

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

CODE LISTS

Version 1.17

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**U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Professions
Division of Practitioner Data Banks
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DOCUMENT CHANGE HISTORY

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

Table 1 - Document Change History

Date	Version #	Change Description
4/2009	1.00	<p>Initial Version.</p> <p>New codes go into effect June 15, 2009. The following code lists have been updated:</p> <p>AAR Adverse Action Classification Codes - Individual Subjects.</p> <ul style="list-style-type: none"> • Clinical Privileges - Actions: Added codes 1615, 1637, 1638, 1642, 1643, 1644, 1655, 1656. • Clinical Privileges - Revisions to Actions: Added codes 1610, 1615, 1630, 1632, 1637, 1638, 1639, 1640, 1642, 1643, 1644, 1645, 1655, 1656, 1682, 1696. • Exclusion or Debarment - Revisions to Actions: Added code 1514. • Federal Licensure - Revisions to Actions: Added codes 1110, 1125, 1135, 1140, 1147, 1179, 1189, 1199, 1283, 1297. • Government Administrative - Actions: Added code 1525. • Government Administrative - Revisions to Actions: Added codes 1510, 1512, 1517, 1520, 1530, 1532, 1550, 1551, 1555, 1560, 1562, 1565, 1589, 1597. • Health Plan - Actions: Added codes 1931, 1951, 1952; Retired code 1950. • Health Plan - Revisions to Actions: Added codes 1920, 1930, 1931, 1932, 1941, 1942, 1989, 1997. • Professional Society - Actions: Added code 1735. • Professional Society - Revisions to Actions: Added codes 1710, 1730, 1735, 1745, 1796. • State Licensure - Revisions to Actions: Added codes 1110, 1125, 1135, 1138, 1139, 1140, 1147, 1173, 1189, 1199, 1283, 1297. • State Licensure - Revisions to Nurse Multi-State Privilege Actions: Added codes 1310, 1325, 1335, 1340, 1347, 1373, 1389, 1399, 1483, 1497. <p>AAR Adverse Action Classification Codes - Organization Subjects.</p> <ul style="list-style-type: none"> • Exclusion or Debarment - Revisions to Actions: Added code 3519. • Federal or State Licensure - Actions: Added codes 3138, 3204, 3205, 3206, 3207, 3210, 3212, 3220, 3225, 3230, 3233, 3239; Change description on code 3143. • Federal or State Licensure - Revisions to Actions: Added codes 3111, 3136, 3138, 3141, 3143, 3202, 3203, 3204, 3205, 3206, 3207, 3210, 3212, 3220, 3225, 3230, 3233, 3239, 3284, 3297. • Government Administrative - Actions: Added code 3525.

Date	Version #	Change Description
		<ul style="list-style-type: none"> • Government Administrative - Revisions to Actions: Added codes 3202, 3203, 3205, 3206, 3207, 3210, 3212, 3230, 3232, 3510, 3512, 3517, 3520, 3540, 3542, 3551, 3589, 3597. • Health Plan - Actions: Added codes 3591, 3592; Retired code 3950. • Health Plan - Revisions to Actions: Added codes 3920, 3930, 3932, 3989, 3997. <p>AAR Adverse Action Classification Codes - Retired.</p> <ul style="list-style-type: none"> • Codes 1950 and 3950 were retired. <p>AAR Basis for Action Codes - Individual Subjects</p> <ul style="list-style-type: none"> • Clinical Privileges Actions: Added codes 17, 18, 24, 25, 50, 70, 79, AH, D4, D5, D6, D7, D8, E6; Retired code 10. • Exclusion or Debarment Actions: Added codes 50, 84. • Federal or State Licensure Actions: Added codes 17, 18, 23, 24, 25, 35, 36, 37, 50, 84, D4, D5, D6, D7, D8, E6; Retired code 10. • Government Administrative Actions: Added codes 17, 18, 24, 25, 50, 52, 84, D4, D5, D6, D7, D8, E6; Retired code 10. • Health Plan Actions: Added codes 17, 18, 24, 25, 50, D4, D5, D6, D7, D8, E6; Change description on code A9; Retired code 10. • Professional Society Actions: Added codes 17, 18, 24, 25, 50, 70, 79, AH, D4, D5, D6, D7, D8, E6; Retired code 10. <p>AAR Basis for Action Codes - Organization Subjects.</p> <ul style="list-style-type: none"> • Exclusion or Debarment Actions: Added codes 50, 84. • Federal or State Licensure Actions: Added codes 17, 18, 50, 57, 84, A5, AE, AF, AG, E6, G1, G2, H7, H8, H9. • Government Administrative Actions: Added codes 17, 18, 50, 52, 84, E6. • Health Plan Actions: Added codes 17, 18, 50, 84, E6. <p>AAR Basis for Action Codes - Retired.</p> <ul style="list-style-type: none"> • Code 10, Unprofessional Conduct was retired. <p>Occupation/Field of Licensure Codes.</p> <ul style="list-style-type: none"> • Added codes 502, 503, 504, 540, 607, 759; Changed description on code 501, 758.

Date	Version #	Change Description
8/2009	1.01	<p>New changes go into effect August 31, 2009. The following code lists have been updated:</p> <p>Error Codes.</p> <ul style="list-style-type: none"> • Code RQ was added. <p>Void Reason Codes.</p> <ul style="list-style-type: none"> • Table was added.
8/2009	1.02	<p>New changes go into effect August 31, 2009. The following code list has been updated:</p> <p>Error Codes.</p> <ul style="list-style-type: none"> • Changed description for code PD.
TBD	1.03	<p>Below is a summary of changes to the Code Lists version 1.03. This version contains changes that are based on the anticipated final regulations to implement Section 1921 of the Social Security Act, as amended by section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987 (MMPPPA), and as amended by the Omnibus Budget Reconciliation Act of 1990. There may be additional changes to this document as a result of final federal review process.</p> <p>This version will be effective on the date as published in the Federal Register. This Code Lists version 1.03 will replace version 1.02. The changes in this draft version are indicated below:</p> <p>The following code lists have been updated:</p> <p>Adverse Action Classification Codes - Individual Subjects.</p> <ul style="list-style-type: none"> • Federal and State Licensure Actions: modified descriptions for codes 1149 and 1189. • State Licensure Actions: added codes 1338 and 1339. <p>Adverse Action Classification Codes - Organization Subjects.</p> <ul style="list-style-type: none"> • State Licensure Actions: added code 3238. • Accreditation Actions: added codes 3850, 3855, 3859, 3864, 3860, and 3862. <p>Basis for Action Codes - Organization Subjects.</p> <ul style="list-style-type: none"> • Accreditation Actions: added codes 91 and 92. <p>Error Codes.</p> <ul style="list-style-type: none"> • Added codes AM, CC, CD, CE, CF, Q1, Q4, Q5, Q6, Q7, Q8, Q9, QA, QB, QC, QD, QE, QF.

Date	Version #	Change Description
		<p>AAR Type of Negative Finding Codes.</p> <ul style="list-style-type: none"> • Added list of negative finding codes for Peer Review Organization reports. <p>AAR Basis for Finding Codes.</p> <ul style="list-style-type: none"> • Added list of basis for finding codes for Peer Review Organization reports. <p>AAR Type of Action Codes.</p> <ul style="list-style-type: none"> • Added descriptions for codes 7, Peer Review Organization and 8, Accreditation.
1/2010	1.04	<p>New changes go into effect January 25, 2010. The following code lists have been updated:</p> <p>Error Codes.</p> <ul style="list-style-type: none"> • Code RM was added. <p>AAR Basis for Action Codes - Individual Subjects.</p> <ul style="list-style-type: none"> • Government Administrative Actions: added code 21. <p>AAR Basis for Action Codes - Organization Subjects.</p> <ul style="list-style-type: none"> • Government Administrative Actions: added code 21. <p>AAR Basis for Action Codes - Retired.</p> <ul style="list-style-type: none"> • Code 52 was retired.

Date	Version #	Change Description
3/1/2010	1.05	<p>Below is a summary of changes to the Code Lists version 1.05. This version contains changes that are based on the final rule for Section 1921 of the Social Security Act, as amended by section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987 (MMPPPA), and as amended by the Omnibus Budget Reconciliation Act of 1990. The final rule was published in the Federal Register January 28, 2010. Effective March 1, 2010, the Data Banks accepts reports and queries to the NPDB under Section 1921.</p> <p>This version will be effective on March 1, 2010. This Code Lists version 1.05 will replace version 1.04. The changes in this version are indicated below:</p> <ul style="list-style-type: none"> • Announcement of final rule. <p>Basis for Action Codes - Organization Subjects.</p> <ul style="list-style-type: none"> • Accreditation Actions: added code 92 and removed code 91. <p>AAR Type of Negative Finding Codes.</p> <ul style="list-style-type: none"> • Added code 1841 for Revision to Action Reports.
4/12/2010	1.06	<p>This Code Lists version 1.06 will replace version 1.05. The change in this version is indicated below:</p> <p>AAR Type of Action Codes</p> <ul style="list-style-type: none"> • Expanded the description for code 1(SL) to include Section 1921 actions.
6/14/2010	1.07	<p>This Code Lists version 1.07 will replace version 1.06. The changes in this version are indicated below:</p> <p>Error Codes.</p> <ul style="list-style-type: none"> • Added code J7. • Changed description for code B5.
8/30/2010	1.08	<p>This Code Lists version 1.08 will replace version 1.07. The changes in this version are indicated below:</p> <p>QRXS Client Program Status Codes.</p> <ul style="list-style-type: none"> • Added codes C61, C62. • Changed description for code C64. <p>QRXS Web Service Status Codes.</p> <p>Added new code list.</p>

Date	Version #	Change Description
11/8/2010	1.09	<p>This Code Lists version 1.09 will replace version 1.08. Formatting changes were made throughout the document. The following code lists have been updated:</p> <p>Error Codes.</p> <ul style="list-style-type: none"> • Added code MY. • Updated the URLs in codes RE, RF, and RG. <p>QRXS Client Program Status Codes and QRXS Web Service Status Codes</p> <ul style="list-style-type: none"> • Updated the URLs in codes C16 and C17 and in the table footer notes. <p>Occupation/Field of Licensure Codes.</p> <ul style="list-style-type: none"> • Added codes 134, 550.
1/24/2011	1.10	<p>This Code Lists version 1.10 will replace version 1.09. The changes in this version are indicated below:</p> <p>ITP Client Program Status Codes</p> <ul style="list-style-type: none"> • Updated the description for code C25. <p>QRXS Client Program Status Codes</p> <ul style="list-style-type: none"> • Updated the description for code C02.
4/4/2011	1.11	<p>This Code Lists version 1.11 will replace version 1.10. The changes in this version are indicated below:</p> <p>AAR Adverse Action Classification Codes - Organization Subjects.</p> <ul style="list-style-type: none"> • Federal or State Licensure Actions - modified the description for code 3238. <p>Error Codes.</p> <ul style="list-style-type: none"> • Added code IC.

Date	Version #	Change Description
6/6/2011	1.12	<p>This Code Lists version 1.12 will replace version 1.11. The changes in this version are indicated below:</p> <p>AAR Basis for Action Codes - Individual Subjects.</p> <ul style="list-style-type: none"> • Federal or State Licensure Actions - added code I1. <p>AAR Basis for Action Codes - Organization Subjects.</p> <ul style="list-style-type: none"> • Federal or State Licensure Actions - added code I1. <p>Error Codes.</p> <ul style="list-style-type: none"> • Added codes MZ, SM, SN, SO, UA, UF, UJ, UM, UN, UP, US, and UZ. • Modified existing codes S3, S4, and S8.
8/22/2011	1.13	<p>This Code Lists version 1.13 will replace version 1.12. The changes in this version are indicated below:</p> <p>AAR Adverse Action Codes - Individual Subjects.</p> <ul style="list-style-type: none"> • State Licensure Actions - added code 1150. <p>Error Codes.</p> <ul style="list-style-type: none"> • Modified existing code AA. <p>Changed PDS references to Continuous Query throughout entire document.</p>
11/7/2011	1.14	<p>This Code Lists version 1.14 will replace version 1.13. The changes in this version are indicated below:</p> <p>Error Codes.</p> <ul style="list-style-type: none"> • Modified existing codes 54 and 56.
1/24/2012	1.15	<p>This Code Lists version 1.15 will replace version 1.14. The changes in this version are indicated below:</p> <p>Error Codes.</p> <ul style="list-style-type: none"> • Modified existing code AA.

Date	Version #	Change Description
4/2/2012	1.16	<p>This Code Lists version 1.16 will replace version 1.15. The changes in this version are indicated below:</p> <p>Error Codes.</p> <ul style="list-style-type: none"> • Added ITP client program status codes C68, C69. • Added QRXS client program status codes C68, C69. • Added QRXS Web Service status codes C68, C69.
8/27/2012	1.17	<p>This Code Lists version 1.17 will replace version 1.16. The changes in this version are indicated below:</p> <p>Statutory Authority Codes</p> <ul style="list-style-type: none"> • Inserted Tables 191 and 192, Statutory Authority QRXS Codes and Statutory Authority ITP Codes, respectively.

Table of Contents

DOCUMENT CHANGE HISTORY	i
Table 1 - Document Change History	i
AAR Adverse Action Classification Codes - Individual Subjects	1
Clinical Privileges Actions	1
Table 2 - Clinical Privileges - Actions	1
Table 3 - Clinical Privileges - Revisions to Actions (No Basis for Action Codes Required).....	1
Exclusion or Debarment Actions	2
Table 4 - Exclusion or Debarment - Actions.....	2
Table 5 - Exclusion or Debarment - Revisions to Actions (No Basis for Action Codes Required)	2
Federal Licensure Actions.....	3
Table 6 - Licensure - Actions.....	3
Table 7 - Licensure - Revisions to Actions (No Basis for Action Codes Required)	3
Government Administrative Actions	4
Table 8 - Government Administrative - Actions.....	4
Table 9 - Government Administrative - Revisions to Actions (No Basis for Action Code Required)	4
Health Plan Actions.....	5
Table 10 - Health Plan Action - Actions.....	5
Table 11 - Health Plan Action - Revisions to Actions (No Basis for Action Code Required)	5
Professional Society Actions	5
Table 12 - Professional Society - Actions.....	5
Table 13 - Professional Society - Revisions to Actions (No Basis for Action Code Required)	5
State Licensure Actions.....	6
Table 14 - Licensure - Actions.....	6
Table 15 - Licensure - Revisions to Actions (No Basis for Action Codes Required)	6
Table 16 - Licensure - Nurse Multi-State Privilege Actions ³	6
Table 17 - Licensure - Revisions to Nurse Multi-State Privilege Actions (No Basis for Action Codes Required) ³	7
AAR Adverse Action Classification Codes (Old Format)	8
Table 18 - AAR Adverse Action Classification Codes (Old Format).....	8
Table 19 - AAR Adverse Action Classification Codes - Old Format (continued)	9
AAR Adverse Action Classification Codes - Organization Subjects	10
Accreditation Actions.....	10
Table 20 - Accreditation Actions	10
Table 21 - Accreditation Revisions to Actions (No Basis for Action Codes Required).....	10
Exclusion or Debarment Actions	10
Table 22 - Exclusion or Debarment Actions.....	10
Table 23 - Exclusion or Debarment Revisions to Actions (No Basis for Action Code Required)	10
Federal or State Licensure Actions	11
Table 24 - Licensure Actions	11

Table 25 - Licensure Revisions to Actions (No Basis for Action Codes Required)..... 11

Government Administrative Actions 12

Table 26 - Government Administrative Actions 12

Table 27 - Other Adverse Action Revisions to Actions (No Basis for Action Code Required)..... 12

Health Plan Actions 13

Table 28 - Health Plan Action - Actions 13

Table 29 - Health Plan Action - Revisions to Actions (No Basis for Action Code Required) 13

AAR Adverse Action Classification Codes - Retired..... 14

Table 30 - AAR Adverse Action Classification Codes - Retired 14

AAR Type of Negative Finding Codes - Individual Subjects..... 15

Peer Review Organization..... 15

Table 31 - Initial Actions 15

Table 32 - Revision to Actions 15

AAR Basis for Action Codes - Individual Subjects..... 16

Clinical Privileges Actions 16

Table 33 - Non-Compliance With Requirements 16

Table 34 - Criminal Conviction or Adjudication 16

Table 35 - Confidentiality, Consent or Disclosure Violations 16

Table 36 - Misconduct or Abuse..... 16

Table 37 - Fraud, Deception, or Misrepresentation..... 17

Table 38 - Unsafe Practice or Substandard Care..... 17

Table 39 - Improper Supervision or Allowing Unlicensed Practice..... 17

Table 40 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation..... 17

Table 41 - Other 17

Exclusion or Debarment Actions 18

Table 42 - Criminal Conviction 18

Table 43 - Other 18

Federal or State Licensure Actions 19

Table 44 - Non-Compliance With Requirements 19

Table 45 - Criminal Conviction or Adjudication 19

Table 46 - Confidentiality, Consent or Disclosure Violations 19

Table 47 - Misconduct or Abuse..... 19

Table 48 - Fraud, Deception, or Misrepresentation..... 20

Table 49 - Unsafe Practice or Substandard Care..... 20

Table 50 - Improper Supervision or Allowing Unlicensed Practice..... 20

Table 51 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation..... 20

Table 52 - Other 20

Government Administrative Actions 21

Table 53 - Non-Compliance With Requirements 21

Table 54 - Criminal Conviction or Adjudication 21

Table 55 - Confidentiality, Consent or Disclosure Violations 21

Table 56 - Misconduct or Abuse.....21

Table 57 - Fraud, Deception, or Misrepresentation.....22

Table 58 - Unsafe Practice or Substandard Care.....22

Table 59 - Improper Supervision or Allowing Unlicensed Practice.....22

Table 60 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation.....22

Table 61 - Other.....22

Health Plan Actions.....23

Table 62 - Non-Compliance With Requirements.....23

Table 63 - Criminal Conviction or Adjudication.....23

Table 64 - Confidentiality, Consent or Disclosure Violations.....23

Table 65 - Misconduct or Abuse.....23

Table 66 - Fraud, Deception, or Misrepresentation.....24

Table 67 - Unsafe Practice or Substandard Care.....24

Table 68 - Improper Supervision or Allowing Unlicensed Practice.....24

Table 69 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation.....24

Table 70 - Other.....24

Professional Society Actions.....25

Table 71 - Non-Compliance With Requirements.....25

Table 72 - Criminal Conviction or Adjudication.....25

Table 73 - Confidentiality, Consent or Disclosure Violations.....25

Table 74 - Misconduct or Abuse.....25

Table 75 - Fraud, Deception, or Misrepresentation.....25

Table 76 - Unsafe Practice or Substandard Care.....26

Table 77 - Improper Supervision or Allowing Unlicensed Practice.....26

Table 78 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation.....26

Table 79 - Other.....26

AAR Basis for Action Codes - Organization Subjects.....27

Accreditation Actions.....27

Table 80 - Non-Compliance With Federal, State or Contractual Requirements.....27

Table 81 - Other.....27

Exclusion or Debarment Actions.....27

Table 82 - Criminal Conviction.....27

Table 83 - Other.....27

Federal or State Licensure Actions.....28

Table 84 - Non-Compliance With Requirements.....28

Table 85 - Criminal Conviction or Adjudication.....28

Table 86 - Confidentiality, Consent or Disclosure Violations.....28

Table 87 - Conflict of Interest.....28

Table 88 - Fraud, Deception, or Misrepresentation.....28

Table 89 - Substandard Care or Patient Neglect/Abuse.....29

Table 90 - Improper Supervision or Allowing Unlicensed Practice.....29

Table 91 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation..... 29

Table 92 - Other..... 29

Government Administrative Actions 30

Table 93 - Non-Compliance With Requirements 30

Table 94 - Criminal Conviction or Adjudication 30

Table 95 - Confidentiality, Consent or Disclosure Violations 30

Table 96 - Conflict of Interest..... 30

Table 97 - Fraud, Deception, or Misrepresentation..... 30

Table 98 - Substandard Care or Patient Neglect/Abuse 31

Table 99 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation..... 31

Table 100 - Other..... 31

Health Plan Actions 32

Table 101 - Non-Compliance With Requirements 32

Table 102 - Criminal Conviction or Adjudication 32

Table 103 - Confidentiality, Consent or Disclosure Violations 32

Table 104 - Conflict of Interest..... 32

Table 105 - Fraud, Deception or Misrepresentation..... 32

Table 106 - Substandard Care or Patient Neglect/Abuse 33

Table 107 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation..... 33

Table 108 - Other..... 33

AAR Basis for Action Codes - Retired 34

Table 109 - AAR Basis for Action Codes - Retired..... 34

AAR Basis for Finding Codes - Individual Subjects 35

Peer Review Organization..... 35

Table 110 - Fraud, Deception or Misrepresentation..... 35

Table 111 - Unsafe Practice or Substandard Care..... 35

Table 112 - Other..... 35

AAR Type of Action Codes..... 36

Table 113 - AAR Type of Action Codes..... 36

Nature of Relationship Codes 38

Individual Subjects 38

Table 114 - Individual Subjects 38

Organization Subjects 38

Table 115 - Organization Subjects..... 38

JOCR Act or Omission Codes 39

Table 116 - JOCR Act or Omission Codes 39

JOCR Type of Action Codes 40

Table 117 - JOCR Type of Action Codes 40

MMPR Act or Omission Codes (Old Format MMPR)..... 41

Table 118 - Diagnosis 41

Table 119 - Anesthesia..... 41

Table 120 - Surgery 41

Table 121 - Medication..... 41

Table 122 - Intravenous and Blood Products 41

Table 123 - Obstetrics..... 41

Table 124 - Treatment..... 41

Table 125 - Monitoring..... 41

Table 126 - Biomedical Equipment/Product..... 42

Table 127 - Miscellaneous..... 42

MMPR Nature of Allegation Codes 43

 Table 128 - MMPR Nature of Allegation Codes..... 43

MMPR Outcome Codes 43

 Table 129 - MMPR Outcome Codes..... 43

MMPR Specific Allegation Codes..... 44

 Table 130 - Failure to Take Appropriate Action..... 44

 Table 131 - Delay In Performance..... 44

 Table 132 - Error/Improper Performance..... 44

 Table 133 - Unnecessary/Contraindicated Procedure..... 44

 Table 134 - Communication/Supervision..... 44

 Table 135 - Continuity of Care/Care Management..... 44

 Table 136 - Behavior/Legal..... 44

 Table 137 - Other..... 44

Report Transaction Type Codes 45

 Table 138 - Report Transaction Type Codes..... 45

Void Reason Codes 46

 Table 139 - Void Reason Codes..... 46

Subject Source Codes..... 46

 Table 140 - Subject Source Codes..... 46

Transaction Codes 47

 Table 141 - Transaction Codes..... 47

Query Purpose Codes..... 48

 Table 142 - Query Purpose Codes..... 48

Continuous Query Enrollment Purpose Codes..... 48

 Table 143 - Continuous Query Enrollment Purpose Codes..... 48

Continuous Query Enrollment Status Codes..... 48

 Table 144 - Continuous Query Enrollment Status Codes..... 48

Continuous Query Report Disclosure Reason Codes 49

 Table 145 - Continuous Query Report Disclosure Reason Codes..... 49

Occupation/Field of Licensure Codes..... 51

 Table 146 - Physician..... 51

 Table 147 - Nurse - Advanced, Registered, Vocational or Practical..... 51

 Table 148 - Nurse Aide, Home Health Aide and Other Aide..... 51

Table 149 - Dental Service Practitioner	51
Table 150 - Chiropractor.....	51
Table 151 - Counselor.....	51
Table 152 - Dietician/Nutritionist.....	51
Table 153 - Emergency Medical Technician (EMT).....	51
Table 154 - Eye and Vision Service Practitioner	51
Table 155 - Pharmacy Service Practitioner	51
Table 156 - Physician Assistant.....	51
Table 157 - Podiatric Service Practitioner	51
Table 158 - Psychologist/Psychological Assistant.....	51
Table 159 - Rehabilitative, Respiratory and Restorative Service Practitioner	51
Table 160 - Social Worker.....	51
Table 161 - Speech, Language and Hearing Service Practitioner	52
Table 162 - Technologist/Technician.....	52
Table 163 - Other Health Care Practitioner.....	52
Table 164 - Health Care Facility Administrator ¹	52
Table 165 - Other Occupation ¹	52
Occupation/Field of Licensure Codes - Retired.....	52
Table 166 - Occupation/Field of Licensure Codes - Retired.....	52
Specialty Codes	53
Table 167 - Physician Specialties	53
Table 168 - Dental Specialties	53
Entity Status Codes.....	54
Table 169 - Entity Status Codes.....	54
State Abbreviations and U.S. Territories	55
Table 170 - States	55
Table 171 - Territories	55
Table 172 - Armed Forces	55
APO/FPO Postal Codes	56
Table 173 - AE - Europe.....	56
Table 174 - AA - Americas.....	56
Table 175 - AP - Pacific.....	56
Type of Organization Codes.....	57
Table 176 - Group or Practice.....	57
Table 177 - Home Health Agency/ Organization.....	57
Table 178 - Hospice/Hospice Care Provider.....	57
Table 179 - Hospital	57
Table 180 - Hospital Unit	57
Table 181 - Laboratory/CLIA Laboratory.....	57
Table 182 - Nursing Facility/Skilled Nursing Facility	57
Table 183 - Research Center/Facility.....	57

Table 184 - Ambulance Service/Transportation Company	57
Table 185 - Health Insurance Company/Provider	57
Table 186 - Other Health Care Facility	57
Table 187 - Managed Care Organization	57
Table 188 - Health Care Supplier/Manufacturer	57
Table 189 - Other	57
Report Change Notification Disclosure Type Codes	58
Table 190 - Report Change Notification Disclosure Type Codes	58
Statutory Authority Codes	60
Table 191 – Statutory Authority QRXS Codes	60
Table 192 – Statutory Authority ITP Codes	60
Error Codes	61
Table 193 - Error Codes	61
ITP Client Program Status Codes	76
Table 194 - ITP Client Program Status Codes	76
QRXS Client Program Status Codes	78
Table 195 - QRXS Client Program Status Codes	78
QRXS Web Service Status Codes	80
Table 196 - QRXS Web Service Status Codes	80

AAR Adverse Action Classification Codes - Individual Subjects

Clinical Privileges Actions

Table 2 - Clinical Privileges - Actions

Code	Description
1610	Revocation of Clinical Privileges
1615	Termination of Panel Membership or Employment (Professional Review Action)
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
1637	Involuntary Resignation
1638	Voluntary Leave of Absence, While Under, or to Avoid, Investigation
1639	Summary or Emergency Limitation, Restriction, or Reduction of Clinical Privileges
1640	Reduction of Clinical Privileges
1642	Limitation or Restriction on Certain Procedure(s) or Practice Area(s)
1643	Limitation or Restriction: Mandatory Concurring Consultation Prior to Procedures
1644	Limitation or Restriction: Mandatory Proctoring or Monitoring During Procedures
1645	Other Restriction/Limitation of Clinical Privileges, Specify, _____
1650	Denial of Clinical Privileges
1655	Withdrawal of Renewal Application While Under Investigation
1656	Practitioner Allowed Privileges to Expire While Under Investigation

Table 3 - Clinical Privileges - Revisions to Actions (No Basis for Action Codes Required)

Code	Description
1610	Revocation of Clinical Privileges
1615	Termination of Panel Membership or Employment (Professional Review Action)
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
1637	Involuntary Resignation
1638	Voluntary Leave of Absence, While Under, or to Avoid, Investigation
1639	Summary or Emergency Limitation, Restriction, or Reduction of Clinical Privileges
1640	Reduction of Clinical Privileges
1642	Limitation or Restriction on Certain Procedure(s) or Practice Area(s)
1643	Limitation or Restriction: Mandatory Concurring Consultation Prior to Procedures
1644	Limitation or Restriction: Mandatory Proctoring or Monitoring During Procedures
1645	Other Restriction/Limitation of Clinical Privileges, Specify, _____
1655	Withdrawal of Renewal Application While Under Investigation
1656	Practitioner Allowed Privileges to Expire While Under Investigation
1680	Clinical Privileges Restored or Reinstated, Complete
1681	Clinical Privileges Restored or Reinstated, Conditional
1682	Clinical Privileges Restored or Reinstated, Partial
1689	Clinical Privileges Restoration or Reinstatement Denied
1690	Reduction of Previous Action
1695	Extension of Previous Action
1696	Modification of Previous Action

Exclusion or Debarment Actions

Table 4 - Exclusion or Debarment - Actions

Code	Description
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

Table 5 - Exclusion or Debarment - Revisions to Actions (No Basis for Action Codes Required)

Code	Description
1514	Modification of Previous Action
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.

Federal Licensure Actions

Table 6 - Licensure - Actions

Code	Description
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 ¹
1173	Publicly Available Fine/Monetary Penalty ¹
1189	Publicly Available Negative Action or Finding Specify, _____
1199	Other Licensure Action - Not Classified, Specify, _____

Table 7 - Licensure - Revisions to Actions (No Basis for Action Codes Required)

Code	Description
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
1173	Publicly Available Fine/Monetary Penalty ¹
1189	Publicly Available Negative Action or Finding, Specify, _____ ¹
1199	Other Licensure Action - Not Classified, Specify, _____
1280	License Restored or Reinstated, Complete
1282	License Restored or Reinstated, Conditional
1283	License Restored or Reinstated, Partial
1285	License Restoration or Reinstatement Denied
1295	Reduction of Previous Licensure Action
1296	Extension of Previous Licensure Action
1297	Modification 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.

Government Administrative Actions

Table 8 - Government Administrative - Actions

Code	Description
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
1525	Denial of Initial Application
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,

Table 9 - Government Administrative - Revisions to Actions (No Basis for Action Code Required)

Code	Description
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
1517	Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification
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,
1590	Reinstatement
1592	Reinstatement Denied
1595	Reduction of Previous Action
1596	Extension of Previous Action
1597	Modification of Previous Action

Health Plan Actions

Table 10 - Health Plan Action - Actions

Code	Description
1920	Contract Termination
1930	Suspension of Contract
1931	Contract Restriction
1932	Administrative Fine/Monetary Penalty
1941	Employment Termination
1942	Employment Suspension
1951	Denial of Initial Contract Application
1952	Denial of Contract Renewal
1989	Other Health Plan Action, Specify, _____

Table 11 - Health Plan Action - Revisions to Actions (No Basis for Action Code Required)

Code	Description
1920	Contract Termination
1930	Suspension of Contract
1931	Contract Restriction
1932	Administrative Fine/Monetary Penalty
1941	Employment Termination
1942	Employment Suspension
1989	Other Health Plan Action, Specify, _____
1990	Reinstatement
1992	Reinstatement Denied
1995	Reduction of Previous Action
1996	Extension of Previous Action
1997	Modification of Previous Action

Professional Society Actions

Table 12 - Professional Society - Actions

Code	Description
1710	Revocation of Professional Society Membership
1730	Suspension of Professional Society Membership
1735	Disciplinary Probation Affecting Membership Rights or Privileges
1745	Other Restriction/Limitation on Professional Society Membership, Specify, _____
1750	Denial of Professional Society Membership (Subsequent)

Table 13 - Professional Society - Revisions to Actions (No Basis for Action Code Required)

Code	Description
1710	Revocation of Professional Society Membership
1730	Suspension of Professional Society Membership
1735	Disciplinary Probation Affecting Membership Rights or Privileges
1745	Other Restriction/Limitation on Professional Society Membership, Specify, _____
1780	Membership Reinstated, Complete
1781	Membership Reinstated, Conditional
1789	Membership Reinstatement Denied
1790	Reduction of Previous Action
1795	Extension of Previous Action
1796	Modification of Previous Action

State Licensure Actions

Table 14 - Licensure - Actions

Code	Description
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
1150	Interim Action - Voluntary Agreement to Refrain from Practice or to Suspend License Pending Completion of an Investigation (NPDB Only).
1173	Publicly Available Fine/Monetary Penalty
1189	Publicly Available Negative Action or Finding Specify, _____ ¹
1199	Other Licensure Action - Not Classified, Specify, _____

Table 15 - Licensure - Revisions to Actions (No Basis for Action Codes Required)

Code	Description
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
1150	Interim Action - Voluntary Agreement to Refrain from Practice or to Suspend License Pending Completion of an Investigation (NPDB Only).
1173	Publicly Available Fine/Monetary Penalty
1189	Publicly Available Negative Action or Finding Specify, _____ ¹
1199	Other Licensure Action - Not Classified, Specify, _____
1280	License Restored or Reinstated, Complete
1282	License Restored or Reinstated, Conditional
1283	License Restored or Reinstated, Partial
1285	License Restoration or Reinstatement Denied
1295	Reduction of Previous Licensure Action
1296	Extension of Previous Licensure Action
1297	Modification of Previous Licensure Action

State Licensure Actions (continued)

Table 16 - Licensure - Nurse Multi-State Privilege Actions³

Code	Description
1310	Revocation of Nurse Multi-State Licensure Privilege
1325	Probation of Nurse Multi-State Licensure Privilege
1335	Suspension of Nurse Multi-State Licensure Privilege
1338	Summary or Emergency Limitation or Restriction of Nurse Multi-State Licensure Privilege (NPDB Only)
1339	Summary or Emergency Suspension of Nurse Multi-State Licensure Privilege (NPDB only)
1340	Reprimand or Censure of Nurse Multi-State Licensure Privilege

Code	Description
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, _____

Table 17 - Licensure - Revisions to Nurse Multi-State Privilege Actions (No Basis for Action Codes Required)³

Code	Description
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
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, _____
1480	Nurse Multi-State Licensure Privilege Restored or Reinstated, Complete
1482	Nurse Multi-State Licensure Privilege Restored or Reinstated, Conditional
1483	Nurse Multi-State Licensure Privilege Restored or Reinstated, Partial
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
1497	Modification 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.

AAR Adverse Action Classification Codes (Old Format)

(For Initial Reports submitted through August 14, 2000 using an earlier reporting format.)

Table 18 - AAR Adverse Action Classification Codes (Old Format)

Code	Description
10000	License Revoked
10100	License Revoked: Alcohol and Other Substance Abuse
10200	License Revoked: Incompetence/Malpractice/Negligence
10300	License Revoked: Narcotics Violations
10400	License Revoked: Felony
10500	License Revoked: Fraud
11000	License Revoked: Unprofessional Conduct
12000	License Revoked: Mental Disorder
13000	License Revoked: Allowing Unlicensed Person to Practice
15000	License Revoked: Disciplinary Action in Another State
18000	License Revoked: Other Reason - Not Classified
20000	License Probation
20100	License Probation: Alcohol and Other Substance Abuse
20200	License Probation: Incompetence/Malpractice/Negligence
20300	License Probation: Narcotics Violations
20400	License Probation: Felony
20500	License Probation: Fraud
21000	License Probation: Unprofessional Conduct
22000	License Probation: Mental Disorder
23000	License Probation: Allowing Unlicensed Person to Practice
25000	License Probation: Disciplinary Action in Another State
28000	License Probation: Other Reason - Not Classified
30000	License Suspended
30100	License Suspended: Alcohol and Other Substance Abuse
30200	License Suspended: Incompetence/Malpractice/Negligence
30300	License Suspended: Narcotics Violations
30400	License Suspended: Felony
30500	License Suspended: Fraud
31000	License Suspended: Unprofessional Conduct
32000	License Suspended: Mental Disorder
33000	License Suspended: Allowing Unlicensed Person to Practice
35000	License Suspended: Disciplinary Action in Another State
38000	License Suspended: Other Reason - Not Classified
40000	License-Miscellaneous
40100	License-Misc.: License Restored or Reinstated
40200	License-Misc.: Reinstatement Denied
40600	License-Misc.: Reprimand
41000	License-Misc.: Other Misc. Action (Inc. Censure & Surrender)
41200	License-Misc.: License Denied (Renewal Only)
60000	Code/Clinical Privileges
61000	Clinic Privileges Revoked
61001	Clinic Priv Revoked: Alcohol and Other Substance Abuse
61002	Clinic Priv Revoked: Incompetence/Malpractice/Negligence
61003	Clinic Priv Revoked: Narcotics Violations
61004	Clinic Priv Revoked: Felony
61005	Clinic Priv Revoked: Fraud

Code	Description
61010	Clinic Priv Revoked: Unprofessional Conduct
61020	Clinic Priv Revoked: Mental Disorder
61030	Clinic Priv Revoked: Allowing Unlicensed Person to Practice
61050	Clinic Priv Revoked: Disciplinary Action in Another State
61080	Clinic Priv Revoked: Physical Impairment
61090	Clinic Priv Revoked: Other
63000	Clinic Privileges Suspended
63001	Privs Suspended: Alcohol and Other Substance Abuse
63002	Privs Suspended: Incompetence/Malpractice/Negligence
63003	Privs Suspended: Narcotics Violations
63004	Privs Suspended: Felony
63005	Privs Suspended: Fraud
63010	Privs Suspended: Unprofessional Conduct
63020	Privs Suspended: Mental Disorder
63030	Privs Suspended: Allowing Unlicensed Person to Practice
63050	Privs Suspended: Disciplinary Action in Another State
63080	Privs Suspended: Physical Impairment
63090	Privs Suspended: Other
63500	Voluntary Surrender of Privileges
63501	Vol Surr of Priv: Alcohol and Other Substance Abuse
63502	Vol Surr of Priv: Incompetence/Malpractice/Negligence
63503	Vol Surr of Priv: Narcotics Violations
63504	Vol Surr of Priv: Felony
63505	Vol Surr of Priv: Fraud
63510	Vol Surr of Priv: Unprofessional Conduct
63520	Vol Surr of Priv: Mental Disorder
63530	Vol Surr of Priv: Allowing Unlicensed Person to Practice
63550	Vol Surr of Priv: Disciplinary Action in Another State
63580	Vol Surr of Priv: Physical Impairment
63590	Vol Surr of Priv: Other
64000	Clinical Privileges Reduced
64001	Clinic Priv Reduced: Alcohol and Other Substance Abuse
64002	Clinic Priv Reduced: Incompetence/Malpractice/Negligence
64003	Clinic Priv Reduced: Narcotics Violations
64005	Clinic Priv Reduced: Fraud
64010	Clinic Priv Reduced: Unprofessional Conduct
64020	Clinic Priv Reduced: Mental Disorder
64030	Clinic Priv Reduced: Allowing Unlicensed Person to Practice
64050	Clinic Priv Reduced: Disciplinary Action in Another State
64080	Clinic Priv Reduced: Physical Impairment
64090	Clinic Priv Reduced: Other
64500	Other Clinical Privileges Restriction
64501	Other Priv Restrict: Alcohol and Other Substance Abuse
64502	Other Priv Restrict: Incompetence/Malpractice/Negligence
64503	Other Priv Restrict: Narcotics Violations
64504	Other Priv Restrict: Felony
64505	Other Priv Restrict: Fraud
64510	Other Priv Restrict: Unprofessional Conduct
64520	Other Priv Restrict: Mental Disorder
64530	Other Priv Restrict: Allowing Unlicensed Person to Practice
64550	Other Priv Restrict: Disciplinary Action in Another State
64580	Other Priv Restrict: Physical Impairment
64590	Other Priv Restrict: Other (Inc. Probation Restricting Priv)

AAR Adverse Action Classification Codes - Old Format (continued)**Table 19 - AAR Adverse Action Classification Codes - Old Format (continued)**

Code	Description
65000	Clinical Privileges Denial
65001	Denial-Privs: Alcohol and Other Substance Abuse
65002	Denial-Privs: Incompetence/Malpractice/Negligence
65003	Denial-Privs: Narcotics Violations
65004	Denial-Privs: Felony
65005	Denial-Privs: Fraud
65010	Denial-Privs: Unprofessional Conduct
65020	Denial-Privs: Mental Disorder
65030	Denial-Privs: Allowing Unlicensed Person to Practice
65050	Denial-Privs: Disciplinary Action Taken in Another State
65080	Denial-Privs: Physical Impairment
65090	Denial-Privs: Other
68000	Revision-Privs: Reinstatement, Complete
68100	Revision-Privs: Reinstatement, Conditional
68900	Revision-Privs: Reinstatement Denied
69000	Revision-Privs: Reduction of Previous Action
69500	Revision-Privs: Extension of Previous Action
69900	Revision-Privs: Reversal of Action Due to Appeal or Review
71000	Professional Society Membership Revoked
71001	Prof Society Revoked: Alcohol and Other Substance Abuse
71002	Prof Society Revoked: Incompetence/Malpractice/Negligence
71003	Prof Society Revoked: Narcotics Violations
71004	Prof Society Revoked: Felony
71005	Prof Society Revoked: Fraud
71010	Prof Society Revoked: Unprofessional Conduct
71020	Prof Society Revoked: Mental Disorder
71030	Prof Society Revoked: Allowing Unlicensed Person to Practice
71050	Prof Society Revoked: Disciplinary Action in Another State
71080	Prof Society Revoked: Physical Impairment
71090	Prof Society Revoked: Other
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

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

AAR Adverse Action Classification Codes - Organization Subjects

Accreditation Actions

Table 20 - Accreditation Actions

Code	Description
3850	Accreditation Award Revoked
3855	Non-Accreditation/Denial of Accreditation
3864	Accreditation Restoration or Reinstatement Denied
3859	Other Private Accreditation Action - Not Classified, Specify, _____

Table 21 - Accreditation Revisions to Actions (No Basis for Action Codes Required)

Code	Description
3860	Accreditation
3862	Accreditation Restored or Reinstated, Conditional

Exclusion or Debarment Actions

Table 22 - Exclusion or Debarment Actions

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

Table 23 - Exclusion or Debarment Revisions to Actions (No Basis for Action Code Required)

Code	Description
3515	Reinstatement
3516	Reinstatement Denied
3519	Modification of Previous Action

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.

Federal or State Licensure Actions

Table 24 - Licensure Actions

Code	Description
3111	Revocation of License or Certificate
3136	Suspension of License or Certificate
3138	Reprimand or Censure
3141	Voluntary Surrender of License or Certificate
3143	Conditional, Provisional, or Probationary License or Certificate
3144	Denial of License or Certificate Renewal
3145	Denial of Initial License or Certificate
3202	Directed Plan of Correction
3203	On-Site Monitoring
3204	Monitoring
3205	Directed In-Service Training
3206	Appointment of Temporary Management
3207	Restrictions on Admissions or Services
3210	Closure of Facility
3212	Transfer of Residents to Other Facilities Without Closure of the Facility
3220	Receivership
3225	Liquidation
3230	Civil Money Penalty
3233	Publicly Available Fine/Monetary Penalty
3238	Summary or Emergency Action (NPDB Only), Specify
3239	Other Licensure Action - Not Classified, Specify,

Table 25 - Licensure Revisions to Actions (No Basis for Action Codes Required)

Code	Description
3111	Revocation of License or Certificate
3136	Suspension of License or Certificate
3138	Reprimand or Censure
3141	Voluntary Surrender of License or Certificate
3143	Conditional, Provisional, or Probationary License or Certificate
3202	Directed Plan of Correction
3203	On-Site Monitoring
3204	Monitoring
3205	Directed In-Service Training
3206	Appointment of Temporary Management
3207	Restrictions on Admissions or Services
3210	Closure of Facility
3212	Transfer of Residents to Other Facilities Without Closure of the Facility
3220	Receivership
3225	Liquidation
3230	Civil Money Penalty
3233	Publicly Available Fine/Monetary Penalty
3238	Summary or Emergency Action (NPDB Only), Specify
3239	Other Licensure Action - Not Classified, Specify,
3281	License or Certificate Restored or Reinstated, Complete
3283	License or Certificate Restored or Reinstated, Conditional
3284	License or Certificate Restored or Reinstated, Partial
3286	License or Certificate Restoration or Reinstatement Denied
3295	Reduction of Previous Licensure Action
3296	Extension of Previous Licensure Action
3297	Modification of Previous Licensure Action

Government Administrative Actions

Table 26 - Government Administrative Actions

Code	Description
3202	Directed Plan of Correction
3203	On-Site Monitoring
3205	Directed In-Service Training
3206	Appointment of Temporary Management
3207	Restrictions on Admissions or Services
3210	Closure of Facility
3212	Transfer of Residents to Other Facilities Without Closure of the Facility
3230	Civil Money Penalty
3232	Administrative Fine/Monetary Penalty
3510	Termination of Medicare or Other Federal Health Care Program Participation
3512	Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action
3513	Nonrenewal of Medicare or Other Federal Health Care Program Participation Agreement for Cause
3517	Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action
3518	Nonrenewal of Medicaid or Other State Health Care Program Participation Agreement for Cause
3520	Contract Termination
3525	Denial of Initial Application
3540	Marketing Activities Suspended or Restricted
3542	Beneficiary Enrollment Suspended
3551	Termination of Medicaid or Other State Health Care Program Participation
3589	Other Action - Not Classified, Specify, _____

Table 27 - Other Adverse Action Revisions to Actions (No Basis for Action Code Required)

Code	Description
3202	Directed Plan of Correction
3203	On-Site Monitoring
3205	Directed In-Service Training
3206	Appointment of Temporary Management
3207	Restrictions on Admissions or Services
3210	Closure of Facility
3212	Transfer of Residents to Other Facilities Without Closure of the Facility
3230	Civil Money Penalty
3232	Administrative Fine/Monetary Penalty
3510	Termination of Medicare or Other Federal Health Care Program Participation
3512	Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action
3517	Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action
3520	Contract Termination
3540	Marketing Activities Suspended or Restricted
3542	Beneficiary Enrollment Suspended
3551	Termination of Medicaid or Other State Health Care Program Participation
3589	Other Action - Not Classified, Specify, _____
3590	Reinstatement
3592	Reinstatement Denied
3595	Reduction of Previous Action
3596	Extension of Previous Action
3597	Modification of Previous Action

Health Plan Actions**Table 28 - Health Plan Action - Actions**

Code	Description
3920	Contract Termination
3930	Suspension of Contract
3932	Administrative Fine/Monetary Penalty
3951	Denial of Initial Contract Application
3952	Denial of Contract Renewal
3989	Other Health Plan Action, Specify, _____

Table 29 - Health Plan Action - Revisions to Actions (No Basis for Action Code Required)

Code	Description
3920	Contract Termination
3930	Suspension of Contract
3932	Administrative Fine/Monetary Penalty
3989	Other Health Plan Action, Specify, _____
3990	Reinstatement
3992	Reinstatement Denied
3995	Reduction of Previous Action
3996	Extension of Previous Action
3997	Modification of Previous Action

AAR Adverse Action Classification Codes - Retired

Table 30 - AAR Adverse Action Classification Codes - Retired

Code	Description
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
1831	Recommendation to Exclude from Participating in Medicare, Medicaid
1950	Denial of Contract Application or Renewal
3950	Denial of Contract Application or Renewal

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

AAR Type of Negative Finding Codes - Individual Subjects

Peer Review Organization

Table 31 - Initial Actions

Code	Description
1830	Recommendation to Sanction
1889	Other Finding - Not Classified, Specify, _____

Table 32 - Revision to Actions

Code	Description
1840	Withdrawal of Recommendation to Sanction
1841	Withdrawal of Recommendation to Exclude from Participating in Medicare, Medicaid

AAR Basis for Action Codes - Individual Subjects

Clinical Privileges Actions

Table 33 - Non-Compliance With Requirements

Code	Description
A8	Clinical Privileges Restricted, Suspended or Revoked by Another Hospital or Health Care Facility
AA	Failure to Comply With Corrective Action Plan
AH	Failure to Comply With Terms of Probation or other Previously Imposed Requirements
50	Failure to Maintain Adequate or Accurate Records
45	Failure to Maintain Records or Provide Medical, Financial or Other Required Information
39	License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
29	Practicing Beyond the Scope of Practice
AB	Practicing Beyond the Scope of Privileges
24	Practicing With an Expired License
25	Practicing Without a License
A4	Practicing Without a Valid License
A7	Surrendered License to Practice
70	Violation of By-Laws, Protocols or Guidelines
79	Violation of Code of Ethics

Table 34 - Criminal Conviction or Adjudication

Code	Description
19	Criminal Conviction
18	Deferred Adjudication
B1	Nolo Contendere Plea

Table 35 - Confidentiality, Consent or Disclosure Violations

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

Table 36 - Misconduct or Abuse

Code	Description
D4	Abusive Conduct Toward Staff
D7	Conduct Evidencing Ethical Unfitness
D6	Conduct Evidencing Moral Unfitness
71	Conflict of Interest
D5	Disruptive Conduct
16	Misappropriation of Patient Property or Other Property
D2	Non-Sexual Dual Relationship or Boundary Violation
14	Patient Abuse
D1	Sexual Misconduct
D8	Other Unprofessional Conduct, Specify _____

Clinical Privileges Actions (continued)

Table 37 - Fraud, Deception, or Misrepresentation

Code	Description
E6	Failure to Disclose
E3	Filing False Reports or Falsifying Records
05	Fraud - Unspecified
E4	Fraud, Deceit or Material Omission in Obtaining License or Credentials
55	Improper or Abusive Billing Practices
E1	Insurance Fraud (Medicare, Medicaid or Other Insurance)
81	Misrepresentation of Credentials
56	Submitting False Claims

Table 38 - Unsafe Practice or Substandard Care

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

Table 39 - Improper Supervision or Allowing Unlicensed Practice

Code	Description
G2	Allowing or Aiding Unlicensed Practice
G1	Improper or Inadequate Supervision or Delegation

Table 40 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 41 - Other

Code	Description
99	Other - Not Classified, Specify

Exclusion or Debarment Actions

Table 42 - Criminal Conviction

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

Table 43 - Other

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

Federal or State Licensure Actions

Table 44 - Non-Compliance With Requirements

Code	Description
44	Default on Health Education Loan or Scholarship Obligations
35	Drug Screening Violation
A2	Failure to Comply With Continuing Education or Competency Requirements
31	Failure to Comply With Health and Safety Requirements
23	Failure to Cooperate With Board Investigation
50	Failure to Maintain Adequate or Accurate Records
45	Failure to Maintain Records or Provide Medical, Financial or Other Required Information
A3	Failure to Meet Licensing Board Reporting Requirements
A1	Failure to Meet the Initial Requirements of a License
37	Failure to Pay Child Support/Delinquent Child Support
39	License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
29	Practicing Beyond the Scope of Practice
24	Practicing With an Expired License
25	Practicing Without a License
A4	Practicing Without a Valid License
A6	Violation of Federal or State Statutes, Regulations or Rules
36	Violation of Federal or State Tax Code
84	Violation of State Health Code
A5	Violation of or Failure to Comply With Licensing Board Order

Table 45 - Criminal Conviction or Adjudication

Code	Description
19	Criminal Conviction
18	Deferred Adjudication
B1	Nolo Contendere Plea
I1	Diverted Conviction

Table 46 - Confidentiality, Consent or Disclosure Violations

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

Table 47 - Misconduct or Abuse

Code	Description
D4	Abusive Conduct Toward Staff
D7	Conduct Evidencing Ethical Unfitness
D6	Conduct Evidencing Moral Unfitness
71	Conflict of Interest
D5	Disruptive Conduct
D3	Exploiting a Patient for Financial Gain
16	Misappropriation of Patient Property or Other Property
D2	Non-Sexual Dual Relationship or Boundary Violation
14	Patient Abuse
D1	Sexual Misconduct
D8	Other Unprofessional Conduct, Specify

Federal or State Licensure Actions (continued)

Table 48 - Fraud, Deception, or Misrepresentation

Code	Description
E6	Failure to Disclose
E3	Filing False Reports or Falsifying Records
05	Fraud - Unspecified
E4	Fraud, Deceit or Material Omission in Obtaining License or Credentials
55	Improper or Abusive Billing Practices
E1	Insurance Fraud (Medicare, Medicaid or Other Insurance)
E5	Misleading, False or Deceptive Advertising or Marketing
81	Misrepresentation of Credentials
E2	Providing or Ordering Unnecessary Tests or Services
56	Submitting False Claims

Table 49 - Unsafe Practice or Substandard Care

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

Table 50 - Improper Supervision or Allowing Unlicensed Practice

Code	Description
G2	Allowing or Aiding Unlicensed Practice
G1	Improper or Inadequate Supervision or Delegation

Table 51 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 52 - Other

Code	Description
99	Other - Not Classified, Specify, _____

Government Administrative Actions

Table 53 - Non-Compliance With Requirements

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

Table 54 - Criminal Conviction or Adjudication

Code	Description
19	Criminal Conviction
18	Deferred Adjudication
B1	Nolo Contendere Plea

Table 55 - Confidentiality, Consent or Disclosure Violations

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

Table 56 - Misconduct or Abuse

Code	Description
D4	Abusive Conduct Toward Staff
D7	Conduct Evidencing Ethical Unfitness
D6	Conduct Evidencing Moral Unfitness
71	Conflict of Interest
D5	Disruptive Conduct
16	Misappropriation of Patient Property or Other Property
D2	Non-Sexual Dual Relationship or Boundary Violation
14	Patient Abuse
D1	Sexual Misconduct
D8	Other Unprofessional Conduct, Specify

Government Administrative Actions (continued)

Table 57 - Fraud, Deception, or Misrepresentation

Code	Description
E6	Failure to Disclose
E3	Filing False Reports or Falsifying Records
05	Fraud - Unspecified
E4	Fraud, Deceit or Material Omission in Obtaining License or Credentials
55	Improper or Abusive Billing Practices
E1	Insurance Fraud (Medicare, Medicaid or Other Insurance)
E5	Misleading, False or Deceptive Advertising or Marketing
81	Misrepresentation of Credentials
E2	Providing or Ordering Unnecessary Tests or Services
56	Submitting False Claims

Table 58 - Unsafe Practice or Substandard Care

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

Table 59 - Improper Supervision or Allowing Unlicensed Practice

Code	Description
G2	Allowing or Aiding Unlicensed Practice
G1	Improper or Inadequate Supervision or Delegation

Table 60 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 61 - Other

Code	Description
99	Other - Not Classified, Specify, _____

Health Plan Actions

Table 62 - Non-Compliance With Requirements

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

Table 63 - Criminal Conviction or Adjudication

Code	Description
19	Criminal Conviction
18	Deferred Adjudication
B1	Nolo Contendere Plea

Table 64 - Confidentiality, Consent or Disclosure Violations

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

Table 65 - Misconduct or Abuse

Code	Description
D4	Abusive Conduct Toward Staff
D7	Conduct Evidencing Ethical Unfitness
D6	Conduct Evidencing Moral Unfitness
71	Conflict of Interest
D5	Disruptive Conduct
16	Misappropriation of Patient Property or Other Property
D2	Non-Sexual Dual Relationship or Boundary Violation
14	Patient Abuse
D1	Sexual Misconduct
D8	Other Unprofessional Conduct, Specify

Health Plan Actions (continued)**Table 66 - Fraud, Deception, or Misrepresentation**

Code	Description
E6	Failure to Disclose
E3	Filing False Reports or Falsifying Records
05	Fraud - Unspecified
E4	Fraud, Deceit or Material Omission in Obtaining License or Credentials
55	Improper or Abusive Billing Practices
E1	Insurance Fraud (Medicare, Medicaid or Other Insurance)
E5	Misleading, False or Deceptive Advertising or Marketing
81	Misrepresentation of Credentials
E2	Providing or Ordering Unnecessary Tests or Services
56	Submitting False Claims

Table 67 - Unsafe Practice or Substandard Care

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

Table 68 - Improper Supervision or Allowing Unlicensed Practice

Code	Description
G2	Allowing or Aiding Unlicensed Practice
G1	Improper or Inadequate Supervision or Delegation

Table 69 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 70 - Other

Code	Description
99	Other - Not Classified, Specify, _____

Professional Society Actions

Table 71 - Non-Compliance With Requirements

Code	Description
A8	Clinical Privileges Restricted, Suspended or Revoked by Another Hospital or Health Care Facility
AA	Failure to Comply With Corrective Action Plan
AH	Failure to Comply With Terms of Probation or other Previously Imposed Requirements
50	Failure to Maintain Adequate or Accurate Records
45	Failure to Maintain Records or Provide Medical, Financial or Other Required Information
39	License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
29	Practicing Beyond the Scope of Practice
AB	Practicing Beyond the Scope of Privileges
24	Practicing With an Expired License
25	Practicing Without a License
A4	Practicing Without a Valid License
A7	Surrendered License to Practice
70	Violation of By-Laws, Protocols or Guidelines
79	Violation of Code of Ethics

Table 72 - Criminal Conviction or Adjudication

Code	Description
19	Criminal Conviction
18	Deferred Adjudication
B1	Nolo Contendere Plea

Table 73 - Confidentiality, Consent or Disclosure Violations

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

Table 74 - Misconduct or Abuse

Code	Description
D4	Abusive Conduct Toward Staff
D7	Conduct Evidencing Ethical Unfitness
D6	Conduct Evidencing Moral Unfitness
71	Conflict of Interest
D5	Disruptive Conduct
16	Misappropriation of Patient Property or Other Property
D2	Non-Sexual Dual Relationship or Boundary Violation
14	Patient Abuse
D1	Sexual Misconduct
D8	Other Unprofessional Conduct, Specify

Table 75 - Fraud, Deception, or Misrepresentation

Code	Description
E6	Failure to Disclose
E3	Filing False Reports or Falsifying Records
05	Fraud - Unspecified
E4	Fraud, Deceit or Material Omission in Obtaining License or Credentials
55	Improper or Abusive Billing Practices
E1	Insurance Fraud (Medicare, Medicaid or Other Insurance)
81	Misrepresentation of Credentials
56	Submitting False Claims

Professional Society Actions (continued)

Table 76 - Unsafe Practice or Substandard Care

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

Table 77 - Improper Supervision or Allowing Unlicensed Practice

Code	Description
G2	Allowing or Aiding Unlicensed Practice
G1	Improper or Inadequate Supervision or Delegation

Table 78 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 79 - Other

Code	Description
99	Other - Not Classified, Specify, _____

AAR Basis for Action Codes - Organization Subjects

Accreditation Actions

Table 80 - Non-Compliance With Federal, State or Contractual Requirements

Code	Description
92	Noncompliance With Private Accreditation Standards That Indicate a Risk to the Safety of Patients or Quality of Health Care Services

Table 81 - Other

Code	Description
99	Other - Not Classified, Specify, _____

Exclusion or Debarment Actions

Table 82 - Criminal Conviction

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

Table 83 - Other

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

Federal or State Licensure Actions

Table 84 - Non-Compliance With Requirements

Code	Description
40	Exclusion or Suspension From a Federal or State Health Care Program
31	Failure to Comply With Health and Safety Requirements
50	Failure to Maintain Adequate or Accurate Records
AC	Failure to Maintain Equipment/Missing or Inadequate Equipment
45	Failure to Maintain Records or Provide Medical, Financial or Other Required Information
AG	Failure to Maintain Supplies/Missing or Inadequate Supplies
A3	Failure to Meet Licensing Board Reporting Requirements
A1	Failure to Meet the Initial Requirements of a License
47	Failure to Take Corrective Action
34	Financial Insolvency
32	Lack of Appropriately Qualified Professionals
39	License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
AF	Operating Beyond Scope of License
AE	Operating Without a License or Permits or on a Lapsed License
A6	Violation of Federal or State Statutes, Regulations or Rules
84	Violation of State Health Code
A5	Violation of or Failure to Comply With Licensing Board Order

Table 85 - Criminal Conviction or Adjudication

Code	Description
19	Criminal Conviction
18	Deferred Adjudication
B1	Nolo Contendere Plea
I1	Diverted Conviction

Table 86 - Confidentiality, Consent or Disclosure Violations

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

Table 87 - Conflict of Interest

Code	Description
71	Conflict of Interest

Table 88 - Fraud, Deception, or Misrepresentation

Code	Description
E6	Failure to Disclose
E3	Filing False Reports or Falsifying Records
05	Fraud - Unspecified
E4	Fraud, Deceit or Material Omission in Obtaining License or Credentials
57	Fraud, Kickbacks or Prohibited Activities
55	Improper or Abusive Billing Practices
E1	Insurance Fraud (Medicare, Medicaid or Other Insurance)
E5	Misleading, False or Deceptive Advertising or Marketing
E2	Providing or Ordering Unnecessary Tests or Services
56	Submitting False Claims

Federal or State Licensure Actions (continued)

Table 89 - Substandard Care or Patient Neglect/Abuse

Code	Description
53	Failure to Provide Medically Reasonable and/or Necessary Items or Services
17	Inadequate or Improper Infection Control Practices
FA	Inappropriate Refusal to Treat
F9	Patient Abandonment
14	Patient Abuse
15	Patient Neglect
F6	Substandard or Inadequate Care

Table 90 - Improper Supervision or Allowing Unlicensed Practice

Code	Description
G2	Allowing or Aiding Unlicensed Practice
G1	Improper or Inadequate Supervision or Delegation

Table 91 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

Code	Description
H5	Error in Prescribing, Dispensing or Administering Medication
H8	Expired Drugs in Inventory
H7	Inadequate Security for Controlled Substances
H9	Misbranding Drug Labels/Lack of Required Labeling on Drugs
H1	Narcotics Violation or Other Violation of Drug Statutes
H4	Unauthorized Administration of Medication
H3	Unauthorized Dispensing of Medication
H2	Unauthorized Prescribing of Medication

Table 92 - Other

Code	Description
99	Other - Not Classified, Specify, _____

Government Administrative Actions

Table 93 - Non-Compliance With Requirements

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

Table 94 - Criminal Conviction or Adjudication

Code	Description
19	Criminal Conviction
18	Deferred Adjudication
B1	Nolo Contendere Plea

Table 95 - Confidentiality, Consent or Disclosure Violations

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

Table 96 - Conflict of Interest

Code	Description
71	Conflict of Interest

Table 97 - Fraud, Deception, or Misrepresentation

Code	Description
E6	Failure to Disclose
E3	Filing False Reports or Falsifying Records
05	Fraud - Unspecified
E4	Fraud, Deceit or Material Omission in Obtaining License or Credentials
55	Improper or Abusive Billing Practices
E1	Insurance Fraud (Medicare, Medicaid or Other Insurance)
E5	Misleading, False or Deceptive Advertising or Marketing
E2	Providing or Ordering Unnecessary Tests or Services
56	Submitting False Claims

Government Administrative Actions (continued)

Table 98 - Substandard Care or Patient Neglect/Abuse

Code	Description
53	Failure to Provide Medically Reasonable and/or Necessary Items or Services
17	Inadequate or Improper Infection Control Practices
FA	Inappropriate Refusal to Treat
FC	Negligent Credentialing
F9	Patient Abandonment
14	Patient Abuse
15	Patient Neglect
F6	Substandard or Inadequate Care

Table 99 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 100 - Other

Code	Description
99	Other - Not Classified, Specify, _____

Health Plan Actions

Table 101 - Non-Compliance With Requirements

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

Table 102 - Criminal Conviction or Adjudication

Code	Description
19	Criminal Conviction
18	Deferred Adjudication
B1	Nolo Contendere Plea

Table 103 - Confidentiality, Consent or Disclosure Violations

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

Table 104 - Conflict of Interest

Code	Description
71	Conflict of Interest

Table 105 - Fraud, Deception or Misrepresentation

Code	Description
E6	Failure to Disclose
E3	Filing False Reports or Falsifying Records
05	Fraud - Unspecified
E4	Fraud, Deceit or Material Omission in Obtaining License or Credentials
55	Improper or Abusive Billing Practices
E1	Insurance Fraud (Medicare, Medicaid or Other Insurance)
E5	Misleading, False or Deceptive Advertising or Marketing
E2	Providing or Ordering Unnecessary Tests or Services
56	Submitting False Claims

Health Plan Actions (continued)

Table 106 - Substandard Care or Patient Neglect/Abuse

Code	Description
53	Failure to Provide Medically Reasonable and/or Necessary Items or Services
17	Inadequate or Improper Infection Control Practices
FA	Inappropriate Refusal to Treat
FC	Negligent Credentialing
F9	Patient Abandonment
14	Patient Abuse
15	Patient Neglect
F6	Substandard or Inadequate Care

Table 107 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 108 - Other

Code	Description
99	Other - Not Classified, Specify, _____

AAR Basis for Action Codes - Retired

Table 109 - AAR Basis for Action Codes - Retired

Code	Description
22	Advertising or Marketing Services or Products That Are Discriminatory, Misleading, False, or Deceptive
01	Alcohol and/or Other Substance Abuse
30	Allowing Unlicensed Person to Practice
52	Failure to Repay Overpayment
09	Fraud in Obtaining License or Credentials
83	Hospital Privileges Restricted, Suspended or Revoked
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
20	Mental Disorder
03	Narcotics Violations
80	Physical Impairment
AD	Surrendered Clinical Privileges
10	Unprofessional Conduct
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
75	Violation of Drug-Free Workplace Act
74	Violation of Federal or State Antitrust Statute
76	Violation of Immigration and Nationality Act Employment Provisions

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

AAR Basis for Finding Codes - Individual Subjects

Peer Review Organization

Table 110 - Fraud, Deception or Misrepresentation

Code	Description
55	Improper or Abusive Billing Practices
56	Submitting False Claims

Table 111 - Unsafe Practice or Substandard Care

Code	Description
53	Failure to Provide Medically Reasonable and/or Necessary Items or Services
54	Furnishing Unnecessary or Substandard Items or Services

Table 112 - Other

Code	Description
99	Other - Not Classified, Specify, _____

AAR Type of Action Codes

Table 113 - AAR Type of Action Codes

Code	Type	Description
1 (SL)*	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 Health Care Quality Improvement Act of 1986, as amended, and 45 CFR Part 60. Section 1921 of the Social Security Act 45 CFR Part 60, expands the reporting requirements of the NPDB to include all licensure actions taken against all healthcare practitioners, as well as healthcare entities: not just physicians and dentists. All State licensing actions against health care practitioners, providers, and suppliers are reportable to the HIPDB under Section 1128E of the Social Security Act and 45 CFR Part 61.
2 (FL)	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 Social Security Act and 45 CFR Part 61. DEA registration actions against health care practitioners also are reportable to the NPDB under Title IV of the Health Care Quality Improvement Act of 1986, as amended, and 45 CFR Part 60.
3 (CP)	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 Health Care Quality Improvement Act of 1986, as amended, and 45 CFR Part 60.
4 (HP)	Health Plan	Health plan actions are adverse actions that are taken by a health plan against a health care practitioner, provider or supplier and that are reportable to the HIPDB under Section 1128E of the Social Security Act and 45 CFR part 61. These actions must meet the regulatory definition of "other adjudicated actions," 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.

Code	Type	Description
5 (ED)*	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 Social Security Act and 45 CFR Part 61. Exclusion of a practitioner from the Medicare and Medicaid programs is reportable to the NPDB under a Memorandum of Understanding with the Office of Inspector General, and the Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services.
6 (PS)	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 Health Care Quality Improvement Act of 1986, as amended, and 45 CFR Part 60.
7 (PR)	Peer Review Organization	Peer review organization actions include any recommendation by a peer review organization to sanction a health care practitioner. These actions are reportable to the NPDB under the provisions of Section 1921 of the Social Security Act, as amended by the Omnibus Budget Reconciliation Act of 1990 and 45 CFR Part 60.
8 (AC)	Accreditation	Private accreditation organization actions include final determinations of denial or termination of an accreditation status from a private accreditation entity that indicates a risk to the safety of a patient(s) or quality of health care services. These actions are taken against health care entities that have received or are attempting to receive accreditation. These actions are reportable to the NPDB under the provisions of Section 1921 of the Social Security act, as amended by the Omnibus Budget Reconciliation Act of 1990 and 45 CFR Part 60.
9 (GA)	Government Administrative	Government Administrative actions are reportable to the HIPDB under Section 1128E of the Social Security Act and 45 CFR Part 61. They encompass adverse actions reportable to HIPDB that are not 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.

* The Interface Control Document (ICD) Transfer Program (ITP) only accepts AAR report submissions of State Licensure (1) and Exclusion/Debarment (5) action types.

Nature of Relationship Codes

Individual Subjects

Table 114 - Individual Subjects

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

Organization Subjects

Table 115 - Organization Subjects

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

JOCR Act or Omission Codes

Table 116 - JOCR Act or Omission Codes

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

JOCR Type of Action Codes

Table 117 - JOCR 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 Social Security Act and 45 CFR Part 61.
20	Deferred Conviction/Pre-Trial Diversion	Federal or State court actions in which a healthcare 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 Social Security Act 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 Social Security Act 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 Social Security Act 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 Social Security Act and 45 CFR Part 61.

MMPR Act or Omission Codes (Old Format MMPR)

(For Initial Reports submitted through January 30, 2004 using an earlier reporting format)¹

Table 118 - Diagnosis

Code	Description
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

Table 119 - Anesthesia

Code	Description
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

Table 120 - Surgery

Code	Description
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

Table 121 - Medication

Code	Description
305	Failure to Order Appropriate Medication
310	Wrong Medication Ordered
315	Wrong Dosage Ordered of Correct Medication
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

Table 122 - Intravenous and Blood Products

Code	Description
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

Table 123 - Obstetrics

Code	Description
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

Table 124 - Treatment

Code	Description
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

Table 125 - Monitoring

Code	Description
710	Failure to Monitor
720	Failure to Respond to Patient
730	Failure to Report on Patient Condition
790	Monitoring Related-Not Otherwise Classified

Table 126 - Biomedical Equipment/Product

Code	Description
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

Table 127 - Miscellaneous

Code	Description
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

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'.

MMPR Nature of Allegation Codes

Table 128 - MMPR Nature of Allegation Codes

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

MMPR Outcome Codes

Table 129 - 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

MMPR Specific Allegation Codes

Table 130 - Failure to Take Appropriate Action

Code	Description
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

Table 131 - Delay in Performance

Code	Description
200	Delay in Diagnosis
201	Delay in Performance
202	Delay in Treatment
203	Delay in Treatment of Identified Fetal Distress

Table 132 - Error/Improper Performance

Code	Description
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
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

Table 133 - Unnecessary/Contraindicated Procedure

Code	Description
400	Contraindicated Procedure
401	Surgical or Procedural Clearance Contraindicated
402	Unnecessary Procedure
403	Unnecessary Test
404	Unnecessary Treatment

Table 134 - Communication/Supervision

Code	Description
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

Table 135 - Continuity of Care/Care Management

Code	Description
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

Table 136 - Behavior/Legal

Code	Description
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

Table 137 - Other

Code	Description
899	Cannot Be Determined from Available Records
999	Allegation - Not Otherwise Classified, Specify

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.

Report Transaction Type Codes

Table 138 - Report Transaction Type Codes

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

Void Reason Codes

Table 139 - Void Reason Codes

Code	Description
V0	The report was erroneously submitted (e.g., wrong practitioner named; duplicate report, payment not delivered; action never finalized).
V1	The report was not required to be filed; the action does not meet the legal reporting criteria.
V2	The action was reversed because the original action should never have been taken (e.g., overturned on appeal).

Subject Source Codes

Table 140 - Subject Source Codes

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

Transaction Codes

Table 141 - Transaction Codes

Code	Description
PE	Continuous Query Enrollment
PU	Continuous Query Update
PN	Continuous Query Renewal
PC	Continuous Query Cancellation
PI	Continuous Query Status Request
PD	Continuous Query Report Disclosure
1L	Single Query - Individual Subject
1C	Single Query - Organization Subject
1A	Multiple-Name Query - Individual Subject
1J	Multiple-Name Query - Organization Subject
A2	AAR Initial Report
A4	AAR Correction Report
A5	AAR Void Report - Organization Subject
A6	AAR Void Report - Individual Subject
A7	AAR Revision to Action Report
A8	AAR Notice of Appeal - Organization Subject
A9	AAR Notice of Appeal - Individual Subject
J2	JOCR Initial Report
J4	JOCR Correction Report
J5	JOCR Void Report - Organization Subject
J6	JOCR Void Report - Individual Subject
J7	JOCR Revision to Action Report
J8	JOCR Notice of Appeal - Organization Subject
J9	JOCR Notice of Appeal - Individual Subject
M2	MMPR Initial Report
M4	MMPR Correction Report
M6	MMPR Void Report
90	User Account Password Change
91	User Account Password Reset (Only Permitted By Entity Administrator)
DB	Data Bank Correspondence

Query Purpose Codes

Table 142 - Query Purpose Codes

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

Continuous Query Enrollment Purpose Codes

Table 143 - Continuous Query Enrollment Purpose Codes

Code	Description
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

Continuous Query Enrollment Status Codes

Table 144 - Continuous Query Enrollment Status Codes

Code	Description
E	Enrolled
N	Not Enrolled
S	Suspended
C	Previously Enrolled
P	Pending

Continuous Query Report Disclosure Reason Codes

Table 145 - Continuous Query Report Disclosure Reason Codes

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

Code	Description
BI	Correction Report {1} should have been submitted as a Revision to Action since it modifies a previously reported action. To correct this, the Data Bank(s), on behalf of the reporting entity identified in this disclosure, have re-submitted the original or previous Initial Report as {2}. Additionally, the Correction Report {1} has been voided and re-submitted as Revision to Action {3}. Please destroy all copies of report {1}.
BV	Correction Report {1} should have been submitted as a Revision to Action since it modifies a previously reported action. To correct this, the Data Bank(s), on behalf of the reporting entity identified in this disclosure, have re-submitted the original or previous Initial Report as {2}. Additionally, the Correction Report {1} has been voided and re-submitted as Revision to Action {3}. Please destroy all copies of report {1}.
BR	Correction Report {1} should have been submitted as a Revision to Action since it modifies a previously reported action. To correct this, the Data Bank(s), on behalf of the reporting entity identified in this disclosure, have re-submitted the original or previous Initial Report as {2}. Additionally, the Correction Report {1} has been voided and re-submitted as Revision to Action {3}. Please destroy all copies of report {1}.
AV	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) converted report {1} to Revision to Action Report {2}. This action should have been reported as a Revision to Action since it modifies the previously reported action {3}. Please destroy all copies of report {1}.
AR	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) converted report {1} to Revision to Action Report {2}. This action should have been reported as a Revision to Action since it modifies the previously reported action {3}. Please destroy all copies of report {1}.
NM	Report {1} no longer matches the enrolled subject profile for {2}. Please disregard and destroy all previous versions of this report and any copies.
ND	Report {1} is no longer disclosable to your entity. Please disregard and destroy all previous versions of this report and any copies.
EC	Initial Enrollment Disclosure
UC	Enrollment Update Disclosure
<p>Note(s):</p> <p>The descriptions listed herein contain placeholder references ({1}, {2}, and {3}) and each will be replaced with an actual report DCN when a notification is generated by the Data Banks.</p>	

Occupation/Field of Licensure Codes

Table 146 - Physician

Code	Description
010	Physician (MD)
015	Physician Intern/Resident (MD)
020	Osteopathic Physician (DO)
025	Osteopathic Physician Intern/Resident (DO)

Table 147 - Nurse - Advanced, Registered, Vocational or Practical

Code	Description
100	Registered (Professional) Nurse
110	Nurse Anesthetist
120	Nurse Midwife
130	Nurse Practitioner
134	Doctor of Nursing Practice
140	Licensed Practical or Vocational Nurse
141	Clinical Nurse Specialist

Table 148 - Nurse Aide, Home Health Aide and Other Aide

Code	Description
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

Table 149 - Dental Service Practitioner

Code	Description
030	Dentist
035	Dental Resident
606	Dental Assistant
607	Dental Therapist/Dental Health Aide
609	Dental Hygienist
612	Denturist

Table 150 - Chiropractor

Code	Description
603	Chiropractor

Table 151 - Counselor

Code	Description
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

Table 152 - Dietician/Nutritionist

Code	Description
200	Dietician
210	Nutritionist

Table 153 - Emergency Medical Technician (EMT)

Code	Description
250	EMT, Basic
260	EMT, Cardiac/Critical Care
270	EMT, Intermediate
280	EMT, Paramedic

Table 154 - Eye and Vision Service Practitioner

Code	Description
630	Ocularist
633	Optician
636	Optometrist

Table 155 - Pharmacy Service Practitioner

Code	Description
050	Pharmacist
055	Pharmacy Intern
060	Pharmacist, Nuclear
070	Pharmacy Assistant
075	Pharmacy Technician

Table 156 - Physician Assistant

Code	Description
642	Physician Assistant, Allopathic
645	Physician Assistant, Osteopathic

Table 157 - Podiatric Service Practitioner

Code	Description
350	Podiatrist
648	Podiatric Assistant

Table 158 - Psychologist/Psychological Assistant

Code	Description
371	Psychologist
372	School Psychologist
373	Psychological Assistant, Associate, Examiner

Table 159 - Rehabilitative, Respiratory and Restorative Service Practitioner

Code	Description
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

Table 160 - Social Worker

Code	Description
300	Social Worker

Table 161 - Speech, Language and Hearing Service Practitioner

Code	Description
400	Audiologist
460	Speech/Language Pathologist
470	Hearing Aid (or Instrument) Specialist, Dealer, Dispenser or Fitter

Table 162 - Technologist/Technician

Code	Description
501	Medical or Clinical Laboratory Technologist
502	Medical or Clinical Laboratory Technician
503	Surgical Technologist
504	Surgical Assistant
505	Cytotechnologist
510	Nuclear Medicine Technologist
520	Radiation Therapy Technologist
530	Radiologic Technologist
540	X-Ray Technician or Operator
550	Limited X-Ray Machine Operator (LXMO)

Table 163 - Other Health Care Practitioner

Code	Description
600	Acupuncturist
601	Athletic Trainer
615	Homeopath
618	Medical Assistant
624	Midwife, Lay (Non-Nurse)
627	Naturopath
639	Orthotics/Prosthetics Fitter
647	Perfusionist

Code	Description
170	Psychiatric Technician
699	Other Health Care Practitioner - Not Classified, Specify, _____

Table 164 - Health Care Facility Administrator¹

Code	Description
752	Adult Care Facility Administrator
755	Hospital Administrator
758	Long-Term Care or Nursing-Home Administrator
759	Assisted Living Facility Administrator

Table 165 - Other Occupation¹

Code	Description
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, _____

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

Occupation/Field of Licensure Codes - Retired

Table 166 - Occupation/Field of Licensure Codes - Retired

Code	Description
135	Advanced Practice Nurse
370	Psychologist, Clinical
500	Medical Technologist

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

Specialty Codes

Table 167 - Physician Specialties

Code	Description
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

Table 168 - Dental Specialties

Code	Description
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

Entity Status Codes

Table 169 - 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.

State Abbreviations and U.S. Territories

Table 170 - States

Code	Description
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

Code	Description
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

Code	Description
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

Table 171 - Territories

Code	Description
AS	American Samoa
FM	Federated States of Micronesia
GU	Guam
MP	Northern Marianas
PW	Palau
PR	Puerto Rico
VI	Virgin Islands

Table 172 - Armed Forces

Code	Description
AA	Central and South America
AE	Europe
AP	Pacific

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

Addresses for United States Territories:

- Enter Territory abbreviation in "State" field.

Addresses outside the United States or its territories:

- Leave the "State" field blank.
- Enter the city and/or province in the "City" field.
- Enter the Country Code in the "ZIP" fields - maximum 5 characters in first field, maximum 4 characters in the second field.
- Enter the country in the "Country" field.

Military Addresses:

- Enter APO in the "City" field.
- Enter AE, AA in the "State" field.
- Enter the ZIP code in the "ZIP" field.

Following State Codes are not valid for State of Licensure:

- AA Central and South America (Armed Forces)
- AE Europe (Armed Forces)
- AP Pacific (Armed Forces)

APO/FPO Postal Codes**Table 173 - AE - Europe**

First 3 digits of ZIP Code	Geographic Area
090-092	Germany
094	United Kingdom
095	Atlantic Ocean/ Mediterranean Sea Ships
096	Italy, Spain
097	Other Europe
098	Middle East, Africa

Table 174 - AA - Americas

First 3 digits of ZIP Code	Geographic Area
340	Central, South Americas

Table 175 - AP - Pacific

First 3 digits of ZIP Code	Geographic Area
962	Korea
963	Japan
964	Philippines
965	Other Pacific and Alaska
966	Pacific and Indian Ocean Ships

Type of Organization Codes

Table 176 - Group or Practice

Code	Description
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

Table 177 - Home Health Agency/ Organization

Code	Description
393	Home Health Agency/Organization

Table 178 - Hospice/Hospice Care Provider

Code	Description
382	Hospice/Hospice Care Provider

Table 179 - Hospital

Code	Description
304	Federal Hospital
301	General/Acute Care Hospital
302	Psychiatric Hospital
303	Rehabilitation Hospital

Table 180 - Hospital Unit

Code	Description
307	Psychiatric Unit
308	Rehabilitation Unit

Table 181 - Laboratory/CLIA Laboratory

Code	Description
310	Laboratory/CLIA Laboratory

Table 182 - Nursing Facility/Skilled Nursing Facility

Code	Description
389	Nursing Facility/Skilled Nursing Facility

Table 183 - Research Center/Facility

Code	Description
370	Research Center/Facility

Table 184 - Ambulance Service/Transportation Company

Code	Description
390	Ambulance Service/Transportation Company

Table 185 - Health Insurance Company/Provider

Code	Description
320	Health Insurance Company/Provider

Table 186 - Other Health Care Facility

Code	Description
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

Table 187 - Managed Care Organization

Code	Description
331	Health Maintenance Organization
335	Preferred Provider Organization
336	Provider Sponsored Organization
338	Religious, Fraternal Benefit Society Plan

Table 188 - Health Care Supplier/Manufacturer

Code	Description
347	Biological Products Manufacturer ¹
342	Blood Bank
343	Durable Medical Equipment Supplier ¹
344	Eyewear Equipment Supplier ¹
351	Fiscal/Billing/Management Agent ¹
353	Nursing/Health Care Staffing Service ¹
348	Organ Procurement Organization ¹
345	Pharmacy
346	Pharmaceutical Manufacturer ¹
349	Portable X-Ray Supplier ¹
352	Purchasing Service ¹

Table 189 - Other

Code	Description
999	Other Type - Not Classified, Specify,

1 These organization type codes are not available for Accreditation action and Peer Review Organization findings.

Report Change Notification Disclosure Type Codes

Table 190 - Report Change Notification Disclosure Type Codes

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

Code	Description
OV	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) voided report {1} because it was determined to be a duplicate report. Please destroy all copies of report {1}. The original report remains in the Data Bank(s).
RV	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) voided report {1} as directed by the Secretary of the U.S. Department of Health and Human Services. The referenced report and all information in it have been expunged from the Data Bank(s) and should not be used. Please destroy all copies of this report.
BI	Correction Report {1} should have been submitted as a Revision to Action since it modifies a previously reported action. To correct this, the Data Bank(s), on behalf of the reporting entity identified in this disclosure, have re-submitted the original or previous Initial Report as {2}. Additionally, the Correction Report {1} has been voided and re-submitted as Revision to Action {3}. Please destroy all copies of report {1}.
BV	Correction Report {1} should have been submitted as a Revision to Action since it modifies a previously reported action. To correct this, the Data Bank(s), on behalf of the reporting entity identified in this disclosure, have re-submitted the original or previous Initial Report as {2}. Additionally, the Correction Report {1} has been voided and re-submitted as Revision to Action {3}. Please destroy all copies of report {1}.
BR	Correction Report {1} should have been submitted as a Revision to Action since it modifies a previously reported action. To correct this, the Data Bank(s), on behalf of the reporting entity identified in this disclosure, have re-submitted the original or previous Initial Report as {2}. Additionally, the Correction Report {1} has been voided and re-submitted as Revision to Action {3}. Please destroy all copies of report {1}.
AV	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) converted report {1} to Revision to Action Report {2}. This action should have been reported as a Revision to Action since it modifies the previously reported action {3}. Please destroy all copies of report {1}.
AR	On behalf of the reporting entity identified in this disclosure, the Data Bank(s) converted report {1} to Revision to Action Report {2}. This action should have been reported as a Revision to Action since it modifies the previously reported action {3}. Please destroy all copies of report {1}.
ND	Report {1} is no longer disclosable to your entity. Please disregard and destroy all previous versions of this report and any copies.
<p>Note(s):</p> <p>The descriptions listed herein contain placeholder references ({1}, {2}, and {3}) and each will be replaced with an actual report DCN when a notification is generated by the Data Banks.</p>	

Statutory Authority Codes

Table 191 – Statutory Authority QRXS Codes

Code	Description
IV	Report is maintained under the provisions of Title IV of Public Law 99-660.
1921	Report is maintained under the provisions of Section 1921.
1128E	Report is maintained under the provisions of Section 1128E.

Table 192 – Statutory Authority ITP Codes

Code	Description
Y	Report is maintained under the provisions of the indicated statutory authority.
N	Report is not maintained under the provisions of the indicated statutory authority.

Error Codes

Table 193 - Error Codes

Code	Description
01	Format of information in subject record(s) was in error.
03	File is not compliant with the current format version.
05	SQL error.
06	Invalid transaction code entered.
07	Invalid Data Bank ID.
08	Invalid password.
09	This entity does not have the privilege to perform this transaction.
11	Entity registration has expired.
12	Agent registration has expired.
13	This agent does not have the authority to act for entity.
15	Entity name or Data Bank ID is missing or illegible.
16	All or part of the entity address is missing or invalid.
18	Invalid entity type code.
20	All or part of a subject's name is missing or invalid. Subject First Name and Last Name are required.
22	Invalid subject type.
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.
24	Invalid 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.

Code	Description
28	Missing, invalid, or illegible date of birth. Date of birth must be at least 15 years before today's date and after 1900.
29	Invalid gender code.
30	Adverse Action Report data is missing or illegible: required information is missing in section C of the Adverse Action Report you submitted. Each of the fields in this section must be completed legibly. Please submit a new, fully completed adverse action report to the Data Bank(s). Do not reference Data Bank Control Number of this rejection notice on your new report. If this rejected report was an initial report, you must submit a new initial report; if a correction or void was rejected, you must resubmit your correction or void as if this rejected report was never submitted to the Data Bank(s).
31	Invalid Adverse Action Classification code.
32	Invalid Adverse Action type code: the type of Adverse Action taken (licensure, clinical privileges, or professional society membership) was not indicated in field 3 of your Adverse Action Report form, or more than one type was marked. Please submit a new, fully completed Adverse Action Report to the Data Bank(s), indicating the type of adverse action your organization is reporting. Do not reference the document control number of this rejection notice on your new report. If this rejected report was an initial report, you must submit a new initial report; if a correction or void was rejected, you must resubmit your correction or void as if this rejected report was never submitted to the Data Bank(s).
33	Invalid Omission code.
34	Medical Malpractice Payment Report data is missing or illegible: required information is missing or illegible in section C of the Medical Malpractice Payment Report you submitted. Each of the unshaded fields in this section must be completed legibly. Please submit a new, fully completed Medical Malpractice Payment Report to the Data Bank(s). Do not reference the Data Bank Control Number of this rejection notice on your new report. If this rejected report was an initial report, you must submit a new initial report; if a correction or void was rejected, you must resubmit your correction or void as if this rejected report was never submitted to the Data Bank(s).
35	Invalid Hospital data. A valid Name, City, and State are required for each hospital provided.
36	Missing or invalid relation of entity to subject.
37	Invalid payment type.
38	Invalid payment result.
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).
40	All or part of notarization is missing: to be legal and valid, a notarized form must include the notary public's signature; the date that the practitioner appeared before the notary; the date the notary's commission expires; and the notary's stamp, seal, or notary number. Please submit a new, fully completed and notarized 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.

Code	Description
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.
45	Duplicate report.
46	Data Bank Control Number of report to be voided or corrected is missing or invalid.
47	Query data is missing.
48	Invalid Query Purpose code.
49	Time to dispute a report has expired.
50	Valid Data Bank Control Number of report to be corrected or voided was not provided.
51	Cannot dispute a changed/voided report.
52	Attempted to correct or void a report that has been previously voided or replaced by a corrected version.
53	Report is already in dispute.
54	Report is already in Report Review.
55	Report is not in dispute: cannot withdraw dispute.
56	Report is not in Report Review: cannot withdraw dispute.
57	Control character (non-alphanumeric) found in file.
58	Possible data entry error found.
59	Credit card bill authorization error.
60	File is not in the appropriate format. Check to ensure that the file is not zipped or in binary format (e.g., MS Word or Corel WordPerfect) prior to resubmission.
61	Query file with this name has already been processed.
62	Cannot access drive.
63	Damaged diskette.
64	Bad sector(s) on disk.
65	Warning detection error.

Code	Description
66	No files found on disk.
67	I/O error.
68	Missing, invalid, or illegible date of omission. Date of omission must not be later than today's date and not earlier than 1900.
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.
70	Length of action is missing or contains more than two digits.
71	Invalid Agent Identification Number.
72	Entity does not have active status.
73	Agent does not have active status.
74	Possible @ sign in data.
75	Invalid entity phone number.
76	Invalid entity phone extension.
77	Invalid certification phone number.
78	Invalid certification phone extension.
79	Invalid subject deceased flag.
80	Invalid subject identification number.
81	Invalid subject address.
82	Invalid payment on Medical Malpractice Payment Report.
83	Invalid Medical Malpractice Payment Report data.
84	Invalid report category code.
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.

Code	Description
88	Unable to read query data record.
89	Unable to read password 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.
93	Invalid user account.
94	Invalid date of judgment or sentence. The date must be a valid date and must not occur in the future.
99	Billing problem - transaction on hold.
A1	Invalid type of adverse action.
A2	The Name of Agency or Program That Took the Adverse Action is missing or invalid.
A3	Invalid or duplicate Adverse Action Classification code.
A4	Invalid entry for total amount of monetary penalty, assessment, restitution and/or fine.
A5	Invalid entry for date of action, date of finding, or date action became effective.
A6	Invalid length of action.
A7	Invalid entry in automatic reinstatement field.
A8	Missing narrative description of subject's act(s) or omission(s) or other reasons for action(s) taken and description of action(s) taken by the reporting entity.
A9	Invalid entries in the publicly available or professional competence or conduct field.
AA	This submission could not be processed for the following reason(s). Invalid combination of Adverse Action Classification codes. State Licensure actions taken against health care practitioners may not contain multiple codes when one of the following codes is reported: 1138, 1139, 1149, 1150, or 1189. DEA/Federal Licensure actions taken by the DEA against health care practitioners may not contain multiple codes when one of the following codes is reported: 1149, 1173, or 1189. Exclusion/Debarment actions taken by the HHS Office of Inspector General may not contain multiple codes when one of the following codes is reported: 1508, 1509, 3508, or 3509. Additional actions should be submitted in separate reports.
AB	Duplicate Type of Negative Finding code.
AC	Length of action information should not be included in the report for the selected Adverse Action Classification codes.
AD	Name of Agency or Program that took the Adverse Action is not allowed for this report type.
AE	The QRXS does not accept transactions related to Adverse Action Reports in legacy format.

Code	Description
AF	This agent does not have authority to perform this action for this entity.
AG	Invalid date of action or date of finding. For a Revision to Action report, the date of action or date of finding must be the same as or later than the date of action or date of finding on the initial report.
AI	Status codes in Licensure Actions and Nurse Multi-State Licensure Privilege Actions cannot be selected together.
AM	Invalid combination of Adverse Action Classification codes. State Licensure actions taken against organizations may not contain multiple codes when code 3238 is reported. Additional actions should be submitted in separate reports.
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).
B4	Invalid organization subject license number.
B5	Incomplete or invalid subject 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.
B7	Incomplete short organization subject data record.
B8	Act or Omission code missing or invalid.
B9	Missing Judgment or Conviction Report information.
BA	Specialty code is a required field for this occupation/field of licensure selection.
BB	The specialty code must not be specified for Clinical Privilege or Professional Society actions.
C0	Incomplete or 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.
C1	Missing or invalid sentence/judgment information.
C3	Invalid Judgment or Conviction Report type record.

Code	Description
C4	Invalid Food and Drug Administration number(s).
C5	Invalid National Provider Identifier(s).
C6	Invalid Federal Employer Identification Number(s).
C7	Invalid affiliation data. For each provided affiliate, a valid name is required. If an affiliate address is provided, the city and state (or city and country) are required. An Other Description is required if the Nature of Relationship code is 999, and not allowed otherwise.
C8	Invalid appeal information. Specify if the report is on appeal, and only provide an appeal date if the report is on appeal.
C9	Incomplete information for statutory offenses and counts.
CC	orgDefn not allowed for this report type.
CD	CCB not allowed for this report type.
CE	At least one SSN or FEIN must be provided for Organization Subject.
CF	Negative Finding Date not allowed for this report type.
CG	Invalid date of judgment or sentence. For a Revision to Action report, the date of judgment or sentence must be the same as or later than the date of judgment or sentence on the initial report.
CV	You may not void a report that has related Revision to Action reports. You must first void the Revision to Action reports before voiding this report. You can view the related Revision to Action reports by attempting to void this report using the IQRS (https://www.npdb-hipdb.hrsa.gov).
D0	Invalid deceased date.
D2	Invalid health care entity definition entry.
D3	Invalid type of organization.
D4	Missing organization name.
D5	Missing or invalid Basis for Action code.
D6	Report is not valid under any NPDB-HIPDB statutory authority.
D7	This type of report does not accept notices of appeal.
D8	You do not have the statutory authority to submit a notice of appeal for this report.
D9	Professional school and year of graduation should not be present for non-practitioners.
DA	Missing or invalid basis for action description.
E0	Missing basis code.

Code	Description
E1	No basis code should be present for revision to actions.
E4	Publicly available field should not be filled in.
E5	Missing competence or conduct basis entry.
E6	Competence or conduct entry not applicable to your report.
F2	The NPDB-HIPDB no longer accepts Adverse Action Reports submitted via disk. All Adverse Action Reports submitted to the NPDB-HIPDB must be submitted through the Integrated Querying and Reporting Service found on the World Wide Web at www.npdb-hipdb.hrsa.gov .
F5	A revision to action transaction attempted to modify certain fields that must contain the same information as the report being revised: 'Type of Action', 'Occupation/Field of Licensure' if you are filing a report on an individual subject, as well as 'Competence/Conduct Basis' if you are filing a State licensure report on an individual subject, or 'Health Care Entity Definition' if you are filing a State licensure report on an organizational subject.
F6	The previous DCN did not match a report in the Data Bank.
F7	A transaction type was not found for the specified report.
F8	The previous DCN is not applicable for this type of report.
F9	A correction of revision to action transaction attempted to correct a non-revision to action report.
G1	Set A and set B mandatory fields not complete for individual query.
G2	Set A and set B mandatory fields not complete for organization query.
G3	Missing/invalid notary date
G4	Missing/invalid notary seal, stamp, or certificate.
G5	Missing/invalid notary signature.
G6	Missing/invalid subject appearance date.
G7	Missing/invalid subject signature.
G8	Invalid number of subjects in query.
G9	Invalid batch query. Individual and organization subjects may not be queried on in the same query batch.
I1	Invalid Individual Taxpayer Identification Number(s).
I2	At least one ITIN or SSN must be provided for Individual Subject.
I3	At least one ITIN, SSN or FEIN must be provided for Organization Subject.

Code	Description
I4	Invalid Unique Physician Identification Number(s).
I5	Invalid Principal Officers and Owners information.
I6	Invalid Medicare Provider/Supplier Number(s).
I7	Invalid Clinical Laboratory Improvement Act Number(s).
I8	Invalid Entity Internal Report Reference.
I9	Invalid report type.
IC	Insufficient credits available for transaction.
IN	ITIN not allowed for this report type.
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.
J6	Payment information is missing.
J7	Invalid Credit card and EFT data conflict.
K1	Professional School information is not allowed in judgment or conviction reports.
K2	An Act or Omission Description is required if the Act or Omission Code is 999, and not allowed otherwise.
K3	Invalid Case Number.
K4	Invalid Type of Action.
K5	Missing or invalid Docket/Court File Number.
K6	Missing or invalid Jurisdiction.
K7	Missing or invalid Narrative description of act(s) or omission(s).

Code	Description
K8	Missing or invalid Prosecuting Agency or Civil Plaintiff.
K9	Missing or invalid Venue information. Venue name, city and state are all required.
KA	Invalid Investigating Agency Name.
KB	Invalid Investigating Agency Case Number.
KC	Invalid Other Organization Name.
KD	Hospital Affiliates are only valid for medical malpractice payment reports. Report this data in an Affiliate record instead.
KE	Type of Action on this correction or revision report must match the Type of Action of the previous report.
KF	CLIA not allowed in organization judgment or conviction reports.
KG	FDA not allowed in organization judgment or conviction reports.
M0	Specific allegation or date of event is missing or invalid, or description for an unclassified specific allegation is missing.
M1	Missing or invalid Payment date. The date must be a valid date, must not be in the future, and must occur after the date(s) of event(s) associated with the allegation(s) or incident(s).
M2	Description of judgment or settlement is missing or invalid.
M3	Number of practitioners for whom this payer has paid or will pay in this case must be a value between 1 and 999 inclusive.
M4	State fund payment flag or amount is invalid.
M5	Self-insured payment flag or amount is invalid.
M6	Patient age, gender or type is missing or invalid.
M7	Description of the medical condition with which the patient presented for treatment is missing or invalid.
M8	Description of the procedure performed is missing or invalid.
M9	Nature of allegation code is missing or invalid.
MA	Outcome is missing or invalid.
MB	Description of allegations and injuries or illnesses is missing or invalid.
MC	Total amount paid or to be paid by this payer for this practitioner must be greater than or equal to the amount of this payment by this payer for this practitioner.
MD	Total amount paid or to be paid by this payer for all practitioners must be greater than or equal to total amount paid or to be paid by this payer for this practitioner.

Code	Description
ME	The NPDB no longer accepts initial Medical Malpractice Payment Reports in legacy format.
MF	State fund payment flag and/or amount is invalid. Your entity's relationship to this practitioner (as specified in this submission) does not allow the completion of the state fund payment fields.
MG	Self-insured payment flag or amount is invalid. Your entity's relationship to this practitioner (as specified in this submission) does not allow the completion of the self-insured organization and/or other insurance company payment fields.
MH	Judgment or Settlement Date is invalid.
MJ	Invalid Adjudicative Body Case Number.
MK	Invalid Adjudicative Body Name.
ML	Invalid Court File Number.
MM	Missing or invalid Amount of This Payment for This Practitioner.
MN	Missing or invalid Total Amount Paid or to Be Paid by This Payer for This Practitioner.
MO	Total amount paid or to be paid by this payer for this practitioner must be greater than or equal to the state fund payment amount.
MP	Missing or invalid Total Amount Paid or to Be Paid by This Payer for All Practitioners.
MQ	Total amount paid or to be paid by this payer for this practitioner must be greater than or equal to the self-insured payment amount.
MR	ITIN not allowed in medical malpractice payment reports.
MS	Licensure Specialty not allowed in medical malpractice payment reports.
MT	Organization Type not allowed in medical malpractice payment reports.
MU	NPI not allowed in medical malpractice payment reports.
MV	FEIN not allowed in medical malpractice payment reports.
MW	UPIN not allowed in medical malpractice payment reports.
MX	Only information regarding hospital affiliations may be reported for medical malpractice payment reports.
MY	The date of this payment should not be before 09/01/1990.
MZ	Description of the Act(s) or Omission(s) and injuries or illnesses is missing or invalid.
P1	Missing or invalid customer subject ID number.

Code	Description
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 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 submission 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 Continuous Query.
PG	Missing or invalid Data Bank subject ID number.
PH	Only one Continuous Query 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 Continuous Query renewal batch contains enrolled subjects with different expiration dates.
PM	The Continuous Query subject is already up to date with the changes you submitted.
Q1	Missing or invalid basis for finding.
Q4	Action taken date not allowed for this report type.
Q5	Action effective date not allowed for this report type.
Q6	Action length indefinite not allowed for this report type.

Code	Description
Q7	Action length permanent not allowed for this report type.
Q8	Action length not allowed for this report type.
Q9	Automatic reinstatement not allowed for this report type.
QA	Amount not allowed for this report type.
QB	Missing or invalid Type of Negative Finding code.
QC	Missing or invalid negative finding description.
QD	Missing or invalid negative finding date.
QE	Missing or invalid basis for finding description.
QF	Missing or invalid description of finding.
R1	All or part of certification information is missing.
R2	Invalid affiliate address.
R4	Invalid Organization Name.
R6	Invalid Customer Use data.
R9	You do not have the correct statutory authority to submit this report.
RE	The DBID for your organization must be renewed before you can access the Data Banks services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB regulations, available at http://www.npdb-hipdb.hrsa.gov/resources/aboutLegsAndRegs.jsp , as part of the renewal process. Once the regulations have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB-HIPDB for processing. If your organization has already mailed the registration renewal to the Data Banks, it will be processed within one business day of its receipt by the NPDB-HIPDB. Data Bank Correspondence will be sent once the Data Banks have successfully processed your registration renewal form. If necessary, you may complete a new form by selecting Renew Registration below. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RF	The DBID for your organization must be renewed before you can access the Data Banks services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB regulations, available at http://www.npdb-hipdb.hrsa.gov/resources/aboutLegsAndRegs.jsp 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.

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 regulations, available at http://www.npdb-hipdb.hrsa.gov/resources/aboutLegsAndRegs.jsp . Once the certifying official has reviewed these regulations, the entity administrator can complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
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.
RI	The administrator account can not be used to submit report or query transactions. These transactions must be submitted using a user account.
RJ	The administrator account can not be used to submit query, report, or Continuous Query transactions. These transactions must be submitted using a user account.
RM	The input file is missing records, has extraneous records, or has records that are out of order.
RQ	Missing or invalid Void Reason Code.
S0	The new password was based on a commonly used keyboard sequence. Passwords may not be a simplistic or systematic sequence (e.g., abcd1234).
S1	The new password must be different from the old password.
S2	The new password must be between 8 and 14 characters long.
S3	The new password must contain at least one numeric character.
S4	The new password must contain at least one upper- and one lower-case character.
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.
S9	The new password did not contain enough different characters.
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.

Code	Description
SC	Missing or invalid user account in the password change or reset 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.
SM	Your password contains too many repeated characters.
SN	You may only change your password once per day.
SO	Your password must contain at least one of these special characters: ! @ # \$ ^ & * () - _ = + [] { } ; : , . < > ?
SJ	Reserved for future use.
UA	URLs and references to external sites are not allowed in the description of allegations and injuries.
UF	URLs and references to external sites are not allowed in the description of finding.
UJ	URLs and references to external sites are not allowed in the description of the judgment or settlement.
UM	URLs and references to external sites are not allowed in the description of the medical condition.
UN	URLs and references to external sites are not allowed in the narrative description.
UP	URLs and references to external sites are not allowed in the description of the procedure performed.
US	URLs and references to external sites are not allowed in the narrative description of acts or omissions.
UZ	URLs and references to external sites are not allowed in the description of acts or omissions.
V1	Missing or invalid Vendor ID.

ITP Client Program Status Codes

Table 194 - ITP Client Program Status Codes

Code	Description
C00	Success, no errors.
C01	Error on NPDB-HIPDB server, reattempt transfer.
C04	Database error on NPDB-HIPDB server, reattempt transfer.
C06	Database connection error on NPDB-HIPDB server, reattempt transfer.
C08	Communication error with NPDB-HIPDB ICD server during response retrieval, reattempt transfer.
C18	Error in downloaded response files, reattempt transfer.
C19	Error in getting information from the downloaded file, reattempt transfer.
C20	Unable to open downloaded file, check if sufficient disk space is available to download file and reattempt transfer.
C21	Generic error code; used for failures not yet categorized.
C22	Usage error, check command-line parameter.
C23	Error in reading Initialization file <i>itp.ini</i> , check that <i>itp.ini</i> file is in working directory.
C24	Unable to open program log file, check that disk space is available.
C25	Error in user ID and password validation, check that the DBID and password are correct, and that the user account is active.
C30	Error validating parameter in <i>itp.ini</i> , a parameter is missing or value is invalid.
C31	Error validating <i>UploadFile</i> , upload file missing or a file listed in the upload file does not exist.
C32	Error validating <i>DownloadDir</i> , directory does not exist.
C40	Error opening connection to NPDB-HIPDB server, check internet connection and reattempt transfer.
C41	Error getting input stream to NPDB-HIPDB server, check internet connection and reattempt transfer.
C42	Error getting output stream from NPDB-HIPDB server, check internet connection and reattempt transfer.
C50	Error reading status response from NPDB-HIPDB server, reattempt transfer.
C51	Error processing web request, reattempt transfer.
C52	Error getting status code, reattempt transfer.
C53	Error sending submission files, reattempt transfer.
C54	Error downloading response files, reattempt transfer.
C55	Error moving response files to the download directory, no permission to write to the directory or the device has run out of space.
C56	Your password change request could not be successfully processed. Download the response file for further details.
C57	Your account has been locked out. Contact your entity administrator to reset the password. If you are using an administrator account, contact the NPDB-HIPDB Customer Service Center to reset the password.
C58	Your account has been locked out. The number of invalid login attempts has exceeded the allowable login limit. Contact your entity administrator to reset the password. If you are using an administrator account, contact the NPDB-HIPDB Customer Service Center to reset the password.

Code	Description
C59	Your account password has expired. Contact your entity administrator to reset the password. If you are using an administrator account, contact the NPDB-HIPDB Customer Service Center to reset the password.
C60	Unable to process submission files. The files are not in the appropriate format. Check to ensure that the files are not zipped or in a binary format prior to resubmission.
C61	Your password must be changed before other transactions can be submitted.
C62	The entity identified by the DBID in itp.ini does not have active status.
C63	The entity identified by the DBID in itp.ini does not match the DBID in the submission file.
C64	No more than one password change transaction can be listed in the upload file <i>UploadFile</i> at any time. Modify <i>UploadFile</i> to include only one password change transaction, reattempt transfer.
C65	Password change transaction processing was successful but an error occurred sending the other transaction files. Re-encode new password if necessary, remove password change transactions from the upload file <i>UploadFile</i> , and reattempt transfer of other transaction files.
C66	Password change transaction processing failed but the other transaction files were sent successfully. Modify the upload file <i>UploadFile</i> to include only one password change transaction, reattempt transfer.
C67	Your password has expired. You may login to the IQRS to reset your password or contact your administrator or the NPDB-HIPDB Customer Service Center.
C68	To ensure account security, the account holder must sign in at www.npdb-hipdb.hrsa.gov to verify their identity.
C69	To ensure account security, the account holder must contact the Data Bank Customer Service Center at 1-800-767-6732 to access the system.

QRXS Client Program Status Codes

Table 195 - QRXS Client Program Status Codes

Code	Description
C00	Success, no errors.
C01	Error on NPDB-HIPDB server, reattempt transfer.
C02	Authentication failed; DBID, UserID, or Password are invalid, or the user account is inactive.*
C03	Password expired for DBID and UserID.*
C04	No filenames specified for upload.
C05	Error sending files to server, reattempt transfer.
C06	Client sent an invalid request.
C07	Inactive DBID.
C08	Maximum upload file size exceeded; reduce file size and reattempt transfer.
C09	All uploaded files are invalid.
C10	Unable to communicate with NPDB-HIPDB server, reattempt transfer.
C12	Database error on NPDB-HIPDB server, reattempt transfer.
C13	Not all of the files were processed successfully.
C16	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 http://www.npdb-hipdb.hrsa.gov/resources/aboutLegsAndRegs.jsp , 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 1 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.
C17	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 http://www.npdb-hipdb.hrsa.gov/resources/aboutLegsAndRegs.jsp , as part of the renewal process. Contact the Entity Data Bank 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.
C21	Client error, refer to log file for more information.
C22	Usage error, check command-line parameter.

Code	Description
C23	Error in reading Initialization file qrxs.properties, check that qrxs.properties file is in working directory.
C24	Unable to open program log file, check that disk space is available.
C30	Error validating property in qrxs.properties, a property is missing or value is invalid.
C31	Error validating UploadListFile, upload file missing or a file listed in the upload file does not exist.
C32	Error validating DownloadDir, directory does not exist.
C40	Error opening connection to NPDB-HIPDB server, check Internet connection and reattempt transfer.
C43	Error during client startup.**
C54	Error downloading response files, reattempt transfer.
C56	Error getting the list of response files downloaded, reattempt transfer.
C57	Your password has expired. You may login to the IQRS to reset your password or contact your Entity Data Bank Administrator or the NPDB-HIPDB Customer Service Center.***
C58	Your account has been locked out. Contact your Entity Data Bank Administrator to reset the password. If you are using an Entity Data Bank Administrator account, contact the NPDB-HIPDB Customer Service Center to reset the password.
C59	Your account has been locked out. The number of invalid login attempts has exceeded the allowable login limit. Contact your Entity Data Bank Administrator to reset the password. If you are using an Entity Data Bank Administrator account, contact the NPDB-HIPDB Customer Service Center to reset the password.
C60	Your password must be changed before other transactions can be submitted.
C61	Error changing the password.
C62	Error resetting the password.
C64	No more than one password change transaction can be submitted at one time. Reduce the number of password change transactions to one, reattempt transfer.
C68	To ensure account security, the account holder must sign in at www.npdb-hipdb.hrsa.gov to verify their identity.
C69	To ensure account security, the account holder must contact the Data Bank Customer Service Center at 1-800-767-6732 to access the system.

* For detailed information on maintaining User IDs and passwords refer to <http://www.npdb-hipdb.hrsa.gov/hcorg/howToManageUserIdsAndPasswords.jsp>.

** Either two instances of the client program are running or one instance of the program was terminated prematurely. If it is the latter, remove the qrxslock file from the program's working directory and try again.

*** Under specific circumstances the IQRS password reset service is available to obtain a new password. Log in to the IQRS with your expired password to begin. You must have an e-mail address stored in your user account to use this service. You may also contact your Entity Data Bank Administrator to reset the password. If you are using an Entity Data Bank Administrator account, you may also use the IQRS password reset service or contact the Data Banks Customer Service Center to reset the password.

QRXS Web Service Status Codes

Table 196 - QRXS Web Service Status Codes

Code	Description
C00	Success, no errors.
C01	Error on NPDB-HIPDB server, reattempt transfer.
C02	Authentication failed; invalid DBID, UserID, or Password.*
C03	Password expired for DBID and UserID.*
C05	Error sending files to server, reattempt transfer.
C06	Client sent an invalid request.
C07	Inactive DBID.
C08	Maximum upload file size exceeded; reduce file size and reattempt transfer.
C09	All uploaded files are invalid.
C10	Unable to communicate with NPDB-HIPDB server, reattempt transfer.
C12	Database error on NPDB-HIPDB server, reattempt transfer.
C13	Not all of the files were processed successfully.
C16	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 http://www.npdb-hipdb.hrsa.gov/resources/aboutLegsAndRegs.jsp , 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 1 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.
C17	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 http://www.npdb-hipdb.hrsa.gov/resources/aboutLegsAndRegs.jsp , as part of the renewal process. Contact the Entity Data Bank 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.
C40	Error opening connection to NPDB-HIPDB server, check Internet connection and reattempt transfer.
C54	Error downloading response files, reattempt transfer.

Code	Description
C57	Your password has expired. You may login to the IQRS to reset your password or contact your Entity Data Bank Administrator or the NPDB-HIPDB Customer Service Center.***
C58	Your account has been locked out. Contact your Entity Data Bank Administrator to reset the password. If you are using an Entity Data Bank Administrator account, contact the NPDB-HIPDB Customer Service Center to reset the password.
C59	Your account has been locked out. The number of invalid login attempts has exceeded the allowable login limit. Contact your Entity Data Bank Administrator to reset the password. If you are using an Entity Data Bank Administrator account, contact the NPDB-HIPDB Customer Service Center to reset the password.
C60	Your password must be changed before other transactions can be submitted.
C61	Error changing the password.
C62	Error resetting the password.
C64	No more than one password change transaction can be submitted at one time. Reduce the number of password change transactions to one, reattempt transfer.
C68	To ensure account security, the account holder must sign in at www.npdb-hipdb.hrsa.gov to verify their identity.
C69	To ensure account security, the account holder must contact the Data Bank Customer Service Center at 1-800-767-6732 to access the system.

* For detailed information on maintaining User IDs and passwords refer to <http://www.npdb-hipdb.hrsa.gov/hcorg/howToManageUserIdsAndPasswords.jsp>.

*** Under specific circumstances the IQRS password reset service is available to obtain a new password. Log in to the IQRS with your expired password to begin. You must have an e-mail address stored in your user account to use this service. You may also contact your Entity Data Bank Administrator to reset the password. If you are using an Entity Data Bank Administrator account, you may also use the IQRS password reset service or contact the Data Banks Customer Service Center to reset the password.