

# Kentucky Application for Provider Evaluation and Reevaluation

April 2009

KAPER-I (04/2009)

### Kentucky Department of Insurance Kentucky Application for Provider Evaluation and Reevaluation – 2009

**Introduction**. Development of a uniform application form and guidelines for the evaluation and reevaluation of health care providers, including psychologists, was mandated under KRS 304.17 A-545 (5). In response to the requirement, the Department of Insurance developed the form entitled Kentucky Application for Provider Evaluation and Reevaluation in December 2005. The form has undergone several modifications since that time. However, the current KAPER-1 (04/2009) consists of two (2) parts, including Part A and Part B.

The KAPER-1, Part A was adopted with consent from the Council for Affordable Quality Healthcare form entitled "Provider Application." All health insurers offering managed care plans in Kentucky are required to use either the CAQH provider application or the KAPER-1 (04/2009), Part A, for the evaluation (credentialing) and reevaluation (recredentialing) of health care providers, including psychologists, who will be on their lists of participating providers. The KAPER-1 (04/2009), Part A is also used by the Cabinet for Health and Family Services (CHFS) pursuant to KRS 205.560.

The KAPER-1, Part B was initially developed in collaboration with health care providers, insurers, and the CHFS. This part is for use by Kentucky hospitals and health care facilities and consists of two (2) sections, including Part B, Section 1, used for initial evaluation (credentialing) of a physician or allied health professional, and Part B, Section 2, used for reevaluation (recredentialing) of a physician or allied health professional. The KAPER-1(04/2009), Part B is also used by the CHFS pursuant to KRS 216B.155.

The KAPER-1 (04/2009) may be accessed on the Department's Web site at <a href="http://insurance.ky.gov">http://insurance.ky.gov</a> or obtained directly from the Kentucky Department of Insurance, Division of Health Insurance Policy and Managed Care, P. O. Box 517, Frankfort, KY 40602-0517. Reproduction of the form without any changes is allowed.

# KAPER-l (04/2009), Part A

For Evaluation (Credentialing) and Reevaluation (Recredentialing) of Health Care Providers Desiring Participation in Kentucky Managed Care Plans and the Kentucky Medicaid Program.

#### Commonwealth of Kentucky Instructions - Form KAPER-I (04/2009), Part A

A. Uniform Kentucky Application for Evaluation (Credentialing) and Reevaluation (recredentialing) Form. Following is the KAPER-I (04/2009), Part A, which was adopted with consent of the Council for Affordable Quality Health Care pursuant to KRS 304.17 A-545(5). A complete KAPER-I (04/2009), Part A, with required attachments, as specified in item C of this instruction, must be accepted by an insurer offering a managed care plan in Kentucky for the evaluation (credentialing) and reevaluation (recredentialing) of a health care provider who will be on the insurer's list of participating providers. "Health care provider" is defined in 806 KAR 17:480, Section 1. The KAPER-I (04/2009), Part A, which must be accepted by the insurer in an electronic or handwritten format, is available on the Web site of the Department of Insurance <a href="http://insurance.ky.gov">http://insurance.ky.gov</a> or at a location identified by the health insurer.

Prior to completing the KAPER-I (04/2009), it is advised that a health care provider desiring participation in a managed care plan contact the insurer for information regarding electronic or handwritten submission of the form with required attachments, as specified in item C of this instruction, and cover letter, as applicable.

Prior to completing the KAPER-1 (04/2009), it is advised that a health care provider desiring participation in the Kentucky Medicaid Program contact the KY Cabinet for Health and Family Services for submission of required attachments, as specified in item C of this instruction, and cover letter, as applicable.

- **B. Cover Letter.** If a complete KAPER-1 (04/2009), Part A is submitted to an insurer, a cover letter signed and dated by the health care provider requesting consideration of evaluation or revaluation may be required by the insurer.
- C. Required Attachments. Unless otherwise specified in this instruction, one (1) photocopy of each of the following eight (8) supporting documents shall be on 8 ½" X 11" paper, labeled, and attached to the complete KAPER-1 (04/2009), Part A in the following order.
- 1. Drug enforcement agency (DEA) registration certificate;
- 2. State controlled dangerous substance (CDS) certificate, if applicable;
- 3. W-9 of each tax identification number;
- 4. Workers' compensation certificate of coverage;
- 5. Current professional liability insurance policy face sheet (showing expiration dates, limits and health care provider's name);
- 6. Signed and dated authorization, attestation and release form;
- 7. Supplemental forms, if any, in page number order; and
- 8. Additional pages, if indicated (e.g. lists, etc.).

# Provider Application

CORRECT NUMBERS AND LETTERS A	BC123 CORRECT X INCORRECT COMMON ABBREVIATIONS, AND ZIP CODE MATCHING, PLEASE MAKE CORRECTIONS ONLINE OR CALL THE HELP DESK.
Instructions Read all instructions carefully prior to submitting your application.	Tips to avoid processing delays  1. Complete only this application and its supplemental forms. <b>Do not use another provider's application.</b> 2. Use a blue or black ink ball-point pen only. Do not use a pencil or a felt-tip pen.  3. Print legibly and inside the boxes provided based upon the examples given above.  4. Do not enter more than 1 character per box. If necessary, write outside the provided spaces.  5. Complete all sections that are applicable to you.  6. Some fields use "codes" to help you easily report information (e.g., schools, languages). Code lists are found on pages 36 - 43.  NOTE: Fields with asterisks (*) indicate that a response is required. All other fields will be considered not applicable if left blank.
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Code lists are found on pages 36-43. Enter the	SSN* - FOREIGN NATIONAL IDENTIFICATION NUMBER (FNIN) FNIN COUNTRY OF ISSUE
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NOTE: CAQH will use this method for application follow-up.	E-MAIL
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\* REQUIRED RESPONSE, NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 1 Personal Information and Professional IDs (Continued) **Professional** MMD IDs FEDERAL DEA NUMBER DEA ISSUE DATE Include all state licenses, DEA Registration and State Controlled Dangerous DEA STATE OF REGISTRATION DEA EXPIRATION DATE Substance (CDS) certification numbers. Provide all current and CDS CERTIFICATE NUMBER CDS ISSUE DATE previous licenses/ certifications. CDS STATE OF REGISTRATION CDS EXPIRATION DATE Non-licensed professionals should MIMIDID enter certification/ registration number in STATE LICENSE NUMBER LICENSE ISSUING STATE LICENSE ISSUE DATE the space provided for IF THIS IS A STATE LICENSE, ARE YOU license number. YES NO MMDDD **CURRENTLY PRACTICING IN THIS STATE?** If you have additional LICENSE EXPIRATION DATE Professional IDs to Code list is found on page 36; use license status codes. Enter Code list is found on page 36; use provider type codes. Enter report, use the Professional IDs 3-digit code in space provided. 3-digit code in space provided. Supplemental Form on LICENSE TYPE LICENSE STATUS CODE page 19. MMDDDY STATE LICENSE NUMBER LICENSE ISSUING STATE LICENSE ISSUE DATE IF THIS IS A STATE LICENSE, ARE YOU YES NO **CURRENTLY PRACTICING IN THIS STATE?** LICENSE EXPIRATION DATE Code list is found on page 36; Code list is found on page 36; use license status codes. Enter 3-digit code in space provided. use provider type codes. Enter 3-digit code in space provided. LICENSE TYPE LICENSE STATUS CODE Other ID ARE YOU A PART-ICIPATING MEDICARE PROVIDER?\* YES NO Numbers ARE YOU A PART-If you have additional ICIPATING MEDICAID YES NO Professional IDs to PROVIDER? report, use the Professional IDs Supplemental Form on page 19. NATIONAL PROVIDER IDENTIFICATION (NPI) NUMBER USMLE NUMBER (WITHOUT HYPHENS) WORKERS COMPENSATION NUMBER 0 ECFMG NUMBER (NON-U.S./CANADIAN GRADUATE ONLY) ECFMG CERTIFICATE ISSUE DATE (NON-U.S./CANADIAN GRADUATE ONLY)

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\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 4 **Practice Location Information** NOTE: IF YOU INDICATED THAT YOU PRACTICE EXCLUSIVELY WITHIN THE INPATIENT SETTING ON PAGE 1, YOU ARE ONLY REQUIRED TO COMPLETE THE CREDENTIALING CONTACT QUESTION ABOVE. SECTION 4 MAY BE LEFT BLANK. YOU MAY PROCEED TO SECTION 5 ON PAGE 11. Primary **Practice** CURRENTLY PRACTICING AT PREVIOUS OR FUTURE Location THIS ADDRESS?\* START DATE? If you have additional practice locations, use the Supplemental **Practice Location** Information Form on pages 25-29. GROUP / CORPORATE NAME AS IT APPEARS ON W-9, IF DIFFERENT FROM ABOVE (DO NOT ABBREVIATE) NOTE: "General Correspondence" refers to any correspondence NUMBER that might be sent to the provider that does not solely relate to credentialing or billing information. SEND GENERAL CORRESPON-TIP Your Individual Tax ID is assumed to be your Primary Tax ID unless you specify otherwise to the right. PRIMARY TAX ID USE INDIVIDUAL USE GROUP TAX ID (ONE ONLY)\* INDIVIDUAL TAX ID **GROUP TAX ID** Office Manager or Business Office Staff Contact List each contact separately. You may use the check boxes below for convenience. Do not write instructions like "see above". These responses will be E-MAIL ADDRESS rejected and will require follow-up. **Billing Contact** LAST NAME CHECK HERE TO USE OFFICE MANAGER AND OFFICE ADDRESS AS BILLING INFORMATION NUMBER NOTE: Even if you checked the box above, please provide the E-mail Address of the Billing Contact. E-MAIL ADDRESS 3083

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Section 4	Practice Loc	cation	Inform	ation (Contin	ued)												
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Code lists are found on pages 37. Enter the	NON-ENGLISH LANGU SPOKEN BY OFFICE P			GUAGE CODE L	ANGUAGE	CODE	LANGUA	AGE CODE	LA	NGUAGE	CODE	LAN	GUAGE	CODE			
associated 3-digit code in the space provided.	INTERPRETERS AVAILABLE?*	YES	NO	LANGUAGES INTERPRETED	ANGUAGE	CODE	LANGU	AGE CODE		NGUAGE	CODE	LAN	GUAGE	CODE			
Accessibilities	DOES THIS OFFICE ME	EET ADA AC	CESSIBILI		YES			AGE CODE	LAI	GUAGE	JOBE	LAIN	OUNGE	CODE			
	DOES THIS SITE OFFE		APPED	DOES THIS SERVICES				YES	NO		CESSIBL BLIC TRA		TATION	7*	YES		NO
	BUILDING?*	YES	NO	TEXT	(ELEPHON)	Y (TTY)*		YES	NO		В	ıs•			YES		NO
	PARKING?*	YES	NO	AMER	CAN SIGN	LANGUAC	E.	YES	NO		su	IBWAY*			YES		NO
	RESTROOM?*	YES	NO	MENT/ SERVI	AL/PHYSICA CES*	L IMPAIR	MENT	YES	NO		RE	GIONAL	TRAIN	•	YES		NO
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	SERVICES?	YES	NO	(E.G., CLIA, COLA,								arregency leaves		and lauren.	nutranes d	-	and the second
	RADIOLOGY SERVICES?	YES	NO	IF YES, PROVIDE X- CERTIFICATION TY													
	EKGS?	YES	NO	ALLERGY INJECTIONS?	YES	No		ERGY SKIN		YES	NO	GY	UTINE NECOL	OFFICE OGY AP)?		YES	
	DRAWING BLOOD?	YES	NO	AGE APPROPRIATE IMMUNIZATIONS?	YES	N		XIBLE MOIDOSCOP	Y?	YES	NO	Y/	MPANO AUDIOI REENI	METRY		YES	
	ASTHMA TREATMENT?	YES	NO	OSTEOPATHIC MANIPULATION?	YES	N		HYDRATION/ EATMENT?		YES	NO		RDIAC			YES	
	PULMONARY FUNCTION TESTING?	YES	NO	PHYSICAL THERAPY?	YES	N		RE OF MINOI CERATIONS?		YES	NO						
	IS ANESTHESIA ADMINISTERED IN YOUR OFFICE?	YES	NO	IF YES, WHAT CLASS/CATEGORY DO YOU USE?													
	IF YES, WHO ADMINISTERS IT?																
	L	AST NAME								FIRST NA	AME						
	TYPE OF PRACTICE (SELECT ONE ONLY)*		SOLO	PRACTICE	SIN	GLE SPE	CIALTY GR	OUP		MULTI-S	PECIALT	Y GROU	Р				
	ADDITIONAL OFFICE	PROCEDU	RES PROVI	DED (INCLUDING SUR	GICAL PRO	CEDURES	5)										
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Practice Location Information (Continued) LIST ALL PARTNERS/ASSOCIATES AT THIS PRACTICE Code lists are found on COVERING LAST NAME SPECIALTY CODE pages 36-43. Enter the COLLEAGUE associated 3-digit code in the space provided. PROVIDER TYPE (CODE PG 36) M.I. FIRST NAME If you have additional partners/associates at THIS location, use the COVERING COLLEAGUE LAST NAME SPECIALTY CODE Supplemental Form on page 23. Photocopy as (Y/N)? necessary. Be certain M.I. PROVIDER TYPE (CODE PG 36) Location" at the top of SPECIALTY CODE LAST NAME COVERING COLLEAGUE M.I. PROVIDER TYPE (CODE PG 36) FIRST NAME LIST ALL COVERING COLLEAGUES THAT ARE NOT PARTNERS/ASSOCIATES AT THIS PRACTICE Code lists are found on SPECIALTY CODE LAST NAME pages 36-43. Enter the associated 3-digit code in the space provided. M.I. FIRST NAME PROVIDER TYPE (CODE PG 36) If you have additional covering colleagues that are not partners at THIS location, use the SPECIALTY CODE Covering Colleagues LAST NAME

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

# Section 5

Arrangements

Section 4

Partners/ **Associates** 

Partner/Associate

to check "Primary

Covering

Colleagues

Supplemental Form on page 24. Photocopy as necessary. Be certain to check "Primary

Location" at the top of the page.

the page.

# Admitting

FIRST NAME

LAST NAME

FIRST NAME

**Hospital Affiliations** IF YOU DO NOT ADMIT PATIENTS, WHAT TYPE OF ADMITTING ARRANGEMENTS DO YOU HAVE? DO YOU HAVE HOSPITAL YES NO PRIVILEGES?\*

3087

M.I.

PROVIDER TYPE (CODE PG 36)

PROVIDER TYPE (CODE PG 36)

SPECIALTY CODE

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Section 6	* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.  Professional Liability Insurance Carrier	
Professional Liability	SELF-INSURED?* YES  CARRIER OR SELF-INSURED NAME*	1
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HIS BOX AND SKIP HIS SECTION.	ORIGINAL EFFECTIVE DATE*  EFFECTIVE DATE*  EXPIRATION DATE  EXPIRATION DATE	D
	DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?*  AMOUNT OF COVERAGE PER OCCURRENCE  AMOUNT OF COVERAGE AGGREGATE	
	POLICY INCLUDES TAIL COVERAGE?  YES  NO	
	POLICY NUMBER*	
Professional iability	SELF-INSURED? YES	
nsurance Carrier	CARRIER OR SELF-INSURED NAME  NUMBERS  STREET  SUITE/BUILDING	
ist other current, iture, or previous arrier(s) if current arrier is less than ten		
10) years.	TYPE OF UNDURENCE CHARLES	ED
IOTE: A longer period nay be required by our healthcare entity.	ORIGINAL EFFECTIVE DATE*  EFFECTIVE DATE*  EXPIRATION DATE	
you have additional nsurance, use the supplemental	DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?  AMOUNT OF COVERAGE PER OCCURRENCE  AMOUNT OF COVERAGE AGGREGATE	
nsurance Form on age 31.	POLICY INCLUDES TAIL COVERAGE?  YES  NO	
	POLICY NUMBER*	1000
Section 7	Work History and References	
Military Duty	Are you currently on active military duty or military reserve?*	_
Work History Include a chronological work history for the past 10 years.	WORK HISTORY  PRACTICE (AND OVER NAME)	
A longer period may be required by your healthcare entity.	PRACTICE / EMPLOYER NAME  NUMBER STREET SUITE/BUILDING	
If you have additional work history, use the Supplemental Work	CITY STATE ZIP/POSTAL CODE	

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\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 7 Work History and References (Continued) PLEASE EXPLAIN ANY TIME PERIODS OR GAPS IN TRAINING OR WORK HISTORY THAT HAVE OCCURRED SINCE GRADUATION FROM PROFESSIONAL SCHOOL AND ARE LONGER THAN THREE MONTHS IN DURATION OR OF A SHORTER DURATION IF REQUIRED BY THE ORGANIZATION FOR WHICH YOU ARE BEING CREDENTIALED. Gaps in Professional / **Work History** GAP END DATE GAP START DATE If you have additional professional / work history gaps, use the Supplemental Professional Work History Gaps Form on page 33. **Professional** References LAST NAME Provide three professional references to whom you are not PROVIDER TYPE (CODE PG 36) related or are not FIRST NAME\* partners in your practice. APT/SUITE/BUILDING NUMBER STREET Code lists are found on pages 36-43. Enter the associated 3-digit code for provider type. ZIP CODE\* CITY\* NOTE: TELEPHONE You are required to provide exactly 3 references. Your application will not be complete without this LAST NAME\* information. PROVIDER TYPE (CODE PG 36) Please check with FIRST NAME credentialing entity for any special requirements. APT/SUITE/BUILDING NUMBER\* STREET ZIP CODE\* CITY\* TELEPHONE LAST NAME PROVIDER TYPE (CODE PG 36) FIRST NAME APT/SUITE/BUILDING NUMBER\* STREET STATE ZIP CODE CITY\* TELEPHONE 3091

Section 8 **Disclosure Questions** Disclosure LICENSURE Questions Has your license, registration or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any con-YES Answer all questions. ditions or limitations by any state or professional licensing, registration or certification board? For any "Yes" response, provide an YES NO Has there been any challenge to your licensure, registration or certification?\* explanation on the Supplemental Disclosure Question HOSPITAL PRIVILEGES AND OTHER AFFILIATIONS Explanation Form on Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever page 34. been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for YES reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, Allied Health or governing board?\* **Providers** YES NO Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation?\* If you are an Allied Health Provider and you do not believe a Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, YES question is applicable by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)? to you, you should answer the question **EDUCATION, TRAINING AND BOARD CERTIFICATION** "NO" Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been 6 YES placed on probation, disciplined, formally reprimanded, suspended or asked to resign?\* Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status YES 7. as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program? NO Have any of your board certifications or eligibility ever been revoked?\* 8. YES 9 YES NO Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?\* DEA OR STATE CONTROLLED SUBSTANCE REGISTRATION Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been chal-10. YES NO lenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished? MEDICARE, MEDICAID OR OTHER GOVERNMENTAL PROGRAM PARTICIPATION Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or other-11. YES wise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental healthcare plans or programs?\* OTHER SANCTIONS OR INVESTIGATIONS Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, educa-12 YES tion or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant

\* REQUIRED RESPONSE NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP

18. YES NO Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history?\*

for alleged fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?\*

in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional

To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare

Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA,

Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or

agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or health-

Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your

Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or

resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal

Integrity and Protection Data Bank?

care facility of any military agency?\*

PROFESSIONAL LIABILITY INSURANCE INFORMATION AND CLAIMS HISTORY

individual liability history?\*

OSHA, etc.)?\*

misconduct?\*

13.

14.

15.

16.

17

YES

YES

YES

YES

YES

NO

NO

 $\star$  REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 8	Disclosure Questions (Continued)
Disclosure	MALPRACTICE CLAIMS HISTORY
Questions Answer all questions. For any "Yes"	19. YES NO Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years?*  If yes, provide information for each case.
response, provide an explanation on the Supplemental	CRIMINAL/CIVIL HISTORY
Disclosure Question Explanation Form on page 34.	20. YES NO Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony?*
IMPORTANT If you answered "Yes" to question #19, you	In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?*
must complete the Supplemental Malpractice Claims	22. YES NO Have you ever been court-martialed for actions related to your duties as a medical professional?*
Explanation Form on page 35 for each malpractice claim.	Note: A criminal record will not necessarily be a bar to acceptance. Decisions will be made by each health plan or credentialing organization based upon all the relevant circumstances, including the nature of the crime.
	ABILITY TO PERFORM JOB
	Are you currently engaged in the illegal use of drugs?*  ("Currently" means sufficiently recent to justify a reasonable belief that the use of drugs may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. § 812.22. It "does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law." The term does include, however, the unlawful use of prescription controlled substances.)
	24. YES NO Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety?*
	25. YES NO Do you have any reason to believe that you would pose a risk to the safety or well being of your patients?*
	26. YES NO Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable accommodation?*

# Standard Authorization, Attestation and Release

(Not for Use for Employment Purposes)

I understand and agree that, as part of the credentialing application process for participation, membership and/or clinical privileges (hereinafter, referred to as "Participation") at or with each healthcare organization indicated on the "List of Authorized Organizations" that accompanies this Provider Application (hereinafter, each healthcare organization on the "List of Authorized Organizations" is individually referred to as the "Entity"), and any of the Entity's affiliated entities, I am required to provide sufficient and accurate information for a proper evaluation of my current licensure, relevant training and/or experience, clinical competence, health status, character, ethics, and any other criteria used by the Entity for determining initial and ongoing eligibility for Participation. Each Entity and its representatives, employees, and agent(s) acknowledge that the information obtained relating to the application process will be held confidential to the extent permitted by law.

I acknowledge that each Entity has its own criteria for acceptance, and I may be accepted or rejected by each independently. I further acknowledge and understand that my cooperation in obtaining information and my consent to the release of information do not guarantee that any Entity will grant me clinical privileges or contract with me as a provider of services. I understand that my application for Participation with the Entity is not an application for employment with the Entity and that acceptance of my application by the Entity will not result in my employment by the Entity.

Authorization of Investigation Concerning Application for Participation. I authorize the following individuals including, without limitation, the Entity, its representatives, employees, and/or designated agent(s); the Entity's affiliated entities and their representatives, employees, and/or designated agents; and the Entity's designated professional credentials verification organization (collectively referred to as "Agents"), to investigate information, which includes both oral and written statements, records, and documents, concerning my application for Participation. I agree to allow the Entity and/or its Agent(s) to inspect and copy all records and documents relating to such an investigation.

Authorization of Third-Party Sources to Release Information Concerning Application for Participation. I authorize any third party, including, but not limited to, individuals, agencies, medical groups responsible for credentials verification, corporations, companies, employers, former employers, hospitals, health plans, health maintenance organizations, managed care organizations, law enforcement or licensing agencies, insurance companies, educational and other institutions, military services, medical credentialing and accreditation agencies, professional medical societies, the Federation of State Medical Boards, the National Practitioner Data Bank, and the Health Care Integrity and Protection Data Bank, to release to the Entity and/or its Agent(s), information, including otherwise privileged or confidential information, concerning my professional qualifications, credentials, clinical competence, quality assurance and utilization data, character, mental condition, physical condition, alcohol or chemical dependency diagnosis and treatment, ethics, behavior, or any other matter reasonably having a bearing on my qualifications for Participation in, or with, the Entity. I authorize my current and past professional liability carrier(s) to release my history of claims that have been made and/or are currently pending against me. I specifically waive written notice from any entities and individuals who provide information based upon this Authorization, Attestation and

Authorization of Release and Exchange of Disciplinary Information. I hereby further authorize any third party at which I currently have Participation or had Participation and/or each third party's agents to release "Disciplinary Information," as defined below, to the Entity and/or its Agent(s). I hereby further authorize the Agent(s) to release Disciplinary Information about any disciplinary action taken against me to its participating Entities at which I have Participation, and as may be otherwise required by law. As used herein, "Disciplinary Information" means information concerning (i) any action taken by such health care organizations, their administrators, or their medical or other committees to revoke, deny, suspend, restrict, or condition my Participation or impose a corrective action plan; (ii) any other disciplinary action involving me, including, but not limited to, discipline in the employment context; or (iii) my resignation prior to the conclusion of any disciplinary proceedings or prior to the commencement of formal charges, but after I have knowledge that such formal charges were being (or are being) contemplated and/or were (or are) in preparation.

Release from Liability. I release from all liability and hold harmless any Entity, its Agent(s), and any other third party for their acts performed in good faith and without malice unless such acts are due to the gross negligence or willful misconduct of the Entity, its Agent(s), or other third party in connection with the gathering, release and exchange of, and reliance upon, information used in accordance with this Authorization, Attestation and Release. I further agree not to sue any Entity, any Agent(s), or any other third party for their acts, defamation or any other claims based on statements made in good faith and without malice or misconduct of such Entity, Agent(s) or third party in connection with the credentialing process. This release shall be in addition to, and in no way shall limit, any other applicable immunities provided by law for peer review and credentialing activities. In this Authorization, Attestation and Release, all references to the Entity, its Agent(s), and/or other third party include their respective employees, directors, officers, advisors, counsel, and agents. The Entity or any of its affiliates or agents retains the right to allow access to the application information for purposes of a credentialing audit to customers and/or their auditors to the extent required in connection with an audit of the credentialing processes and provided that the customer and/or their auditor executes an appropriate confidentiality agreement. I understand and agree that this Authorization, Attestation and Release is irrevocable for any period during which I am an applicant for Participation at an Entity, a member of an Entity's medical or health care staff, or a participating provider of an Entity. I agree to execute another form of consent if law or regulation limits the application of this irrevocable authorization. I understand that my failure to promptly provide another consent may be grounds for termination or discipline by the Entity in accordance with the applicable in accordance with the provi

I certify that all information provided by me in my application is current, true, correct, accurate and complete to the best of my knowledge and belief, and is furnished in good faith. I will notify the Entity and/or its Agent(s) within 10 days of any material changes to the information (including any changes/challenges to licenses, DEA, insurance, malpractice claims, NPDB/HIPDB reports, discipline, criminal convictions, etc.) I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of Participation by the Entity, and must be submitted online or in writing, and must be dated and signed by me (may be a written or an electronic signature). I acknowledge that the Entity will not process an application until they deem it to be a complete application and that I am responsible to provide a complete application and to produce adequate and timely information for resolving questions that arise in the application process. I understand and agree that any material misstatement or omission in the application may constitute grounds for withdrawal of the application from consideration; denial or revocation of Participation; and/or immediate suspension or termination of Participation. This action may be disclosed to the Entity and/or its Agent(s). I further acknowledge that I have read and understand the foregoing Authorization, Attestation and Release and that I have access to the bylaws of applicable medical staff organizations and agree to abide by these bylaws, rules and regulations. I understand and agree that a facsimile or photocopy of this Authorization, Attestation and Release shall be as effective as the original.

ignature*	Name (print)*	
MMDDYYYY		
DATE SIGNED*		

# Professional IDs Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 1	Personal Information and Professional IDs	
Professional IDs	FEDERAL DEA NUMBER	M M D D Y Y Y Y  DEA ISSUE DATE
Include all additional state licenses, DEA Registration and State Controlled Dangerous	DEA STATE OF REGISTRATION	M M D D Y Y Y Y  DEA EXPIRATION DATE
Substance (CDS) certification numbers.  Provide all current and previous licenses/	FEDERAL DEA NUMBER	M M D D Y Y Y Y  DEA ISSUE DATE
certifications.  If you need to report additional Professional	DEA STATE OF REGISTRATION	DEA EXPIRATION DATE
IDs, photocopy this page as needed and submit as instructed.	CDS CERTIFICATE NUMBER	M M D D Y Y Y Y  CDS ISSUE DATE
	CDS STATE OF REGISTRATION	M M D D Y Y Y Y  CDS EXPIRATION DATE
	CDS CERTIFICATE NUMBER	M M D D Y Y Y Y
	CDS STATE OF REGISTRATION	M M D D Y Y Y Y  CDS EXPIRATION DATE
	STATE LICENSE NUMBER	LICENSE ISSUING STATE  M M D D Y Y Y Y  LICENSE ISSUE DATE
	IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?	M M D D Y Y Y Y
	Code list is found on page 36; use license status codes. Enter 3-digit code in space provided.  LICENSE STATUS CODE  LICENSE TYPE	Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided.
	STATE LICENSE NUMBER	LICENSE ISSUE DATE
	IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?	M M D D Y Y Y Y
	Code list is found on page 36; use license status codes. Enter 3-digit code in space provided.  LICENSE STATUS CODE  LICENSE TYPE	Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided.

# Other Relevant Education Supplemental Form

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 2	Education and Training
Fifth Pathway Education	FIFTH PATHWAY GRADUATES ONLY
	INSTITUTION/HOSPITAL WHERE U.S. CLINICAL TRAINING WAS PERFORMED (DO NOT ABBREVIATE)
	ADDRESS
	CITY STATE ZIP CODE
	TELEPHONE
	DID YOU COMPLETE YOUR EDUCATION AT THIS SCHOOL?  YES NO MMYYYYY MMYYYYY  START DATE END DATE (GRADUATION DATE)
Other Relevant Education	INSTITUTION/SCHOOL ISSUING DEGREE (DO NOT ABBREVIATE)
If you need to report additional Education, photocopy this page as needed and submit as	NUMBER STREET SUITE/BUILDING
instructed.	CITY STATE ZIP/POSTAL CODE
	TELEPHONE
	COUNTRY CODE START DATE END DATE (GRADUATION DATE)  DID YOU COMPLETE YOUR EDUCATION AT THIS SCHOOL?  YES NO
	INSTITUTION/SCHOOL ISSUING DEGREE (DO NOT ABBREVIATE)
	NUMBER STREET SUITE/BUILDING
	CITY STATE ZIP/POSTAL CODE
	TELEPHONE FAX
	COUNTRY CODE START DATE END DATE (GRADUATION DATE)  DEGREE AWARDED
	DID YOU COMPLETE YOUR EDUCATION AT THIS SCHOOL?  YES NO

# Other Training Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 2 **Education and Training Training** List all postgraduate SCHOOL CODE (E.G., AFFILIATED MEDICAL training programs you attended. Use one INSTITUTION / HOSPITAL NAME (USE BOTH LINES IF REQUIRED) section per institution. If you need to report additional Training, NUMBER photocopy this page as needed and submit as instructed. CITY Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided. COUNTRY CODE DID YOU COMPLETE THIS TRAINING PROGRAM AT THIS INSTITUTION? YES NO (IF NOT, PLEASE USE THE SPACE BELOW TO EXPLAIN.) INTERNSHIP/ RESIDENCY List each OTHER department separately, if START DATE END DATE applicable. List Internship/ Residency, Fellowship and Other NAME OF DIRECTOR programs separately. INTERNSHIP/ FELLOWSHIP RESIDENCY END DATE DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE) NAME OF DIRECTOR INTERNSHIP/ FELLOWSHIP END DATE DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)

3096

NAME OF DIRECTOR

# Additional Specialty Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED), NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 3	Profes	ssional	/ Medic	al Sp	pecialty	Infor	mati	on	tution to	10.193	District				2000		1016			MEN	66341	
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# Partners/Associates Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

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# Covering Colleagues Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

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Additional Practice	► LOCATION	*#																				
Location	CURRENTLY PRACTICING AT THIS ADDRESS?*	YES	NO	PREVI OR FL START		M	M	D	Y		Y	Y										
IMPORTANT —																						
In the box provided, indicate to which practice location this page belongs.	PHYSICIAN GROUP / PR									BREVIA	ATE)											
For example, if you practice at three locations, the primary location is reported in the main application	NUMBER*		STREET*	The second secon					The second second									SUI	TE/BU	ILDING		
and remaining locations would be reported on	СПУ	A CONTRACTOR OF THE CONTRACTOR		And the state of	10 mm	-			CHICAGOLIA						STA	TE*		ZIP	CODE			
Supplemental Forms as Location 2 and Location 3.	SEND GENERAL CORRESPON- DENCE HERE?*	YES	NO	TELEPH	ONE*								FAX	The second second		-			]-[			
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Section 4	Practice L	ocation	Infor	mation	- Pag	e 2 of	5											gara	
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\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Practice Location Information - Page 3 of 5
LOCATION*#
DO MID-LEVEL PRACTITIONERS (NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, ETC.) CARE FOR PATIENTS IN YOUR PRACTICE?*
(IF YES, PLEASE PROVIDE THE INFORMATION BELOW)
PRACTITIONER LAST NAME
PRACTITIONER FIRST NAME  M.I. PRACTITIONER TYPE (E.G., PA,
CNP, NP)  PRACTITIONER LICENSE / CERTIFICATE NUMBER  PRACTITIONER STATE
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CNP, NP

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Practice Location Information - Page 4 of 5 Section 4 Additional ► LOCATION\* # **Practice** Location LANGUAGES (Continued) NON-ENGLISH LANGUAGES SPOKEN BY OFFICE PERSONNEL IMPORTANT LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE In the box provided. INTERPRETERS LANGUAGES indicate to which NO YES practice location this LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE page belongs. Accessibilities DOES THIS OFFICE MEET ADA ACCESSIBILITY REQUIREMENTS?\* YES NO ACCESSIBLE BY PUBLIC TRANSPORTATION?\* YES NO DOES THIS SITE OFFER HANDICAPPED ACCESS FOR THE FOLLOWING DOES THIS SITE OFFER OTHER NO YES SERVICES FOR THE DISABLED? YES NO YES NO BUS NO TEXT TELEPHONY (TTY)\* BUILDING? YES YES NO AMERICAN SIGN LANGUAGE\* SUBWAY\* NO PARKING?\* YES MENTAL/PHYSICAL IMPAIRMENT SERVICES\* NO REGIONAL TRAIN YES NO YES NO RESTROOM?\* OTHER TRANSPORTATION ACCESS OTHER HANDICAPPED ACCESS OTHER DISABILITY SERVICES Services Does this location provide any of the following services? IF YES, PROVIDE ACCREDITING/ LABORATORY SERVICES? YES CERTIFYING PROGRAM (E.G., CLIA, COLA, MLE) RADIOLOGY SERVICES? IF YES, PROVIDE X-RAY CERTIFICATION TYPE YES ROUTINE OFFICE ALLERGY INJECTIONS? ALLERGY SKIN EKGS? YES NO YES NO GYNECOLOGY YES TESTING? (PELVIC/PAP)? TYMPANOMETR Y/ AUDIOMETRY SCREENING? DRAWING FLEXIBLE SIGMOIDOSCOPY? NO YES YES NO APPROPRIATE NO YES NO YES BLOOD? IMMUNIZATIONS? ASTHMA TREATMENT? CARDIAC STRESS TEST? IV HYDRATION/ TREATMENT? YES NO OSTEOPATHIC MANIPULATION? YES NO YES YES CARE OF MINOR LACERATIONS? PULMONARY YES YES NO FUNCTION TESTING? YES THERAPY? IS ANESTHESIA ADMINISTERED IN YOUR OFFICE? CLASS/CATEGORY YES NO DO YOU USE? IF YES, WHO ADMINISTERS IT? LAST NAME TYPE OF PRACTICE MULTI-SPECIALTY GROUP SINGLE SPECIALTY GROUP SOLO PRACTICE (SELECT ONE ONLY)\* ADDITIONAL OFFICE PROCEDURES PROVIDED (INCLUDING SURGICAL PROCEDURES)

<sup>\*</sup> REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

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# Hospital Privileges (Current) Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

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# Professional Liability Insurance Carrier Supplemental Form

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# Work History Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

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# Professional Training / Work History Gaps Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 7	Professional Training / Work History Gaps	
Professional Training / Work History	GAP START DATE M M Y Y Y Y GAP END DATE M M Y Y Y Y	
Gaps		
Please explain any time periods or gaps in training or work history that have occurred since graduation from professional school		
and are longer than three month in duration or of a shorter duration if required by the	GAP START DATE M M Y Y Y Y GAP END DATE M M Y Y Y Y	
organization for which you are being credentialed.		
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# Disclosure Questions Supplemental Form

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# Malpractice Claims Explanation Supplemental Form

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#### **Provider Type Codes**

- Medical Doctor (MD)
- Doctor of Dental Surgery (DDS)
- Doctor of Dental Medicine (DMD)
- Doctor of Podiatric Medicine (DPM)
- Doctor of Chiropractic (DC)
- Osteopathic Doctor (DO)
- 020 Acupuncturist 021 Alcohol/Drug Counselor 022 Audiologist
- Biofeedback Technician 023 Certified Registered Nurse 024 Anesthetist
- Christian Science Practitioner 026 Clinical Nurse Specialist
- Clinical Psychologist 028 Clinical Social Worker
- 029 Dietician

- Licensed Practical Nurse 030 Marriage/Family Therapist 031
  - 032 Massage Therapist 033 Naturopath 034 Neuropsychologist
  - Midwife 036 Nurse Midwife 037 Nurse Practitioner 038 Nutritionist
- 039 Occupational Therapist

- 040 Optician

- Optometrist 041
- 042 Pharmacist Physical Therapist
- 044 Physician Assistant Professional Counselor
- 046 Registered Nurse
- Registered Nurse First Assistant 047
- 048 Respiratory Therapist
- 049 Speech Pathologist

#### **License Status Codes**

00	1 Active	008	Pending
00	2 Canceled	009	Probation
00	3 Denied	010	Provisional
00	4 Expired	011	Restricted
00	5 Inactive	012	Revoked
00	6 Lapsed	013	Suspended
00	7 Limited	014	Surrendered

- Temporary
  - 016 Terminated 017 Time Limited 018 Unrestricted
  - 019 Other

#### **Country Codes**

004	Afghanistan
800	Albania
012	Algeria
016	American Samoa
020	Andorra
024	Angola
660	Anguilla
010	Antarctica
028	Antigua and Barbuda
032	Argentina
051	Armenia
533	Aruba
036	Australia
040	Austria
031	Azerbaijan
044	Bahamas
048	Bahrain
050	Bangladesh
052	Barbados
112	Belarus
056	Belgium
084	Belize
204	Benin
060	Bermuda
064	Bhutan
068	Bolivia
070	Bosnia and Herzegovina

- 072 Botswana Bouvet Island 074 Brazil 086 British Indian Ocean Territory 096 Brunei Darussalam Bulgaria
- Cambodia 120 Cameroon 124 Canada Cape Verde 132 Cayman Islands 136 140 Central African Republic Chad 152 Chile 156 China 162 Christmas Island 166 Cocos (Keeling) Islands Colombia

Burkina Faso

Burundi

108

- 174 Comoros
- 178 Congo 180 Congo, Democratic Republic of the Cook Islands 184 188 Costa Rica
- 384 Cote d'Ivoire 191 Croatia 192 Cuba Cyprus Czech Republic 196 203 208 Denmark 262 Djibouti
- 212 Dominica 214 Dominican Republic 626 East Timor (provisional) 218 Ecuador Egypt El Salvador 818
- 222 Equatorial Guinea 226 232 Eritrea Estonia 233 231 Ethiopia
- 238 Falkland Islands (Malvinas) 234 Faroe Islands 242 Fiji
- 246 Finland 250 France France, Metropolitan 249 254 French Guiana French Polynesia
- 260 French Southern Territories Gabon 270 Gambia 268 Georgia 276 Germany 288 Ghana 292 Gibraltan 300 Greece 304 Greenland
- 308 Grenada 312 Guadaloupe Guam 320 Guatemala 324 Guinea 624 Guinea-Bissau 328 Guyana 332 Haiti

- 334 Heard Island and McDonald Islands
- Honduras 344 Hong Kong 348 Hungary 352 Iceland 356 India 360 Indonesia 364 Iran 368
- Iraq 372 Ireland 376 Israel 380 Italy 388 Jamaica 392 Japan 400 Jordan 398 Kazakhstan
- 404 Kenya Kiribati 296 408 Korea, North Korea, South 410 Kuwait 417 Kyrgyzstan 418 Laos
- 428 Latvia 422 Lebanon 426 Lesotho 430 Liberia 434 Libya Liechtenstein
- 440 Lithuania Luxembourg 446 Macau 807 Macedonia 450 Madagascar 454 Malawi 458
- Malaysia Maldives 462 466 Mali Malta 584 Marshall Islands Martinique 478 Mauritania
- 480 Mauritius 175 Mayotte 484 Mexico 583 Micronesia

- 498 Moldova
- Monaco 496 Mongolia 500 Montserrat
- 504 Morocco Mozambique 508 Myanmar 104 Namibia 516
- 520 Nauru 524 Nepal 528 Netherlands 530 Netherlands Antilles
- 540 New Caledonia 554 New Zealand 558 Nicaragua 562 Niger 566 Nigeria
- 570 Niue Norfolk Island Northern Mariana Islands 580
- 578 Norway Oman 586 Pakistan Palau 585
- Panama 591 598 Papua New Guinea
- 600 Paraguay 604 Peru Philippines 612 Pitcairn 616 Poland 620 Portugal 630 Puerto Rico 634 Oatar
- 638 Réunion Romania 642 Russian Federation 643
- Rwanda 646 654 Saint Helena 659 Saint Kitts and Nevis 662 Saint Lucia
- 666 Saint Pierre and Miquelon 670 Saint Vincent and the

Grenadines

### **Country Codes (continued)**

882	Samoa		Sandwich Islands	772	Tokelau
674	San Marino	724	Spain	776	Tonga
678	São Tomé and Príncipe	144	Sri Lanka	780	Trinidad and
682	Saudi Arabia	736	Sudan	788	Tunisia
683	Scotland	740	Suriname	792	Turkey795
686	Senegal	744	Svalbard and Jan Mayen	796	Turks and Ca
690	Seychelles	748	Swaziland	798	Tuvalu
694	Sierra Leone	752	Sweden	800	Uganda
702	Singapore	756	Switzerland	804	Ukraine
703	Slovakia	760	Syria	784	United Arab I
705	Slovenia	158	Taiwan	826	United Kingd
090	Solomon Islands	762	Tajikistan	840	United States
706	Somalia	834	Tanzania	581	U.S. Minor O
710	South Africa	764	Thailand	858	Uruguay
239	South Georgia and the South	768	Togo	860	Uzbekistan

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200	226	Votion

772	Tokelau	548	Vanuatu
776	Tonga	336	Vatican City State (Holy See)
780	Trinidad and Tobago	862	Venezuela
788	Tunisia	704	Viet Nam
792	Turkey795 Turkmenistan	092	Virgin Islands, British
796	Turks and Caicos Islands	850	Virgin Islands, U.S.
798	Tuvalu	876	Wallis and Fortuna Islands
300	Uganda	732	Western Sahara (provisional)
304	Ukraine	887	Yemen
784	United Arab Emirates	891	Yugoslavia
326	United Kingdom	894	Zambia
340	United States	716	Zimbabwe
581	U.S. Minor Outlying Islands		
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### Language Codes

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006	Amharic	066	Laothian
007	Arabic	067	Latin
800	Armenian	068	Latvian;Lettish
009	Assamese	069	Lingala
010	Zerbaijani	070	Lithuanian
011	Bashkir	071	Macedonian
012	Basque	072	Malagasy
013	Bengali;Bangla	073	Malay
014	Bhutani	074	Malayalam
015	Bihari	075	Maltese
016	Bislama	076	Maori
017	Breton	077	Marathi
018	Bulgarian	078	Moldavian
019	Burmese	079	Mongolian
020	Byelorussian	080	Nauru
021	Cambodian	081	Nepali
022	Catalan	082	Norwegian
023	Chinese	083	Occitan
024	Corsican	084	Oriya
025	Croatian	085	Pashto:Pushto
026	Czech	086	Persian (Farsi)
027	Danish	087	Polish
028	Dutch	088	Portuguese
140	English	089	Punjabi
030	Esperonto	090	Quechua
031	Estonian	091	Rhaeto-Romance
032	Faroese	092	Romanian
033	Fiii	093	Russian
034	Finnish	094	Samoan
035	French	095	Sangho
036	Frisian	096	Sanskrit
037	Galican	097	Scot Gaelic
038	Georgian	098	Serbian
039	German	099	Serbo-Croatian
040	Greek	100	Sesotho
041	Greenlandic	101	Setswana
042	Guarani	102	Shona
043	Gujarati	103	Sindhi
044	Hausa	104	Singhalese
045	Hebrew	105	Siswati
046	Hindi	106	Slovak
047	Hungarian	107	Slovenian
048	Icelandic	108	Somali
049	Indonesian	109	Spanish
050	Interlingua	110	Sundanese
051	Interlingue	111	Swahili
052	Inuktitut	112	Swedish
053	Inupiak	113	Tagalog
054	Irish	114	Tajik
055	Italian	115	Tamil
056	Japanese	116	Tatar
057	Javanese	117	Telugu
058	Kannada	118	Thai
059	Kashmiri	119	Tibetan
060	Kazakh	120	Tigrinya
500	( Noted M )	120	· ·giiii ju

Tonga
Tsonga
Turkish
Turkmen
Twi
Uigur
Ukrainian
Urdu
Uzbek
Vietnames
Volapuk
Welsh
Wolof
Xhosa
Yiddish
Yoruba
Zerbaijani
Zhuang
Zulu

#### U.S. / Canadian Professional School Codes

#### Alabama

300 University of Alabama School of Dentistry

001 University of Alabama School of Medicine

002 University of South Alabama College of Medicine

003 University of Arkansas College of Medicine

#### Arizona

500 Arizona College of Osteopathic Medicine
004 University of Arizona College of Medicine

801 California College of Podiatric Medicine

400 Cleveland Chiropractic College of Los Angele

Keck School of Medicine

Life Chiropractic College West 401

Loma Linda University School of Dentistry Loma Linda University School of Medicine Los Angeles College of Chiropractic 006

402

Palmer College of Chiropractic West 403

Quantum University/SCCC

Stanford University School of Medicine

Touro University College of Osteopathic Medicine UCLA School of Medicine

008

009 University of California
010 University of California, Irvine, College of Medicine

302 University of California, Los Angeles School of Dentistry

011 University of California, San Diego, School of Medicine

303 University of California, San Francisco, School of Dentistry

012 University of California, San Francisco, School of Medicine

University of Southern California School of Dentistry

University of the Pacific School of Dentistry

Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

#### Colorado

306 University of Colorado School of Dentistry

013 University of Colorado School of Medicine

405 University of Bridgeport College of Chiropractic

307 University of Connecticut School of Dental Medicine

014 University of Connecticut School of Medicine

015 Yale University School of Medicine

#### District of Columbia

016 George Washington University

017 Georgetown University School of Medicine

Howard University College of Dentistry

018 Howard University College of Medicine

800 Barry University School of Graduate Medical Sciences
309 Nova Southeastern University College of Dentistry
503 Nova Southeastern University College of Osteopathic Medicine

310 University of Florida College of Dentistry

019 University of Florida College of Medicine

020 University of Miami School of Medicine

021 University of South Florida College of Medicine

#### Georgia

022 Emory University School of Medicine

406 Life Chiropractic College

Medical College of Georgia School of Dentistry

Medical College of Georgia School of Medicine Mercer University School of Medicine

Morehouse School of Medicine 025

026 John A. Burns School of Medicine

802 College of Podiatric Medicine and Surgery Des Moines University
 504 Des Moines University, Osteopathic Medical Center, College of Osteopathic Medicine and Surgery

Palmer College of Chiropractic

312 University of Iowa College of Dentistry

University of Iowa College of Medicine

028 Chicago Medical School, Finch University of Health Sciences

029 Loyola University Chicago, Stritch School of Medicine

505 Midwestern University, Chicago College of Osteopathic Medicine 408 National College of Chiropractic

313 Northwestern University Dental School

030 Northwestern University Medical School

Rush Medical College of Rush University 031

Scholl College of Podiatric Medicine at Finch University

314 Southern Illinois University School of Dental Medicine

032 Southern Illinois University School of Medicine

033 University of Chicago, The Pritzker School of Medicine

315 University of Illinois at Chicago College of Dentistry 034 University of Illinois College of Medicine

316 Indiana University School of Dentistry

035 Indiana University School of Medicine

036 University of Kansas School of Medicine

Kentucky 506 Pikeville College, School of Osteopathic Medicine

317 University of Kentucky College of Dentistry

037 University of Kentucky College of Medicine

318 University of Louisville School of Dentistry

038 University of Louisville School of Medicine

319 Louisiana State University School of Dentistry

039 Louisiana State University School of Medicine in New Orleans

040 Louisiana State University School of Medicine in Shreveport

041 Tulane University School of Medicine

042 Boston University School of Medicine

320 Boston University, Goldman School of Dental Medicine

043 Harvard Medical School

321 Harvard School of Dental Medicine

322 Tufts University School of Dental Medicine

044 Tufts University School of Medicine

045 University of Massachusetts Medical School

#### Maryland

Johns Hopkins University School of Medicine

047 Uniformed Services University of the Health Sciences

048 University of Maryland School of Medicine

323 University of Maryland, Baltimore, College of Dental Surgery

#### Maine

507 University of New England, College of Osteopathic Medicine

049 Michigan State University College of Human Medicine

508 Michigan State University, College of Osteopathic Medicine

324 University of Detroit Mercy School of Dentistry

050 University of Michigan Medical School 325 University of Michigan School of Dentistry

051 Wayne State University School of Medicine

#### Minnesota

Missouri

052 Mayo Medical School

409 Northwestern College of Chiropractic

053 University of Minnesota, Duluth School of Medicine

054 University of Minnesota Medical School, Twin Cities

#### 326 University of Minnesota School of Dentistry

410 Cleveland Chiropractic College of Kansas City

509 Kirksville College of Osteopathic Medicine 411 Logan Chiropractic College

055 Saint Louis University School of Medicine

510 University of Health Sciences, College of Osteopathic Medicine

056 University of Missouri, Columbia School of Medicine 327 University of Missouri Kansas City School of Dentistry

057 University of Missouri Kansas City School of Medicine

058 Washington University in St. Louis School of Medicine

#### U.S. / Canadian Professional School Codes (continued)

328 University of Mississippi School of Dentistry

059 University of Mississippi School of Medicine

#### North Carolina

Duke University School of Medicine

The Brody School of Medicine at East Carolina University
University of North Carolina at Chapel Hill School of Dentistry

University of North Carolina at Chapel Hill School of Medicine

Wake Forest University School of Medicine

064 University of North Dakota School of Medicine and Health Sciences

#### Nebraska

330 Creighton University School of Dentistry

Creighton University School of Medicine

University of Nebraska College of Medicine

331 University of Nebraska Medical Center, College of Dentistry

#### **New Hampshire**

067 Dartmouth Medical School

#### **New Jersey**

068 Robert Wood Johnson Medical School

069 University of Medicine and Dentistry of New Jersey (UMDNJ)

UMDNJ, New Jersey Dental School

511 UMDNJ, School of Osteopathic Medicine

#### **New Mexico**

070 University of New Mexico School of Medicine

#### Nevada

071 University of Nevada School of Medicine

#### **New York**

072 Albany Medical College

073 Albert Einstein College of Medicine

Columbia University College of Physicians and Surgeons

Columbia University School of Dental and Oral Surgery

Joan & Sanford I. Weill Medical College of Cornell University Mount Sinai School of Medicine of New York University

New York Chiropractic College NY College of Osteopathic Medicine of the NY Institute of Technology

New York Medical College

New York University Kriser Dental Center

New York University School of Medicine

State University of New York at Buffalo School of Dental Medicine

State University of New York at Buffalo School of Medicine

State University of New York at Stony Brook School of Dental Medicine

State University of New York at Stony Brook School of Medicine

State University of New York College of Medicine State University of New York Upstate Medical University

University of Rochester School of Medicine and Dentistry

#### Ohio

337 Case Western Reserve University School of Dentistry

Case Western Reserve University School of Medicine

Medical College of Ohio

Northeastern Ohio Universities College of Medicine

Ohio College of Podiatric Medicine
Ohio State University College of Dentistry
Ohio State University College of Medicine and Public Health

Ohio University College of Osteopathic Medicine

University of Cincinnati College of Medicine

Wright State University School of Medicine 089

#### Oklahoma

514 Oklahoma State University, College of Osteopathic Medicine

339 University of Oklahoma College of Dentistry

090 University of Oklahoma College of Medicine

#### Oregon

Oregon Health & Science University School of Medicine

340 Oregon Health Sciences University School of Dentistry

413 Western States Chiropractic College

#### Pennsylvania

092 Jefferson Medical College of Thomas Jefferson University

515 Lake Erie College of Osteopathic Medicine

MCP Hahnemann University School of Medicine

Pennsylvania State University College of Medicine

516 Philadelphia College of Osteopathic Medicine
341 Temple University School of Dentistry

095 Temple University School of Medicine

Temple University School of Podiatric Medicine

342 University of Pennsylvania School of Dental Medicine

096 University of Pennsylvania School of Medicine

343 University of Pittsburgh School of Dental Medicine

097 University of Pittsburgh School of Medicine

#### Puerto Rico

Ponce School of Medicine

099 Universidad Central del Caribe School of Medicine

100 University of Puerto Rico School of Medicine

344 University of Puerto Rico School of Dentistry

#### Rhode Island

101 Brown Medical School

#### South Carolina

345 Medical University of South Carolina College of Dental Medicine

102 Medical University of South Carolina College of Medicine

414 Sherman College of Chiropractic

103 University of South Carolina School of Medicine

#### South Dakota

104 University of South Dakota School of Medicine

105 East Tennessee State University

346 Meharry Medical College School of Dentistry

106 Meharry Medical College School of Medicine

347 University of Tennessee College of Dentistry

107 University of Tennessee College of Medicine 108 Vanderbilt University School of Medicine

Texas 348 Baylor College of Dentistry

109 Baylor College of Medicine

415 Parker College of Chiropractic Texas Chiropractic College

110 Texas Tech University Health Sciences Center School of Medicine

111 The Texas A & M University System College of Medicine

517 UNT Health Sciences Center, Texas College of Osteopathic Medicine

University of Texas Health Science Center at Houston Dental School University of Texas Health Science Center at San Antonio Dental School 350

University of Texas Medical Branch at Galveston 112

University of Texas Medical School at Houston 113 University of Texas Medical School at San Antonio 114

115 UT Southwestern Medical Center at Dallas Southwestern Medical School

116 University of Utah School of Medicine

117 Eastern VA Medical School of the Medical College of Hampton Roads

118 University of Virginia School of Medicine Health System

351 Virginia Commonwealth University School of Dentistry 119 Virginia Commonwealth University School of Medicine

120 University of Vermont College of Medicine

352 University of Washington School of Dentistry

121 University of Washington School of Medicine

#### Wisconsin

353 Marquette University School of Dentistry

122 Medical College of Wisconsin

123 University of Wisconsin Medical School

#### West Virginia

124 Joan C. Edwards School of Medicine at Marshall University

518 West Virginia School of Osteopathic Medicine 354 West Virginia University School of Dentistry

125 West Virginia University School of Medicine

#### U.S. / Canadian Professional School Codes (continued)

#### Canada

- 355 Dalhousie University Faculty of Dentistry
- 126 Dalhousie University Faculty of Medicine
- Laval University Faculty of Dentistry
- Laval University Faculty of Medicine
- 356
- 128
- McGill University Faculty of Dentistry McGill University Faculty of Medicine McMaster University School of Medicine 129
- Memorial University of Newfoundland Faculty of Medicine 130
- Queen's University Faculty of Health Sciences 131
- The University of Western Ontario Faculty of Medicine & Dentistry 132
- Universite de Montreal Faculty of Medicine 133
- Universite de Sherbrooke Faculty of Medicine 134
- 358 University of Alberta Faculty of Dentistry
- 135
- University of Alberta Faculty of Medicine University of British Columbia Faculty of Dentistry University of British Columbia Faculty of Medicine 359
- 136
- University of Calgary Faculty of Medicine
  University of Manitoba Faculty of Dentistry 137
- 360 University of Manitoba Faculty of Medicine
- 138 361 University of Montreal Faculty of Dentistry
- 139 University of Ottawa Faculty of Medicine
- University of Saskatchewan College of Dentistry 362
- 140 University of Saskatchewan College of Medicine
- University of Toronto Faculty of Dentistry 363
- University of Toronto Faculty of Medicine 141
- University of Western Ontario Faculty of Dentistry

#### Specialty Codes - MD / DO Only

#### NOTE: THIS LIST IS FROM THE NATIONAL HEALTH CARE PROVIDER TAXONOMY CODE LIST, PUBLISHED IN COOPERATION WITH THE NATIONAL UNIFORM CLAIM COMMITTEE (NUCC).

- Allergy & Immunology Allergy & Immunology, Allergy 246 Allergy & Immunology, Clinical & Laboratory Immunology Anesthesiology Anesthesiology, Addiction Medicine Anesthesiology, Critical Care Medicine 258 Anesthesiology, Pain Medicine Clinical Pharmacology 363 Colon & Rectal Surgery 367 Dermatology 263 Dermatology, Clinical & Laboratory Dermatological Immunology Dermatology, Dermatological Surgery Dermatology, Dermatopathology Dermatology, MOHS-Micrographic Surgery Dermatology, Pediatric Dermatology **Emergency Medicine** 268 Emergency Medicine, Emergency Medical 445 Services Emergency Medicine, Medical Toxicology 427 Emergency Medicine, Pediatric Emergency 348 395 Emergency Medicine, Sports Medicine
- Emergency Medicine, Undersea and Hyperbaric Medicine
- 391 Facial Plastic Surgery
- 272 Family Practice
- Family Practice, Addiction Medicine 447
- Family Practice, Adolescent Medicine 237
- Family Practice, Adult Medicine
- Family Practice, Geriatric Medicine
- Family Practice, Sports Medicine
- General Practice 225
- Hospitalist
- 301 Internal Medicine
- Internal Medicine, Addiction Medicine
- Internal Medicine, Adolescent Medicine Internal Medicine, Allergy & Immunology
- Internal Medicine, Cardiovascular Disease 255
- Internal Medicine, Clinical & Laboratory 294
- Immunology Internal Medicine, Clinical Cardiac
- Electrophysiology
- Internal Medicine, Critical Care Medicine Internal Medicine, Endocrinology, Diabetes & Metabolism
- Internal Medicine, Gastroenterology
- Internal Medicine, Geriatric Medicine

- 287 Internal Medicine, Hematology
- 288 Internal Medicine, Hematology & Oncology
- Internal Medicine, Hepatology 299 Internal Medicine, Infectious Disease
- 451
- Internal Medicine, Interventional Cardiology Internal Medicine, Magnetic Resonance Imaging 453 (MRI)
- 325
- Internal Medicine, Medical Oncology Internal Medicine, Nephrology 309
- Internal Medicine, Pulmonary Disease 378
- Internal Medicine, Rheumatology 390 Internal Medicine, Sleep Medicine
- Internal Medicine, Sports Medicine 397
- 433 Laboratories, Clinical Medical Laboratory
- 481 Legal Medicine
- 278 Medical Genetics, Clinical Biochemical Genetics
- 261
- Medical Genetics, Clinical Cytogenetic Medical Genetics, Clinical Genetics (M.D.) 277
- 280 Medical Genetics, Clinical Molecular Genetics
- 455 Medical Genetics, Molecular Genetic Pathology
- 454 Medical Genetics, Ph.D. Medical Genetics 306 Neonatal-Perinatal Medicine
- 308 Neopathology
- 409 Neurological Surgery
- 330
- Neuromusculoskeletal Medicine & OMM
- Neuromusculoskeletal Medicine, Sports Medicine 440
- 317 Nuclear Medicine
- Nuclear Medicine, In Vivo & In Vitro Nuclear 318 Medicine
- 315 Nuclear Medicine, Nuclear Cardiology
- Nuclear Medicine, Nuclear Imaging & Therapy
- Obstetrics & Gynecology
- Obstetrics & Gynecology, Critical Care Medicine
- 326 Obstetrics & Gynecology, Gynecologic Oncology
- 286 Obstetrics & Gynecology, Gynecology
- Obstetrics & Gynecology, Maternal & Fetal 303 Medicine
- Obstetrics & Gynecology, Obstetrics
- Obstetrics & Gynecology, Reproductive Endocrinology
- 328 Ophthalmology
- Oral & Maxillofacial Surgery
- Orthopaedic Surgery
- Orthopaedic Surgery, Adult Reconstructive Orthopaedic Surgery
- Orthopaedic Surgery, Foot and Ankle Orthopaedics
- 406
- Orthopaedic Surgery, Hand Surgery Orthopaedic Surgery, Orthopaedic Surgery of the

- Spine
- Orthopaedic Surgery, Orthopaedic Trauma Orthopaedic Surgery, Pediatric Orthopaedic 803 Surgery
- 457 Orthopaedic Surgery, Sports Medicine
- 119 Orthopedic
- Otolaryngology 331
- 458
- Otolaryngology, Otolaryngic Allergy Otolaryngology, Otolaryngology/ Facial Plastic Surgery
- Otolaryngology, Otology & Neurotology
- Otolaryngology, Pediatric Otolaryngology Otolaryngology, Plastic Surgery within the Head & Neck
- 804
- Otolaryngology, Sleep Medicine Pain Medicine, Interventional Pain Medicine 480
- Pain Medicine 337
- Pathology, Anatomic Pathology 338
- Pathology, Anatomic Pathology & Clinical Pathology
- Pathology, Blood Banking & Transfusion Medicine
- Pathology, Chemical Pathology 344
- Pathology, Clinical 302
- Pathology/Laboratory Medicine
- Pathology, Cytopathology 262
- Pathology, Dermatopathology 265
- Pathology, Forensic Pathology
- Pathology, Hematology
- Pathology, Immunopathology
- 305 Pathology, Medical Microbiology Pathology, Molecular Genetic 461
  - Pathology
- Pathology, Neuropathology 312 Pathology, Pediatric Pathology 358
- Pediatrics 244
- Pediatric Anesthesiology 805
- Pediatrics, Adolescent Medicine
- Pediatrics, Clinical & Laboratory
- Immunology Pediatrics, Developmental Behavioral Pediatrics 462
- Pediatrics, Medical Toxicology
- Pediatrics, Neurodevelopmental 356 Disabilities
- 345 Pediatrics, Pediatric Allergy &

#### Specialty Codes - MD/DO Only

346	Pediatrics, Pediatric Cardiology
347	Pediatrics, Pediatric Critical Care
	Medicine
463	Pediatrics, Pediatric Emergency

- Medicine 349 Pediatrics, Pediatric Endocrinology
- Pediatrics, Pediatric Gastroenterology
- Pediatrics, Pediatric Hematology-351 Oncology
- Pediatrics, Pediatric Infectious 352 Diseases
- Pediatrics, Pediatric Nephrology
- Pediatrics, Pediatric Pulmonology 359 361 Pediatrics, Pediatric Rheumatology
- Pediatrics, Sleep Medicine 806
- 398 Pediatrics, Sports Medicine
- Physical Medicine & Rehabilitation 365 Physical Medicine & Rehabilitation, 468
- Pain Medicine Physical Medicine & Rehabilitation, Pediatric Rehabilitation Medicine
- Physical Medicine & Rehabilitation, Spinal Cord Injury Medicine
- Physical Medicine & Rehabilitation, Sports Medicine
- Plastic Surgery 110
- Plastic Surgery, Plastic Surgery 470 Within the Head and Neck
- Plastic Surgery, Surgery of the

- Hand 242 Preventive Medicine, Aerospace
- Medicine Preventive Medicine, Medical 429
- Toxicology 112 Preventive Medicine, Occupational
- Medicine Preventive Medicine, Sports Medicine
- Preventive Medicine, Undersea and Hyperbaric Medicine
- Preventive Medicine/Occupational Environmental Medicine
- Psychiatry & Neurology, Addiction Medicine
- Psychiatry & Neurology, Addiction Psychiatry
- Psychiatry & Neurology, Child & Adolescent Psychiatry Psychiatry & Neurology, Clinical
- Neurophysiology Psychiatry & Neurology, Forensic
- Psychiatry 373 Psychiatry & Neurology, Geriatric Psychiatry
- Psychiatry & Neurology, Neurodevelopmental Disabilities Psychiatry & Neurology, Neurology
- Psychiatry & Neurology, Neurology with Special Qualifications in Child

- Neurology
- Psychiatry & Neurology, Pain Medicine
- Psychiatry & Neurology, Psychiatry Psychiatry & Neurology, Sleep 809 Medicine
- Psychiatry & Neurology, Sports 475 Medicine
- 476 Psychiatry & Neurology, Vascular Neurology
- Public Health & General Preventive 366 Medicine
- Radiology, Body Imaging 252
- Radiology, Diagnostic Radiology Radiology, Diagnostic Ultrasound 430
- Radiology, Neuroradiology 314
- Radiology, Nuclear Radiology 319 Radiology, Pediatric Radiology 360
- 380 Radiology, Radiation Oncology
- Radiology, Radiological Physics 381 Radiology, Therapeutic Radiology
- 384 Radiology, Vascular & Interventional Radiology
- 434 Supplier 399 Surgery
- Surgery, Pediatric Surgery 418
- Surgery, Plastic and Reconstructive 420 Surgery
- 405 Surgery, Surgery of the Hand Surgery, Surgical Critical Care

- 413 Surgery, Surgical Oncology
- Surgery, Trauma Surgery Surgery, Vascular Surgery 400
- Thoracic Surgery (Cardiothoracic 421 Vascular Surgery)
- 442 Transplant Surgery
- 424 Urology
  - Urology, Pediatric Urology

#### Specialty Codes - DDS / DMD / DPM / DC

#### NOTE: THIS LIST IS FROM THE NATIONAL HEALTH CARE PROVIDER TAXONOMY CODE LIST, PUBLISHED IN COOPERATION WITH THE NATIONAL UNIFORM CLAIM COMMITTEE (NUCC).

#### Dentist, Dental Public Health 13 Dentist, Endodontics 438 Dentist General Practice

- Dentist, Oral and Maxillofacial Pathology 16 Dentist, Oral and Maxillofacial Radiology 439 Dentist, Oral and Maxillofacial Surgery
- Dentist, Orthodontics and Dentofacial Orthopedics
- 17 Dentist. Pediatric Dentistry
- Dentist, Periodontics
- Dentist, Prosthodontics

#### **Podiatrist**

- Podiatrist, Foot & Ankle Surgery 231
- 230 Podiatrist, Foot Surgery
- Podiatrist, Primary Podiatric Medicine 227
- Podiatrist, Public Medicine 226 Podiatrist, Radiology 228
- Podiatrist, Sports Medicine

- Chiropractor
- Chiropractor, Internist 5 Chiropractor, Neurology 6
- Chiropractor, Nutrition
- Chiropractor, Occupational Medicine 8
- Chiropractor, Orthopedic
- 10 Chiropractor, Radiology
- Chiropractor, Rehabilitation Specialization 801
- Chiropractor, Sports Physician 11
- 12 Chiropractor, Thermography

#### Specialty Codes - Allied Providers

#### NOTE: THIS LIST IS FROM THE NATIONAL HEALTH CARE PROVIDER TAXONOMY CODE LIST, PUBLISHED IN COOPERATION WITH THE NATIONAL UNIFORM CLAIM COMMITTEE (NUCC).

513

- Acupuncturist
- 503 Audiologist
- Audiologist, Assistive Technology Practitioner 504
- Audiologist, Assistive Technology Supplier
- Christian Science Practitioner
- Clinical Nurse Specialist 727
- 728 Clinical Nurse Specialist, Acute Care
- Clinical Nurse Specialist, Adult Health 729
- Clinical Nurse Specialist, Chronic Care
- Clinical Nurse Specialist, Community Health/Public Health 731 Clinical Nurse Specialist, Critical Care Medicine
- Clinical Nurse Specialist, Emergency
- 734 Clinical Nurse Specialist, Ethics
- Clinical Nurse Specialist, Family Health
- Clinical Nurse Specialist, Gerontology
- Clinical Nurse Specialist, Holistic
- Clinical Nurse Specialist, Home Health 738
- Clinical Nurse Specialist, Informatics 739 Clinical Nurse Specialist, Long-Term Care 740
- Clinical Nurse Specialist, Medical-Surgical
- Clinical Nurse Specialist, Neonatal
- Clinical Nurse Specialist, Neuroscience Clinical Nurse Specialist, Occupational Health
- Clinical Nurse Specialist, Oncology
- Clinical Nurse Specialist, Oncology, Pediatrics 747 Clinical Nurse Specialist, Pediatrics
- 748 Clinical Nurse Specialist, Perinatal
- Clinical Nurse Specialist, Perioperative 749 Clinical Nurse Specialist, Psychiatric/Mental Health 750
- Clinical Nurse Specialist, Psychiatric/Mental Health, Adult
- Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Adolescent

- Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Family
- Clinical Nurse Specialist, Psychiatric/Mental Health, Chronically III
- Clinical Nurse Specialist, Psychiatric/Mental Health, Community
- Clinical Nurse Specialist, Psychiatric/Mental Health, Geropsychiatric Clinical Nurse Specialist, Rehabilitation
- 759 Clinical Nurse Specialist, School
- Clinical Nurse Specialist, Transplantation 758
- 760 Clinical Nurse Specialist, Women's Health
- 514

Counselor

- Counselor, Addiction (Substance Use Disorder)
- Counselor, Mental Health
- Counselor, Professional 516
- Dietitian, Registered 533
- Dietitian, Registered, Nutrition, Metabolic 536
- 534 Dietitian, Registered, Nutrition, Pediatric
- Dietitian, Registered, Nutrition, Renal 535
- Licensed Practical Nurse 651 Marriage & Family Therapist 517
- Massage Therapist 547
- 549 Midwife, Certified Midwife, Certified Nurse
- Naturopath
- 553 Neuropsychologist
- 653 Nurse Anesthetist, Certified Registered
- 654 Nurse Practitioner
- 655 Nurse Practitioner, Acute Care
- Nurse Practitioner, Adult Health 656
- Nurse Practitioner, Community Health 658 Nurse Practitioner, Critical Care Medicine 657
- Nurse Practitioner, Family 659

	Nurse Practitioner, Gerontology	679	Registered Nurse, Continuing Education/Staff Development
	**************************************	675	Registered Nurse, Critical Care Medicine
	Nurse Practitioner, Neonatal Nurse Practitioner, Neonatal, Critical Care	682	Registered Nurse, Diabetes Educator
	Nurse Practitioner, Neoriatal, Ortical Cale Nurse Practitioner, Obstetrics & Gynecology	683	Registered Nurse, Dialysis, Peritoneal
	Nurse Practitioner, Occupational Health	684	Registered Nurse, Emergency
	Nurse Practitioner, Pediatrics	685	Registered Nurse, Enterostomal Therapy
	Nurse Practitioner, Pediatrics  Nurse Practitioner, Pediatrics, Critical Care	686	Registered Nurse, Flight
	Nurse Practitioner, Pediatrics, Ornical Gare	688	Registered Nurse, Gastroenterology
		687	Registered Nurse, General Practice
	Nurse Practitioner, Primary Care	689	Registered Nurse, Gerontology
	Nurse Practitioner, Psych/Mental Health	691	Registered Nurse, Hemodialysis
	Nurse Practitioner, School	690	Registered Nurse, Home Health
	Nurse Practitioner, Women's Health	692	Registered Nurse, Hospice
	Nutritionist	694	Registered Nurse, Infection Control
	Nutritionist, Nutrition, Education	693	Registered Nurse, Infusion Therapy
	Occupational Therapist	695	Registered Nurse, Industri Therapy Registered Nurse, Lactation Consultant
	Occupational Therapist, Ergonomics	696	Registered Nurse, Maternal Newborn
	Occupational Therapist, Hand	697	Registered Nurse, Medical-Surgical
	Occupational Therapist, Human Factors		
	Occupational Therapist, Neurorehabilitation	699	Registered Nurse, Neonatal Intensive Care
	Occupational Therapist, Pediatrics	700	Registered Nurse, Neonatal, Low-Risk
	Occupational Therapist, Rehabilitation, Driver	701 702	
	Optician	702	
	Optometrist		Registered Nurse, Nurse Massage Therapist (NMT)
	Optometrist, Corneal and Contact Management	703	
	Optometrist, Low Vision Rehabilitation	719	
	Optometrist, Occupational Vision	720	Registered Nurse, Obstetric, Inpatient
	Optometrist, Pediatrics	721	
	Optometrist, Sports Vision		Registered Nurse, Oncology
	Optometrist, Vision Therapy		Registered Nurse, Ophthalmic
	Pharmacist	724	The second secon
	Pharmacist, General Practice	726	
	Pharmacist, Geriatric	723	
5	Pharmacist, Nuclear	704	
6	Pharmacist, Nutrition Support	706	
8	Pharmacist, Oncology	705	
7	Pharmacist, Pharmacotherapy	710	
8	Pharmacist, Psychiatric	714	
0	Physical Therapist	708	
1	Physical Therapist, Cardiopulmonary		Registered Nurse, Psych/Mental Health, Adult
3	Physical Therapist, Electrophysiology, Clinical	707	
2	Physical Therapist, Ergonomics		Registered Nurse, Registered Nurse First Assistant
4	Physical Therapist, Geriatrics		Registered Nurse, Rehabilitation
5	Physical Therapist, Hand		Registered Nurse, Reproductive Endocrinology/Infertility
6	Physical Therapist, Human Factors	715	Registered Nurse, School
7	Physical Therapist, Neurology	716	Registered Nurse, Urology
0	Physical Therapist, Orthopedic	718	Registered Nurse, Women's Health Care, Ambulatory
8	Physical Therapist, Pediatrics	717	Registered Nurse, Wound Care
9	Physical Therapist, Sports	617	Respiratory Therapist, Certifled
2	Physician Assistant	618	Respiratory Therapist, Certified, Critical Care
3	Physician Assistant, Medical	620	Respiratory Therapist, Certified, Educational
	Physician Assistant, Surgical	619	Respiratory Therapist, Certified, Emergency Care
	Psychologist	622	Respiratory Therapist, Certified, General Care
	Psychologist, Addiction (Substance Use Disorder)	621	
	Psychologist, Adult Development & Aging	623	
	Psychologist, Behavioral		Respiratory Therapist, Certified, Neonatal/Pediatrics
2		627	
	Psychologist, Clinical	629	
1		624	
	Psychologist, Educational	626	
14		625	
	Psychologist, Exercise & Operto	630	
	Psychologist, Forensic	631	
	Psychologist, HealthService	632	
8		634	
9	Psychologist, Mental Retardation & Developmental Disabilities	633	이 그 사람이에 얼굴했다. 이루 가게 되는 그렇게 하게 하게 되었는데 그렇지 않았다. 그렇지 이렇게 하게 하셨다. 그렇지 그런 이렇게 하셨다면서 되었다면 하셨다는데 그렇지 않는데 그렇지 않는데 그렇다.
0		636	
1			Respiratory Therapist, Registered, Geriatric Care
	Psychologist, Psychotherapy, Group	637	
		642	
3	, , , , , , , , , , , , , , , , , , , ,	641	
	Psychologist, School		
	Psychologist, Women	643	
	Registered Nurse	638	
3	로 있었다. 특별 보는 경기 1시간 전 경기 1시간 1시간 1시간 전 경기 1시간 (1시간 보기) 전 경기 (1시간 1시간 1시간 1시간 1시간 1시간 1시간 1시간 1시간 1시간	640	
		639	
74	Registered Nurse, Ambulatory Care	644	
74 11			
74	Registered Nurse, Cardiac Rehabilitation		S Social Worker, Clinical
74	Registered Nurse, Cardiac Rehabilitation Registered Nurse, Case Management	648	B Specialist/Technologist, Other, Biomedical Engineering
1	Registered Nurse, Cardiac Rehabilitation Registered Nurse, Case Management		B Specialist/Technologist, Other, Biomedical Engineering

#### Specialty Boards - Allied Providers

940 Academy of Certified Social Workers

1150 ACNM Certification Council

360 American Academy of Ambulatory Care Nursing

1550 American Academy of Anesthesiologist Assistants

230 American Academy of Audiology

370 American Academy of Experts in Traumatic Stress

270 American Academy of Health Providers in the Addictive Disorders

200 American Academy of Medical Acupuncture

405 American Academy of Nurse Practitioners

380 American Academy of Nursing

1330 American Academy of Optometry

1480 American Academy of Physician Assistants

1110 American Association for Marriage and Family Therapy 390 American Association of Critical Care Nurses

1590 American Association of Nurse Anesthetists

330 American Association of Pastoral Counselors

1010 American Association of Sex Educators, Counselors and Therapists

710 American Board Medical Psychotherapists

280 American Board of Addiction Medicine

950 American Board of Examiners in Clinical Social Work

720 American Board of Medical Psyhotherapists & Psychodiagnosticians

400 American Board of Nursing Specialties

1240 American Board of Nutrition

1300 American Board of Occupational Medicine

1360 American Board of Ophthalmology

1510 American Board of Physical Therapy Specialties

700 American Board of Professional Psychology

1130 American Naturopath Certification Board

350 American Nurses Credentlaling Center 740 American Psychological Association

750 American Psychological Society

760 American Psychotherapy Association

290 American Society of Addiction Medicine

1650 American Speech-Language-Hearing Association

250 Biofeedback Certification Institute of America

1430 Board of Pharmaceutical Specialties

1250 Commission on Dietetic Registration

960 Employee Assistance Professionals Association

780 National Association for the Advancement of Psychoanalysis

1450 National Association of Boards of Pharmacy

1600 National Association of Nurse Anesthetists

770 National Association of School Psychologists

980 National Association of Social Workers

1310 National Board for Certification in Occupational Therapy

1490 National Board for Certification of Orthopaedic Physician Assistants

790 National Board for Certified Clinical Hypnotherapists 310 National Board for Certified Counselors

1630 National Board for Respiratory Care

300 National Board of Addiction Examiners

800 National Board of Cognitive Behavioral Therapists

1350 National Board of Examiners in Optometry

1090 National Certification Board for Therapeutic Massage and Bodywork

210 National Certification Commission for Acupuncture and Oriental Medicine

1440 National Institute for Standards in Pharmacist Credentialing

220 Other - Not Listed

### Specialty Boards - MD / DDS / DMD / DO / DPM

044 American Board of Allergy & Immunology

045 American Board of Anesthesiology
046 American Board of Colon & Rectal Surgery
047 American Board of Dermatology

048 American Board of Emergency Medicine 049 American Board of Family Medicine 050 American Board of Internal Medicine

051 American Board of Medical Genetics

052 American Board of Neurological Surgery

053 American Board of Nuclear Medicine

054 American Board of Obstetrics & Gynecology

055 American Board of Ophthalmology109 American Board of Oral & Maxillofacial Surgeons

056 American Board of Orthopaedic Surgery

057 American Board of Otolaryngology

058 American Board of Pathology

059 American Board of Pediatrics

060 American Board of Physical Medicine & Rehabilitation

061 American Board of Plastic Surgery

062 American Board of Preventive Medicine

063 American Board of Psychiatry & Neurology

064 American Board of Radiology

065 American Board of Surgery

066 American Board of Thoracic Surgery

067 American Board of Urology 142 Boards other than ABMS/AOA

#### Dental Boards

113 American Board of Endodontics

114 American Board of Oral & Maxillofacial Pathology

117 American Board of Oral & Maxillofacial Radiology 109 American Board of Oral & Maxillofacial Surgeons

108 American Board of Orthodontics

American Board of Pediatric Dentistry 112

American Board of Periodontology 111

American Board of Prosthodontics

American Board of Public Health Dentistry

120 Boards other than ABMS/AOA

118 American Osteopathic Board of Anesthesiology

American Osteopathic Board of Dermatology

American Osteopathic Board of Emergency Medicine American Osteopathic Board of Family Practice

American Osteopathic Board of Internal Medicine 123

American Osteopathic Board of Neurology and Psychiatry American Osteopathic Board of Neuromuskuloskeletal Medicine

American Osteopathic Board of Nuclear Medicine

American Osteopathic Board of Obstetrics and Gynecology

American Osteopathic Board of Ophthalmology and Otolaryngology American Osteopathic Board of Orthopedic Surgery

American Osteopathic Board of Pathology

American Osteopathic Board of Pediatrics

American Osteopathic Board of Preventive Medicine

American Osteopathic Board of Proctology

American Osteopathic Board of Radiology

American Osteopathic Board of Rehabilitation Medicine

American Osteopathic Board of Surgery

**DPM Boards** 

140 American Board of Medical Specialists in Podiatry American Board of Podiatric Orthopedics and Primary Podiatric Medicine 137

138 American Board of Podiatric Surgery

American Council of Certified Podiatric Surgeons and Physicians