:**

| **#** | **Name** | **Description** | **Type** | **Length** |
| --- | --- | --- | --- | --- |
| 1 | ENRLMT\_ID | Provider enrollment ID from PECOS database used to link across tables.  An enrollment ID is a 15-digit unique alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information (e.g., enrollment type, enrollment state, provider specialty and reassignment of benefits) is linked through the enrollment ID.  This file is restricted to practitioner and DME supplier enrollment IDs. | CHAR | 15 |
| 2 | PROVIDER\_TYPE\_CD | Provider enrollment application and enrollment specialty type, see PROVIDER\_TYPE\_CD - Reference for description of values.  A provider may have multiple secondary specialties, therefore having multiple PROVIDER\_TYPE\_CD values. For this reason, this file is not unique by enrollment ID. The primary specialty and PROVIDER\_TYPE\_CD for each enrollment ID is listed in the Enrollment file.  This file is restricted to practitioner and DME supplier enrollment IDs. | CHAR | 5 |
| 3 | PROVIDER\_TYPE\_DESC | Provider enrollment application and enrollment specialty type description, see PROVIDER\_TYPE\_CD - Reference for description of values. | CHAR | 220 |

## A.5 STATE\_CD - Reference

| **#** | **Value** | **Description** |
| --- | --- | --- |
| 1 | AK | Alaska |
| 2 | AL | Alabama |
| 3 | AR | Arkansas |
| 4 | AS | American Samoa |
| 5 | AZ | Arizona |
| 6 | CA | California |
| 7 | CO | Colorado |
| 8 | CT | Connecticut |
| 9 | DC | District of Columbia |
| 10 | DE | Delaware |
| 11 | FL | Florida |
| 12 | GA | Georgia |
| 13 | GU | Guam |
| 14 | HI | Hawaii |
| 15 | IA | Iowa |
| 16 | ID | Idaho |
| 17 | IL | Illinois |
| 18 | IN | Indiana |
| 19 | KS | Kansas |
| 20 | KY | Kentucky |
| 21 | LA | Louisiana |
| 22 | LA | Lousiana |
| 23 | MA | Massachusetts |
| 24 | MD | Maryland |
| 25 | ME | Maine |
| 26 | MH | Marshall Islands |
| 27 | MI | Michigan |
| 28 | MN | Minnesota |
| 29 | MO | Missouri |
| 30 | MP | Northern Marianas |
| 31 | MS | Mississippi |
| 32 | MT | Montana |
| 33 | NC | North Carolina |
| 34 | ND | North Dakota |
| 35 | NE | Nebraska |
| 36 | NH | New Hampshire |
| 37 | NJ | New Jersey |
| 38 | NM | New Mexico |
| 39 | NV | Nevada |
| 40 | NY | New York |
| 41 | OH | Ohio |
| 42 | OK | Oklahoma |
| 43 | OR | Oregon |
| 44 | PA | Pennsylvania |
| 45 | PR | Puerto Rico |
| 46 | RI | Rhode Island |
| 47 | SC | South Carolina |
| 48 | SD | South Dakota |
| 49 | TN | Tennessee |
| 50 | TX | Texas |
| 51 | UT | Utah |
| 52 | VA | Virginia |
| 53 | VI | Virgin Islands |
| 54 | VT | Vermont |
| 55 | WA | Washington |
| 56 | WI | Wisconsin |
| 57 | WV | West Virginia |
| 58 | WY | Wyoming |

## A.6 PROVIDER\_TYPE\_CD - Reference

| **#** | **Value** | **PROVIDER\_TYPE\_DESC** |
| --- | --- | --- |
| 1 | 00-00 | PART A PROVIDER - RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTION (RNHCI) |
| 2 | 00-01 | PART A PROVIDER - COMMUNITY MENTAL HEALTH CENTER |
| 3 | 00-02 | PART A PROVIDER - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY |
| 4 | 00-03 | PART A PROVIDER - END-STAGE RENAL DISEASE FACILITY (ESRD) |
| 5 | 00-04 | PART A PROVIDER - FEDERALLY QUALIFIED HEALTH CENTER (FQHC) |
| 6 | 00-05 | PART A PROVIDER - HISTOCOMPATIBILITY LABORATORY |
| 7 | 00-06 | PART A PROVIDER - HOME HEALTH AGENCY |
| 8 | 00-07 | PART A PROVIDER - HOME HEALTH AGENCY (SUBUNIT) |
| 9 | 00-08 | PART A PROVIDER - HOSPICE |
| 10 | 00-09 | PART A PROVIDER - HOSPITAL |
| 11 | 00-10 | PART A PROVIDER - INDIAN HEALTH SERVICES FACILITY |
| 12 | 00-13 | PART A PROVIDER - ORGAN PROCUREMENT ORGANIZATION (OPO) |
| 13 | 00-14 | PART A PROVIDER - OUTPATIENT PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH PATHOLOGY SERVICES |
| 14 | 00-17 | PART A PROVIDER - RURAL HEALTH CLINIC |
| 15 | 00-18 | PART A PROVIDER - SKILLED NURSING FACILITY |
| 16 | 00-19 | PART A PROVIDER - OTHER |
| 17 | 00-85 | PART A PROVIDER - CRITICAL ACCESS HOSPITAL |
| 18 | 12-23 | PART B SUPPLIER - SPORTS MEDICINE |
| 19 | 12-31 | PART B SUPPLIER - INTENSIVE CARDIAC REHABILITATION |
| 20 | 12-45 | PART B SUPPLIER - MAMMOGRAPHY SCREENING CENTER |
| 21 | 12-47 | PART B SUPPLIER - INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF) |
| 22 | 12-49 | PART B SUPPLIER - AMBULATORY SURGICAL CENTER |
| 23 | 12-59 | PART B SUPPLIER - AMBULANCE SERVICE SUPPLIER |
| 24 | 12-60 | PART B SUPPLIER - PUBLIC HEALTH/WELFARE AGENCY |
| 25 | 12-61 | PART B SUPPLIER - VOLUNTARY HEALTH/CHARITY AGENCY |
| 26 | 12-63 | PART B SUPPLIER - PORTABLE X-RAY SUPPLIER |
| 27 | 12-65 | PART B SUPPLIER - PHYSICAL/OCCUPATIONAL THERAPY GROUP IN PRIVATE PRACTICE |
| 28 | 12-69 | PART B SUPPLIER - INDEPENDENT CLINICAL LABORATORIES (CLIA) |
| 29 | 12-70 | PART B SUPPLIER - CLINIC/GROUP PRACTICE |
| 30 | 12-73 | PART B SUPPLIER - MASS IMMUNIZATION (ROSTER BILLER ONLY) |
| 31 | 12-74 | PART B SUPPLIER - RADIATION THERAPY CENTER |
| 32 | 12-75 | PART B SUPPLIER - SLIDE PREPARATION FACILITIES |
| 33 | 12-87 | PART B SUPPLIER - OTHER |
| 34 | 12-C0 | PART B SUPPLIER - SLEEP LABORATORY/MEDICINE |
| 35 | 12-C1 | PART B SUPPLIER - CENTRALIZED FLU BILLER |
| 36 | 12-Z1 | PART B SUPPLIER - HOSPITAL DEPARTMENT(S) |
| 37 | 12-Z3 | PART B SUPPLIER - MEDICARE + CHOICE ORGANIZATION |
| 38 | 12-Z4 | PART B SUPPLIER - MEDICAL FACULTY PRACTICE PLAN |
| 39 | 12-Z5 | PART B SUPPLIER - OTHER MEDICAL CARE GROUP |
| 40 | 14-01 | PRACTITIONER - GENERAL PRACTICE |
| 41 | 14-02 | PRACTITIONER - GENERAL SURGERY |
| 42 | 14-03 | PRACTITIONER - ALLERGY/IMMUNOLOGY |
| 43 | 14-04 | PRACTITIONER - OTOLARYNGOLOGY |
| 44 | 14-05 | PRACTITIONER - ANESTHESIOLOGY |
| 45 | 14-06 | PRACTITIONER - CARDIOVASCULAR DISEASE (CARDIOLOGY) |
| 46 | 14-07 | PRACTITIONER - DERMATOLOGY |
| 47 | 14-08 | PRACTITIONER - FAMILY PRACTICE |
| 48 | 14-09 | PRACTITIONER - INTERVENTIONAL PAIN MANAGEMENT |
| 49 | 14-10 | PRACTITIONER - GASTROENTEROLOGY |
| 50 | 14-11 | PRACTITIONER - INTERNAL MEDICINE |
| 51 | 14-12 | PRACTITIONER - OSTEOPATHIC MANIPULATIVE MEDICINE |
| 52 | 14-13 | PRACTITIONER - NEUROLOGY |
| 53 | 14-14 | PRACTITIONER - NEUROSURGERY |
| 54 | 14-15 | PRACTITIONER - SPEECH LANGUAGE PATHOLOGIST |
| 55 | 14-16 | PRACTITIONER - OBSTETRICS/GYNECOLOGY |
| 56 | 14-17 | PRACTITIONER - HOSPICE/PALLIATIVE CARE |
| 57 | 14-18 | PRACTITIONER - OPHTHALMOLOGY |
| 58 | 14-19 | PRACTITIONER - ORAL SURGERY (DENTIST ONLY) |
| 59 | 14-20 | PRACTITIONER - ORTHOPEDIC SURGERY |
| 60 | 14-21 | PRACTITIONER - CARDIAC ELECTROPHYSIOLOGY |
| 61 | 14-22 | PRACTITIONER - PATHOLOGY |
| 62 | 14-23 | PRACTITIONER - SPORTS MEDICINE |
| 63 | 14-24 | PRACTITIONER - PLASTIC AND RECONSTRUCTIVE SURGERY |
| 64 | 14-25 | PRACTITIONER - PHYSICAL MEDICINE AND REHABILITATION |
| 65 | 14-26 | PRACTITIONER - PSYCHIATRY |
| 66 | 14-27 | PRACTITIONER - GERIATRIC PSYCHIATRY |
| 67 | 14-28 | PRACTITIONER - COLORECTAL SURGERY (PROCTOLOGY) |
| 68 | 14-29 | PRACTITIONER - PULMONARY DISEASE |
| 69 | 14-30 | PRACTITIONER - DIAGNOSTIC RADIOLOGY |
| 70 | 14-32 | PRACTITIONER - ANESTHESIOLOGY ASSISTANT |
| 71 | 14-33 | PRACTITIONER - THORACIC SURGERY |
| 72 | 14-34 | PRACTITIONER - UROLOGY |
| 73 | 14-35 | PRACTITIONER - CHIROPRACTIC |
| 74 | 14-36 | PRACTITIONER - NUCLEAR MEDICINE |
| 75 | 14-37 | PRACTITIONER - PEDIATRIC MEDICINE |
| 76 | 14-38 | PRACTITIONER - GERIATRIC MEDICINE |
| 77 | 14-39 | PRACTITIONER - NEPHROLOGY |
| 78 | 14-40 | PRACTITIONER - HAND SURGERY |
| 79 | 14-41 | PRACTITIONER - OPTOMETRY |
| 80 | 14-42 | PRACTITIONER - CERTIFIED NURSE MIDWIFE |
| 81 | 14-43 | PRACTITIONER - CERTIFIED REGISTERED NURSE ANESTHETIST |
| 82 | 14-44 | PRACTITIONER - INFECTIOUS DISEASE |
| 83 | 14-46 | PRACTITIONER - ENDOCRINOLOGY |
| 84 | 14-48 | PRACTITIONER - PODIATRY |
| 85 | 14-50 | PRACTITIONER - NURSE PRACTITIONER |
| 86 | 14-62 | PRACTITIONER - PSYCHOLOGIST BILLING INDEPENDENTLY |
| 87 | 14-64 | PRACTITIONER - AUDIOLOGIST |
| 88 | 14-65 | PRACTITIONER - PHYSICAL THERAPIST |
| 89 | 14-66 | PRACTITIONER - RHEUMATOLOGY |
| 90 | 14-67 | PRACTITIONER - OCCUPATIONAL THERAPIST |
| 91 | 14-68 | PRACTITIONER - CLINICAL PSYCHOLOGIST |
| 92 | 14-70 | PRACTITIONER - SINGLE OR MULTISPECIALTY CLINIC OR GROUP PRACTICE |
| 93 | 14-71 | PRACTITIONER - REGISTERED DIETITIAN OR NUTRITION PROFESSIONAL |
| 94 | 14-72 | PRACTITIONER - PAIN MANAGEMENT |
| 95 | 14-73 | PRACTITIONER - MASS IMMUNIZATION ROSTER BILLER |
| 96 | 14-76 | PRACTITIONER - PERIPHERAL VASCULAR DISEASE |
| 97 | 14-77 | PRACTITIONER - VASCULAR SURGERY |
| 98 | 14-78 | PRACTITIONER - CARDIAC SURGERY |
| 99 | 14-79 | PRACTITIONER - ADDICTION MEDICINE |
| 100 | 14-80 | PRACTITIONER - CLINICAL SOCIAL WORKER |
| 101 | 14-81 | PRACTITIONER - CRITICAL CARE (INTENSIVISTS) |
| 102 | 14-82 | PRACTITIONER - HEMATOLOGY |
| 103 | 14-83 | PRACTITIONER - HEMATOLOGY/ONCOLOGY |
| 104 | 14-84 | PRACTITIONER - PREVENTATIVE MEDICINE |
| 105 | 14-85 | PRACTITIONER - MAXILLOFACIAL SURGERY |
| 106 | 14-86 | PRACTITIONER - NEUROPSYCHIATRY |
| 107 | 14-88 | PRACTITIONER - OTHER (NON-PHYSICIAN) |
| 108 | 14-89 | PRACTITIONER - CLINICAL NURSE SPECIALIST |
| 109 | 14-90 | PRACTITIONER - MEDICAL ONCOLOGY |
| 110 | 14-91 | PRACTITIONER - SURGICAL ONCOLOGY |
| 111 | 14-92 | PRACTITIONER - RADIATION ONCOLOGY |
| 112 | 14-93 | PRACTITIONER - EMERGENCY MEDICINE |
| 113 | 14-94 | PRACTITIONER - INTERVENTIONAL RADIOLOGY |
| 114 | 14-97 | PRACTITIONER - PHYSICIAN ASSISTANT |
| 115 | 14-98 | PRACTITIONER - GYNECOLOGICAL ONCOLOGY |
| 116 | 14-99 | PRACTITIONER - OTHER (PHYSICIAN) |
| 117 | 14-99 | PRACTITIONER - Other |
| 118 | 14-C0 | PRACTITIONER - SLEEP LABORATORY/MEDICINE |
| 119 | 14-C3 | PRACTITIONER - INTERVENTIONAL CARDIOLOGY |
| 120 | 30-01 | DME SUPPLIER - PHYSICIAN - GENERAL PRACTICE |
| 121 | 30-02 | DME SUPPLIER - PHYSICIAN - GENERAL SURGERY |
| 122 | 30-03 | DME SUPPLIER - PHYSICIAN - ALLERGY/IMMUNOLOGY |
| 123 | 30-04 | DME SUPPLIER - PHYSICIAN - OTOLARYNGOLOGY |
| 124 | 30-05 | DME SUPPLIER - PHYSICIAN - ANESTHESIOLOGY |
| 125 | 30-06 | DME SUPPLIER - PHYSICIAN - CARDIOLOGY |
| 126 | 30-07 | DME SUPPLIER - PHYSICIAN - DERMATOLOGY |
| 127 | 30-08 | DME SUPPLIER - PHYSICIAN - FAMILY PRACTICE |
| 128 | 30-11 | DME SUPPLIER - PHYSICIAN - INTERNAL MEDICINE |
| 129 | 30-12 | DME SUPPLIER - PHYSICIAN - OSTEOPATHIC MANIPULATIVE MEDICINE |
| 130 | 30-13 | DME SUPPLIER - PHYSICIAN - NEUROLOGY |
| 131 | 30-14 | DME SUPPLIER - PHYSICIAN - NEUROSURGERY |
| 132 | 30-16 | DME SUPPLIER - PHYSICIAN - OBSTETRICS/GYNECOLOGY |
| 133 | 30-18 | DME SUPPLIER - PHYSICIAN - OPHTHALMOLOGY |
| 134 | 30-19 | DME SUPPLIER - ORAL SURGERY - DENTIST |
| 135 | 30-20 | DME SUPPLIER - PHYSICIAN - ORTHOPEDIC/ORTHOPEDIC SURGERY |
| 136 | 30-23 | DME SUPPLIER - SPORTS MEDICINE |
| 137 | 30-24 | DME SUPPLIER - PHYSICIAN - PLASTIC AND RECONSTRUCTIVE SURGERY |
| 138 | 30-25 | DME SUPPLIER - PHYSICIAN - PHYSICAL AND REHABILITATION |
| 139 | 30-26 | DME SUPPLIER - PHYSICIAN - PSYCHIATRY |
| 140 | 30-29 | DME SUPPLIER - PHYSICIAN - PULMONARY DISEASE |
| 141 | 30-30 | DME SUPPLIER - PHYSICIAN - DIAGNOSTIC RADIOLOGY |
| 142 | 30-34 | DME SUPPLIER - PHYSICIAN - UROLOGY |
| 143 | 30-35 | DME SUPPLIER - PHYSICIAN - CHIROPRACTIC |
| 144 | 30-37 | DME SUPPLIER - PHYSICIAN - PEDIATRIC MEDICINE |
| 145 | 30-38 | DME SUPPLIER - PHYSICIAN - GERIATRIC MEDICINE |
| 146 | 30-40 | DME SUPPLIER - PHYSICIAN - HAND SURGERY |
| 147 | 30-41 | DME SUPPLIER - PHYSICIAN - OPTOMETRIST |
| 148 | 30-44 | DME SUPPLIER - PHYSICIAN - INFECTIOUS DISEASE |
| 149 | 30-46 | DME SUPPLIER - PHYSICIAN - ENDOCRINOLOGY |
| 150 | 30-48 | DME SUPPLIER - PHYSICIAN - PODIATRY |
| 151 | 30-49 | DME SUPPLIER - AMBULATORY SURGICAL CENTER |
| 152 | 30-50 | DME SUPPLIER - NURSE PRACTITIONER |
| 153 | 30-51 | DME SUPPLIER - MEDICAL SUPPLY COMPANY WITH ORTHOTIC PERSONNEL |
| 154 | 30-52 | DME SUPPLIER - MEDICAL SUPPLY COMPANY WITH PROSTHETIC PERSONNEL |
| 155 | 30-53 | DME SUPPLIER - MEDICAL SUPPLY COMPANY WITH ORTHOTIC-PROSTHETIC |
| 156 | 30-54 | DME SUPPLIER - MEDICAL SUPPLY COMPANY |
| 157 | 30-55 | DME SUPPLIER - ORTHOTIC PERSONNEL |
| 158 | 30-56 | DME SUPPLIER - PROSTHETIC PERSONNEL |
| 159 | 30-57 | DME SUPPLIER - CERTIFIED ORTH/PROS/PEDORTHIST |
| 160 | 30-58 | DME SUPPLIER - MEDICAL SUPPLY COMPANY WITH REGISTERED PHARMACIST |
| 161 | 30-59 | DME SUPPLIER - AMBULANCE SERVICE SUPPLIER |
| 162 | 30-61 | DME SUPPLIER - VOLUNTARY HEALTH OR CHARITABLE AGENCIES |
| 163 | 30-63 | DME SUPPLIER - PORTABLE X-RAY SUPPLIER |
| 164 | 30-64 | DME SUPPLIER - INDEPENDENTLY-BILLING AUDIOLOGIST |
| 165 | 30-65 | DME SUPPLIER - INDEPENDENTLY-PRACTICING PHYSICAL THERAPIST |
| 166 | 30-66 | DME SUPPLIER - PHYSICIAN - RHEUMATOLOGY |
| 167 | 30-67 | DME SUPPLIER - INDEPENDENTLY-PRACTICING OCCUPATIONAL THERAPIST |
| 168 | 30-70 | DME SUPPLIER - MULTI-SPECIALTY - PHYSICIAN |
| 169 | 30-72 | DME SUPPLIER - PHYSICIAN - INTERVENTIONAL PAIN MANAGEMENT |
| 170 | 30-76 | DME SUPPLIER - PHYSICIAN - PERIPHERAL VASCULAR DISEASE |
| 171 | 30-77 | DME SUPPLIER - PHYSICIAN - VASCULAR SURGERY |
| 172 | 30-79 | DME SUPPLIER - PHYSICIAN - ADDICTION MEDICINE |
| 173 | 30-82 | DME SUPPLIER - PHYSICIAN - HEMATOLOGY |
| 174 | 30-83 | DME SUPPLIER - PHYSICIAN - HEMATOLOGY/ONCOLOGY |
| 175 | 30-84 | DME SUPPLIER - PHYSICIAN - PREVENTIVE MEDICINE |
| 176 | 30-85 | DME SUPPLIER - PHYSICIAN - MAXILLOFACIAL SURGERY |
| 177 | 30-87 | DME SUPPLIER - OTHER |
| 178 | 30-88 | DME SUPPLIER - UNKNOWN SUPPLIER/PROVIDER |
| 179 | 30-90 | DME SUPPLIER - PHYSICIAN - MEDICAL ONCOLOGY |
| 180 | 30-91 | DME SUPPLIER - PHYSICIAN - SURGICAL ONCOLOGY |
| 181 | 30-92 | DME SUPPLIER - PHYSICIAN - RADIATION ONCOLOGY |
| 182 | 30-93 | DME SUPPLIER - PHYSICIAN - EMERGENCY MEDICINE |
| 183 | 30-94 | DME SUPPLIER - PHYSICIAN - INTERVENTIONAL RADIOLOGY |
| 184 | 30-95 | DME SUPPLIER - INDEPENDENT PHYSIOLOGICAL LAB |
| 185 | 30-96 | DME SUPPLIER - OPTICIAN |
| 186 | 30-97 | DME SUPPLIER - PHYSICIAN ASSISTANT |
| 187 | 30-99 | DME SUPPLIER - PHYSICIAN - UNKNOWN PHYSICIAN SPECIALTY |
| 188 | 30-A0 | DME SUPPLIER - HOSPITAL |
| 189 | 30-A1 | DME SUPPLIER - NURSING FACILITY |
| 190 | 30-A2 | DME SUPPLIER - NURSING FACILITY INTERMEDIATE CARE |
| 191 | 30-A3 | DME SUPPLIER - SKILLED NURSING FACILITY OTHER |
| 192 | 30-A4 | DME SUPPLIER - HOME HEALTH AGENCY |
| 193 | 30-A5 | DME SUPPLIER - PHARMACY |
| 194 | 30-A6 | DME SUPPLIER - MEDICAL SUPPLY COMPANY WITH RESPIRATORY THERAPIST |
| 195 | 30-A7 | DME SUPPLIER - DEPARTMENT STORE |
| 196 | 30-A8 | DME SUPPLIER - GROCERY STORE |
| 197 | 30-A9 | DME SUPPLIER - INDIAN HEALTH SERVICE OR TRIBAL FACILITY |
| 198 | 30-B1 | DME SUPPLIER - OXYGEN & EQUIPMENT |
| 199 | 30-B2 | DME SUPPLIER - PEDORTHIC PERSONNEL |
| 200 | 30-B3 | DME SUPPLIER - MEDICAL SUPPLY COMPANY WITH PEDORTHIC PERSONNEL |
| 201 | 30-B4 | DME SUPPLIER - REHABILITATION AGENCY |
| 202 | 30-B5 | DME SUPPLIER - OCULARIST |
| 203 | 30-C0 | DME SUPPLIER - SLEEP LABORATORY/MEDICINE |
| 204 | 33-01 | ORDER AND REFERRING ONLY - GENERAL PRACTICE |
| 205 | 33-02 | ORDER AND REFERRING ONLY - GENERAL SURGERY |
| 206 | 33-03 | ORDER AND REFERRING ONLY - ALLERGY/IMMUNOLOGY |
| 207 | 33-04 | ORDER AND REFERRING ONLY - OTOLARYNGOLOGY |
| 208 | 33-05 | ORDER AND REFERRING ONLY - ANESTHESIOLOGY |
| 209 | 33-06 | ORDER AND REFERRING ONLY - CARDIOVASCULAR DISEASE (CARDIOLOGY) |
| 210 | 33-07 | ORDER AND REFERRING ONLY - DERMATOLOGY |
| 211 | 33-08 | ORDER AND REFERRING ONLY - FAMILY PRACTICE |
| 212 | 33-09 | ORDER AND REFERRING ONLY - INTERVENTIONAL PAIN MANAGEMENT |
| 213 | 33-10 | ORDER AND REFERRING ONLY - GASTROENTEROLOGY |
| 214 | 33-11 | ORDER AND REFERRING ONLY - INTERNAL MEDICINE |
| 215 | 33-12 | ORDER AND REFERRING ONLY - OSTEOPATHIC MANIPULATIVE MEDICINE |
| 216 | 33-13 | ORDER AND REFERRING ONLY - NEUROLOGY |
| 217 | 33-14 | ORDER AND REFERRING ONLY - NEUROSURGERY |
| 218 | 33-16 | ORDER AND REFERRING ONLY - OBSTETRICS/GYNECOLOGY |
| 219 | 33-17 | ORDER AND REFERRING ONLY - HOSPICE/PALLIATIVE CARE |
| 220 | 33-18 | ORDER AND REFERRING ONLY - OPHTHALMOLOGY |
| 221 | 33-19 | ORDER AND REFERRING ONLY - ORAL SURGERY (DENTIST ONLY) |
| 222 | 33-20 | ORDER AND REFERRING ONLY - ORTHOPEDIC SURGERY |
| 223 | 33-21 | ORDER AND REFERRING ONLY - CARDIAC ELECTROPHYSIOLOGY |
| 224 | 33-22 | ORDER AND REFERRING ONLY - PATHOLOGY |
| 225 | 33-23 | ORDER AND REFERRING ONLY - SPORTS MEDICINE |
| 226 | 33-24 | ORDER AND REFERRING ONLY - PLASTIC AND RECONSTRUCTIVE SURGERY |
| 227 | 33-25 | ORDER AND REFERRING ONLY - PHYSICAL MEDICINE AND REHABILITATION |
| 228 | 33-26 | ORDER AND REFERRING ONLY - PSYCHIATRY |
| 229 | 33-27 | ORDER AND REFERRING ONLY - GERIATRIC PSYCHIATRY |
| 230 | 33-28 | ORDER AND REFERRING ONLY - COLORECTAL SURGERY (PROCTOLOGY) |
| 231 | 33-29 | ORDER AND REFERRING ONLY - PULMONARY DISEASE |
| 232 | 33-30 | ORDER AND REFERRING ONLY - DIAGNOSTIC RADIOLOGY |
| 233 | 33-33 | ORDER AND REFERRING ONLY - THORACIC SURGERY |
| 234 | 33-34 | ORDER AND REFERRING ONLY - UROLOGY |
| 235 | 33-35 | ORDER AND REFERRING ONLY - CHIROPRACTIC |
| 236 | 33-36 | ORDER AND REFERRING ONLY - NUCLEAR MEDICINE |
| 237 | 33-37 | ORDER AND REFERRING ONLY - PEDIATRIC MEDICINE |
| 238 | 33-38 | ORDER AND REFERRING ONLY - GERIATRIC MEDICINE |
| 239 | 33-39 | ORDER AND REFERRING ONLY - NEPHROLOGY |
| 240 | 33-40 | ORDER AND REFERRING ONLY - HAND SURGERY |
| 241 | 33-41 | ORDER AND REFERRING ONLY - OPTOMETRY |
| 242 | 33-42 | ORDER AND REFERRING ONLY - CERTIFIED NURSE MIDWIFE |
| 243 | 33-43 | ORDER AND REFERRING ONLY - CERTIFIED REGISTERED NURSE ANESTHETIST |
| 244 | 33-44 | ORDER AND REFERRING ONLY - INFECTIOUS DISEASE |
| 245 | 33-46 | ORDER AND REFERRING ONLY - ENDOCRINOLOGY |
| 246 | 33-48 | ORDER AND REFERRING ONLY - PODIATRY |
| 247 | 33-50 | ORDER AND REFERRING ONLY - NURSE PRACTITIONER |
| 248 | 33-62 | ORDER AND REFERRING ONLY - PSYCHOLOGIST BILLING INDEPENDENTLY |
| 249 | 33-66 | ORDER AND REFERRING ONLY - RHEUMATOLOGY |
| 250 | 33-68 | ORDER AND REFERRING ONLY - CLINICAL PSYCHOLOGIST |
| 251 | 33-71 | ORDER AND REFERRING ONLY - REGISTERED DIETITIAN OR NUTRITION PROFESSIONAL |
| 252 | 33-72 | ORDER AND REFERRING ONLY - PAIN MANAGEMENT |
| 253 | 33-76 | ORDER AND REFERRING ONLY - PERIPHERAL VASCULAR DISEASE |
| 254 | 33-77 | ORDER AND REFERRING ONLY - VASCULAR SURGERY |
| 255 | 33-78 | ORDER AND REFERRING ONLY - CARDIAC SURGERY |
| 256 | 33-79 | ORDER AND REFERRING ONLY - ADDICTION MEDICINE |
| 257 | 33-80 | ORDER AND REFERRING ONLY - CLINICAL SOCIAL WORKER |
| 258 | 33-81 | ORDER AND REFERRING ONLY - CRITICAL CARE (INTENSIVISTS) |
| 259 | 33-82 | ORDER AND REFERRING ONLY - HEMATOLOGY |
| 260 | 33-83 | ORDER AND REFERRING ONLY - HEMATOLOGY/ONCOLOGY |
| 261 | 33-84 | ORDER AND REFERRING ONLY - PREVENTATIVE MEDICINE |
| 262 | 33-85 | ORDER AND REFERRING ONLY - MAXILLOFACIAL SURGERY |
| 263 | 33-86 | ORDER AND REFERRING ONLY - NEUROPSYCHIATRY |
| 264 | 33-88 | ORDER AND REFERRING ONLY - OTHER (NON-PHYSICIAN) |
| 265 | 33-89 | ORDER AND REFERRING ONLY - CLINICAL NURSE SPECIALIST |
| 266 | 33-90 | ORDER AND REFERRING ONLY - MEDICAL ONCOLOGY |
| 267 | 33-91 | ORDER AND REFERRING ONLY - SURGICAL ONCOLOGY |
| 268 | 33-92 | ORDER AND REFERRING ONLY - RADIATION ONCOLOGY |
| 269 | 33-93 | ORDER AND REFERRING ONLY - EMERGENCY MEDICINE |
| 270 | 33-94 | ORDER AND REFERRING ONLY - INTERVENTIONAL RADIOLOGY |
| 271 | 33-97 | ORDER AND REFERRING ONLY - PHYSICIAN ASSISTANT |
| 272 | 33-98 | ORDER AND REFERRING ONLY - GYNECOLOGICAL ONCOLOGY |
| 273 | 33-99 | ORDER AND REFERRING ONLY - OTHER (PHYSICIAN) |
| 274 | 33-C0 | ORDER AND REFERRING ONLY - SLEEP LABORATORY/MEDICINE |
| 275 | 33-C3 | ORDER AND REFERRING ONLY - INTERVENTIONAL CARDIOLOGY |

## A.7 GNDR\_SW - Reference

| **#** | **Value** | **Description** |
| --- | --- | --- |
| 1 | F | Female |
| 2 | M | Male |
| 3 | 9 | Unknown |
| 4 |  | Missing |

# Appendix B – Revision History

| **Revision** | **Date** | **Name** | **Description of Modification** |
| --- | --- | --- | --- |
| 4 | 2016-07-21 | CPI-PEOG | Creation of secondary specialty file. |
| 3 | 2016-07-21 | CPI-PEOG | Updates to data dictionary |
| 2 | 2016-01-05 | CPI-PEOG | Addition of PROVIDER\_TYPE\_CD/DESC fields and updated text |
| 1 | 2015-12-15 | CPI-PEOG | Baseline document |