NATIONAL PRACTITIONER DATA BANK (NPDB)

CODE LISTS

Version 2.08

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U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Workforce
Division of Practitioner Data Bank
Parklawn Building, Room 11SWH03
5600 Fishers Lane
Rockville, Maryland 20857

Document Change History

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

Table 1 - Document Change History

Date	Version #	Change Description
4/2009	1.00	Initial Version. New codes go into effect June 15, 2009. The following code lists have been updated: AAR Adverse Action Classification Codes - Individual Subjects. ● 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. AAR Adverse Action Classification Codes - Organization Subjects. ● 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. ● 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.

Date	Version #	Change Description
4/2009	1.00	AAR Adverse Action Classification Codes - Retired. ● Codes 1950 and 3950 were retired. AAR Basis for Action Codes - Individual Subjects ● 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. AAR Basis for Action Codes - Organization Subjects. ● 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. AAR Basis for Action Codes - Retired. ● Code 10, Unprofessional Conduct was retired. Occupation/Field of Licensure Codes. ● Added codes 502, 503, 504, 540, 607, 759; Changed description on code 501, 758.
8/2009	1.01	New changes go into effect August 31, 2009. The following code lists have been updated: Error Codes. ● Code RQ was added. Void Reason Codes. ● Table was added.
8/2009	1.02	New changes go into effect August 31, 2009. The following code list has been updated: Error Codes. ● Changed description for code PD.

Date	Version #	Change Description
TBD	1.03	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. 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: The following code lists have been updated: Adverse Action Classification Codes - Individual Subjects. ● Federal and State Licensure Actions: modified descriptions for codes 1149 and 1189. ● State Licensure Actions: added codes 1338 and 1339. Adverse Action Classification Codes - Organization Subjects. ● State Licensure Actions: added code 3238. ● Accreditation Actions: added codes 3850, 3855, 3859, 3864, 3860, and 3862. Basis for Action Codes - Organization Subjects. ● Accreditation Actions: added codes 91 and 92. Error Codes. ● Added codes AM, CC, CD, CE, CF, Q1, Q4, Q5, Q6, Q7, Q8, Q9, QA, QB, QC, QD, QE, QF. AAR Type of Negative Finding Codes. ● Added list of negative finding codes for Peer Review Organization reports. AAR Basis for Finding Codes. ● Added list of basis for finding codes for Peer Review Organization reports. AAR Type of Action Codes. ● Added descriptions for codes 7, Peer Review Organization and 8, Accreditation.

Date	Version #	Change Description
1/2010	1.04	New changes go into effect January 25, 2010. The following code lists have been updated: Error Codes. ● Code RM was added. AAR Basis for Action Codes - Individual Subjects. ● Government Administrative Actions: added code 21. AAR Basis for Action Codes - Organization Subjects. ● Government Administrative Actions: added code 21. AAR Basis for Action Codes - Retired. ● Code 52 was retired.
3/1/2010	1.05	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. 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: ● Announcement of final rule. Basis for Action Codes - Organization Subjects. ● Accreditation Actions: added code 92 and removed code 91. AAR Type of Negative Finding Codes. ● 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 ● Expanded the description for code 1(SL) to include Section 1921 actions.

Date	Version #	Change Description
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. ● 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. ● Added codes C61, C62. ● Changed description for code C64. QRXS Web Service Status Codes. Added new code list.

Date	Version #	Change Description
11/8/2010	1.09	This Code Lists version 1.09 will replace version 1.08. Formatting changes were made throughout the document. The following code lists have been updated: Error Codes. ● Added code MY. ● Updated the URLs in codes RE, RF, and RG. QRXS Client Program Status Codes and QRXS Web Service Status Codes ● Updated the URLs in codes C16 and C17 and in the table footer notes. Occupation/Field of Licensure Codes. ● Added codes 134, 550.
1/24/2011	1.10	This Code Lists version 1.10 will replace version 1.09. The changes in this version are indicated below: ITP Client Program Status Codes ● Updated the description for code C25. QRXS Client Program Status Codes ● Updated the description for code C02.
4/4/2011	1.11	This Code Lists version 1.11 will replace version 1.10. The changes in this version are indicated below: AAR Adverse Action Classification Codes - Organization Subjects. ● Federal or State Licensure Actions - modified the description for code 3238. Error Codes. ● Added code IC.

Date	Version #	Change Description
6/6/2011	1.12	This Code Lists version 1.12 will replace version 1.11. The changes in this version are indicated below: AAR Basis for Action Codes - Individual Subjects. ● Federal or State Licensure Actions - added code I1. AAR Basis for Action Codes - Organization Subjects. ● Federal or State Licensure Actions - added code I1. Error Codes. ● Added codes MZ, SM, SN, SO, UA, UF, UJ, UM, UN, UP, US, and UZ. ● Modified existing codes S3, S4, and S8.
8/22/2011	1.13	This Code Lists version 1.13 will replace version 1.12. The changes in this version are indicated below: AAR Adverse Action Codes - Individual Subjects. ● State Licensure Actions - added code 1150. Error Codes. ● Modified existing code AA. Changed PDS references to Continuous Query throughout entire document.
11/7/2011	1.14	This Code Lists version 1.14 will replace version 1.13. The changes in this version are indicated below: Error Codes. ● Modified existing codes 54 and 56.
1/24/2012	1.15	This Code Lists version 1.15 will replace version 1.14. The changes in this version are indicated below: Error Codes. ● Modified existing code AA.

Date	Version #	Change Description
4/2/2012	1.16	This Code Lists version 1.16 will replace version 1.15. The changes in this version are indicated below: Error Codes. ● Added ITP client program status codes C68, C69. ● Added QRXS client program status codes C68, C69. ● Added QRXS Web Service status codes C68, C69.
8/27/2012	1.17	This Code Lists version 1.17 will replace version 1.16. The changes in this version are indicated below: Statutory Authority Codes ● Inserted Tables 191 and 192, Statutory Authority QRXS Codes and Statutory Authority ITP Codes, respectively.
10/10/2012	2.00	This Code Lists version 2.00 will replace version 1.17. The changes in this version are indicated below: Error Codes. ● Added code RR.

Date	Version #	Change Description
3/2013	2.01	This version contains changes that are based on the final rule for merging the NPDB and HIPDB into one Data Bank, which was published in the Federal Register April 5, 2013. This Code Lists version 2.01 will be effective on May 6, 2013, and will replace version 2.00. The changes in this version are indicated below: AAR Adverse Action Codes – Individual Subjects ● Government Administrative – Initial and Revision tables split table between "Actions Related to Certification Agreements or Contracts for Participation in a Federal or State Health Care Program" and "Other Adjudicated Actions or Decisions by a Federal or State Agency" o Initial Government Administrative Action Classification Codes Retired Codes: 1520, 1530, 1532 ● Added Codes: 1521, 1531, 1533, 1536, 1539, 1556, 1579, 1588 o Revision Government Administrative Action Classification Codes ● Added Codes: 1536, 1539, 1556, 1579, 1588, 1599 ● The following code numbers were split and given new codes: 1590, 1592, 1595, 1596, 1597 o New codes for "Actions Related to Certification Agreements or Contracts for Participation in a Federal or State Health Care Program", respectively: 1580, 1581, 1582, 1583, 1584 o New codes for "Other Adjudicated Actions or Decisions by a Federal or State Agency", respectively: 1590, 1591, 1592, 1593, 1594 AAR Adverse Action Codes – Organization Subjects ● Government Administrative – Initial and Revision tables split between "Actions Related to Certification Agreements or Contracts for Participation in a Federal or State Health Care Program" and "Other Adjudicated Actions or Decisions by a Federal or State Agency" o Initial Government Administrative Action Classification Codes ● Retired Codes: 3230, 3520 ● Added Codes: 3521, 3531, 3538, 3539, 3579, 3588, 3599 o Revision Government Administrative Action Classification Codes ● Retired Codes: 3230, 3520 ● Added Codes: 3231, 3521, 3538, 3539, 3579, 3588, 3599 ● The following code numbers were split and given new codes: 3590, 3592, 3595, 3596, 3597 o New codes for "Actions Related to Certification Agreements or Contracts for Participation in a Federal or State Health Care Program", respectively: 3580, 3581, 3582, 3583, 3584 o New codes for "Other Adjudicated Actions or Decisions by a Federal or State Agency", respectively: 3590, 3591, 3592, 3593, 3594

Date	Version #	Change Description
4/2013	2.02	This version contains changes that are based on the final rule for merging the NPDB and HIPDB into one Data Bank, which was published in the Federal Register April 5, 2013. This Code Lists version 2.02 will be effective on May 6, 2013, and will replace version 2.01. The changes in this version are indicated below: AAR Adverse Action Codes – Individual Subjects ● Government Administrative – Retired Codes: 1550, 1560, 1562, 1565, 1589 o Initial Government Administrative Action Classification Codes ● Actions Related to Certification Agreements or Contracts for Participation in a Federal or State Health Care Program o Removed code 1588, 1589 o Added code 1599, 1598 ● Other Adjudicated Actions or Decisions by a Federal or State Agency o Removed code 1550, 1560, 1562, 1565, 1599 o Added code 1552, 1561, 1563, 1566, 1588 o Revision Government Administrative Action Classification Codes ● Actions Related to Certification Agreements or Contracts for Participation in a Federal or State Health Care Program o Removed codes 1580, 1581, 1582, 1583, 1584, 1588, 1589 o Added codes 1590, 1592, 1595, 1596, 1597, 1598, 1599 ● Other Adjudicated Actions or Decisions by a Federal or State Agency o Removed code 1550, 1560, 1562, 1565, 1590, 1591, 1592, 1593, 1594, 1599 o Added codes 1552, 1561, 1563, 1566, 1580, 1581, 1582, 1583, 1584, 1588 AAR Adverse Action Codes – Organization Subjects ● Government Administrative – Retired Codes: 3232, 3589 o Initial Government Administrative Action Classification Codes ● Actions Related to Certification Agreements or Contracts for Participation in a Federal or State Health Care Program o Removed code 3232, 3588, 3589 o Added code 3234, 3598, 3599 ● Other Adjudicated Actions or Decisions by a Federal or State Agency o Removed code 3599 o Added code 3588

Date	Version #	Change Description
4/2013	2.02	o Revision Government Administrative Action Classification Codes ● Actions Related to Certification Agreements or Contracts for Participation in a Federal or State Health Care Program o Removed codes 3232, 3580, 3581, 3582, 3583, 3584, 3588, 3589 o Added codes 3234, 3590, 3592, 3595, 3596, 3597, 3598, 3599 ● Other Adjudicated Actions or Decisions by a Federal or State Agency o Removed code 3590, 3591, 3592, 3593, 3594, 3599 Added codes 3580, 3581, 3582, 3583, 3584, 3588
7/2014	2.03	This Code Lists version 2.03 will replace version 2.02. The changes in this version are indicated below: ● Removed Table 196 – Statutory Authority ITP Codes ● Removed Table 198 - ITP Client Program Status Codes ● Removed codes 01,87, 88, 89, 90, 91, B7, C3, RM, and SI from the Error Codes table. ● Modified Table 142, Code A.

Date	Version #	Change Description
11/17/2014	2.04	This Code Lists version 2.04 will replace version 2.03. The changes in this version are indicated below: AAR Adverse Action Codes – Individual Subjects: ● Tables 16 and 17: o Added codes 1151, 1179 ● Table 18: o Removed codes 1348, 1349 ● Table 19: o Added codes 1338, 1339 Error Codes Table 196: ● Added codes PN and H4 Occupation/Field of Licensure Codes, Tables 150-170: ● Retired and replaced the following codes: o Retired code 134 and replaced with existing code 130 o Retired code 148 and replaced with existing code 150 o Retired code 654 and replaced with existing code 660 o Retired code 657 and replaced with existing code 661 o Retired code 402 and replaced with new codes 662, 664, 665, 667 o Retired code 260 and replaced with existing code 270 o Retired code 060 and replaced with existing code 050 o Retired code 645 and replaced with existing code 642 o Retired code 502 and replaced with existing code 501 o Retired code 504 and replaced with existing code 503 o Retired code 540 and replaced with existing code 530 o Retired code 550 and replaced with existing code 530 o Retired code 752 and replaced with existing code 758 o Retired code 755 and replaced with existing code 758 o Retired code 759 and replaced with existing code 758 o Retired code 812 and replaced with existing code 810 ● Updated the description of codes 015, 025, 100, 150, 660, 270, 642, 501, 503, 530, 758, 810 ● Updated the title of Table 155 ● Added new codes 142, 176, 613, 604, 605, 652, 653, 662, 664, 665, 667, 668, 211, 281, 637, 076, 649, 374, 658, 471, 551

Date	Version #	Change Description

10/2016	2.05	This Code Lists version 2.05 will replace version 2.04. The changes in this version are indicated below:
		• Tables 16, 17
		  o Added code 1179
		• Tables 19,20
		  o Added code 1351
		• Tables 149, 194:
		  o Added code RQ
		• Updated the URL to https://www.npdb.hrsa.gov

6/30/2018	2.06	This Code Lists version 2.06 will replace version 2.05. The changes in this version are indicated below:
		● Added Dispute Status Codes – See Table 206
		  o Added a new value for Dispute Status – Q – Reconsideration Requested. The rest of the codes in this table are unchanged.
		● Added Error Codes MI and IP for new MMPR field (Total Number of Claimants Included in Settlement) – See Table 198.
		● Added the following tables to list existing codes. These codes have not changed in this version. The codes will be maintained here instead of in the XML schema definition (XSD) files:
		  o Added AAR Automatic Reinstatement Codes – See Table 119.
		  o Added JOCR Jurisdiction Codes – See Table 124.
		  o Added AAR Type of Action Codes (Old Format) – See Table 118.
		  o Added MMPR Report Type Codes – See Table 136.
		  o Added MMPR Relationship of Entity Codes – See Table 146.
		  o Added MMPR Relationship of Entity Codes (Old Format) – See Table 147.
		  o Added MMPR Payment Result Of Codes – See Table 148.
		  o Added MMPR Payment Result Of Codes (Old Format) – See Table 149.
		  o Added MMPR Payment Type Codes – See Table 150.
		  o Added MMPR Patient Type Codes – See Table 151.
		  o Added Gender Codes – See Table 205.

Date	Version #	Change Description
4/5/2019	2.07	This Code Lists version 2.07 will replace version 2.06. The changes in this version are indicated below: ● Converted Nursing Multi-State Licensure Adverse Action Classification Codes (AACCs) to generic Multi-State Licensure AACCs – See Tables 18 and 19, and accompanying Footnote 3. ● Removed "(NPDB Only)" text from Adverse Action Classification Codes 1138, 1139, 1150, 1338 and 1339 - See Tables 16, 17, and 18. ● Clarified footnotes 1 and 2 for State Licensure Adverse Action Classification Codes (Tables 16-19). ● Added new Adverse Action Classification Code 1155 ("Withdrawal of Renewal Application While Under Investigation") to the Federal and State Licensure action codes – See Tables 6, 7, 16, and 17. ● Emergency Medical Technician (EMT) Field of Licensure (FOL) Code Changes: o Updated descriptions of the existing EMT FOL codes. o Added FOL code 240 – Emergency Medical Responder. o See Table 167. ● Added MMPR Payment Result Of Code "O" ("Other") – See Table 148. ● Error Codes changes: o Updated Error Code "38" to apply to both missing and invalid "payment result of" MMPR data. o Added Error Code "N0" to indicate when Payment Result of Description should be provided or when it should not be provided. o Updated description of Error Code "AI" to refer to more generic Multi-State licensure. o Added new Error Codes "AN" and "AO" to reflect new restrictions on the automatic reinstatement field. o Added AH error code for the restriction on multiple adverse action classification codes for multi-state license actions o See Table 208.
6/24/2021	2.08	This Code Lists version 2.08 will replace version 2.07. The changes in this version are indicated below: • Updated all void reason descriptions – See Table 153 • Updated "State Licensure" report type to be "State Licensure or Certification" • Error Codes changes: o Added "RS" error code for missing or invalid void reason description o Added "RP" error code for State Licensure and Certification reports whose primary field of licensure is not in the board's regulated professions list o See Table 208 • Updated the description for Adverse Action Classification Code 1179, see Tables 16 and 17 • Updated the descriptions for AAR Basis for Action Codes H2, H3, H4, H5, H6, see Tables 44, 55, 64, 73, 82, 95, 103, 111

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AAR Adverse Action Classification Codes - Individual Subjects

Clinical Privileges Actions

Table 2 - Clinical Privileges - Actions

Code	Description
1610	Revocation of Clinical Privileges
1615	Termination of Panel Membership or Employment (Professional Review Action)
1630	Suspension of Clinical Privileges
1632	Summary or Emergency Suspension of Clinical Privileges
1634	Voluntary Limitation, Restriction, or Reduction of Clinical Privilege(s) While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
1635	Voluntary Surrender of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
1637	Involuntary Resignation
1638	Voluntary Leave of Absence, While Under, or to Avoid, Investigation
1639	Summary or Emergency Limitation, Restriction, or Reduction of Clinical Privileges
1640	Reduction of Clinical Privileges
1642	Limitation or Restriction on Certain Procedure(s) or Practice Area(s)
1643	Limitation or Restriction: Mandatory Concurring Consultation Prior to Procedures
1644	Limitation or Restriction: Mandatory Proctoring or Monitoring During Procedures
1645	Other Restriction/Limitation of Clinical Privileges, Specify, _____
1650	Denial of Clinical Privileges
1655	Withdrawal of Renewal Application While Under Investigation
1656	Practitioner Allowed Privileges to Expire While Under Investigation

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

Code	Description
1610	Revocation of Clinical Privileges
1615	Termination of Panel Membership or Employment (Professional Review Action)
1630	Suspension of Clinical Privileges
1632	Summary or Emergency Suspension of Clinical Privileges
1634	Voluntary Limitation, Restriction, or Reduction of Clinical Privilege(s) While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
1635	Voluntary Surrender of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct
1637	Involuntary Resignation
1638	Voluntary Leave of Absence, While Under, or to Avoid, Investigation
1639	Summary or Emergency Limitation, Restriction, or Reduction of Clinical Privileges
1640	Reduction of Clinical Privileges
1642	Limitation or Restriction on Certain Procedure(s) or Practice Area(s)
1643	Limitation or Restriction: Mandatory Concurring Consultation Prior to Procedures
1644	Limitation or Restriction: Mandatory Proctoring or Monitoring During Procedures
1645	Other Restriction/Limitation of Clinical Privileges, Specify, _____
1655	Withdrawal of Renewal Application While Under Investigation
1656	Practitioner Allowed Privileges to Expire While Under Investigation
1680	Clinical Privileges Restored or Reinstated, Complete
1681	Clinical Privileges Restored or Reinstated, Conditional
1682	Clinical Privileges Restored or Reinstated, Partial
1689	Clinical Privileges Restoration or Reinstatement Denied
1690	Reduction of Previous Action
1695	Extension of Previous Action
1696	Modification of Previous Action

Exclusion or Debarment Actions

Table 4 - Exclusion or Debarment - Actions

Code	Description
1500	Debarment From Federal Programs
1505	Exclusion From a Federal Health Care Program
1507	Exclusion From a State Health Care Program
1508	Exclusion From Medicare, Medicaid and All Other Federal Health Care Programs[1]
1509	Exclusion From Medicare and State Health Care Programs[1]

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

Code	Description
1514	Modification of Previous Action
1515	Reinstatement
1516	Reinstatement Denied

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

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

Federal Licensure Actions

Table 6 - Licensure - Actions

Code	Description
1110	Revocation of License
1125	Probation of License
1135	Suspension of License
1140	Reprimand or Censure
1145	Voluntary Surrender of License
1146	Voluntary Limitation or Restriction on License
1147	Limitation or Restriction on License
1148	Denial of License Renewal
1149	Denial of Initial License [1]
1155	Withdrawal of Renewal Application While Under Investigation
1173	Publicly Available Fine/Monetary Penalty[1]
1189	Publicly Available Negative Action or Finding Specify, ____
1199	Other Licensure Action - Not Classified, Specify, _____

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

Code	Description
1110	Revocation of License
1125	Probation of License
1135	Suspension of License
1140	Reprimand or Censure
1145	Voluntary Surrender of License
1146	Voluntary Limitation or Restriction on License
1147	Limitation or Restriction on License
1155	Withdrawal of Renewal Application While Under Investigation
1173	Publicly Available Fine/Monetary Penalty[1]
1189	Publicly Available Negative Action or Finding, Specify, ____[1]
1199	Other Licensure Action - Not Classified, Specify, _____
1280	License Restored or Reinstated, Complete
1282	License Restored or Reinstated, Conditional
1283	License Restored or Reinstated, Partial
1285	License Restoration or Reinstatement Denied
1295	Reduction of Previous Licensure Action
1296	Extension of Previous Licensure Action
1297	Modification of Previous Licensure Action

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

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

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

Government Administrative Actions

Table 8 - Government Administrative - Actions Related to Certification Agreements or Contracts for Participation in a Federal or State Health Care Program

Code	Description
1510	Termination of Medicare or Other Federal Health Care Program Participation
1512	Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action
1513	Nonrenewal of Medicare or Other Federal Health Care Program Participation Agreement for Cause
1517	Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action
1518	Nonrenewal of Medicaid or Other State Health Care Program Participation Agreement for Cause
1525	Denial of Initial Application
1531	Civil Money Penalty Imposed by a Federal or State Health Care Program
1533	Administrative Fine/Monetary Penalty Imposed by a Federal or State Health Care Program
1551	Termination of Medicaid or Other State Health Care Program Participation
1555	Employment Disqualification Based on Finding in State Nurse Aide Registry
1556	Negative Finding or Listing in a State Health Care Practitioner Registry
1579	Other Action Imposed by Medicaid or Other State Health Care Program- Not Classified, Specify,
1598	Other Action Imposed by Medicare or Other Federal Health Care Program- Not Classified, Specify,
1599	Other Certification Action – Not Classified, Specify, _____

Table 9 - Government Administrative - Other Adjudicated Actions or Decisions by a Federal or State Agency

Code	Description
1521	Contract Termination
1536	Administrative Fine/Monetary Penalty
1539	Civil Money Penalty
1552	Disqualification of Clinical Investigator From Receiving Investigational Products
1561	Personnel Action - Employee Termination
1563	Personnel Action - Employee Suspension
1566	Personnel Action - Not Classified, Specify, _____
1588	Other Adjudicated Action or Decision – Not Classified, Specify, _____

Table 10 - Government Administrative - Revisions to Actions (No Basis for Action Code Required) - Actions Related to Certification Agreements or Contracts for Participation in a Federal or State Health Care Program

Code	Description
1510	Termination of Medicare or Other Federal Health Care Program Participation
1512	Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action
1517	Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action
1531	Civil Money Penalty Imposed by a Federal or State Health Care Program
1533	Administrative Fine/Monetary Penalty Imposed by a Federal or State Health Care Program
1551	Termination of Medicaid or Other State Health Care Program Participation
1555	Employment Disqualification Based on Finding in State Nurse Aide Registry
1556	Negative Finding or Listing in a State Health Care Practitioner Registry
1579	Other Action Imposed by Medicaid or Other State Health Care Program- Not Classified, Specify,
1590	Reinstatement
1592	Reinstatement Denied
1595	Reduction of Previous Action
1596	Extension of Previous Action
1597	Modification of Previous Action
1598	Other Action Imposed by Medicare or Other Federal Health Care Program- Not Classified, Specify,
1599	Other Certification Action – Not Classified, Specify

Table 11 - Government Administrative - Revisions to Actions (No Basis for Action Code Required) - Other Adjudicated Actions or Decisions by a Federal or State Agency

Code	Description
1521	Contract Termination
1536	Administrative Fine/Monetary Penalty
1539	Civil Money Penalty
1552	Disqualification of Clinical Investigator From Receiving Investigational Products
1561	Personnel Action - Employee Termination
1563	Personnel Action - Employee Suspension
1566	Personnel Action - Not Classified, Specify, _____
1580	Reinstatement
1581	Reinstatement Denied
1582	Reduction of Previous Action
1583	Extension of Previous Action
1584	Modification of Previous Action
1588	Other Adjudicated Action or Decision – Not Classified, Specify, _____

Health Plan Actions

Table 12 - Health Plan Action - Actions

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

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

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

Professional Society Actions

Table 14 - Professional Society - Actions

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

Table 15 - Professional Society - Revisions to Actions (No Basis for Action Code Required)

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

State Licensure or Certification Actions

Table 16 - Licensure - Actions

Code	Description
1110	Revocation of License
1125	Probation of License
1135	Suspension of License
1138	Summary or Emergency Limitation or Restriction on License[1,2]
1139	Summary or Emergency Suspension of License [1,2]
1140	Reprimand or Censure
1145	Voluntary Surrender of License
1146	Voluntary Limitation or Restriction on License
1147	Limitation or Restriction on License
1148	Denial of License Renewal
1149	Denial of Initial License
1150	Interim Action - Voluntary Agreement to Refrain from Practice or to Suspend License Pending Completion of an Investigation
1151	Cease and Desist
1155	Withdrawal of Renewal Application While Under Investigation
1173	Publicly Available Fine/Monetary Penalty
1179	Limitation or Restriction on Ability to Prescribe, Dispense, or Administer Medication or Sedation, Specify, _____
1189	Publicly Available Negative Action or Finding Specify, ____[1]
1199	Other Licensure Action - Not Classified, Specify, _____

Table 17 - Licensure - Revisions to Actions (No Basis for Action Codes Required)

Code	Description
1110	Revocation of License
1125	Probation of License
1135	Suspension of License
1138	Summary or Emergency Limitation or Restriction on License[1,2]
1139	Summary or Emergency Suspension of License [1,2]
1140	Reprimand or Censure
1145	Voluntary Surrender of License
1146	Voluntary Limitation or Restriction on License
1147	Limitation or Restriction on License
1150	Interim Action - Voluntary Agreement to Refrain from Practice or to Suspend License Pending Completion of an Investigation
1151	Cease and Desist
1155	Withdrawal of Renewal Application While Under Investigation
1173	Publicly Available Fine/Monetary Penalty
1179	Limitation or Restriction on Ability to Prescribe, Dispense, or Administer Medication or Sedation, Specify, _____
1189	Publicly Available Negative Action or Finding Specify, ____[1]
1199	Other Licensure Action - Not Classified, Specify, _____
1280	License Restored or Reinstated, Complete
1282	License Restored or Reinstated, Conditional
1283	License Restored or Reinstated, Partial
1285	License Restoration or Reinstatement Denied
1295	Reduction of Previous Licensure Action
1296	Extension of Previous Licensure Action
1297	Modification of Previous Licensure Action

State Licensure or Certification Actions (continued)

Table 18 - Licensure - Multi-State Privilege Actions[3]

Code	Description
1310	Revocation of Multi-State Licensure Privilege
1325	Probation of Multi-State Licensure Privilege
1335	Suspension of Multi-State Licensure Privilege
1338	Summary or Emergency Limitation or Restriction of Multi-State Licensure Privilege
1339	Summary or Emergency Suspension of Multi-State Licensure Privilege
1340	Reprimand or Censure of Multi-State Licensure Privilege
1345	Voluntary Surrender of Multi-State Licensure Privilege
1346	Voluntary Limitation or Restriction on Practice Authorized by Multi-State Licensure Privilege
1347	Limitation or Restriction on Multi-State Licensure Privilege
1351	Cease and Desist – Multi-State Licensing Privilege
1373	Publicly Available Fine/Monetary Penalty Concerning Practicing under Multi-State Licensure Privilege
1389	Publicly Available Negative Action or Finding Concerning Practicing under Multi-State Licensure Privilege, Specify, _____
1399	Other Action Against Practitioner Practicing Under Multi-State Licensure Privilege - Not Classified, Specify, ___

Table 19 - Licensure - Revisions to Multi-State Privilege Actions (No Basis for Action Codes Required)[3]

Code	Description
1310	Revocation of Multi-State Licensure Privilege
1325	Probation of Multi-State Licensure Privilege
1335	Suspension of Multi-State Licensure Privilege
1338	Summary or Emergency Limitation or Restriction of Multi-State Licensure Privilege
1339	Summary or Emergency Suspension of Multi-State Licensure Privilege
1340	Reprimand or Censure of Multi-State Licensure Privilege
1345	Voluntary Surrender of Multi-State Licensure Privilege
1346	Voluntary Limitation or Restriction on Practice Authorized by Multi-State Licensure Privilege
1347	Limitation or Restriction on Multi-State Licensure Privilege
1351	Cease and Desist – Multi-State Licensing Privilege
1373	Publicly Available Fine/Monetary Penalty Concerning Practicing under Multi-State Licensure Privilege
1389	Publicly Available Negative Action or Finding Concerning Practicing under Multi-State Licensure Privilege, Specify, _____
1399	Other Action Against Practitioner Practicing Under Multi-State Licensure Privilege – Not Classified, Specify, ___
1480	Multi-State Licensure Privilege Restored or Reinstated, Complete
1482	Multi-State Licensure Privilege Restored or Reinstated, Conditional
1483	Multi-State Licensure Privilege Restored or Reinstated, Partial
1485	Multi-State Licensure Privilege Restoration or Reinstatement Denied
1495	Reduction of Previous Multi-State Licensure Privilege Action
1496	Extension of Previous Multi-State Licensure Privilege Action
1497	Modification of Previous Multi-State Licensure Privilege Action

[1] For State Licensure or Certification Actions against practitioners 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 against physicians and dentists must be based on the professional competence or conduct of the subject.

[3] Multi-State licensure privilege codes are only valid for actions against practitioners when such actions are being taken by a remote state subject to a multi-state Licensure Compact. These codes cannot be used by the state which issued the license, nor can they be used in conjunction with any Licensure Actions.

AAR Adverse Action Classification Codes (Old Format)

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

Table 20 - AAR Adverse Action Classification Codes (Old Format)

Code	Description
10000	License Revoked
10100	License Revoked: Alcohol and Other Substance Abuse
10200	License Revoked: Incompetence/Malpractice/Negligence
10300	License Revoked: Narcotics Violations
10400	License Revoked: Felony
10500	License Revoked: Fraud
11000	License Revoked: Unprofessional Conduct
12000	License Revoked: Mental Disorder
13000	License Revoked: Allowing Unlicensed Person to Practice
15000	License Revoked: Disciplinary Action in Another State
18000	License Revoked: Other Reason - Not Classified
20000	License Probation
20100	License Probation: Alcohol and Other Substance Abuse
20200	License Probation: Incompetence/Malpractice/Negligence
20300	License Probation: Narcotics Violations
20400	License Probation: Felony
20500	License Probation: Fraud
21000	License Probation: Unprofessional Conduct
22000	License Probation: Mental Disorder
23000	License Probation: Allowing Unlicensed Person to Practice
25000	License Probation: Disciplinary Action in Another State
28000	License Probation: Other Reason - Not Classified
30000	License Suspended
30100	License Suspended: Alcohol and Other Substance Abuse
30200	License Suspended: Incompetence/Malpractice/Negligence
30300	License Suspended: Narcotics Violations
30400	License Suspended: Felony
30500	License Suspended: Fraud
31000	License Suspended: Unprofessional Conduct
32000	License Suspended: Mental Disorder
33000	License Suspended: Allowing Unlicensed Person to Practice
35000	License Suspended: Disciplinary Action in Another State
38000	License Suspended: Other Reason - Not Classified
40000	License-Miscellaneous
40100	License-Misc.: License Restored or Reinstated
40200	License-Misc.: Reinstatement Denied
40600	License-Misc.: Reprimand
41000	License-Misc.: Other Misc. Action (Inc. Censure & Surrender)
41200	License-Misc.: License Denied (Renewal Only)
60000	Code/Clinical Privileges
61000	Clinic Privileges Revoked
61001	Clinic Priv Revoked: Alcohol and Other Substance Abuse
61002	Clinic Priv Revoked: Incompetence/Malpractice/Negligence
61003	Clinic Priv Revoked: Narcotics Violations
61004	Clinic Priv Revoked: Felony
61005	Clinic Priv Revoked: Fraud
61010	Clinic Priv Revoked: Unprofessional Conduct
61020	Clinic Priv Revoked: Mental Disorder
61030	Clinic Priv Revoked: Allowing Unlicensed Person to Practice
61050	Clinic Priv Revoked: Disciplinary Action in Another State
61080	Clinic Priv Revoked: Physical Impairment
61090	Clinic Priv Revoked: Other
63000	Clinic Privileges Suspended
63001	Privs Suspended: Alcohol and Other Substance Abuse
63002	Privs Suspended: Incompetence/Malpractice/Negligence
63003	Privs Suspended: Narcotics Violations
63004	Privs Suspended: Felony
63005	Privs Suspended: Fraud
63010	Privs Suspended: Unprofessional Conduct
63020	Privs Suspended: Mental Disorder
63030	Privs Suspended: Allowing Unlicensed Person to Practice
63050	Privs Suspended: Disciplinary Action in Another State
63080	Privs Suspended: Physical Impairment
63090	Privs Suspended: Other
63500	Voluntary Surrender of Privileges
63501	Vol Surr of Priv: Alcohol and Other Substance Abuse
63502	Vol Surr of Priv: Incompetence/Malpractice/Negligence
63503	Vol Surr of Priv: Narcotics Violations
63504	Vol Surr of Priv: Felony
63505	Vol Surr of Priv: Fraud
63510	Vol Surr of Priv: Unprofessional Conduct
63520	Vol Surr of Priv: Mental Disorder
63530	Vol Surr of Priv: Allowing Unlicensed Person to Practice
63550	Vol Surr of Priv: Disciplinary Action in Another State
63580	Vol Surr of Priv: Physical Impairment
63590	Vol Surr of Priv: Other
64000	Clinical Privileges Reduced
64001	Clinic Priv Reduced: Alcohol and Other Substance Abuse
64002	Clinic Priv Reduced: Incompetence/Malpractice/Negligence
64003	Clinic Priv Reduced: Narcotics Violations
64005	Clinic Priv Reduced: Fraud
64010	Clinic Priv Reduced: Unprofessional Conduct
64020	Clinic Priv Reduced: Mental Disorder
64030	Clinic Priv Reduced: Allowing Unlicensed Person to Practice
64050	Clinic Priv Reduced: Disciplinary Action in Another State
64080	Clinic Priv Reduced: Physical Impairment
64090	Clinic Priv Reduced: Other
64500	Other Clinical Privileges Restriction
64501	Other Priv Restrict: Alcohol and Other Substance Abuse
64502	Other Priv Restrict: Incompetence/Malpractice/Negligence
64503	Other Priv Restrict: Narcotics Violations
64504	Other Priv Restrict: Felony
64505	Other Priv Restrict: Fraud
64510	Other Priv Restrict: Unprofessional Conduct
64520	Other Priv Restric: Mental Disorder
64530	Other Priv Restrict: Allowing Unlicensed Person to Practice
64550	Other Priv Restrict: Disciplinary Action in Another State
64580	Other Priv Restrict: Physical Impairment
64590	Other Priv Restrict: Other (Inc. Probation Restricting Priv)

AAR Adverse Action Classification Codes - Old Format (continued)

Table 21 - AAR Adverse Action Classification Codes - Old Format (continued)

Code	Description
65000	Clinical Privileges Denial
65001	Denial-Privs: Alcohol and Other Substance Abuse
65002	Denial-Privs: Incompetence/Malpractice/Negligence
65003	Denial-Privs: Narcotics Violations
65004	Denial-Privs: Felony
65005	Denial-Privs: Fraud
65010	Denial-Privs: Unprofessional Conduct
65020	Denial-Privs: Mental Disorder
65030	Denial-Privs: Allowing Unlicensed Person to Practice
65050	Denial-Privs: Disciplinary Action Taken in Another State
65080	Denial-Privs: Physical Impairment
65090	Denial-Privs: Other
68000	Revision-Privs: Reinstatement, Complete
68100	Revision-Privs: Reinstatement, Conditional
68900	Revision-Privs: Reinstatement Denied
69000	Revision-Privs: Reduction of Previous Action
69500	Revision-Privs: Extension of Previous Action
69900	Revision-Privs: Reversal of Action Due to Appeal or Review
71000	Professional Society Membership Revoked
71001	Prof Society Revoked: Alcohol and Other Substance Abuse
71002	Prof Society Revoked: Incompetence/Malpractice/Negligence
71003	Prof Society Revoked: Narcotics Violations
71004	Prof Society Revoked: Felony
71005	Prof Society Revoked: Fraud
71010	Prof Society Revoked: Unprofessional Conduct
71020	Prof Society Revoked: Mental Disorder
71030	Prof Society Revoked: Allowing Unlicensed Person to Practice
71050	Prof Society Revoked: Disciplinary Action in Another State
71080	Prof Society Revoked: Physical Impairment
71090	Prof Society Revoked: Other
73000	Professional Society Membership Suspended
73001	Prof Soc. Suspended: Alcohol and Other Substance Abuse
73002	Prof Soc. Suspended: Incompetence/Malpractice/Negligence
73003	Prof Soc. Suspended: Narcotics Violations
73004	Prof Soc. Suspended: Felony
73005	Prof Soc. Suspended: Fraud
73010	Prof Soc. Suspended: Unprofessional Conduct
73020	Prof Soc. Suspended: Mental Disorder
73030	Prof Soc. Suspended: Allowing Unlicensed Person to Practice
73050	Prof Soc. Suspended: Disciplinary Action in Another State
73080	Prof Soc. Suspended: Physical Impairment
73090	Prof Soc. Suspended: Other
74500	Other Restrictions - Professional Society Membership
74501	Prof Soc Other Rest: Alcohol and Other Substance Abuse
74502	Prof Soc Other Rest: Incompetence/Malpractice/Negligence
74503	Prof Soc Other Rest: Narcotics Violations
74504	Prof Soc Other Rest: Felony
74505	Prof Soc Other Rest: Fraud
74510	Prof Soc Other Rest: Unprofessional Conduct
74520	Prof Soc Other Rest: Mental Disorder
74530	Prof Soc Other Rest: Allowing Unlicensed Person to Practice
74550	Prof Soc Other Rest: Disciplinary Action in Another State
74580	Prof Soc Other Rest: Physical Impairment
74590	Prof Soc Other Rest: Other (Inc Probation Restricting Privs)
75000	Denial-Professional Society Membership
75001	Denial-Prof Society: Alcohol and Other Substance Abuse
75002	Denial-Prof Society: Incompetence/Malpractice/Negligence
75003	Denial-Prof Society: Narcotics Violations
75004	Denial-Prof Society: Felony
75005	Denial-Prof Society: Fraud
75010	Denial-Prof Society: Unprofessional Conduct
75020	Denial-Prof Society: Mental Disorder
75030	Denial-Prof Society: Allowing Unlicensed Person to Practice
75050	Denial-Prof Society: Disciplinary Action in Another State
75080	Denial-Prof Society: Physical Impairment
75090	Denial-Prof Society: Other
78000	Revision-Prof Society: Reinstatement, Complete
78100	Revision-Prof Society: Reinstatement, Conditional
78900	Revision-Prof Society: Reinstatement Denied
79000	Revision-Prof Society: Reduction of Previous Action
79500	Revision-Prof Society: Extension of Previous Action
79900	Revision-Prof Society: Reversal of Previous Action

AAR Adverse Action Classification Codes - Organization Subjects

Accreditation Actions

Table 22 - Accreditation Actions

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

Table 23 - Accreditation Revisions to Actions (No Basis for Action Codes Required)

Code	Description
3860	Accreditation
3862	Accreditation Restored or Reinstated, Conditional

Exclusion or Debarment Actions

Table 24 - Exclusion or Debarment Actions

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

Table 25 - Exclusion or Debarment Revisions to Actions (No Basis for Action Code Required)

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

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

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

Federal Licensure, State Licensure or Certifications Actions

Table 26 - Licensure Actions

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

Table 27 - Licensure Revisions to Actions (No Basis for Action Codes Required)

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

Government Administrative Actions

Table 28 - Government Administrative Actions - Actions Related to Certification Agreements or Contracts for Participation in a Federal or State Health Care Program

Code	Description
3202	Directed Plan of Correction
3203	On-Site Monitoring
3205	Directed In-Service Training
3206	Appointment of Temporary Management
3207	Restrictions on Admissions or Services
3210	Closure of Facility
3212	Transfer of Residents to Other Facilities Without Closure of the Facility
3231	Civil Money Penalty Imposed by a Federal or State Health Care Program
3234	Administrative Fine/Monetary Penalty Imposed by a Federal or State Health Care Program
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
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
3579	Other Action Imposed by Medicaid or Other State Health Care Program- Not Classified, Specify,
3598	Other Action Imposed by Medicare or Other Federal Health Care Program- Not Classified, Specify,
3599	Other Certification Action - Not Classified, Specify, _____

Table 29 - Government Administrative - Other Adjudicated Actions or Decisions by a Federal or State Agency

Code	Description
3521	Contract Termination
3538	Administrative Fine/Monetary Penalty
3539	Civil Money Penalty
3588	Other Adjudicated Action or Decision Not Classified, Specify, _____

Table 30 - Government Administrative - Revisions to Actions (No Basis for Action Code Required) - Actions Related to Certification Agreements or Contracts for Participation in a Federal or State Health Care Program

Code	Description
3202	Directed Plan of Correction
3203	On-Site Monitoring
3205	Directed In-Service Training
3206	Appointment of Temporary Management
3207	Restrictions on Admissions or Services
3210	Closure of Facility
3212	Transfer of Residents to Other Facilities Without Closure of the Facility
3231	Civil Money Penalty Imposed by a Federal or State Health Care Program
3234	Administrative Fine/Monetary Penalty Imposed by a Federal or State Health Care Program
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

Code	Description
3540	Marketing Activities Suspended or Restricted
3542	Beneficiary Enrollment Suspended
3551	Termination of Medicaid or Other State Health Care Program Participation
3579	Other Action Imposed by Medicaid or Other State Health Care Program- Not Classified, Specify,
3590	Reinstatement
3592	Reinstatement Denied
3595	Reduction of Previous Action
3596	Extension of Previous Action
3597	Modification of Previous Action
3598	Other Action Imposed by Medicare or Other Federal Health Care Program- Not Classified, Specify,
3599	Other Certification Action - Not Classified, Specify, _____

Table 31 - Government Administrative - Revisions to Actions (No Basis for Action Code Required) - Other Adjudicated Actions or Decisions by a Federal or State Agency

Code	Description
3521	Contract Termination
3538	Administrative Fine/Monetary Penalty
3539	Civil Money Penalty
3580	Reinstatement
3581	Reinstatement Denied
3582	Reduction of Previous Action
3583	Extension of Previous Action
3584	Modification of Previous Action
3588	Other Adjudicated Action or Decision Not Classified, Specify, _____

Health Plan Actions

Table 32 - Health Plan Action - Actions

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

Table 33 - Health Plan Action - Revisions to Actions (No Basis for Action Code Required)

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

AAR Adverse Action Classification Codes - Retired

Table 34 - AAR Adverse Action Classification Codes - Retired

Code	Description
1172	Administrative Fine/Monetary Penalty
1520	Contract Termination
1530	Civil Money Penalty
1532	Administrative Fine/Monetary Penalty
1550	Disqualification of Clinical Investigator From Receiving Investigational Products
1560	Personnel Action - Employee Termination
1562	Personnel Action - Employee Suspension
1565	Personnel Action - Not Classified
1589	Other Action - Not Classified, Specify
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
3232	Administrative Fine/Monetary Penalty
3520	Contract Termination
3589	Other Action - Not Classified, Specify
3950	Denial of Contract Application or Renewal

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

AAR Type of Negative Finding Codes - Individual Subjects

Peer Review Organization

Table 35 - Initial Actions

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

Table 36 - Revision to Actions

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

AAR Basis for Action Codes - Individual Subjects

Clinical Privileges Actions

Table 37 - Non-Compliance With Requirements

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

Table 38 - Criminal Conviction or Adjudication

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

Table 39 - Confidentiality, Consent or Disclosure Violations

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

Table 40 - Misconduct or Abuse

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

Clinical Privileges Actions (continued)

Table 41 - Fraud, Deception, or Misrepresentation

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

Table 42 - Unsafe Practice or Substandard Care

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

Table 43 - Improper Supervision or Allowing Unlicensed Practice

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

Table 44 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 45 - Other

Code	Description
99	Other - Not Classified, Specify_____

Exclusion or Debarment Actions

Table 46 - Criminal Conviction

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

Table 47 - Other

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

Federal Licensure, State Licensure or Certifications Actions

Table 48 - Non-Compliance With Requirements

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

Table 49 - Criminal Conviction or Adjudication

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

Table 50 - Confidentiality, Consent or Disclosure Violations

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

Table 51 - Misconduct or Abuse

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

Federal Licensure, State Licensure or Certifications Actions (continued)

Table 52 - Fraud, Deception, or Misrepresentation

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

Table 53 - Unsafe Practice or Substandard Care

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

Table 54 - Improper Supervision or Allowing Unlicensed Practice

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

Table 55 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 56 - Other

Code	Description
99	Other - Not Classified, Specify, _____

Government Administrative Actions

Table 57 - Non-Compliance With Requirements

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

Table 58 - Criminal Conviction or Adjudication

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

Table 59 - Confidentiality, Consent or Disclosure Violations

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

Table 60 - Misconduct or Abuse

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

Government Administrative Actions (continued)

Table 61 - Fraud, Deception, or Misrepresentation

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

Table 62 - Unsafe Practice or Substandard Care

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

Table 63 - Improper Supervision or Allowing Unlicensed Practice

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

Table 64 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 65 - Other

Code	Description
99	Other - Not Classified, Specify, _____

Health Plan Actions

Table 66 - Non-Compliance With Requirements

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

Table 67 - Criminal Conviction or Adjudication

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

Table 68 - Confidentiality, Consent or Disclosure Violations

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

Table 69 - Misconduct or Abuse

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

Health Plan Actions (continued)

Table 70 - Fraud, Deception, or Misrepresentation

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

Table 71 - Unsafe Practice or Substandard Care

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

Table 72 - Improper Supervision or Allowing Unlicensed Practice

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

Table 73 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 74 - Other

Code	Description
99	Other - Not Classified, Specify, _____

Professional Society Actions

Table 75 - Non-Compliance With Requirements

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

Table 76 - Criminal Conviction or Adjudication

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

Table 77 - Confidentiality, Consent or Disclosure Violations

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

Table 78 - Misconduct or Abuse

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

Table 79 - Fraud, Deception, or Misrepresentation

Code	Description
E6	Failure to Disclose
E3	Filing False Reports or Falsifying Records
05	Fraud - Unspecified
E4	Fraud, Deceit or Material Omission in Obtaining License or Credentials
55	Improper or Abusive Billing Practices

Code	Description
E1	Insurance Fraud (Medicare, Medicaid or Other Insurance)
81	Misrepresentation of Credentials
56	Submitting False Claims

Table 80 - Unsafe Practice or Substandard Care

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

Table 81 - Improper Supervision or Allowing Unlicensed Practice

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

Table 82 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 83 - Other

Code	Description
99	Other - Not Classified, Specify, _____

AAR Basis for Action Codes - Organization Subjects

Accreditation Actions

Table 84 - Non-Compliance With Federal, State or Contractual Requirements

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

Table 85 - Other

Code	Description
99	Other - Not Classified, Specify, _____

Exclusion or Debarment Actions

Table 86 - Criminal Conviction

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

Table 87 - Other

Code	Description
71	Conflict of Interest
72	Corporate Integrity Agreement Breach
44	Default on Health Education Loan or Scholarship Obligations
41	Entities Owned or Controlled by a Sanctioned Individual
40	Exclusion or Suspension From a Federal or State Health Care Program
46	Failure to Grant Immediate Access
50	Failure to Maintain Adequate or Accurate Records
45	Failure to Maintain Records or Provide Medical, Financial or Other Required Information
51	Failure to Perform Contractual Obligations
53	Failure to Provide Medically Reasonable and/or Necessary Items or Services
47	Failure to Take Corrective Action
57	Fraud, Kickbacks or Other Prohibited Activities
54	Furnishing Unnecessary or Substandard Items or Services
58	Imposition of Civil Money Penalty or Assessment
55	Improper or Abusive Billing Practices
42	Individuals Controlling Sanctioned Entities
39	License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
H1	Narcotics Violation or Other Violation of Drug Statutes
59	Peer Review Organization Recommendation
73	Settlement Agreement Breach
56	Submitting False Claims
A7	Surrendered License to Practice
A6	Violation of Federal or State Statutes, Regulations or Rules

Code	Description
84	Violation of State Health Code
99	Other - Not Classified, Specify, _____

Federal Licensure, State Licensure or Certifications Actions

Table 88 - Non-Compliance With Requirements

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

Table 89 - Criminal Conviction or Adjudication

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

Table 90 - Confidentiality, Consent or Disclosure Violations

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

Table 91 - Conflict of Interest

Code	Description
71	Conflict of Interest

Federal Licensure, State Licensure or Certifications (continued)

Table 92 - Fraud, Deception, or Misrepresentation

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

Table 93 - Substandard Care or Patient Neglect/Abuse

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

Table 94 - Improper Supervision or Allowing Unlicensed Practice

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

Table 95 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

Code	Description
H5	Error in Prescribing, Dispensing or Administering Medication or Sedation
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	Inappropriate or Unauthorized Administration of Medication or Sedation
H3	Inappropriate or Unauthorized Dispensing of Medication
H2	Inappropriate or Unauthorized Prescribing of Medication

Table 96 - Other

Code	Description
99	Other - Not Classified, Specify, _____

Government Administrative Actions

Table 97 - Non-Compliance With Requirements

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

Table 98 - Criminal Conviction or Adjudication

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

Table 99 - Confidentiality, Consent or Disclosure Violations

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

Table 100 - Conflict of Interest

Code	Description
71	Conflict of Interest

Table 101 - Fraud, Deception, or Misrepresentation

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

Government Administrative Actions (continued)

Table 102 - Substandard Care or Patient Neglect/Abuse

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

Table 103 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 104 - Other

Code	Description
99	Other - Not Classified, Specify, _____

Health Plan Actions

Table 105 - Non-Compliance With Requirements

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

Table 106 - Criminal Conviction or Adjudication

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

Table 107 - Confidentiality, Consent or Disclosure Violations

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

Table 108 - Conflict of Interest

Code	Description
71	Conflict of Interest

Table 109 - Fraud, Deception or Misrepresentation

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

Health Plan Actions (continued)

Table 110 - Substandard Care or Patient Neglect/Abuse

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

Table 111 - Improper Prescribing, Dispensing, Administering Medication/Drug Violation

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

Table 112 - Other

Code	Description
99	Other - Not Classified, Specify, _____

AAR Basis for Action Codes - Retired

Table 113 - AAR Basis for Action Codes - Retired

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

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

AAR Basis for Finding Codes - Individual Subjects

Peer Review Organization

Table 114 - Fraud, Deception or Misrepresentation

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

Table 115 - Unsafe Practice or Substandard Care

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

Table 116 - Other

Code	Description
99	Other - Not Classified, Specify, _____

AAR Type of Action Codes

Table 117 - AAR Type of Action Codes

Code	Type	Description
1 (SL)	Licensure (State Licensure or Certification)	State Licensure or Certification actions are adverse actions taken by State licensing and certification 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 NPDB under Section 1128E of the Social Security Act and 45 CFR Part 60.
2 (FL)	Licensure (Federal Licensure)	Federal licensure actions are adverse actions taken by Federal licensing and certification 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 NPDB under Section 1128E of the Social Security Act and 45 CFR Part 60. 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 NPDB under Section 1128E of the Social Security Act and 45 CFR part 60. These actions must meet the regulatory definition of "other adjudicated actions," which requires that they: 1) be formal or official actions; 2) include the availability of a due process mechanism; and 3) be based on acts or omissions that affect or could affect the payment, provision or delivery of a health care item or service. The definition specifically excludes clinical privileging actions or paneling decisions (which normally are the result of a formal peer review process). However, quality actions that include the availability of due process are reportable. An example of a reportable health plan action would be the termination of a practitioner's contract to provide health care services, as long as it meets the three specified criteria.

Code	Type	Description
5 (ED)	Exclusion or Debarment	The exclusion or debarment of a health care practitioner, provider, or supplier from participating in and/or contracting with a Federal or State health care program is reportable to the NPDB under Section 1128E of the Social Security Act and 45 CFR Part 60. 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 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 45 CFR Part 60.
9 (GA)	Government Administrative	Government Administrative actions are reportable to the NPDB under Section 1921 of the Social Security Act, and Section 1128E of the Social Security Act and 45 CFR Part 60. State actions are reportable under Section 1921 of the Social Security Act and Federal actions are reportable under Section 1128E of the Social Security Act. They encompass adverse actions reportable to NPDB that are not classified elsewhere. This category includes any publicly available negative action or finding by Government agencies (Federal or State) 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 Government agency (Federal or State) against a health care practitioner, provider, or supplier. These adjudicated actions or decisions may include, for example, personnel actions, employment disqualifications, and contract terminations.

AAR Type of Action Codes (Old Format)

Table 118 - AAR Type of Action Codes (Old Format)

Code	Type
L	Licensure
C	Clinical Privileges
S	Society Membership

AAR Automatic Reinstatement Codes

Table 119 - AAR Automatic Reinstatement Codes

Code	Description
Y	Reinstatement is automatic at completion of adverse action period.
N	Reinstatement is not automatic.
C	Reinstatement is automatic, with conditions.

Nature of Relationship Codes

Individual Subjects

Table 120 - Individual Subjects

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

Organization Subjects

Table 121 - Organization Subjects

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

JOCR Act or Omission Codes

Table 122 - JOCR Act or Omission Codes

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

JOCR Type of Action Codes

Table 123 - 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.

JOCR Jurisdiction Codes

Table 124 - JOCR Jurisdiction Codes

Code	Type
S	State/Local Court
F	Federal Court

MMPR Act or Omission Codes (Old Format MMPR)

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

Table 125 - Diagnosis

Code	Description
010	Failure to Diagnose (i.e., Concluding That Patient Has No Disease or Condition Worthy of Follow-Up or Observation)
020	Wrong Diagnosis or Misdiagnosis (i.e., Original Diagnosis is Incorrect)
030	Improper Performance of Test
040	Unnecessary Diagnostic Test
050	Delay in Diagnosis
060	Failure to Obtain Consent/Lack of Informed Consent
090	Diagnosis Related-Not Otherwise Classified

Table 126 - Anesthesia

Code	Description
110	Failure to Complete Patient Assessment
120	Failure to Monitor
130	Failure to Test Equipment
140	Improper Choice of Anesthesia Agent or Equipment
150	Improper Technique/Induction
160	Improper Equipment Use
170	Improper Intubation
180	Improper Positioning
185	Failure to Obtain Consent/Lack of Informed Consent
190	Anesthesia Related-Not Otherwise Classified

Table 127 - Surgery

Code	Description
210	Failure to Perform Surgery
220	Improper Positioning
230	Retained Foreign Body
240	Wrong Body Part
250	Improper Performance of Surgery
260	Unnecessary Surgery
270	Delay in Surgery
280	Improper Management of Surgical Patient
285	Failure to Obtain Consent/Lack of Informed Consent
290	Surgery Related-Not Otherwise Classified

Table 128 - Medication

Code	Description
305	Failure to Order Appropriate Medication
310	Wrong Medication Ordered
315	Wrong Dosage Ordered of Correct Medication
320	Failure to Instruct on Medication
325	Improper Management of Medication Regimen
330	Failure to Obtain Consent/Lack of Informed Consent
340	Medication Error-Not Otherwise Classified
350	Failure to Medicate
355	Wrong Medication Administered
360	Wrong Dosage Administered
365	Wrong Patient
370	Wrong Route
380	Improper Technique
390	Medication Administration Related-Not Otherwise Classified

Table 129 - Intravenous and Blood Products

Code	Description
410	Failure to Monitor
420	Wrong Solution
430	Improper Performance
440	IV Related-Not Otherwise Classified
450	Failure to Ensure Contamination Free
460	Wrong Type
470	Improper Administration
480	Failure to Obtain Consent/Lack of Informed Consent
490	Blood Product Related-Not Otherwise Classified

Table 130 - Obstetrics

Code	Description
505	Failure to Manage Pregnancy
510	Improper Choice of Delivery Method
520	Improperly Performed Vaginal Delivery
525	Improperly Performed C-Section
530	Delay in Delivery (Induction or Surgery)
540	Failure to Obtain Consent/Lack of Informed Consent
550	Improperly Managed Labor-Not Otherwise Classified
555	Failure to Identify/Treat Fetal Distress
560	Delay in Treatment of Fetal Distress (i.e., Identified but Treated in Untimely Manner)
570	Retained Foreign Body/Vaginal/Uterine
575	Abandonment
580	Wrongful Life/Birth
590	Obstetrics Related-Not Otherwise Classified

Table 131 - Treatment

Code	Description
610	Failure to Treat
620	Wrong Treatment/Procedure Performed
630	Failure to Instruct Patient on Self-Care
640	Improper Performance of Treatment/Procedure
650	Improper Management of Course of Treatment
660	Unnecessary Treatment
665	Delay in Treatment
670	Premature End of Treatment (Also Abandonment)
675	Failure to Supervise Treatment/Procedure
680	Failure to Obtain Consent/Lack of Informed Consent
685	Failure to Refer or Seek Consultation
690	Treatment Related-Not Otherwise Classified

Table 132 - Monitoring

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

Table 133 - Biomedical Equipment/Product

Code	Description
810	Failure to Inspect/Monitor
820	Improper Maintenance
830	Improper Use
840	Failure to Respond to Warning
850	Failure to Instruct Patient on Use of Equipment/Product
860	Malfunction/Failure
890	Biomedical Equipment/Product Related-Not Otherwise Classified

Table 134 - Miscellaneous

Code	Description
910	Inappropriate Behavior of Clinician (e.g., Sexual Misconduct Allegation, Assault)
920	Failure to Protect Third Parties (e.g., Failure to Warn/Protect From Violent Patient Behavior)
930	Breach of Confidentiality/Privacy
940	Failure to Maintain Appropriate Infection Control
950	Failure to Follow Institutional Policy or Procedure
960	Other (Provide Detailed Description)
990	Failure to Review Provider Performance

[1] Codes other than those listed above may be returned to the user. These additional codes are no longer accepted by the NPDB and should be interpreted as 'UNKNOWN'.

MMPR Nature of Allegation Codes

Table 135 - 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 Report Type Codes

Table 136 - MMPR Report Type Codes

Code	Description
I	Initial
C	Correction

MMPR Outcome Codes

Table 137 - MMPR Outcome Codes

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

MMPR Specific Allegation Codes

Table 138 - Failure to Take Appropriate Action

Code	Description
100	Failure to Use Aseptic Technique
101	Failure to Diagnose
102	Failure to Delay a Case When Indicated
103	Failure to Identify Fetal Distress
104	Failure to Treat Fetal Distress
105	Failure to Medicate
106	Failure to Monitor
107	Failure to Order Appropriate Medication
108	Failure to Order Appropriate Test
109	Failure to Perform Preoperative Evaluation
110	Failure to Perform Procedure
111	Failure to Perform Resuscitation
112	Failure to Recognize a Complication
113	Failure to Treat

Table 139 - Delay In Performance

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

Table 140 - Error/Improper Performance

Code	Description
300	Administration of Blood or Fluids Problem
301	Agent Use or Selection Error
302	Complementary or Alternative Medication Problem
303	Equipment Utilization Problem
304	Improper Choice of Delivery Method
305	Improper Management
306	Improper Performance
307	Improperly Performed C-Section
308	Improperly Performed Vaginal Delivery
309	Improperly Performed Resuscitation
310	Improperly Performed Test
311	Improper Technique
312	Intubation Problem
313	Laboratory Error
314	Pathology Error
315	Medication Administered via Wrong Route
316	Patient History, Exam, or Workup Problem
317	Problems With Patient Monitoring in Recovery
318	Patient Monitoring Problem
319	Patient Positioning Problem
320	Problem with Appliance, Prostheses, Orthotic, Restorative, Splint, Device, etc.
321	Radiology or Imaging Error
322	Surgical or Other Foreign Body Retained
323	Wrong Diagnosis or Misdiagnosis
324	Wrong Dosage Administered
325	Wrong Dosage Dispensed
326	Wrong Dosage Ordered of Correct Medication
327	Wrong Medication Administered
328	Wrong Medication Dispensed
329	Wrong Medication Ordered
330	Wrong Body Part
331	Wrong Blood Type
332	Wrong Equipment
333	Wrong Patient
334	Wrong Procedure or Treatment

Table 141 - Unnecessary/Contraindicated Procedure

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

Table 142 - Communication/Supervision

Code	Description
500	Communication Problem Between Practitioners
501	Failure to Instruct or Communicate with Patient or Family
502	Failure to Report on Patient Condition
503	Failure to Respond to Patient
504	Failure to Supervise
505	Improper Supervision

Table 143 - Continuity of Care/Care Management

Code	Description
600	Failure/Delay in Admission to Hospital or Institution
601	Failure/Delay in Referral or Consultation
602	Premature Discharge from Institution
603	Altered, Misplaced or Prematurely Destroyed Records

Table 144 - Behavior/Legal

Code	Description
700	Abandonment
701	Assault and Battery
702	Breach of Contract or Warranty
703	Breach of Patient Confidentiality
704	Equipment Malfunction
705	Failure to Conform with Regulation, Statute, or Rule
706	Failure to Ensure Patient Safety
707	Failure to Obtain Consent or Lack of Informed Consent
708	Failure to Protect a Third Party
709	Failure to Test Equipment
710	False Imprisonment
711	Improper Conduct
712	Inadequate Utilization Review
713	Negligent Credentialing
714	Practitioner with Communicable Disease
715	Product Liability
716	Religious Issues
717	Sexual Misconduct
718	Third Party Claimant
719	Vicarious Liability
720	Wrongful Life/Birth

Table 145 - Other

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

These codes were adapted from code lists developed by The Risk Management Foundation of the Harvard Medical Institutions and the Physician Insurers Association of America.

MMPR Relationship of Entity Codes

Table 146 - MMPR Relationship of Entity Codes

Code	Description
P	Insurance company – Primary Insurer
E	Insurance company – Excess Insurer
S	Self-Insured Organization
G	Insurance Guaranty Fund
M	State Medical Malpractice Payment Fund as the Primary Payer for This Practitioner
O	State Medical Malpractice Payment Fund as a Secondary Payer for This Practitioner

MMPR Relationship of Entity Codes (Old Format)

Table 147 - MMPR Relationship of Entity Codes (Old Format)

Code	Description
I	Insurance company
S	Self-Insured Organization
O	Other – Guaranty Fund

MMPR Payment Result Of Codes

Table 148 - MMPR Payment Result Of Codes

Code	Description
J	Judgment
S	Settlement
B	Payment Prior to Settlement
O	Other

MMPR Payment Result Of Codes (Old Format)

Table 149 - MMPR Payment Result Of Codes (Old Format)

Code	Description
J	Judgment
S	Settlement
B	Payment Prior to Settlement
U	Unknown
O	Other

MMPR Payment Type Codes

Table 150 - MMPR Payment Type Codes

Code	Description
S	A Single Final Payment
M	One of Multiple Payments
U	Unknown Payment Type (Responses only - do not submit reports with this payment type)

MMPR Patient Type Codes

Table 151 - MMPR Patient Type Codes

Code	Description
I	Inpatient
O	Outpatient
B	Both
U	Unknown

Report Transaction Type Codes

Table 152 - Report Transaction Type Codes

Code	Description
I	Initial: The first record of an adverse action that is submitted to and processed by the NPDB. 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 NPDB. 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 NPDB. 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 NPDB. 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 NPDB that a subject has formally appealed a previously reported adverse action. Under Section 1921 and Section 1128E, 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 an NPDB report. There is no legal requirement for this type of report to be submitted to the NPDB under Title IV.

Void Reason Codes

Table 153 - Void Reason Codes

Code	Description
V0	The report was submitted in error (e.g., wrong practitioner named; duplicate report; payment not delivered; action never finalized).
V1	The action was not reportable because it did not meet NPDB reporting requirements.
V2	The action was overturned on appeal. The action was reversed because the original action should never have been taken.

Subject Source Codes

Table 154 - Subject Source Codes

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

Transaction Codes

Table 155 - Transaction Codes

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

Query Purpose Codes

Table 156 - Query Purpose Codes

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

Continuous Query Enrollment Purpose Codes

Table 157 - Continuous Query Enrollment Purpose Codes

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

Continuous Query Enrollment Status Codes

Table 158 - Continuous Query Enrollment Status Codes

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

Continuous Query Report Disclosure Reason Codes

Table 159 - Continuous Query Report Disclosure Reason Codes

Code	Description
IR	The reporting entity identified in this disclosure has submitted Initial Report {1}.
RR	The reporting entity identified in this disclosure has submitted Revision to Action Report {1}.
CR	The reporting entity identified in this disclosure has submitted correction(s) to report {1}.
CA	The reporting entity identified in this disclosure has submitted correction(s) to report {1}.
DA	The subject of report {1} has filed a dispute with the NPDB 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 NPDB and should not be used. Please destroy all copies of this report.
OC	On behalf of the reporting entity identified in this disclosure, the NPDB corrected report {1}. The following data fields have been modified: {2}.
OA	On behalf of the reporting entity identified in this disclosure, the NPDB corrected report {1}. The following data fields have been modified: {2}.
RC	On behalf of the reporting entity identified in this disclosure, the NPDB 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 NPDB 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 NPDB 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 NPDB.

Code	Description
RV	On behalf of the reporting entity identified in this disclosure, the NPDB 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 NPDB 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 NPDB, 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 NPDB, 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 NPDB, 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 NPDB 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 NPDB 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
RQ	At the request of the subject, report {1} was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

Note(s):

The descriptions listed herein contain placeholder references ({1}, {2}, and {3}) and each will be replaced with an actual report DCN when a notification is generated by the NPDB.

Occupation/Field of Licensure Codes

Table 160 – Physician

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

Table 161 – Nurse – Advanced, Registered, Practical, or Vocational

Code	Description
100	Registered Nurse
110	Nurse Anesthetist
120	Nurse Midwife
130	Nurse Practitioner
140	Licensed Practical or Vocational Nurse
141	Clinical Nurse Specialist
142	Other Nurse Occupation - Not Classified, Specify, _____

Table 162 – Nurse Aide, Home Health Aide and Other Aide

Code	Description
150	Nurse Aide/Nursing Assistant
160	Home Health Aide (Homemaker)
165	Health Care Aide/Direct Care Worker
175	Certified or Qualified Medication Aide
176	Other Aide Occupation - Not Classified, Specify, _____

Table 163 – Dental Service Practitioner

Code	Description
030	Dentist
035	Dental Resident
606	Dental Assistant
607	Dental Therapist/Dental Health Aide
609	Dental Hygienist
612	Denturist
613	Other Dental Occupation - Not Classified, Specify, _____

Table 164 – Chiropractor

Code	Description
603	Chiropractor
604	Chiropractic Assistant
605	Other Chiropractic Occupation - Not Classified, Specify, _____

Table 165 – Behavioral Health Occupations

Code	Description
621	Counselor, Mental Health
651	Professional Counselor
660	Addictions Counselor
652	Sex Offender Counselor
653	Pastoral Counselor
661	Marriage and Family Therapist
662	Art Therapist
664	Recreation Therapist
665	Dance Therapist
667	Music Therapist
668	Other Behavioral Health Occupation - Not Classified, Specify, _____

Table 166 – Dietitian/Nutritionist

Code	Description
200	Dietitian
210	Nutritionist
211	Other Dietitian/Nutritionist Occupation - Not Classified, Specify, _____

Table 167 – Emergency Medical Technician (EMT)

Code	Description
240	Emergency Medical Responder
250	Emergency Medical Technician
270	Emergency Medical Technician, Advanced
280	Paramedic
281	Other Emergency Medical Technician - Not Classified, Specify, _____

Table 168 – Eye and Vision Service Practitioner

Code	Description
630	Ocularist
633	Optician
636	Optometrist
637	Other Eye and Vision Service Occupation - Not Classified, Specify, _____

Table 169 – Pharmacy Service Practitioner

Code	Description
050	Pharmacist
055	Pharmacy Intern
070	Pharmacy Assistant
075	Pharmacy Technician
076	Other Pharmacy Service Occupation - Not Classified, Specify, _____

Table 170 – Physician Assistant

Code	Description
642	Physician Assistant

Table 171 – Podiatric Service Practitioner

Code	Description
350	Podiatrist
648	Podiatric Assistant
649	Other Podiatric Service Occupation - Not Classified, Specify, _____

Table 172 – Psychologist/Psychological Assistant

Code	Description
371	Psychologist
372	School Psychologist
373	Psychological Assistant, Associate, Examiner
374	Other Psychologist/Psychological Assistant Occupation - Not Classified, Specify, _____

Table 173 – Rehabilitative, Respiratory and Restorative Service Practitioner

Code	Description
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
658	Other Rehabilitative, Respiratory and Restorative Service Occupation - Not Classified, Specify, _____

Table 174 – Social Worker

Code	Description
300	Social Worker

Table 175 – Speech, Language and Hearing Service Practitioner

Code	Description
400	Audiologist
460	Speech/Language Pathologist
470	Hearing Aid (or Instrument) Specialist, Dealer, Dispenser or Fitter
471	Other Speech, Language and Hearing Service Occupation - Not Classified, Specify, _____

Table 176 – Technologist/Technician

Code	Description
501	Medical or Clinical Lab Technician/Technologist
503	Surgical Technologist/Assistant
505	Cytotechnologist
510	Nuclear Medicine Technologist
520	Radiation Therapy Technologist
530	Radiologic Technician/Technologist
551	Other Technologist/Technician - Not Classified, Specify, _____

Table 177 – Other Health Care Practitioner

Code	Description
600	Acupuncturist
601	Athletic Trainer
615	Homeopath
618	Medical Assistant
624	Midwife, Lay (Non-Nurse)
627	Naturopath
639	Orthotics/Prosthetics Fitter
647	Perfusionist
170	Psychiatric Technician
699	Other Health Care Practitioner - Not Classified, Specify, _____

Table 178 – Health Care Facility Administrator[1]

Code	Description
758	Health Care Facility Administrator

Table 179 – Other Occupation[1]

Code	Description
850	Accountant
853	Bookkeeper
822	Business Manager
830	Business Owner
820	Corporate Officer
810	Insurance Agent/Broker
800	Researcher, Clinical
840	Salesperson
899	Other Occupation - Not Classified, Specify, _____

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

Occupation/Field of Licensure Codes – Retired

Table 180 – Occupation/Field of Licensure Codes – Retired

Code	Description
060	Pharmacist, Nuclear
134	Doctor of Nursing Practice
135	Advanced Practice Nurse
148	Certified Nurse Aide/Certified Nursing Assistant
260	EMT, Cardiac/Critical Care
370	Psychologist, Clinical
402	Art/Recreation Therapist
500	Medical Technologist
502	Medical or Clinical Laboratory Technician
504	Surgical Assistant
540	X-Ray Technician or Operator
550	Limited X-Ray Machine Operator (LXMO)
645	Physician Assistant, Osteopathic
654	Professional Counselor, Alcohol
657	Professional Counselor, Family/Marriage
752	Adult Care Facility Administrator
755	Hospital Administrator
759	Assisted Living Facility Administrator
812	Insurance Broker

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

Specialty Codes

Table 181 - Physician Specialties

Code	Description
01	Allergy and Immunology
03	Aerospace Medicine
05	Anesthesiology
10	Cardiovascular Diseases
13	Child Psychiatry
20	Dermatology
23	Diagnostic Radiology
25	Emergency Medicine
29	Forensic Pathology
30	Gastroenterology
33	General Practice/Family Practice
35	General Preventive Medicine
37	Hospitalist
39	Internal Medicine
40	Neurology
43	Neurology, Clinical Neurophysiology
45	Nuclear Medicine
50	Obstetrics & Gynecology
53	Occupational Medicine
55	Ophthalmology
59	Otolaryngology
60	Pediatrics
63	Psychiatry
65	Public Health
67	Clinical Pharmacology
69	Physical Medicine & Rehabilitation
70	Pulmonary Diseases
73	Anatomic/Clinical Pathology
75	Radiology
76	Radiation Oncology
80	Colon and Rectal Surgery
81	General Surgery
82	Neurological Surgery
83	Orthopedic Surgery
84	Plastic Surgery
85	Thoracic Surgery
86	Urological Surgery
98	Other Specialty - Not Classified
99	Unspecified

Table 182 - Dental Specialties

Code	Description
D1	General Dentistry (No Specialty)
D2	Dental: Public Health
D3	Endodontics
D4	Oral and Maxillofacial Surgery
D5	Oral and Maxillofacial Pathology
D6	Orthodontics and Dentofacial Orthopedics
D7	Pediatric Dentistry
D8	Periodontics
D9	Prosthodontics
DA	Oral and Maxillofacial Radiology
DB	Unknown

Entity Status Codes

Table 183 - 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 NPDB. The most recent entity contact information reported to the NPDB 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 NPDB. 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 NPDB. The most recent entity contact information reported to the NPDB and the date on which it was reported is provided. The NPDB 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 NPDB. The most recent information for the registered successor entity is provided, but that entity is also no longer an active registrant with the NPDB. The NPDB has no additional information regarding this entity.

State Abbreviations and U.S. Territories

Table 184 – States

Code	Description
AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota

Code	Description
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

Code	Description
WV	West Virginia
WI	Wisconsin
WY	Wyoming

Table 185 - Territories

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

Table 186 - Armed Forces

Code	Description
AA	Central and South America
AE	Europe
AP	Pacific

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

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

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

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

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

APO/FPO Postal Codes

Table 187 - AE - Europe

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

Table 188 - AA - Americas

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

Table 189 - AP - Pacific

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

Type of Organization Codes

Table 190 - Group or Practice

Code	Description
361	Chiropractic Group/Practice
362	Dental Group/Practice
365	Medical Group/Practice
366	Mental Health/Substance Abuse Group/Practice
363	Optician/Optometric Group/Practice
367	Physical/Occupational Therapy Group/Practice
364	Podiatric Group/Practice

Table 191 - Home Health Agency/ Organization

Code	Description
393	Home Health Agency/Organization

Table 192 - Hospice/Hospice Care Provider

Code	Description
382	Hospice/Hospice Care Provider

Table 193 - Hospital

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

Table 194 - Hospital Unit

Code	Description
307	Psychiatric Unit
308	Rehabilitation Unit

Table 195 - Laboratory/CLIA Laboratory

Code	Description
310	Laboratory/CLIA Laboratory

Table 196 - Nursing Facility/Skilled Nursing Facility

Code	Description
389	Nursing Facility/Skilled Nursing Facility

Table 197 - Research Center/Facility

Code	Description
370	Research Center/Facility

Table 198 - Ambulance Service/Transportation Company

Code	Description
390	Ambulance Service/Transportation Company

Table 199 - Health Insurance Company/Provider

Code	Description
320	Health Insurance Company/Provider

Table 200 - Other Health Care Facility

Code	Description
381	Adult Day Care Facility
392	Ambulatory Clinic/Center
391	Ambulatory Surgical Center
398	End Stage Renal Disease Facility
394	Health Center/Federally Qualified Health Center/Community Health Center
383	Intermediate Care Facility for Intellectually Disabled/Substance
397	Mammography Service Provider
395	Mental Health Center/Community Mental Health Center
388	Outpatient Rehabilitation Facility/ Comprehensive Outpatient Rehabilitation Facility
399	Radiology/Imaging Center
386	Residential Treatment Facility/ Program
396	Rural Health Clinic

Table 201 - Managed Care Organization

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

Table 202 - Health Care Supplier/Manufacturer

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

Table 203 - Other

Code	Description
999	Other Type - Not Classified, Specify, _____

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

Report Change Notification Disclosure Type Codes

Table 204 - 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 NPDB 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 NPDB and should not be used. Please destroy all copies of this report.
OC	On behalf of the reporting entity identified in this disclosure, the NPDB corrected report {1}. The following data fields have been modified: {2}.
OA	On behalf of the reporting entity identified in this disclosure, the NPDB corrected report {1}. The following data fields have been modified: {2}.
RC	On behalf of the reporting entity identified in this disclosure, the NPDB 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 NPDB corrected report {1} as directed by the Secretary of the U.S. Department of Health and Human Services. For further information, see the Secretary's comments included in this disclosure.

Code	Description
OV	On behalf of the reporting entity identified in this disclosure, the NPDB 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 NPDB.
RV	On behalf of the reporting entity identified in this disclosure, the NPDB 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 NPDB 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 NPDB, 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 NPDB, 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 NPDB, 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 NPDB 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 NPDB 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.
RQ	At the request of the subject, report {1} was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

Note(s):

The descriptions listed herein contain placeholder references ({1}, {2}, and {3}) and each will be replaced with an actual report DCN when a notification is generated by the NPDB.

Gender Codes

Table 205 - Gender Codes

Code	Description
M	Male
F	Female
U	Unknown

Dispute Status Codes

Table 206 - Dispute Status Codes

Code	Description
N	Report is not in dispute.
Y	The subject of the referenced report has filed a dispute with the NPDB concerning information contained in the report.
S	The subject of the referenced report has requested that this dispute be reviewed by the Secretary of the U.S. Department of Health and Human Services.
R	The Secretary of the U.S. Department of Health and Human Services has reviewed the facts of the dispute and has reached a decision.
Q	At the request of the subject, the referenced report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

Statutory Authority Codes

Table 207 – Statutory Authority QRXS Codes

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

Error Codes

Table 208 - Error Codes

Code	Description
03	File is not compliant with the current format version.
05	SQL error.
06	Invalid transaction code entered.
07	Invalid Data Bank ID.
08	Invalid password.
09	This entity does not have the privilege to perform this transaction.
11	Entity registration has expired.
12	Agent registration has expired.
13	This agent does not have the authority to act for entity.
15	Entity name or Data Bank ID is missing or illegible.
16	All or part of the entity address is missing or invalid.
18	Invalid entity type code.
20	All or part of a subject's name is missing or invalid. Subject First Name and Last Name are required.
22	Invalid subject type.
23	Incomplete subject Occupation/Field of Licensure information. For each license number you provide, you must also provide a valid, two-letter abbreviation for the U.S. State from where the license was issued, and a valid, three-digit Occupation/Field of Licensure code.
24	Invalid Occupation/Field of Licensure code.
25	All or part of school information is missing or illegible: professional school information must include both the name of the professional health care school attended and the year the subject graduated. If the subject did not graduate, provide the last year he or she attended the school-this will be presented on the response as the subject year of graduation.
26	Invalid Drug Enforcement Administration number.
27	Invalid Social Security Number.

Code	Description
28	Missing, invalid, or illegible date of birth. Date of birth must be at least 15 years before today's date and after 1900.
29	Invalid gender code.
30	Adverse Action Report data is missing or illegible: required information is missing in section C of the Adverse Action Report you submitted. Each of the fields in this section must be completed legibly. Please submit a new, fully completed adverse action report to the NPDB. 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 NPDB.
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 NPDB, 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 NPDB.
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 NPDB. 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 NPDB.
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	Missing or 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 NPDB.
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 NPDB.

Code	Description
41	Missing or invalid credit card information. The NPDB accepts VISA, MasterCard, Discover or American Express. The NPDB does 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 NPDB regarding the reason for this rejection. Please contact your credit card company for further information.
45	Duplicate report.
46	Data Bank Control Number of report to be voided or corrected is missing or invalid.
47	Query data is missing.
48	Invalid Query Purpose code.
49	Time to dispute a report has expired.
50	Valid Data Bank Control Number of report to be corrected or voided was not provided.
51	Cannot dispute a changed/voided report.
52	Attempted to correct or void a report that has been previously voided or replaced by a corrected version.
53	Report is already in dispute.
54	Report is already in Report Review.
55	Report is not in dispute: cannot withdraw dispute.
56	Report is not in Report Review: cannot withdraw dispute.
57	Control character (non-alphanumeric) found in file.
58	Possible data entry error found.
59	Credit card bill authorization error.
60	File is not in the appropriate format. Check to ensure that the file is not zipped or in binary format (e.g., MS Word or Corel WordPerfect) prior to resubmission.
61	Query file with this name has already been processed.
62	Cannot access drive.

Code	Description
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.

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

Code	Description
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.
AH	Invalid combination of Adverse Action Classification codes. State Licensure or Certification actions taken against a multi-state license may not contain multiple codes when one of the following codes is reported: 1338 or 1339. Additional actions should be submitted in separate reports.
AI	Status codes in Licensure Actions and Multi-State Licensure Privilege Actions cannot be selected together.
AM	Invalid combination of Adverse Action Classification codes. State Licensure or Certification actions taken against organizations may not contain multiple codes when code 3238 is reported. Additional actions should be submitted in separate reports.
AN	Automatic reinstatement field is only allowed when a specific length of action is specified.
AO	Automatic reinstatement field is not allowed with the specified Adverse Action Classification code(s).
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.
B8	Act or Omission code missing or invalid.
B9	Missing Judgment or Conviction Report information.

Code	Description
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.
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.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.

Code	Description
D6	Report is not valid under any NPDB 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.
F2	The NPDB no longer accepts Adverse Action Reports submitted via disk. All Adverse Action Reports submitted to the NPDB must be submitted through the Integrated Querying and Reporting Service found on the World Wide Web at www.npdb.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 or Certification report on an individual subject, or 'Health Care Entity Definition' if you are filing a State Licensure or Certification 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.

Code	Description
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.
H4	This subject is a duplicate of a subject submitted as DCN <DCN of previously queried subject>
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.
IC	Insufficient credits available for transaction.
IN	ITIN not allowed for this report type.
IP	Total Number of Claimants Included in (Global) Settlement was specified, but the payment was not specified as being the result of a settlement. Total Number of Claimants Included in (Global) Settlement is only allowed if the payment is the result of a settlement.
J1	Credit Card Issuer Unavailable: The NPDB 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 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 NPDB. 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.

Code	Description
J4	Missing or invalid credit card information, the credit card expiration date is not valid.
J5	All or part of the credit card billing address is missing or invalid.
J6	Payment information is missing.
J7	Invalid Credit card and EFT data conflict.
K1	Professional School information is not allowed in judgment or conviction reports.
K2	An Act or Omission Description is required if the Act or Omission Code is 999, and not allowed otherwise.
K3	Invalid Case Number.
K4	Invalid Type of Action.
K5	Missing or invalid Docket/Court File Number.
K6	Missing or invalid Jurisdiction.
K7	Missing or invalid Narrative description of act(s) or omission(s).
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).

Code	Description
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.
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.
MI	Invalid Total Number of Claimants Included in (Global) Settlement.
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.

Code	Description
MN	Missing or invalid Total Amount Paid or to Be Paid by This Payer for This Practitioner.
MO	Total amount paid or to be paid by this payer for this practitioner must be greater than or equal to the state fund payment amount.
MP	Missing or invalid Total Amount Paid or to Be Paid by This Payer for All Practitioners.
MQ	Total amount paid or to be paid by this payer for this practitioner must be greater than or equal to the self-insured payment amount.
MR	ITIN not allowed in medical malpractice payment reports.
MS	Licensure Specialty not allowed in medical malpractice payment reports.
MT	Organization Type not allowed in medical malpractice payment reports.
MU	NPI not allowed in medical malpractice payment reports.
MV	FEIN not allowed in medical malpractice payment reports.
MW	UPIN not allowed in medical malpractice payment reports.
MX	Only information regarding hospital affiliations may be reported for medical malpractice payment reports.
MY	The date of this payment should not be before 09/01/1990.
MZ	Description of the Act(s) or Omission(s) and injuries or illnesses is missing or invalid.
P1	Missing or invalid customer subject ID number.
N0	A payment result of description must be provided if payment result of is “Other” and is not allowed otherwise.
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.

Code	Description
P8	Data Bank subject ID number is not allowed for enrollment transactions.
P9	Data Bank subject ID number does not correspond to the same enrolled subject as the customer subject ID number.
PA	Data Bank subject ID number does not correspond to an active enrolled subject.
PB	Data Bank subject ID number or customer subject ID number must be provided.
PC	Customer subject ID number does not correspond to an active enrolled subject.
PD	Subject is currently being enrolled or updated. Retry your submission after receiving output from the enrollment or most recent update.
PE	Enrolled subject can only be renewed within two months before or one month after its renewal date.
PF	The entity on whose behalf you are submitting this transaction has not enabled use of Continuous Query.
PG	Missing or invalid Data Bank subject ID number.
PH	Only one Continuous Query update, cancellation or status request is allowed per submission file.
PI	A maximum of 999 subjects may be submitted in a batch transaction.
PJ	This Continuous Query renewal batch contains enrolled subjects with different expiration dates.
PM	The Continuous Query subject is already up to date with the changes you submitted.
PN	This enrollment contains subjects that match duplicate enrolled subjects: <name(s) and subject id(s) of currently enrolled subject(s)>
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.

Code	Description
QB	Missing or invalid Type of Negative Finding code.
QC	Missing or invalid negative finding description.
QD	Missing or invalid negative finding date.
QE	Missing or invalid basis for finding description.
QF	Missing or invalid description of finding.
R1	All or part of certification information is missing.
R2	Invalid affiliate address.
R4	Invalid Organization Name.
R6	Invalid Customer Use data.
R9	You do not have the correct statutory authority to submit this report.
RE	The DBID for your organization must be renewed before you can access the NPDB services. The NPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB 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. The certifying official for your organization must review the NPDB regulations, available at https://www.npdb.hrsa.gov/resources/aboutLegsAndRegs.jsp, as part of the renewal process. Once the regulations have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB for processing. If your organization has already mailed the registration renewal to the NPDB, it will be processed within one business day of its receipt by the NPDB. Data Bank Correspondence will be sent once the NPDB has 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 Customer Service Center at 1-800-767-6732.
RF	The DBID for your organization must be renewed before you can access the NPDB services. The NPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB 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. The certifying official for your organization must review the NPDB regulations, available at https://www.npdb.hrsa.gov/resources/aboutLegsAndRegs.jsp as part of the renewal process. Contact the administrator of your organization so they can renew the registration. If you need further assistance, please contact the NPDB Customer Service Center at 1-800-767-6732.

Code	Description
RG	The DBID for the entity on whose behalf you are submitting the file must be renewed before the submission file can be processed by the NPDB. The NPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB 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. As part of the renewal process, the certifying official of the entity on whose behalf you are submitting the file must review the NPDB regulations, available at https://www.npdb.hrsa.gov/resources/aboutLegsAndRegs.jsp. Once the certifying official has reviewed these regulations, the entity administrator can complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. If you need further assistance, please contact the NPDB Customer Service Center at 1-800-767-6732.
RH	File is not compliant with the current format version of the latest Interface Control Document (ICD). Please review the appropriate ICD specification for the type of transaction you wish to submit and update your ICD transaction files.
RI	The administrator account can not be used to submit report or query transactions. These transactions must be submitted using a user account.
RJ	The administrator account can not be used to submit query, report, or Continuous Query transactions. These transactions must be submitted using a user account.
RQ	Missing or invalid Void Reason Code.
RR	Too much subject information has been changed. If you need to change subject information, first submit a correction report and then submit this revision to action.
RS	Missing or invalid void reason description.
RP	The field of licensure (including the description, if provided) for the primary license must be a profession that your board has stated it regulates. If this is the correct field of licensure, your Data Bank administrator must first sign in to the IQRS and add the profession on the Regulated Professions screen.
S0	The new password was based on a commonly used keyboard sequence. Passwords may not be a simplistic or systematic sequence (e.g., abcd1234).
S1	The new password must be different from the old password.
S2	The new password must be between 8 and 14 characters long.
S3	The new password must contain at least one numeric character.
S4	The new password must contain at least one upper- and one lower-case character.
S5	The new password contains an illegal character.
S6	The new password was similar to your account user ID.
S7	The new password was similar to your account user ID with the characters reversed.

Code	Description
S8	The new password was the same as one you used previously.
S9	The new password did not contain enough different characters.
SA	The new password was similar to a word in the dictionary.
SB	The new password was similar to a word in the dictionary with the characters reversed.
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 NPDB will generate a new password.
SM	Your password contains too many repeated characters.
SN	You may only change your password once per day.
SO	Your password must contain at least one of these special characters: ! @ # $ ^ & * ( ) - _ = + [ ] { } | ; : , . < > ?
SJ	Reserved for future use.
UA	URLs and references to external sites are not allowed in the description of allegations and injuries.
UF	URLs and references to external sites are not allowed in the description of finding.
UJ	URLs and references to external sites are not allowed in the description of the judgment or settlement.
UM	URLs and references to external sites are not allowed in the description of the medical condition.
UN	URLs and references to external sites are not allowed in the narrative description.
UP	URLs and references to external sites are not allowed in the description of the procedure performed.
US	URLs and references to external sites are not allowed in the narrative description of acts or omissions.
UZ	URLs and references to external sites are not allowed in the description of acts or omissions.
V1	Missing or invalid Vendor ID.

QRXS Client Program Status Codes

Table 209 - QRXS Client Program Status Codes

Code	Description
C00	Success, no errors.
C01	Error on NPDB server, reattempt transfer.
C02	Authentication failed; DBID, UserID, or Password are invalid, or the user account is inactive.*
C03	Password expired for DBID and UserID.*
C04	No filenames specified for upload.
C05	Error sending files to server, reattempt transfer.
C06	Client sent an invalid request.
C07	Inactive DBID.
C08	Maximum upload file size exceeded; reduce file size and reattempt transfer.
C09	All uploaded files are invalid.
C10	Unable to communicate with NPDB server, reattempt transfer.
C12	Database error on NPDB 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 NPDB's services. The NPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB 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. The certifying official for your organization must review the NPDB statutory authorities, available at https://www.npdb.hrsa.gov/resources/aboutLegsAndRegs.jsp, as part of the renewal process. Once the statutory authorities have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB for processing. If your organization has already mailed the registration renewal to the NPDB, it will be processed within 1 business day of its receipt by the NPDB. Data Bank Correspondence will be sent once the NPDB has 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 Customer Service Center at 1-800-767-6732.
C17	The DBID for your organization must be renewed before you can access the NPDB's services. The NPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB 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. The certifying official for your organization must review the NPDB statutory authorities, available at https://www.npdb.hrsa.gov/resources/aboutLegsAndRegs.jsp, as part of the renewal process. Contact the Entity Data Bank Administrator of your organization so they can renew the registration. If you need further assistance, please contact the NPDB 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 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 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 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 Customer Service Center to reset the password.
C60	Your password must be changed before other transactions can be submitted.
C61	Error changing the password.
C62	Error resetting the password.
C64	No more than one password change transaction can be submitted at one time. Reduce the number of password change transactions to one, reattempt transfer.
C68	To ensure account security, your Entity Data Bank Administrator must authorize this connection.
C69	To ensure account security, the account holder must contact the NPDB Customer Service Center at 1-800-767-6732 to access the system.

* For detailed information on maintaining User IDs and passwords refer to https://www.npdb.hrsa.gov/hcorg/howToManageUserIdsAndPasswords.jsp.

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

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

QRXS Web Service Status Codes

Table 210 - QRXS Web Service Status Codes

Code	Description
C00	Success, no errors.
C01	Error on NPDB 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 server, reattempt transfer.
C12	Database error on NPDB 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 NPDB's services. The NPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB 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. The certifying official for your organization must review the NPDB statutory authorities, available at https://www.npdb.hrsa.gov/resources/aboutLegsAndRegs.jsp, as part of the renewal process. Once the statutory authorities have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB for processing. If your organization has already mailed the registration renewal to the NPDB, it will be processed within 1 business day of its receipt by the NPDB. Data Bank Correspondence will be sent once the NPDB has 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 Customer Service Center at 1-800-767-6732.
C17	The DBID for your organization must be renewed before you can access the NPDB's services. The NPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB 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. The certifying official for your organization must review the NPDB statutory authorities, available at https://www.npdb.hrsa.gov/resources/aboutLegsAndRegs.jsp, as part of the renewal process. Contact the Entity Data Bank Administrator of your organization so they can renew the registration. If you need further assistance, please contact the NPDB Customer Service Center at 1-800-767-6732.
C40	Error opening connection to NPDB server, check Internet connection and reattempt transfer.
C54	Error downloading response files, reattempt transfer.

Code	Description
C57	Your password has expired. You may login to the IQRS to reset your password or contact your Entity Data Bank Administrator or the NPDB 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 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 Customer Service Center to reset the password.
C60	Your password must be changed before other transactions can be submitted.
C61	Error changing the password.
C62	Error resetting the password.
C64	No more than one password change transaction can be submitted at one time. Reduce the number of password change transactions to one, reattempt transfer.
C68	To ensure account security, your Entity Data Bank Administrator must authorize this connection.
C69	To ensure account security, the account holder must contact the NPDB Customer Service Center at 1-800-767-6732 to access the system.

* For detailed information on maintaining User IDs and passwords refer to https://www.npdb.hrsa.gov/hcorg/howToManageUserIdsAndPasswords.jsp.

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