

INSTRUCTIONS
ILLINOIS MEDICAL ASSISTANCE PROGRAM
PROVIDER ENROLLMENT APPLICATION

Enrollment in the Illinois Medical Assistance Program requires the completion of an application with an original signature of an individual or if a business entity, an authorized person. All providers are required to complete, sign and date a Provider Agreement. Enclose additional pages when more information is available than space allows or here which ever is appropriate.

Providers are required by the U.S. Postal Service to use a 9 digit zip code for all addresses. Mail without the 9 digits may be returned by the U.S. Postal Service.

Providers required to submit the Disclosure of Ownership and Control Interest Statement Form (HCFA 1513) for participation in the Federal Medicare Program, are required to submit a copy of the HCFA 1513 to the Illinois Department of Public Aid.

NOTE: When a Change of Name occurs, a new enrollment application, agreement and attachments must be completed and submitted to the Department.

SECTION A: PROVIDER

1. Check appropriate box for type of enrollment.
2. **PROVIDER TYPE:** Enter applicable three (3) digit code from Attachment A
3. **PROVIDER NAME:** Individual Practitioners must enter name in last name, first name format. All other applicants must enter the complete business name.
4. **PRIMARY OFFICE ADDRESS STREET:** Provider must give a physical location, not a PO Box.
6. **COUNTY:** For Transportation providers this must reflect the county where vehicle(s) are located.
11. **E-MAIL ADDRESS:** Enter up to three (3) e-mail addresses.
14. **ILLINOIS BUSINESS TAX NUMBER:** Issued by the Illinois Department of Revenue.
15. **LICENSE/CERTIFICATION/ENROLLMENT REQUIREMENTS:** See Attachment B for specific provider requirements.
16. **DRUG ENFORCEMENT ACT NUMBER:** Enter the DEA number issued to the above identified address and any additional DEA numbers issued.
17. **NATIONAL PROVIDER IDENTIFICATION NUMBER:** Enter the National Provider Identification Number as issued by HCFA, if available
18. **MEDICARE PART A NUMBER:** Enclose documentation of Medicare Certification.
19. **ORGANIZATION TYPE:** Enter the one (1) digit number to indicate the type of ownership: (1) SOLE PROPRIETARY (2) PARTNERSHIP (3) CORPORATION.
20. **CONTROL OF FACILITY:** Enter the one (1) digit number to indicate the type of facility control: (1) STATE/COUNTY/CITY (2) RELIGIOUS/CHARITABLE (3) PROPRIETARY (4) OTHER.
21. **FISCAL YEAR:** Enter the end date of your Business Fiscal Year (MM/DD/YYYY).
22. **CLINICAL LABORATORY IMPROVEMENT ACT NUMBER:** Enter appropriate CLIA number documenting the approval to provide laboratory services.

SECTION B: SERVICE/SPECIALITY

23. **CATEGORY OF SERVICE:** Enter all applicable three (3) digit code(s) from Attachment C.
24. **PROVIDER SPECIALTY:** See Attachment D-1
25. **PHYSICIAN UPIN NO.:** Unique Physicians Identification Number.
26. **OMNIBUS BUDGET RECONCILIATION ACT (OBRA) QUALIFICATION:** (Physician only) OBRA '90 mandates that physicians being reimbursed for services to children under the age of 21 meet certain qualifications. Enter each three digit alpha code from Attachment D-2 which applies.
28. **PHARMACY LOCATION:** Enter the one (1) digit number which best describes the location of the pharmacy. (1) Hospital based (2) Long Term Care Based (3) Other.
33. **NDCP#:** Enter seven (7) digit National Council Drug Prescription Program Number.
34. **TRANSPORTATION(Only):** Usual and Customary rates: TAXI: Enter usual and customary base, meter, or flag and mileage rate. Enclose a copy of documentation approving your municipality rate, if applicable.
37. **LONG TERM CARE MEDICARE BED CAPACITY:** Enter Number of Medicare eligible beds in facility.
38. **LONG TERM CARE FISCAL MEDICARE FISCAL INTERMEDIARY:** Enter Name of Medicare carrier.
39. **LONG TERM CARE BUILDING ID CODE:** Enter seven (7) digit code assigned by Department of Public Health.

SECTION C: FORMER PARTICIPATION

If you are not currently participating in the Illinois Medical Assistance Program, but have participated in the past, please complete this section. If not applicable, leave blank.

SECTION D: ADDITIONAL PARTICIPATION

If you are currently participating in the Illinois Medical Assistance Program as another provider type, please complete this section. If not applicable, leave blank.

- 42. **PROVIDER TYPE:** Enter the three (3) digit number to indicate other types of participation from Attachment A.
- 43. **PROVIDER NUMBER:** Enter the provider number associated with the type listed.
- 44. **PROVIDER NAME:** Enter the provider name as it appears on the Provider Information Sheet.

SECTION E: PAYEE INFORMATION

One or more payee section(s) must be completed.

Individual Practitioners are to complete a payee section for each address to which payments are to be sent. If payments are to be sent to more than two addresses, enclose a sheet of paper with payee information for each.

The enclosed Alternate Payee Form and Power of Attorney must be completed if the payee name is different than the provider name.

- 47. **DOING BUSINESS AS (D/B/A):** If a Sole Proprietorship using a d/b/a name, enter the d/b/a/ name.
- 53. **TAXPAYER IDENTIFICATION NUMBER (TIN) TYPE CODE:** Enter the one (1) digit type code below which identifies the tax structure of the SSN/FEIN entered:

TYPE CODE

- 1 Federal Employer Identification Number (Corporation/Partnership)
- 2 Social Security Number (Individual)
- 3 Government Unit

- 54. **MEDICARE PART B NUMBER:** Enter the six (6) digit number assigned by your Medicare Part B Carrier.
- 55. **PHYSICIAN IDENTIFICATION NUMBER (PIN):** Enter the six (6) digit number assigned by your Medicare Part B Carrier, when using a Group Medicare Number in Section 47.
- 56. **DURABLE MEDICAL EQUIPMENT REGIONAL CARRIER (DMERC):** Enter ten (10) digit number assigned by DME Regional Carrier.

SECTION F - ENROLLMENT CERTIFICATION/SIGNATURE

This section **must** be completed in its entirety.

Questions regarding completion of the Provider Enrollment Application should be directed to the Provider Participation Unit, (217) 782-0538. Please mail the completed application, signed agreement, and all other required documentation to:

Illinois Department of Public Aid
Provider Participation Unit
P.O. Box 19114
Springfield, Illinois 62794-9114

Additional information regarding Illinois Department of Public Aid can be obtained at:

<http://www.dpailinois.com/>

DO NOT RETURN THIS PAGE

PROVIDER TYPE

<u>Provider Type Code</u>	<u>Eligible Provider Type</u>
010	Physician
011	Dentist
012	Optometrist
013	Podiatrist
014	Chiropractor
016	Nurse Practitioner
020	Registered Nurse
022	Physical Therapists
023	Occupational Therapists
024	Speech Therapists
025	Audiologists
030	General Hospital
031	Psychiatric Hospital
032	Rehabilitation Hospital
036	Mental Health Services Providers
039	Hospice
040	Federally Qualified Health Center (FQHC)
043	Encountered Rate Clinic (ERC)
044	Healthy Kids Clinic
046	Ambulatory Surgical Treatment Center (ASTC)
047	Local Education Agency (LEA)
048	Rural Health Clinic
050	Home Health Agency
052	County Health Department
054	Certified Hospital Organized Satellite Clinics (CHOSC)
055	Early Intervention
056	School Based Clinic
060	Pharmacy
061	Independent Laboratory
062	Opticians/Optical Company
063	Durable Medical Equipment/Supply
064	Imaging Centers
070	Transportation (Ambulance)
071	Transportation (Medicar)
072	Taxicab/Livery Companies
073	Other Transportation (non-registered)
074	Hospital based Transportation
075	Alcohol and Substance Abuse
080	Prepaid Health (HMO)
081	Case Management
083	Prepaid Health Plans
086*	Clinical Social Worker
087*	Psychologist
088*	Other Behavioral Health Providers

* These provider types are enrolled with the Department for the purpose of collecting Medicaid Managed Care encounter data. The Department does not currently reimburse these provider types for services rendered to Medicaid participants.

LICENSE/CERTIFICATION/ENROLLMENT REQUIREMENTS

MEDICAL LICENSE/PUBLIC HEALTH/ASSOCIATION CERTIFICATION NUMBER: Individual practitioners licensed by the Illinois Department of Professional Regulation are to enter their own professional license number. All other provider types are to enter their Public Health or applicable association certification number.

NOTE: All OUT-OF-STATE applicants must enclose a copy of a currently valid licensure/certification form including expiration date.

APPLICANTS LISTED BELOW MUST ENCLOSE THE DOCUMENTATION DESCRIBED WHEN THE APPLICATION IS SUBMITTED:

AMBULANCE: 1) Copy of certification issued by appropriate regulatory agency (i.e., for Illinois the regulatory agency is the Department of Public Health), and 2) enclose a copy of Medicare letter with approved Method of Payment. (OUT-OF- STATE Ambulance enclose ALS certification if applicable).

AMBULATORY SURGICAL TREATMENT CENTER: 1) Copy of license issued by appropriate regulatory agency (i.e., for Illinois the regulatory agency is the Department of Public Health), and 2) copy of Medicare Certification. An ASTC must submit a copy of CLIA Certification issued by HHS to enroll for laboratory services.

CERTIFIED REGISTERED NURSE ANESTHETISTS: 1) Copy of RN license, and 2) CRNA Certification.

HOME HEALTH AGENCY: 1) Copy of license, 2) copy of letter of Health and Human Services (HHS) certification with approved rate of reimbursement, and 3) copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

HOSPICE: 1) Copy of license and Medicare Letter of Certification with Medicare approved rate of reimbursement, and 2) copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

HOSPITAL: 1) Copy of license issued by State Licensing Board, 2) Copy of Medicare Letter of Certification and 3) copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

IMAGING CENTERS: 1) Copy of Medicare certification as a portable x-ray provider, 2) Copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1514).

LABORATORY: Copy of Clinical Laboratory Improvement Act (CLIA) certification.

MIDWIFE: 1) Copy of RN license, 2) copy of letter of Certification by the College Nurse Midwife Association, and 3) copy of Delivery Privilege Form with delivering physician identified.

NURSE PRACTITIONER: 1) Copy of RN license, 2) copy of Certification from American Nurse Association or National Certification Board of Pediatrics, 3) copy of Medical Practice Agreement between Physician and Nurse Practitioner, 4) Copy of CLIA Certification if applicable, and 5) Copy of DEA certificate if applicable.

PHARMACY: 1) Copy of Pharmacy license, 2) Copy of Pharmacist-In-Charge license, 3) Copy of DEA certificate.

PHYSICIANS: 1) Copy of Pharmacy license, 2) Copy of Pharmacist-In-Charge license, 3) Copy of DEA certificate.

RURAL HEALTH: Copy of HHS letter of certification with rate of reimbursement.

TRANSPORTATION: Copy of Vehicle Identification Card for all vehicles approved to transport medical clients.

PROVIDER TYPE/CATEGORY OF SERVICE TABLE

<u>PROVIDER TYPE</u>		<u>ALLOWABLE CATEGORY OF SERVICE</u>	
<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
010	Physicians	001	Physicians Services
		006	Physicians Psychiatric Services
		017	Anesthesia Services
		030	Healthy Kids Services
		045	Optical Supplies
011	Dentists	001	Physicians Services
		002	Dental Services
012	Optometrists	001	Physicians Services
		003	Optometric Services
		045	Optical Supplies
013	Podiatrists	004	Podiatry Services
014	Chiropractors	005	Chiropractic Services
016	Nurse Practitioner	030	Healthy Kids Services
		057	Nurse Practitioner Services
020	Registered Nurses	017	Anesthesia Services
		018	Midwife Services
		030	Healthy Kids Services
022	Physical Therapists	011	Physical Therapy Services
023	Occupational Therapists	012	Occupational Therapy Services
024	Speech Therapists	013	Speech Therapy/Pathology Services
025	Audiologists	014	Audiology Services
		041	Medical Equipment/Prosthetic Devices
		048	Medical Supplies

PROVIDER TYPE/CATEGORY OF SERVICE TABLE

PROVIDER TYPEALLOWABLE CATEGORY OF SERVICE

030	General Hospitals 001	Physicians Services
		012 Occupational Therapy Services
		013 Speech Therapy/Pathology Services
		014 Audiology Services
		017 Anesthesia Services
		020 Inpatient Hospital Services (General)
		021 Inpatient Hospital Services (Psychiatric)
		022 Inpatient Hospital Services (Physical Rehabilitation)
		024 Outpatient Services (General)
		025 Outpatient Services (ESRD)
		026 General Clinic Services
		027 Psychiatric Clinic Services (Type 'A')
		028 Psychiatric Clinic Services (Type 'B')
		029 Clinic Services (Physical Rehabilitation)
		030 Healthy Kids Services
		035 Alcohol and Substance Abuse Rehab. Services
		037 Skilled Care - Hospital Residing
		038 Exceptional Care - Hospital Residing
		039 DD/MI Non-Acute Care - Hospital Residing
		040 Pharmacy Services (Drug and OTC)
		041 Medical Equipment/Prosthetic Devices
		045 Optical Supplies
		048 Medical Supplies
		050 Emergency Ambulance Transportation
		051 Non-Emergency Ambulance Transportation
		052 Medicar Transportation
		054 Service Car
		069 Subacute Care
		098 MPE Certification
031	Psychiatric Hospitals	001 Physicians Services
		012 Occupational Therapy Services
		013 Speech Therapy/Pathology Services
		014 Audiology Services
		017 Anesthesia Services
		021 Inpatient Hospital Services (Psychiatric)
		024 Outpatient Services (General)
		026 General Clinic Services
		027 Psychiatric Clinic Services (Type 'A')
		028 Psychiatric Clinic Services (Type 'B')
		035 Alcohol and Substance Abuse Rehab. Services
		037 Skilled Care - Hospital Residing
		038 Exceptional Care - Hospital Residing
		039 DD/MI Non-Acute Care - Hospital Residing
		040 Pharmacy Services (Drug and OTC)
		041 Medical Equipment/Prosthetic Devices
		045 Optical Services
		048 Medical Supplies
		050 Emergency Ambulance Transportation
		051 Non-Emergency Ambulance Transportation
		052 Medicar Transportation
		054 Service Car
		067 Maternal & Child Health Application

PROVIDER TYPE/CATEGORY OF SERVICE TABLE

<u>PROVIDER TYPE</u>		<u>ALLOWABLE CATEGORY OF SERVICE</u>	
032	Rehabilitation Hospitals	001	Physicians Services
		012	Occupational Therapy Services
		013	Speech Therapy/Pathology Services
		014	Audiology Services
		017	Anesthesia Services
		022	Inpatient Hospital Services (Physical Rehabilitation)
		024	Outpatient Services (General)
		025	Outpatient Services (ESRD)
		029	Clinic Services (Physical Rehabilitation)
		037	Skilled Care - Hospital Residing
		038	Exceptional Care - Hospital Residing
		039	DD/MI Non-Acute Care - Hospital Residing
		040	Pharmacy Services (Drug and OTC)
		041	Medical Equipment/Prosthetic Devices
		045	Optical Services
		048	Medical Supplies
		050	Emergency Ambulance Transportation
051	Non-Emergency Ambulance Transportation		
052	Medicar Transportation		
054	Service Car		
067	Maternal & Child Health Application		
039	Hospice	060	Home Care
		061	General Inpatient
		062	Continuous Care Nursing
		063	Respite Care
040	Federally Qualified Health Centers (FQHC)	026	General Clinic Services
		030	Healthy Kids Services
		040	Pharmacy Services (Drug and OTC)
042	School Based Clinics	026	General Clinic Services
		030	Healthy Kids Services
043	Encounter Rate Clinics (ERC)	026	General Clinic Services
		030	Healthy Kids Services
		040	Pharmacy Services (Drug and OTC)
044	Healthy Kids Clinics	030	Healthy Kids Services
046	Ambulatory Surgical Treatment Center	024	Outpatient Services (General)

PROVIDER TYPE/CATEGORY OF SERVICE TABLE

<u>PROVIDER TYPE</u>		<u>ALLOWABLE CATEGORY OF SERVICE</u>	
047	Local Education Agencies (LEA)	001	Physicians Services
		002	Dental Services
		003	Optometric Services
		006	Physicians Psychiatric Services
		010	Nursing Services
		011	Physical Therapy Services
		012	Occupational Therapy Services
		013	Speech Therapy/Pathology Services
		014	Audiology Services
		030	Healthy Kids Services
		052	Medicar Transportation
		053	Taxicab Services
		054	Service Car
		055	Auto Transportation (Private)
		056	Other Transportation
048	Rural Health Clinics	026	General Clinic Services
		030	Healthy KIDS Services
050	Home Health Agencies	010	Nursing Services
		011	Physical Therapy Services
		012	Occupational Therapy Services
		013	Speech Therapy/Pathology Services
		016	Home Health Aids
052	County Health Departments	001	Physicians Services
		010	Nursing Services
		011	Physical Therapy Services
		012	Occupational Therapy Services
		013	Speech Therapy/Pathology Services
		016	Home Health Aids
		017	Anesthesia Services
		030	Healthy Kids Services
054	Certified Hospital Organized Satellite Clinics (CHOSC)	001	Physicians Services
		012	Occupational Therapy Services
		013	Speech Therapy/Pathology Services
		014	Audiology Services
		017	Anesthesia Services
		030	Healthy Kids Services
		040	Pharmacy Services (Drug and OTC)
		041	Medical Equipment/Prosthetic Devices
048	Medical Supplies		
055	Early Intervention	007	Development Therapy, Orientation and Mobility Services
		031	Early Intervention Services
		068	Targeted Care Management Services

<u>PROVIDER TYPE</u>	<u>ALLOWABLE CATEGORY OF SERVICE</u>
056 School Based Clinics	001 Physicians Services 030 Healthy Kids Services
060 Pharmacies	040 Pharmacy Services (Drugs and OTC) 041 Medical Equipment/Prosthetic Devices 048 Medical Supplies
061 Independent Laboratories	043 Clinical Laboratory Services
062 Opticians/Optical Companies	045 Optical Supplies
063 Other Providers of Medical Equipment/Supplies (Non-Registered)	041 Medical Equipment/Prosthetic Devices 048 Medical Supplies
064 Imaging Centers	001 Physician=s Services 044 Portable X-Ray Services
070 Ambulance Service Providers	050 Emergency Ambulance Transportation 051 Non-Emergency Ambulance Transportation 052 Medicar Transportation 054 Service Car 056 Other Transportation
071 Medicar Providers	052 Medicar Transportation 054 Service Car
072 Taxicab and Livery Companies	053 Taxicab Service 054 Service Car
073 Other Transportation Providers (Non-Registered)	055 Auto Transportation (Private) 056 Other Transportation
074 Hospital-Based Transportation Providers	050 Emergency Ambulance Transportation 051 Non-Emergency Ambulance Transportation 052 Medicar Transportation 053 Taxicab Services 054 Service Car
075 Alcohol & Substance Abuse Provider	035 Alcohol & Substance Abuse Rehab. Services
080 Health Maintenance Organization	030 Healthy Kids Services 081 HMO Services
081 Case Management	090 Case Management
083 Prepaid Health Plans	081 HMO Services
086* Clinical Social Worker	058 Social Worker
087* Psychologist	059 Psychologist
088* Other Behavioral Health Providers	064 Other Behavioral Health

* These provider types are enrolled with the Department for the purpose of collecting Medicaid Managed Care encounter data. The Department does not currently reimburse these provider types for services rendered to Medicaid participants.

SPECIALTY CODES FOR PHYSICIANS
(For Use In Completion Of Enrollment Application)

ADL	ADOLESCENT MEDICINE	PTH	PATHOLOGY
AI	ALLERGY AND IMMUNOLOGY	CLP	PATHOLOGY CLINICAL
AM	AEROSPACE MEDICINE	CMP	PATHOLOGY CHEMICAL
A	ALLERGY	FOP	PATHOLOGY, FORENSIC
AN	ANESTHESIOLOGY	PD	PEDIATRICS
BLB	BLOODBANKING	PDA	PEDIATRIC ALLERGY
BE	BRONCHO-ESOPHAGOLOGY	PDP	PEDIATRIC PULMONARY
C	CARDIOLOGY	PDC	PEDIATRIC CARDIOLOGY
CD	CARDIOVASCULAR DISEASES	PDE	PEDIATRIC ENDOCRINOLOGY
D	DERMATOLOGY	PHO	PEDIATRIC HEMATOLOGY-ONCOLOGY
DMP	DERMATOPATHOLOGY	PNP	PEDIATRIC NEPHROLOGY
DIA	DIABETES	PA	PHARMACOLOGY, CLINICAL
DLI	IMMUNOLOGY, DIAGNOSTIC LABORATORY	PM	PHYSICAL MEDICINE & REHABILITATION
EM	EMERGENCY MEDICINE	P	PSYCHIATRY
END	ENDOCRINOLOGY	CHP	PSYCHIATRY, CHILD
FP	FAMILY PRACTICE	PYA	PSYCHOANALYSIS
GE	GASTROENTEROLOGY	PYM	PSYCHOSOMATIC MEDICINE
GP	GENERAL PRACTICE	PH	PUBLIC HEALTH
GPM	GENERAL PREVENTIVE MEDICINE	PUD	PULMONARY DISEASES
GER	GERIATRICS	RO	RADIATION ONCOLOGY
GYN	GYNECOLOGY	R	RADIOLOGY
HEM	HEMATOLOGY	DR	RADIOLOGY, DIAGNOSTIC
HYP	HYPNOSIS	PDR	RADIOLOGY, PEDIATRIC
IG	IMMUNOLOGY	TR	RADIOLOGY, THERAPEUTIC
ID	INFECTIOUS DISEASES	REN	REPRODUCTIVE ENDOCRINOLOGY
IM	INTERNAL MEDICINE	RHU	RHEUMATOLOGY
LAR	LARYNGOLOGY	RHI	RHINOLOGY
LM	LEGAL, MEDICINE	RIP	RADIOISOTOPIC PATHOLOGY
MFS	MAXILLOFACIAL SURGERY	ABS	SURGERY, ABDOMINAL
MM	MEDICAL MICROBIOLOGY	CDS	SURGERY, COLON & RECTAL
ND	NEOPLASTIC DISEASES	GS	SURGERY, GENERAL
NEP	NEPHROLOGY	FPS	SURGERY, FACIAL PLASTIC
N	NEUROLOGY	CVS	SURGERY, CARDIOVASCULAR
NN	NEONATOLOGY	HS	SURGERY, HAND
NPM	NEONATAL-PERINATAL MEDICINE	HNS	SURGERY, HEAD AND NECK
CHN	NEUROLOGY, CHILD	NS	SURGERY, NEUROLOGICAL
NA	NEUROPATHOLOGY	ORS	SURGERY, ORTHOPEDIC
NM	NUCLEAR MEDICINE	PDS	SURGERY, PEDIATRIC
NR	NUCLEAR RADIOLOGY	PS	SURGERY, PLASTIC
NTR	NUTRITION	TS	SURGERY, THORACIC
MFM	MATERNAL & FETAL MEDICINE	TRS	SURGERY, TRAUMATIC
OBS	OBSTETRICS	U	SURGERY, UROLOGICAL
OBG	OBSTETRICS AND GYNECOLOGY	VS	SURGERY, VASCULAR
OLO	OTOLARYNGOLOGY	UR	UROLOGY
OM	OCCUPATIONAL MEDICINE		
ON	ONCOLOGY		<u>HOSPITAL DELIVERY PRIVILEGES</u>
OPH	OPHTHALMOLOGY		
OT	OTOLOGY	DPX	DELIVERY PRIVILEGES
OTO	OTORHINOLARYNGOLOGY	DPR	REFERRING PHYSICIANS
OSU	ORAL SURGERY		

SPECIALTY CODES FOR DENTISTS

(For Use In Completion Of Enrollment Application)

ENS	ENDODONTICS	OSU	ORAL SURGERY
PER	PERIODONTISTS	ORT	ORTHODONTIST
PRO	PROSTHODONTIST	ORP	ORAL PATHOLOGY
PED	PEDODONTICS	MFS	MAXILLOFACIAL SURGERY
GD	GENERAL DENTISTRY		
GDA	GENERAL DENTISTRY ANESTHESIA		

SPECIALTY CODES FOR OPTOMETRISTS

DPA	DIAGNOSTIC PHARMACEUTICAL AGENTS
TPA	THERAPEUTIC PHARMACEUTICAL AGENTS

HOSPITAL PRIVILEGE CODES

DPF	CERTIFIED IN FAMILY PRACTICE BY THE MEDICAL SPECIALTY BOARD RECOGNIZED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES.
DPP	CERTIFIED IN PEDIATRICS BY THE MEDICAL SPECIALTY BOARD RECOGNIZED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES.
FQH	EMPLOYED BY OR AFFILIATED WITH A FEDERALLY QUALIFIED HEALTH CENTER (FQHC).
DAP	HAVE ADMITTING PRIVILEGES AT A HOSPITAL.
NHS	MEMBER OF THE NATIONAL HEALTH SERVICE CORPS.
DPS	HAVE CURRENT, FORMAL CONSULTATION AND REFERRAL ARRANGEMENTS WITH A PEDIATRICIAN OR FAMILY PRACTITIONER FOR THE PURPOSES OF SPECIALIZED TREATMENT AND ADMISSION TO A HOSPITAL.