Tips for Completing the UB04 (CMS-1450) Claim Form

Field	Field description	Field type	Instructions
1	Provider name, Address, Telephone Number, and Country Code	Required	This field contains the name, complete mailing address, telephone number, fax number, and country code of the provider submitting the bill.
2	Pay-to Name and Address	Required	This field contains the address to which payment should be sent if different from the information in Field 1.
3a	Patient Control Number	Optional	Complete this field with the patient account number that allows for the retrieval of individual patient financial records. If completed, this number will be included on the Provider's Summary Voucher.
3b	Medical / Health Record Number	Optional	In this field, report the patient's medical record number as assigned by the provider.
4	Type of Bill	Required	This field is for reporting the type of bill for the purposes of third-party processing of the claim such as inpatient or outpatient. The first digit is a leading zero. The fourth digit defines the frequency of the bill for processional claims. The leading zero should not be reported on electronic claims. Refer to Attachment B for valid codes.
5	Federal Tax Number	Required	Enter the number assigned by the federal government for tax reporting purposes. This may be either the Tax Identification Number (TIN) or the Employer Identification Number (EIN). Affiliated subsidiaries are identified using federal tax sub-IDs.

Field	Field description	Field type	Instructions
6	Statement Covers Period "From" and "Through"	Required	Use this field to report the beginning and end dates of service for the period reflected on the claim in MMDDYY format.
7	Reserved for Assignment by the NUBC	Not Required	N/A
8a	Patient Identifier	Required	This field is for the patient's identification number.
8b	Patient Name	Required	This field is for the patient's last, middle initial, and first name.
9a	Patient Address	Required	This field is for entering the patient's street address.
9b	(unlabeled field)	Required	This field is for entering the patient's city.
9c	(unlabeled field)	Required	This field is for entering the patient's state code.
9d	(unlabeled field)	Required	This field is for entering the patient's ZIP code.
9e	(unlabeled field)	Required	This field is for entering the patient's Country Code.
10	Patient Birth date	Required	This field includes the patient's complete date of birth using the eight-digit format (MMDDCCYY).
11	Sex	Required	Use this field to identify the sex of the patient.
12	Admission Date / Start of Care Date	Required	Enter the date care begins. For inpatient care, it is the date of admission. For all other services, it is the date care is initiated.
13	Admission Hour	Required	Enter the hour in which the patient is admitted for inpatient or outpatient care. **NOTE**: Enter using Military Standard Time (00 – 24) in top-of-the-hour times only. See valid hours at the end of this section.

Field	Field description	Field type	Instructions
14	Priority (Type) of Visit	Required	Enter the appropriate code for the priority of the admission or visit. See valid codes at the end of this section.
15	Source of Referral for Admission or Visit	Required	This field indicates the source of the referral for the visit or admission (e.g., physician, clinic, facility, transfer, etc.). See valid codes at the end of this section.
16	Discharge Hour	Conditional	This field is used for reporting the hour the patient is discharged from inpatient care.

NOTE: Enter using Military Standard Time (00 – 24) in top-of-the-hour times only. See valid hours at the end of this section. |
17	Patient Discharge Status	Required	Use this field to report the status of the patient upon discharge – required for institutional claims. See valid codes at the end of this section.
18 – 28	Condition Codes	Conditional	Use these fields to report conditions or events related to the bill that may affect the processing of it. See valid codes at the end of this section.
29	Accident State	Conditional	When appropriate, assign the two-digit abbreviation of the state in which an accident occurred.
30	Reserved for Assignment by the NUBC	Not Required	N/A
31 – 34	Occurrence Codes and Dates	Conditional	The occurrence code and the date fields associated with it define a significant event associated with the bill that affects processing by the payer (e.g., accident, employment related, etc.).
35 – 36	Occurrence Span Codes and Dates	Conditional	This field is for reporting the beginning and end dates of the specific event related to the bill.

Field	Field description	Field type	Instructions
37	Reserved for Assignment by the NUBC	Not Required	N/A
38	Responsible Party Name and Address	Required	This field is for reporting the name and address of the person responsible for the bill.
39 - 41	Value Codes and Amounts	Required	These fields contain the codes and related dollar amounts to identify the monetary data for processing claims. This field is required by all payers.
42	Revenue code	Required	Enter the applicable revenue code for the services rendered. There are 22 lines available and should include the total line for revenue code 0001.
43	Revenue Description	Optional	This field is used to report the abbreviated revenue code categories included in the bill.
44	HCPCS / Rate / HIPPS Code	Conditional	This field is used to report the appropriate HCPCS codes for ancillary services, the accommodation rate for bills for inpatient services, and the Health Insurance Prospective Payment System rate codes fro specific patient groups that are the basis for payment under a prospective payment system.
45	Service Date	Conditional	Indicates the date the outpatient service was provided and the date the bill was created using the six-digit format (MMDDYY).
46	Service Units	Required	In this field, units such as pints of blood used, miles traveled and the number of inpatient days are reported.
47	Total Charges	Required	This field reports the total charges – covered and non-covered – related to the current billing period.
48	Non-Covered Charges	Conditional	This field indicates charges that are non-covered charges by the payer as related to the revenue code.

Field	Field description	Field type	Instructions
49	Reserved for Assignment by the NUBC	Not Required	N/A
50a, b, c	Payer Name	Required	Enter the name(s) of primary, secondary and tertiary payers as applicable. Provider should list multiple payers in priority sequence according to the priority the provider expects to receive payment from these payers.
51a, b, c	Health Plan Identification Number	Required	This field includes the identification number of the health insurance plan that covers the patient and from which payment is expected.
52a, b, c	Release of Information Certification Indicator	Required	Enter the appropriate code denoting whether the provider has on file a signed statement form the member to release information. Refer to Attachment B for valid codes.
53a, b, c	Assignment of Benefits Certification Indicator	Required	Enter the appropriate code to indicate whether the provider has a signed form authorizing the third party insurer to pay the provider directly for the service rendered.
54a, b, c	Prior Payments	Conditional	Enter any prior payment amounts the facility has received toward payment of this bill for the payer indicated in Field 50 lines a, b, c.
55a, b, c	Estimated Amount Due	Not required	Enter the estimated amount due from the payer indicated in Field 50 lines a, b, c.
56	National Provider Identifier – Billing Provider	Required	This field is for reporting the unique provider identifier assigned to the provider.
57	Other Provider Identifier – Billing Provider	Not Required	The unique provider identifier assigned by the health plan is reported in this field.

Field	Field description	Field type	Instructions
58a, b, c	Insured's Name (last, first name, middle initial)	Required	The name of the individual who carries the insurance benefit is reported in this field. Enter the last name, first name and middle initial.
59a, b, c	Patient's Relationship to Insured	Required	Enter the applicable code that indicates the relationship of the patient to the insured.
60a, b, c	Insured's Unique Identification	Required	This is the unique number the health plan assigns to the insured individual. The ID Number from the Member's Insurance Card should be entered.
61a, b, c	Group Name	Required	Enter the group or plan name of the primary, secondary and tertiary payer through which the coverage is provided to the insured.
62a, b, c	Insurance Group Number	Conditional	Enter the plan or group number for the primary, secondary and tertiary payer through which the coverage is provided to the insured.
63a, b, c	Treatment Authorization Codes	Optional	Enter the authorization number assigned by the payer indicated in Field 50, if known. This indicates the treatment has been preauthorized.
64a, b, c	Document Control Number	Not Required from the Provider	This number is assigned by the health plan to the bill for their internal control.
65a, b, c	Employer Name (of the Insured)	Conditional	Enter the name of primary employer that provides the coverage for the insured indicated in Field 58.
66	Diagnosis and Procedure Code Qualifier (ICD Version Indicator)	Required	This qualifier is used to indicate the version of ICD-9-CM being used. A "9" is required in this field for the UB-04.
67	Principal Diagnosis Code	Required	Enter the valid ICD-9-CM diagnosis code (including fourth and fifth digits if applicable) that describes the principal diagnosis for services rendered.

Field	Field description	Field type	Instructions
67 a - q	Other Diagnosis Codes	Conditional	This field is for reporting all diagnosis codes in addition to the principal diagnosis that coexist, develop after admission, or impact the treatment of the patient or the length of stay.
68	Reserved for Assignment by the NUBC	Not Required	N/A
69	Admitting Diagnosis	Required	Enter a valid ICD-9-CM diagnosis code (include the fourth and fifth digits if applicable) that describes the diagnosis of the patient at the time of admission.
70 a – c	Patient's Reason for Visit	Conditional	The ICD-9-CM codes that report the reason for the patient's outpatient visit is reported here.
71	Prospective Payment System (PPS) Code	Not required	This code identifies the DRG based on the grouper software and is required only when the provider is under contract with a health plan.
72	External Cause of Injury (ECI) Code	Not Required	In the case of external causes of injuries, poisonings, or adverse affects, the appropriate ICD-9-CM diagnosis code is reported in this field.
73	Reserved for Assignment by the NUBC	Not Required	N/A
74 a – e	Other Procedure Codes and Dates	Conditional	This field is used to report the principal ICD-9-CM procedure code covered by the bill and the related date.
75	Reserved for Assignment by the NUBC	Not Required	N/A
76	Attending Provider Names and Identifiers	Required	This field is for reporting the name and identifier of the provider with the responsibility for the care provided on the claim.
77	Operating Physician Name and Identifiers	Conditional	Report the name and identification number of the physician responsible for performing surgical procedure in this field.

Field	Field description	Field type	Instructions
78 – 79	Other Provider Names and Identifiers	Conditional	This field is used for reporting the names and identification numbers of individuals that correspond to the provider type category.
80	Remarks Field	Not Required	This field is used to report additional information necessary to process the claim.
81 a – d	Code – Code Field	Conditional	This field is used to report codes that overflow other fields and for externally maintained codes NUBC has approved for the institutional data set.

UB04 (CMS-1450) REFERENCE MATERIAL[1]

Type of Bill Codes (Field 4)

This is a three-digit code; each digit is defined below.

First Digit – Type of Facility	Description of First Digit
1XX	Hospital
2XX	Skilled Nursing
3XX	Home Health Facility
4XX	Religious Non-medical Health Care Institutions (RNHCI) – Hospital Inpatient
5XX	Reserved for National Assignment
6XX	Intermediate Care
7XX	Clinic (Requires Special Reporting for the Second Digit)
8XX	Special Facility or ASC Surgery (Requires Special Reporting for the Second Digit)
9XX	Reserved for National Assignment

Second Digit – Bill Classification	Description of Second Digit Except for Clinics and Special Facilities
X**1**X	Inpatient (Including Medicare Part A)
X**2**X	Inpatient (Medicare Part B Only) (Includes HHA Visits Under a Part B Plan of Treatment)
X**3**X	Outpatient (Includes HHA Visits Under a Part A Plan of Treatment Including DME Under Part A)
X**4**X	Laboratory Services Provided to Non-Patients, or Home Health Not Under a Plan of Treatment
X**5**X	Intermediate Care Level 1
X**6**X	Intermediate Care Level II
X**7**X	Reserved for National Assignment
X**8**X	Swing Beds
X**9**X	Reserved for National Assignment

Second Digit – Bill Classification	Description of Second Digit Classification for Clinics Only
X**1**X	Rural Health Clinic
X**2**X	Clinic – Hospital Based or Independent Renal Dialysis Center
X**3**X	Freestanding
X**4**X	ORF
X**5**X	CORF
X**6**X	CMHC
X**7**X	Reserved for National Assignment
X**8**X	Reserved for National Assignment
X**9**X	Other

Second Digit – Bill Classification	Description of Second Digit Classification for Special Facility Only

X1X	Hospice (Non-hospital based)
X2X	Hospice (Hospital based)
X3X	Ambulatory Surgery Center
X4X	Freestanding Birthing Center
X5X	Critical Access Hospital
X6X	Residential Facility (Not used for Medicare)
X7X	Reserved for National Assignment
X8X	Reserved for National Assignment
X9X	Other (Not used for Medicare)

Third Digit – Frequency of the Bill	Description of Third Digit Frequency of the Bill
XX0	Nonpayment / Zero Claim
XX1	Admit through Discharge Claim
XX2	Interim – First Claim
XX3	Interim – Continuing Claim (Not valid for Medicare Inpatient Hospital PPS Claims)
XX4	Interim – Last Claim (Not valid for Medicare Inpatient Hospital PPS Claims)
XX5	Late Charges Only Claim
XX6	Reserved
XX7	Replacement of Prior Claim
XX8	Void / Cancel of a Prior Claim
XX9	Final Claim for a Home Health PPS Episode

[1] Ingenix ® *Uniform Billing Editor, December, 2006*

Sex Codes (Field 11)

Code	Definition
M	Male
F	Female
U	Unknown

Type of Admission Codes (Field 14)

Code	Definition
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma Center
6 – 8	Reserved for National Assignment
9	Information Not Available

Source of Admission Codes Except Newborns (Field 15)

Code	Definition
1	Physician Referral
2	Clinic Referral
3	HMO Referral
4	Transfer From a Hospital (Different Facility)
5	Transfer from a Skilled Nursing Facility
6	Transfer from Another Health Care Facility
7	Emergency Room
8	Court/Law Enforcement
9	Information Not Available
A	Transfer from a Critical Access Hospital
B	Transfer from Another HHA
C	Readmission to Same HHA
D	Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate Claim to the Payer
E – Z	Reserved for National Assignment

Additional Source of Admission Codes for Newborns (Field 15)

Code	Definition
1	Normal Delivery
2	Premature Delivery
3	Sick Baby
4	Extramural Birth
5 – 8	Reserved for National Assignment
9	Information Not Available

Patient Status (Field 17)

Code	Definition
01	Discharged to Home or Self-Care (Routine Discharge)
02	Discharged / Transferred to a Short-Term General Hospital for Inpatient Care
03	Discharged / Transferred to a SNF with Medicare Certification in Anticipation of Covered Skilled Care
04	Discharged / Transferred to an Intermediate Care Facility
05	Discharged / Transferred to Another Type of Healthcare Institution Not Defined Elsewhere in This Code List
06	Discharged / Transferred to Home Under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care
07	Left Against Medical Advice or Discontinued Care

Code	Definition
08	Reserved for National Assignment
09	Admitted as an Inpatient to This Hospital
10 – 19	Reserved for National Assignment
20	Expired (or did not recover—Christian Science Patient)
21 - 29	Reserved for National Assignment
30	Still a Patient
31-39	Reserved for National Assignment
40	Expired at Home (for hospice care only)
41	Expired in a Medical Facility such as a Hospital, SNF, ICF or Free-Standing Hospice (for hospice care only)
42	Expired, Place Unknown (for hospice care only)
43	Discharged / Transferred to a Federal Health Care Facility
44 – 49	Reserved for National Assignment
50	Discharged to Hospice, Home
51	Discharged to Hospice, Medical Facility
52 – 60	Reserved for National Assignment
61	Discharged / Transferred Within This Institution to a Hospital-Based Medicare Approved Swing Bed
62	Discharged / Transferred to an Inpatient Rehabilitation Facility (IRF) Including Rehabilitation Distinct Part Units of a Hospital
63	Discharged / Transferred to a Medicare Certified Long Term Care Hospital (LTCH)
64	Discharged / Transferred to a Nursing Facility Certified Under Medicaid but Not Certified Under Medicare
65	Discharged / Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital
66	Discharges / Transfers to a Critical Access Hospital
67 – 69	Reserved for National Assignment
70	Discharged / Transferred to Another Type of Healthcare Institution Not Elsewhere Defined in this Code List (Effective October 1, 2007)
71 – 99	Reserved for National Assignment

Release of Information Indicator Codes (Field 52)

Code	Definition
Y	Yes
R	Restricted or Modified Release
N	No Release

Member's Relationship to the Insured Codes (Field 59)

Code	Definition
01	Spouse
18	Self
19	Child
20	Employee
21	Unknown
39	Organ Donor
40	Cadaver Donor
53	Life Partner
G8	Other Relationship

Valid Taxonomy Codes

100000000X	BH & SOCSERV PROVIDERS
101YA0400X	BH & SOCIAL SERVICE, COUNSELOR, ADDICTION (SUBSTAN
101YM0800X	BH & SOCIAL SERVICE, COUNSELOR, MH
101YP1600X	BH & SOCIAL SERVICE, COUNSELOR, PASTORAL
101YP2500X	BH & SOCIAL SERVICE, COUNSELOR, PROFESSIONAL
101YS0200X	BH & SOCIAL SERVICE, COUNSELOR, SCHOOL
101Y00000X	BH & SOCIAL SERVICE, COUNSELOR
103GC0700X	BH & SOCIAL SERVICE, NEUROPSYCHOLOGIST, CLINICAL
103G00000X	BH & SOCIAL SERVICE, NEUROPSYCHOLOGIST
103TA0400X	BH & SOCIAL SERVICE, PSYCHOLOGIST, ADDICTION (SUBS
103TA0700X	BH & SOCIAL SERVICE, PSYCHOLOGIST, ADULT DEVELOPME
103TB0200X	BH & SOCIAL SERVICE, PSYCHOLOGIST, BEHAVIORAL
103TC0700X	BH & SOCIAL SERVICE, PSYCHOLOGIST, CLINICAL
103TC1900X	BH & SOCIAL SERVICE, PSYCHOLOGIST, COUNSELING
103TC2200X	BH & SOCIAL SERVICE, PSYCHOLOGIST, CHILD, YOUTH &
103TE1000X	BH & SOCIAL SERVICE, PSYCHOLOGIST, EDUCATIONAL
103TE1100X	BH & SOCIAL SERVICE, PSYCHOLOGIST, EXERCISE & SPOR
103TF0000X	BH & SOCIAL SERVICE, PSYCHOLOGIST, FAMILY
103TF0200X	BH & SOCIAL SERVICE, PSYCHOLOGIST, FORENSIC
103TH0100X	BH & SOCIAL SERVICE, PSYCHOLOGIST, HEALTH
103TM1700X	BH & SOCIAL SERVICE, PSYCHOLOGIST, MEN & MASCULINI
103TM1800X	BH & SOCIAL SERVICE, PSYCHOLOGIST, MENTAL RETARDAT
103TP0814X	BH & SOCIAL SERVICE, PSYCHOLOGIST, PSYCHOANALYSIS
103TP2700X	BH & SOCIAL SERVICE, PSYCHOLOGIST, PSYCHOTHERAPY
103TP2701X	BH & SOCIAL SERVICE, PSYCHOLOGIST, PSYCHOTHERAPY,
103TR0400X	BH & SOCIAL SERVICE, PSYCHOLOGIST, REHABILITATION
103TS0200X	BH & SOCIAL SERVICE, PSYCHOLOGIST, SCHOOL
103TW0100X	BH & SOCIAL SERVICE, PSYCHOLOGIST, WOMEN
103T00000X	BH & SOCIAL SERVICE, PSYCHOLOGIST
1041C0700X	BH & SOCIAL SERVICE, SOCIAL WORKER, CLINICAL
1041S0200X	BH & SOCIAL SERVICE, SOCIAL WORKER, SCHOOL
104100000X	BH & SOCIAL SERVICE, SOCIAL WORKER
106H00000X	BH & SOCIAL SERVICE, MARRIAGE & FAMILY THERAPIST
160000000X	NURSING SERVICE
163WA0400X	NURSING SERVICE, RN, ADDICTION (SUBSTANCE USE DISO
163WA2000X	NURSING SERVICE, RN, ADMINISTRATOR

163WC0200X	NURSING SERVICE, RN, CRITICAL CARE MEDICINE
163WC0400X	NURSING SERVICE, RN, CASE MANAGEMENT
163WC1400X	NURSING SERVICE, RN, COLLEGE HEALTH
163WC1500X	NURSING SERVICE, RN, COMMUNITY HEALTH
163WC1600X	NURSING SERVICE, RN, CONTINUING EDUCATION/STAFF DE
163WC2100X	NURSING SERVICE, RN, CONTINENCE CARE
163WC3500X	NURSING SERVICE, RN, CARDIAC REHABILITATION
163WD0400X	NURSING SERVICE, RN, DIABETES EDUCATOR
163WD1100X	NURSING SERVICE, RN, DIALYSIS, PERITONEAL
163WE0003X	NURSING SERVICE, RN, EMERGENCY
163WE0900X	NURSING SERVICE, RN, ENTEROSTOMAL THERAPY
163WF0300X	NURSING SERVICE, RN, FLIGHT
163WG0000X	NURSING SERVICE, RN, GENERAL PRACTICE
163WG0100X	NURSING SERVICE, RN, GASTROENTEROLOGY
163WG0600X	NURSING SERVICE, RN, GERONTOLOGY
163WH0200X	NURSING SERVICE, RN, HOME HEALTH
163WH0500X	NURSING SERVICE, RN, HEMODIALYSIS
163WH1000X	NURSING SERVICE, RN, HOSPICE
163WI0500X	NURSING SERVICE, RN, INFUSION THERAPY
163WI0600X	NURSING SERVICE, RN, INFECTION CONTROL
163WL0100X	NURSING SERVICE, RN, LACTATION CONSULTANT
163WM0102X	NURSING SERVICE, RN, MATERNAL NEWBORN
163WM0705X	NURSING SERVICE, RN, MEDICAL-SURGICAL
163WM1400X	NURSING SERVICE, RN, NURSE MASSAGE THERAPIST (NMT)
163WN0002X	NURSING SERVICE, RN, NEONATAL INTENSIVE CARE
163WN0003X	NURSING SERVICE, RN, NEONATAL, LOW-RISK
163WN0300X	NURSING SERVICE, RN, NEPHROLOGY
163WN0800X	NURSING SERVICE, RN, NEUROSCIENCE
163WN1003X	NURSING SERVICE, RN, NUTRITION SUPPORT
163WP0000X	NURSING SERVICE, RN, PAIN MANAGEMENT
163WP0200X	NURSING SERVICE, RN, PEDIATRICS
163WP0218X	NURSING SERVICE, RN, PEDIATRIC ONCOLOGY
163WP0807X	NURSING SERVICE, RN, PSYCH/MH, CHILD & ADOLESCENT
163WP0808X	NURSING SERVICE, RN, PSYCH/MH
163WP0809X	NURSING SERVICE, RN, PSYCH/MH, ADULT
163WP1700X	NURSING SERVICE, RN, PERINATAL
163WP2201X	NURSING SERVICE, RN, AMB CARE
163WR0400X	NURSING SERVICE, RN, REHABILITATION
163WR1000X	NURSING SERVICE, RN, REPRODUCTIVE ENDOCRINOLOGY/IN
163WS0121X	NURSING SERVICE, RN, PLASTIC SURGERY
163WS0200X	NURSING SERVICE, RN, SCHOOL
163WU0100X	NURSING SERVICE, RN, UROLOGY
163WW0000X	NURSING SERVICE, RN, WOUND CARE
163WW0101X	NURSING SERVICE, RN, WOMEN'S HC, AMB
163WX0002X	NURSING SERVICE, RN, OBSTETRIC, HIGH-RISK
163WX0003X	NURSING SERVICE, RN, OBSTETRIC, INPATIENT
163WX0106X	NURSING SERVICE, RN, OCCUPATIONAL HEALTH
163WX0200X	NURSING SERVICE, RN, ONCOLOGY
163WX0601X	NURSING SERVICE, RN, OTORHINOLARYNGOLOGY & HEAD-NE
163WX0800X	NURSING SERVICE, RN, ORTHOPEDIC
163WX1100X	NURSING SERVICE, RN, OPHTHALMIC
163WX1500X	NURSING SERVICE, RN, OSTOMY CARE
163W00000X	NURSING SERVICE, RN

164W00000X	NURSING SERVICE, LICENSED PRACTICAL NURSE
164X00000X	NURSING SERVICE, LICENSED VOCATIONAL NURSE
167G00000X	NURSING SERVICE, LICENSED PSYCHIATRIC TECHNICIAN
190000000X	GROUP
193200000X	GROUP, MULTI-SPECIALTY
193400000X	GROUP, SINGLE SPECIALTY
207LA0401X	PHYSICIAN, ANESTHESIOLOGY, ADDICTION MEDICINE
207LC0200X	PHYSICIAN, ANESTHESIOLOGY, CRITICAL CARE MEDICINE
207PE0004X	PHYSICIAN, EMERGENCY MEDICINE, EMERGENCY MEDICAL S
207PP0204X	PHYSICIAN, EMERGENCY MEDICINE, PEDIATRIC EMERGENCY
207P00000X	PHYSICIAN, EMERGENCY MEDICINE
207QA0401X	PHYSICIAN, FAMILY PRACTICE, ADDICTION MEDICINE
207RA0401X	PHYSICIAN, INTERNAL MEDICINE, ADDICTION MEDICINE
2080P0006X	PHYSICIAN, PEDIATRICS, DEVELOPMENTAL BEHAVIORAL
2084A0401X	PHYSICIAN, PSYCH & NEUR, ADDICTION MEDICINE
2084F0202X	PHYSICIAN, PSYCH & NEUR, FORENSIC PSYCHIATRY
2084N0600X	PHYSICIAN, PSYCH & NEUR, CLINICAL NEUROPHYSIOLOGY
2084P0005X	PHYSICIAN, PSYCH & NEUR, NEURODEVELOPMENTAL DISABI
2084P0800X	PHYSICIAN, PSYCH & NEUR, PSYCHIATRY
2084P0802X	PHYSICIAN, PSYCH & NEUR, ADDICTION PSYCHIATRY
2084P0804X	PHYSICIAN, PSYCH & NEUR, CHILD & ADOLESCENT PSYCHI
2084P0805X	PHYSICIAN, PSYCH & NEUR, GERIATRIC PSYCHIATRY
220000000X	RESP, REHAB, & REST SERVICE PROVIDERS
221700000X	RESP, REHAB, & REST SERVICE, ART THERAPIST
225A00000X	RESP, REHAB, & REST SERVICE, MUSIC THERAPIST
225400000X	RESP, REHAB, & REST SERVICE, REHABILITATION PRACTI
225600000X	RESP, REHAB, & REST SERVICE, DANCE THERAPIST
225800000X	RESP, REHAB, & REST SERVICE, RECREATION THERAPIST
226300000X	RESP, REHAB, & REST SERVICE, KINESIOTHERAPIST
250000000X	AGENCIES
251B00000X	AGENCIES, CASE MANAGEMENT
251C00000X	AGENCIES, DAY TRAINING, DEVELOPMENTALLY DISABLED S
251E00000X	AGENCIES, HOME HEALTH
251F00000X	AGENCIES, HOME INFUSION
251G00000X	AGENCIES, HOSPICE CARE, COMMUNITY BASED
251J00000X	AGENCIES, NURSING CARE
251K00000X	AGENCIES, PUBLIC HEALTH OR WELFARE
260000000X	AMB HC FACILITIES
261QA1903X	AMB HC FACILITIES, CLINIC/CENTER, AMB SURGICAL
261QC0050X	AMB HC FACILITIES, CLINIC/CENTER, CRITICAL ACCESS
261QC1500X	AMB HC FACILITIES, CLINIC/CENTER, COMMUNITY HEALTH
261QC1800X	AMB HC FACILITIES, CLINIC/CENTER, CORPORATE HEALTH
261QD1600X	AMB HC FACILITIES, CLINIC/CENTER, DEVELOPMENTAL DI
261QE0002X	AMB HC FACILITIES, CLINIC/CENTER, EMERGENCY CARE
261QF0400X	AMB HC FACILITIES, CLINIC/CENTER, FEDERALLY QUALIF
261QH0100X	AMB HC FACILITIES, CLINIC/CENTER, HEALTH
261QM0801X	AMB HC FACILITIES, CLINIC/CENTER, MH (INCLUDING CO
261QM0850X	AMB HC FACILITIES, CLINIC/CENTER, ADULT MH
261QM0855X	AMB HC FACILITIES, CLINIC/CENTER, ADOLESCENT AND C
261QM1300X	AMB HC FACILITIES, CLINIC/CENTER, MULTI-SPECIALTY
261QM2800X	AMB HC FACILITIES, CLINIC/CENTER, METHADONE CLINIC
261QP0904X	AMB HC FACILITIES, CLINIC/CENTER, PUBLIC HEALTH, F
261QP0905X	AMB HC FACILITIES, CLINIC/CENTER, PUBLIC HEALTH, S

261QR0400X	AMB HC FACILITIES, CLINIC/CENTER, REHABILITATION
261QR0401X	AMB HC FACILITIES, CLINIC/CENTER, REHABILITATION,
261QR0405X	AMB HC FACILITIES, CLINIC/CENTER, REHABILITATION,
261QR1300X	AMB HC FACILITIES, CLINIC/CENTER, RURAL HEALTH
261Q00000X	AMB HC FACILITIES, CLINIC/CENTER
270000000X	HOSPITAL UNITS
273R00000X	HOSPITAL UNITS, PSYCHIATRIC UNIT
273Y00000X	HOSPITAL UNITS, REHABILITATION UNIT
276400000X	HOSPITAL UNITS, REHABILITATION, SUBSTANCE USE DISO
280000000X	HOSPITALS
282NC0060X	HOSPITALS, GENERAL ACUTE CARE HOSPITAL, CRITICAL A
282NC2000X	HOSPITALS, GENERAL ACUTE CARE HOSPITAL, CHILDREN
282NR1301X	HOSPITALS, GENERAL ACUTE CARE HOSPITAL, RURAL
282NW0100X	HOSPITALS, GENERAL ACUTE CARE HOSPITAL, WOMEN
282N00000X	HOSPITALS, GENERAL ACUTE CARE HOSPITAL
283Q00000X	HOSPITALS, PSYCHIATRIC HOSPITAL
283XC2000X	HOSPITALS, REHABILITATION HOSPITAL, CHILDREN
283X00000X	HOSPITALS, REHABILITATION HOSPITAL
284300000X	HOSPITALS, SPECIAL HOSPITAL
290000000X	LABORATORIES
291U00000X	LABORATORIES, CLINICAL MEDICAL LABORATORY
293D00000X	LABORATORIES, PHYSIOLOGICAL LABORATORY
310000000X	NURS & CUST CARE FACILITIES
3104A0625X	NURS & CUST CARE FACILITIES, ASSISTED LIVING FACIL
3104A0630X	NURS & CUST CARE FACILITIES, ASSISTED LIVING FACIL
310400000X	NURS & CUST CARE FACILITIES, ASSISTED LIVING FACIL
310500000X	NURS & CUST CARE FACILITIES, INTERMEDIATE CARE FAC
311ZA0620X	NURS & CUST CARE FACILITIES, CUSTODIAL CARE FACILI
311Z00000X	NURS & CUST CARE FACILITIES, CUSTODIAL CARE FACILI
311500000X	NURS & CUST CARE FACILITIES, ALZHEIMER CENTER (DEM
313M00000X	NURS & CUST CARE FACILITIES, NURSING FACILITY/INTE
3140N1450X	NURS & CUST CARE FACILITIES, SKILLED NURSING FACIL
314000000X	NURS & CUST CARE FACILITIES, SKILLED NURSING FACIL
315D00000X	NURS & CUST CARE FACILITIES, HOSPICE, INPATIENT
315P00000X	NURS & CUST CARE FACILITIES, INTERMEDIATE CARE FAC
320000000X	RTC FACILITIES
320800000X	RTC FACILITIES, COMMUNITY BASED RTC FACILITY, MENT
320900000X	RTC FACILITIES, COMMUNITY BASED RESIDENTIAL TREATM
322D00000X	RTC FACILITIES, RTC FACILITY, EMOTIONALLY DISTURBE
323P00000X	RTC FACILITIES, PSYCHIATRIC RTC FACILITY
3245S0500X	RTC FACILITIES, SA REHABILITATION FACILITY, SA TRE
324500000X	RTC FACILITIES, SA REHABILITATION FACILITY
32600000X	RTC FACILITIES, RTC FACILITY, MENTAL RETARDATION A
330000000X	SUPPLIERS
340000000X	TRANSPORTATION SERVICES
3416A0800X	TRANSPORTATION SERVICES, AMBULANCE, AIR TRANSPORT
3416L0300X	TRANSPORTATION SERVICES, AMBULANCE, LAND TRANSPORT
3416S0300X	TRANSPORTATION SERVICES, AMBULANCE, WATER TRANSPOR
341600000X	TRANSPORTATION SERVICES, AMBULANCE
343800000X	TRANSPORTATION SERVICES, SECURED MEDICAL TRANSPORT
343900000X	TRANSPORTATION SERVICES, NON-EMERGENCY MEDICAL TRA
344600000X	TRANSPORTATION SERVICES, TAXI
347B00000X	TRANSPORTATION SERVICES, BUS

347C00000X	TRANSPORTATION SERVICES, PRIVATE VEHICLE
347D00000X	TRANSPORTATION SERVICES, TRAIN
347E00000X	TRANSPORTATION SERVICES, TRANSPORTATION BROKER
360000000X	PA & APN PROVIDERS
363AM0700X	PA & APN PROVIDERS, PA, MEDICAL
363A00000X	PA & APN PROVIDERS, PA
363LA2100X	PA & APN PROVIDERS, APN, ACUTE CARE
363LC1500X	PA & APN PROVIDERS, APN, COMMUNITY HEALTH
363LP0808X	PA & APN PROVIDERS, APN, PSYCH/MH
363L00000X	PA & APN PROVIDERS, APN
364SA2200X	PA & APN PROVIDERS, CLIN NURSE SPEC, ADULT HEALTH
364SC1501X	PA & APN PROVIDERS, CLIN NURSE SPEC, COMMUNITY HEA
364SP0807X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, CHI
364SP0808X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH
364SP0809X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, ADU
364SP0810X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, CHI
364SP0811X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, CHR
364SP0812X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, COM
364SP0813X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, GER
364SR0400X	PA & APN PROVIDERS, CLIN NURSE SPEC, REHABILITATIO
364S00000X	PA & APN PROVIDERS, CLIN NURSE SPEC
367500000X	PA & APN PROVIDERS, NURSE ANESTHETIST, CERTIFIED R
380000000X	RESPITE CARE FACILITY
385HR2050X	RESPITE CARE FACILITY, RESPITE CARE, RESPITE CARE
385HR2055X	RESPITE CARE FACILITY, RESPITE CARE, RESPITE CARE,
385HR2060X	RESPITE CARE FACILITY, RESPITE CARE, RESPITE CARE,
385HR2065X	RESPITE CARE FACILITY, RESPITE CARE, RESPITE CARE,
385H00000X	RESPITE CARE FACILITY, RESPITE CARE