

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

CODE LISTS

Version 1.08

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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
Parklawn Building, Room 8-103
5600 Fishers Lane
Rockville, Maryland 20857**

DOCUMENT CHANGE HISTORY

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

Date	Version #	Change Description
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.
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.

Date	Version #	Change Description
		Basis for Action Codes – Organization Subjects. <ul style="list-style-type: none"> • Accreditation Actions: added code 92 and removed code 91. AAR Type of Negative Finding Codes. <ul style="list-style-type: none"> • Added code 1841 for Revision to Action Reports.
4/12/2010	1.06	This Code Lists version 1.06 will replace version 1.05. The change in this version is indicated below: AAR Type of Action Codes <ul style="list-style-type: none"> • Expanded the description for code 1(SL) to include Section 1921 actions.
6/14/2010	1.07	This Code Lists version 1.07 will replace version 1.06. The changes in this version are indicated below: Error Codes. <ul style="list-style-type: none"> • Added code J7. • Changed description for code B5.
8/30/2010	1.08	This Code Lists version 1.08 will replace version 1.07. The changes in this version are indicated below: QRXS Client Program Status Codes. <ul style="list-style-type: none"> • Added codes C61, C62. • Changed description for code C64. QRXS Web Service Status Codes. <ul style="list-style-type: none"> • Added new code list.

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AAR Adverse Action Classification Codes – Individual Subjects

Clinical Privileges Actions

Clinical Privileges — Actions

- 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

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

- 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

Exclusion or Debarment — Actions

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

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

- 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

Licensure — Actions

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

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

- 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 Penalty¹
- 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

Government Administrative — Actions

- 1510 Termination of Medicare or Other Federal Health Care Program Participation
- 1512 Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action
- 1513 Nonrenewal of Medicare or Other Federal Health Care Program Participation Agreement for Cause
- 1517 Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action
- 1518 Nonrenewal of Medicaid or Other State Health Care Program Participation Agreement for Cause
- 1520 Contract Termination
- 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, _____

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

- 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

Health Plan Action — Actions

- 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, _____

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

- 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

Professional Society — Actions

- 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)

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

- 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

Licensure — Actions

- 1110 Revocation of License
- 1125 Probation of License
- 1135 Suspension of License
- 1138 Summary or Emergency Limitation or Restriction on License (NPDB Only)^{1,2}
- 1139 Summary or Emergency Suspension of License (NPDB Only)^{1,2}
- 1140 Reprimand or Censure
- 1145 Voluntary Surrender of License
- 1146 Voluntary Limitation or Restriction on License
- 1147 Limitation or Restriction on License
- 1148 Denial of License Renewal
- 1149 Denial of Initial License
- 1173 Publicly Available Fine/Monetary Penalty
- 1189 Publicly Available Negative Action or Finding Specify, ____¹
- 1199 Other Licensure Action - Not Classified, Specify, _____

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

- 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
- 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

Licensure — Nurse Multi-State Privilege Actions³

- 1310 Revocation of Nurse Multi-State Licensure Privilege
- 1325 Probation of Nurse Multi-State Licensure Privilege
- 1335 Suspension of Nurse Multi-State Licensure Privilege
- 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
- 1345 Voluntary Surrender of Nurse Multi-State Licensure Privilege
- 1346 Voluntary Limitation or Restriction on Practice Authorized by Nurse Multi-State Licensure Privilege
- 1347 Limitation or Restriction on Nurse Multi-State Licensure Privilege
- 1348 Denial of Renewal of Nurse Multi-State Licensure Privilege
- 1349 Denial of Initial Nurse Multi-State Licensure Privilege
- 1373 Publicly Available Fine/Monetary Penalty to Nurse Practicing under Multi-State Licensure Privilege
- 1389 Publicly Available Negative Action or Finding Concerning Nurse Practicing under Multi-State Licensure Privilege, Specify, _____
- 1399 Other Action Against Nurse Practicing Under Multi-State Licensure Privilege - Not Classified, Specify, ____

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

- 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

State Licensure Actions (continued)

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.)

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

AAR Adverse Action Classification Codes (continued)

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

AAR Adverse Action Classification Codes – Organization Subjects

Accreditation Actions

Accreditation Actions

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

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

3860 Accreditation
 3862 Accreditation Restored or Reinstated, Conditional

Exclusion or Debarment Actions

Exclusion or Debarment — Actions

3500 Debarment From Federal Programs
 3505 Exclusion From a Federal Health Care Program
 3507 Exclusion From a State Health Care Program
 3508 Exclusion From Medicare, Medicaid and All Other Federal Health Care Programs¹
 3509 Exclusion From Medicare and State Health Care Programs¹

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

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

Licensure — Actions

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, Specify
3239	Other Licensure Action - Not Classified, Specify, _____

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

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, 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

Government Administrative Actions

3202	Directed Plan of Correction
3203	On-Site Monitoring
3205	Directed In-Service Training
3206	Appointment of Temporary Management
3207	Restrictions on Admissions or Services
3210	Closure of Facility
3212	Transfer of Residents to Other Facilities Without Closure of the Facility
3230	Civil Money Penalty
3232	Administrative Fine/Monetary Penalty
3510	Termination of Medicare or Other Federal Health Care Program Participation
3512	Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action
3513	Nonrenewal of Medicare or Other Federal Health Care Program Participation Agreement for Cause
3517	Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action
3518	Nonrenewal of Medicaid or Other State Health Care Program Participation Agreement for Cause
3520	Contract Termination
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, _____

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

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**Health Plan Action — Actions**

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, _____

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

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

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

Peer Review Organization

Initial Actions

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

Revision to Actions

- 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

Non-Compliance With Requirements

- 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

Criminal Conviction or Adjudication

- 19 Criminal Conviction
- 18 Deferred Adjudication
- B1 Nolo Contendere Plea

Confidentiality, Consent or Disclosure Violations

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

Misconduct or Abuse

- 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 _____

Fraud, Deception, or Misrepresentation

- 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

Clinical Privileges Actions (continued)**Unsafe Practice or Substandard Care**

- 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

Improper Supervision or Allowing Unlicensed Practice

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

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- 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

Other

- 99 Other – Not Classified, Specify _____

Exclusion or Debarment Actions

Criminal Conviction

- 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

Other

- 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

Non-Compliance With Requirements

- 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

Criminal Conviction or Adjudication

- 19 Criminal Conviction
- 18 Deferred Adjudication
- B1 Nolo Contendere Plea

Confidentiality, Consent or Disclosure Violations

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

Misconduct or Abuse

- 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 _____

Fraud, Deception, or Misrepresentation

- 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

Federal or State Licensure Actions (continued)**Unsafe Practice or Substandard Care**

- 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

Improper Supervision or Allowing Unlicensed Practice

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

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- 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

Other

- 99 Other - Not Classified, Specify, _____

Government Administrative Actions

Non-Compliance With Requirements

- 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

Criminal Conviction or Adjudication

- 19 Criminal Conviction
- 18 Deferred Adjudication
- B1 Nolo Contendere Plea

Confidentiality, Consent or Disclosure Violations

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

Misconduct or Abuse

- 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 _____

Fraud, Deception, or Misrepresentation

- 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

Government Administrative Actions (continued)**Unsafe Practice or Substandard Care**

- 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

Improper Supervision or Allowing Unlicensed Practice

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

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- 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

Other

- 99 Other - Not Classified, Specify, _____

Health Plan Actions

Non-Compliance With Requirements

- 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

Criminal Conviction or Adjudication

- 19 Criminal Conviction
- 18 Deferred Adjudication
- B1 Nolo Contendere Plea

Confidentiality, Consent or Disclosure Violations

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

Misconduct or Abuse

- 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

Fraud, Deception, or Misrepresentation

- 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

Health Plan Actions (continued)**Unsafe Practice or Substandard Care**

- 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

Improper Supervision or Allowing Unlicensed Practice

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

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- 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

Other

- 99 Other - Not Classified, Specify, _____

Professional Society Actions

Non-Compliance With Requirements

- 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

Criminal Conviction or Adjudication

- 19 Criminal Conviction
- 18 Deferred Adjudication
- B1 Nolo Contendere Plea

Confidentiality, Consent or Disclosure Violations

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

Misconduct or Abuse

- 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 _____

Fraud, Deception, or Misrepresentation

- 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)**Unsafe Practice or Substandard Care**

- 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

Improper Supervision or Allowing Unlicensed Practice

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

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- 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

Other

- 99 Other - Not Classified, Specify, _____

AAR Basis for Action Codes – Organization Subjects

Accreditation Actions

Non-Compliance With Federal, State or Contractual Requirements

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

Other

99 Other - Not Classified, Specify, _____

Exclusion or Debarment Actions

Criminal Conviction

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

Other

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

Non-Compliance With Requirements

- 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

Criminal Conviction or Adjudication

- 19 Criminal Conviction
- 18 Deferred Adjudication
- B1 Nolo Contendere Plea

Confidentiality, Consent or Disclosure Violations

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

Conflict of Interest

- 71 Conflict of Interest

Fraud, Deception, or Misrepresentation

- 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

Substandard Care or Patient Neglect/Abuse

- 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

Improper Supervision or Allowing Unlicensed Practice

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

Federal or State Licensure Actions (continued)**Improper Prescribing, Dispensing, Administering Medication/Drug Violation**

- 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

Other

- 99 Other - Not Classified, Specify, _____

Government Administrative Actions

Non-Compliance With Requirements

- 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

Criminal Conviction or Adjudication

- 19 Criminal Conviction
- 18 Deferred Adjudication
- B1 Nolo Contendere Plea

Confidentiality, Consent or Disclosure Violations

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

Conflict of Interest

- 71 Conflict of Interest

Fraud, Deception, or Misrepresentation

- 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

Substandard Care or Patient Neglect/Abuse

- 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

Government Administrative Actions (continued)**Improper Prescribing, Dispensing, Administering Medication/Drug Violation**

- 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

Other

- 99 Other – Not Classified, Specify, _____

Health Plan Actions

Non-Compliance With Requirements

- 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

Criminal Conviction or Adjudication

- 19 Criminal Conviction
- 18 Deferred Adjudication
- B1 Nolo Contendere Plea

Confidentiality, Consent or Disclosure Violations

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

Conflict of Interest

- 71 Conflict of Interest

Fraud, Deception or Misrepresentation

- 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

Substandard Care or Patient Neglect/Abuse

- 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

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

- 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

Other

99	Other - Not Classified, Specify, _____
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AAR Basis for Action Codes – Retired

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

Fraud, Deception or Misrepresentation

- 55 Improper or Abusive Billing Practices
- 56 Submitting False Claims

Unsafe Practice or Substandard Care

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

Other

- 99 Other - Not Classified, Specify, _____

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.

AAR Type of Action Codes (continued)

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

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, _____
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Organization Subjects

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

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

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

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

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

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

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

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

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

Transaction Codes

Code	Description
PE	PDS Enrollment
PU	PDS Update
PN	PDS Renewal
PC	PDS Cancellation
PI	PDS Status Request
PD	PDS 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

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

PDS 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

PDS Enrollment Status Codes

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

PDS 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

<p>Physician 010 Physician (MD) 015 Physician Intern/Resident (MD) 020 Osteopathic Physician (DO) 025 Osteopathic Physician Intern/Resident (DO)</p> <p>Nurse – Advanced, Registered, Vocational or Practical 100 Registered (Professional) Nurse 110 Nurse Anesthetist 120 Nurse Midwife 130 Nurse Practitioner 140 Licensed Practical or Vocational Nurse 141 Clinical Nurse Specialist</p> <p>Nurse Aide, Home Health Aide and Other Aide 148 Certified Nurse Aide/Certified Nursing Assistant 150 Nurses Aide 160 Home Health Aide (Homemaker) 165 Health Care Aide/Direct Care Worker 175 Certified or Qualified Medication Aide</p> <p>Dental Service Practitioner 030 Dentist 035 Dental Resident 606 Dental Assistant 607 Dental Therapist/Dental Health Aide 609 Dental Hygienist 612 Denturist</p> <p>Chiropractor 603 Chiropractor</p> <p>Counselor 621 Counselor, Mental Health 651 Professional Counselor 654 Professional Counselor, Alcohol 657 Professional Counselor, Family/Marriage 660 Professional Counselor, Substance Abuse 661 Marriage and Family Therapist</p> <p>Dietician/Nutritionist 200 Dietician 210 Nutritionist</p>	<p>Emergency Medical Technician (EMT) 250 EMT, Basic 260 EMT, Cardiac/Critical Care 270 EMT, Intermediate 280 EMT, Paramedic</p> <p>Eye and Vision Service Practitioner 630 Ocularist 633 Optician 636 Optometrist</p> <p>Pharmacy Service Practitioner 050 Pharmacist 055 Pharmacy Intern 060 Pharmacist, Nuclear 070 Pharmacy Assistant 075 Pharmacy Technician</p> <p>Physician Assistant 642 Physician Assistant, Allopathic 645 Physician Assistant, Osteopathic</p> <p>Podiatric Service Practitioner 350 Podiatrist 648 Podiatric Assistant</p> <p>Psychologist/Psychological Assistant 371 Psychologist 372 School Psychologist 373 Psychological Assistant, Associate, Examiner</p> <p>Rehabilitative, Respiratory and Restorative Service Practitioner 402 Art/Recreation Therapist 405 Massage Therapist 410 Occupational Therapist 420 Occupational Therapy Assistant 430 Physical Therapist 440 Physical Therapy Assistant 450 Rehabilitation Therapist 663 Respiratory Therapist 666 Respiratory Therapy Technician</p> <p>Social Worker 300 Social Worker</p>	<p>Speech, Language and Hearing Service Practitioner 400 Audiologist 460 Speech/Language Pathologist 470 Hearing Aid (or Instrument) Specialist, Dealer, Dispenser or Fitter</p> <p>Technologist/Technician 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</p> <p>Other Health Care Practitioner 600 Acupuncturist 601 Athletic Trainer 615 Homeopath 618 Medical Assistant 624 Midwife, Lay (Non-Nurse) 627 Naturopath 639 Orthotics/Prosthetics Fitter 647 Perfusionist 170 Psychiatric Technician 699 Other Health Care Practitioner - Not Classified, Specify, _____</p> <p>Health Care Facility Administrator¹ 752 Adult Care Facility Administrator 755 Hospital Administrator 758 Long-Term Care or Nursing-Home Administrator 759 Assisted Living Facility Administrator</p> <p>Other Occupation¹ 850 Accountant 853 Bookkeeper 822 Business Manager 830 Business Owner 820 Corporate Officer 810 Insurance Agent 812 Insurance Broker 800 Researcher, Clinical 840 Salesperson 899 Other Occupation - Not Classified, Specify, _____</p>
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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

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

<p>Physician Specialties</p> <p>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</p>	<p>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</p> <p>Dental Specialties</p> <p>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</p>
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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

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

APO/FPO Postal Codes

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

Type of Organization Codes

<p>Group or Practice 361 Chiropractic Group/Practice 362 Dental Group/Practice 365 Medical Group/Practice 366 Mental Health/Substance Abuse Group/Practice 363 Optician/Optometric Group/Practice 367 Physical/Occupational Therapy Group/Practice 364 Podiatric Group/Practice</p> <p>393 Home Health Agency/ Organization</p> <p>382 Hospice/Hospice Care Provider</p> <p>Hospital 304 Federal Hospital 301 General/Acute Care Hospital 302 Psychiatric Hospital 303 Rehabilitation Hospital</p> <p>Hospital Unit 307 Psychiatric Unit 308 Rehabilitation Unit</p> <p>310 Laboratory/CLIA Laboratory</p>	<p>389 Nursing Facility/Skilled Nursing Facility</p> <p>370 Research Center/Facility</p> <p>Other Health Care Facility 381 Adult Day Care Facility 392 Ambulatory Clinic/Center 391 Ambulatory Surgical Center 398 End Stage Renal Disease Facility 394 Health Center/Federally Qualified Health Center/Community Health Center 383 Intermediate Care Facility for Mentally Retarded/Substance Abuse 397 Mammography Service Provider 395 Mental Health Center/Community Mental Health Center 388 Outpatient Rehabilitation Facility/ Comprehensive Outpatient Rehabilitation Facility 399 Radiology/Imaging Center 386 Residential Treatment Facility/ Program 396 Rural Health Clinic</p>	<p>Managed Care Organization 331 Health Maintenance Organization 335 Preferred Provider Organization 336 Provider Sponsored Organization 338 Religious, Fraternal Benefit Society Plan</p> <p>320 Health Insurance Company/Provider</p> <p>Health Care Supplier/Manufacturer 347 Biological Products Manufacturer¹ 342 Blood Bank 343 Durable Medical Equipment Supplier¹ 344 Eyewear Equipment Supplier¹ 351 Fiscal/Billing/Management Agent¹ 353 Nursing/Health Care Staffing Service¹ 348 Organ Procurement Organization¹ 345 Pharmacy 346 Pharmaceutical Manufacturer¹ 349 Portable X-Ray Supplier¹ 352 Purchasing Service¹</p> <p>390 Ambulance Service/Transportation Company</p> <p>999 Other Type - Not Classified, Specify, _____</p>
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¹ These organization type codes are not available for Accreditation action and Peer Review Organization findings.

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.
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).

Code	Description
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>	

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.
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).

Code	Description
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.
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 Secretarial Review.
55	Report is not in dispute: cannot withdraw dispute.
56	Report is not in Secretarial 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.

Code	Description
62	Cannot access drive.
63	Damaged diskette.
64	Bad sector(s) on disk.
65	Warning detection error.
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.
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.

Code	Description
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	Invalid combination of Adverse Action Classification codes. State Licensure actions taken against physicians, dentists, or medical or dental residents may not contain multiple codes when one of the following codes is reported: 1138, 1139, 1149, or 1189. Federal Licensure actions taken by the DEA against health care practitioners may not contain multiple codes when one of the following codes is reported: 1149, 1173, or 1189. Exclusion/Debarment actions taken by the HHS Office of Inspector General may not contain multiple codes when one of the following codes is reported: 1508, 1509, 3508, or 3509. Additional actions should be submitted in separate reports.
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.
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.

Code	Description
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.
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.
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.

Code	Description
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.
I4	Invalid Unique Physician Identification Number(s).
I5	Invalid Principal Officers and Owners information.
I6	Invalid Medicare Provider/Supplier Number(s).
I7	Invalid Clinical Laboratory Improvement Act Number(s).
I8	Invalid Entity Internal Report Reference.
I9	Invalid report type.
IN	ITIN not allowed for this report type.
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.

Code	Description
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).
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.
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.

Code	Description
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.
P1	Missing or invalid customer subject ID number.
P2	Too many data elements have been changed in this enrollment update which may change the identity of the subject and cause erroneous matching results.
P3	Missing or invalid enrollment purpose code.
P4	Missing or invalid cancellation purpose code.
P5	A cancellation purpose description must be provided if the cancellation purpose is "Other" and is not allowed otherwise.
P6	Purpose code only allowed for enrollment 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 the PDS.
PG	Missing or invalid Data Bank subject ID number.

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

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/legislation.html . Once the certifying official has reviewed these regulations, the entity administrator can complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
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 PDS 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 contains only alphabetic characters.
S4	The new password contains only numeric characters.
S5	The new password contains an illegal character.
S6	The new password was similar to your account user ID.
S7	The new password was similar to your account user ID with the characters reversed.
S8	The new password was the same as one you used previously. Passwords may not be the same as any of the last four passwords.
S9	The new password did not contain enough different characters.
SA	The new password was similar to a word in the dictionary.
SB	The new password was similar to a word in the dictionary with the characters reversed.
SC	Missing or invalid user account in the password change 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.
SJ	Reserved for future use.
V1	Missing or invalid Vendor ID.

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.
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.
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.

Code	Description
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.

QRXS Client Program 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.*
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/legislation.html , as part of the renewal process. Once the statutory authorities have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB-HIPDB for processing. If your organization has already mailed the registration renewal to the Data Banks, it will be processed within 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/legislation.html , 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.
<p>* For detailed information on maintaining User IDs and passwords refer to www.npdb-hipdb.hrsa.gov/iqrs.html.</p> <p>** 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.</p> <p>*** 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.</p>	

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	<p>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/legislation.html, as part of the renewal process. Once the statutory authorities have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB-HIPDB for processing. If your organization has already mailed the registration renewal to the Data Banks, it will be processed within 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.</p>
C17	<p>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/legislation.html, 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.</p>
C40	Error opening connection to NPDB-HIPDB server, check Internet connection and reattempt transfer.
C54	Error downloading response files, 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.***

Code	Description
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.
<p>* For detailed information on maintaining User IDs and passwords refer to www.npdb-hipdb.hrsa.gov/iqrs.html.</p> <p>*** 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.</p>	