

1. CSV EFI File Format

Starting with NPPES 3.0, CMS will accept EFI files in CSV (Comma Separated Value) format.

Each CSV EFI File will contain a **Header** record, at least one **Detail** record, and a **Trailer** record.

The tables in this section define the fields that make up each type of record. Each table consists of the following:

- Column Field #**
 Depending on how you are creating your CSV file, if you are using Excel to generate your CSV files, the alphabetical portion will identify the spreadsheet column. For example, A-1 will be column A, BB-57 will be column BB in your Excel spreadsheet.
- Field Name**
 Name of the field
- Format**
 Identifies if the data must be in a specific format. When blank, no formatting is needed.
- Max Length**
 Identifies the maximum length of the field
- Required**
 Identifies if the field is a required field
- Allowed Values**
 Identifies valid values when the field values are restricted. When populated valid values are comma separated. For example "11, 13", identifies that the field can contain either an "11" or a "13".
- Annotation**
 Defines/describes the field

1.1 CSV File – Header

Each CSV EFI File must contain one and only one **Header** record. The following table defines the CSV File Header Record

1.1.1 CSV File – Header Record Format

Exhibit 1-1 CSV File – Header Format

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
A-1	Record Type	String	1	Yes	H	Identifies this to be the Header record
B-2	File Date	Date (YYYY-MM-DD)	10	Yes		Date of the file
C-3	TransactionSetPurposeCode	String	2	Yes	11, 13	This value indicates whether the file is a request or a response one. 11 – Response. 13 – Request.
D-4	TransactionTypeCode	String	2	Yes	RK, U5	Identifies whether the file contains new applications or modification requests RK – New application request

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						U5 – update/modify an existing NPI application (one that has already been enumerated and assigned an NPI)
E-5	Version	String	5	Yes	3.0	Identifies the NPPE release/software version
F-6	SubmitterName	String	80	Yes		Name of the user submitting the file
G-7	SubmitterIdentifier	Integer	10	Yes		EFI Org ID. The EFI Organization ID is the unique identifier issued by the Enumerator upon the successful completion of this organization's approval process.

1.2 CSV File – Detail

Each CSV EFI File must contain at least one **Detail** record. The following table defines the CSV File Detail Record

1.2.1 CSV File – Detail Record Format

Exhibit 1-2 CSV File – Detail Format

Provider Identification Information (A1-AK37)

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
A-1	RecordType	String	1	Yes	D	Identifies this to be a Detail record
B-2	ProviderTrackingReferenceIdentifier	String	50	No		Provider Tracking ID assigned when application is successfully submitted.
C-3	ProviderRequestType	Integer	1	Yes	1, 2	Identifies if the NPI application is for an Individual Provider or an Organizational Provider. 1 – Type 1 NPI, Individual provider 2 – Type 2 NPI, Organizational provider
D-4	NPI	Integer	10	Yes – only if change Request		NPI assigned to an enumerated NPI application. - Not applicable to new applications requests. If populated on a New Application Request, the request will be rejected with an error code of 01. - Required on Change Requests. If NOT populated on a Change Request, the request will be rejected with an error code of 01. If the NPI is not found in the system, request will be rejected with an error code of 10.
E-5	ProviderApplicationStatus	String	2	No	U, 33, A4, IA	Identifies the current status of the NPI record. U – Reject 33 – Active A4 – Pended IA – Deactivate Note: • If the attribute contains values other than the ones specified in the “Allowed Values” list then the entire file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						• In the Response file, this attribute will contain one of the values from the "Allowed Values" for each record in the file.
F-6	ProviderApplicationStatusReasonCode	String	3			Identifies why an NPI is deactivated. 030 – Fraud A13 – Other C20 – Complete EB1 - Deceased
G-7	ProviderOrganizationNameLBN	String	70	Yes – if for a Type 2 NPI		Identifies the organization legal business name
H-8	ProviderOrganizationNewLBN	String	70	No		Identifies the organization new legal business name
I-9	ProviderLastName	String	70	Yes – if for a Type 1 NPI		Individual Provider's Last Name
J-10	ProviderFirstName	String	35	Yes – if for a Type 1 NPI		Individual Provider's First Name
K-11	ProviderMiddleName	String	25	Optional on a Type 1 NPI		Individual Provider's Middle Name
L-12	ProviderNamePrefix	String	5	Optional on a Type 1 NPI	Ms., Mr., Miss., Mrs., Dr., Prof.	Individual Provider's Name Prefix
M-13	ProviderNameSuffix	String	5	Optional on a Type 1 NPI	Jr., Sr., I, II, III, IV, V, VI, VII, VIII, IX, X	Individual Provider's Name Suffix
N-14	ProviderCredential	String	20	Optional on a Type 1 NPI		Individual Provider's Credentials.
O-15	ProviderOtherNameTypeCode	String	5	Required if one of the Other Name fields is populated	1, 2, 5, 6	1: Former Name 2: Professional Name 5: Other Name 6: Current Name
P-16	ProviderOtherLastName	String	70	Optional on a Type 1 NPI		Individual Provider's Other Last Name
Q-17	ProviderOtherFirstName	String	35	Optional on a Type 1 NPI		Individual Provider's Other First Name
R-18	ProviderOtherMiddleName	String	25	Optional on a Type 1 NPI		Individual Provider's Other Middle Name
S-19	ProviderOtherNamePrefix	String	5	Optional on a Type 1 NPI		Individual Provider's Other Name Prefix
T-20	ProviderOtherNameSuffix	String	5	Optional on a Type 1 NPI		Individual Provider's Other Last Name
U-21	ProviderOtherCredential	String	20	Optional on a Type 1 NPI		Individual Provider's Other Last Name
V-22	ProviderGenderCode	String	1	Required for Type 1 Individual Providers	M, F, X, U	Identifies the gender of an Individual Provider M: Male F: Female X: Unspecified or Another Gender Identity U: Undisclosed
W-23	ProviderDateofBirth	Date (YYYY-MM-DD)	10	Required for Type1		Individual Provider's Date of Birth
X-24	ProviderStateofBirth	String	2	Required for Type 1 Individual Providers	See section 2.1 State Reference for US based address valid values	Individual Provider's State of Birth, if born in the United States
Y-25	ProviderCountryofBirth	String	2	Required for Type 1	See section 2.2 Country	Individual Provider's Country of Birth

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
				Individual Providers	Reference for valid values	
Z-26	PrimaryLanguage	String	2	Optional for Type 1	See section 2.3 Language Reference for valid values	Primary Language spoken by the Individual Provider: See section 2.3 Language Reference for valid values
AA-27	SecondaryLanguage1	String	2	Optional for Type 1	See section 2.3 Language Reference for valid values	First Secondary Language spoken by the Individual Provider
AB-28	SecondaryLanguage2	String	2	Optional for Type 1	See section 2.3 Language Reference for valid values	Second Secondary Language spoken by the Individual Provider
AC-29	SecondaryLanguage3	String	2	Optional for Type 1	See section 2.3 Language Reference for valid values	Third Secondary Language spoken by the Individual Provider
AD-30	SecondaryLanguage4	String	2	Optional for Type 1	See section 2.3 Language Reference for valid values	Fourth Secondary Language spoken by the Individual Provider
AE-31	SecondaryLanguage5	String	2	Optional for Type 1	See section 2.3 Language Reference for valid values	Fifth Secondary Language spoken by the Individual Provider:
AF-32	QualifierSSN_ITIN_EIN	String	2	Required	EI, EN, SY, TJ	Identifies what is entered in the SSN_ITIN_EINIdentifier field. EI: EIN EN: Employer's New EIN SY: SSN TJ: ITIN
AG-33	SSN_ITIN_EINIdentifier	String	9	Required		The provider's tax identifier number, An Individual Provider's SSN or ITIN An Organizational Provider's EIN or new EIN
AH-34	IsSoleProprietor	String	1	Required	Y,y, N,n	Identifies whether or not the Individual Provider is a Sole Proprietor.
AI-35	IsOrganizationSubpart	String	1	Required on a Type 2	Y, N	Identifies whether or not the Organizational Provider is a Subpart Y: Yes N: No
AJ-36	ParentOrganizationLBN	String	70	Required on a Type 2 if Subpart is Y (yes)		Parent Organization's Legal Business Name
AK-37	ParentOrganizationTIN	String	9	Required on a Type 2 if Subpart is Y (yes)		Parent Organization's Tax Identifier Number or EIN (Employer Identifier Number)

Organizational Provider's Other Names (AL-38 through AU-47)**Up to 5 Other Names can be associated with an Organizational Type 2 NPI**

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
AL-38	ProviderOtherOrganizationNameTypeCode1	String	1	Optional for a Type 2 NPI	3, 4, 5, 6	Type of Organizational Provider's Other Name being entered in <i>ProviderOtherOrganizationName1</i> 3: Doing Business As 4: Former Legal Business Name 5: Other Name 6: Current Name
AM-39	ProviderOtherOrganizationName1	String	70	Optional for a Type 2 NPI		Organization Other Name # 1

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
AN-40	ProviderOtherOrganizationNameTypeCode2	String	1	Optional for a Type 2 NPI	3, 4, 5, 6	Type of Organizational Provider's Other Name being entered in <i>ProviderOtherOrganizationName2</i> 3: Doing Business As 4: Former Legal Business Name 5: Other Name 6: Current Name
AO-41	ProviderOtherOrganizationName2	String	70	Optional for a Type 2 NPI		Organization Other Name # 2
AP-42	ProviderOtherOrganizationNameTypeCode3	String	1	Optional for a Type 2 NPI	3, 4, 5, 6	Type of Organizational Provider's Other Name being entered in <i>ProviderOtherOrganizationName3</i> 3: Doing Business As 4: Former Legal Business Name 5: Other Name 6: Current Name
AQ-43	ProviderOtherOrganizationName3	String	70	Optional for a Type 2 NPI		Organization Other Name # 3
AR-44	ProviderOtherOrganizationNameTypeCode4	String	1	Optional for a Type 2 NPI	3, 4, 5, 6	Type of Organizational Provider's Other Name being entered in <i>ProviderOtherOrganizationName4</i> 3: Doing Business As 4: Former Legal Business Name 5: Other Name 6: Current Name
AS-45	ProviderOtherOrganizationName4	String	70	Optional for a Type 2 NPI		Organization Other Name # 4
AT-46	ProviderOtherOrganizationNameTypeCode5	String	1	Optional for a Type 2 NPI	3, 4, 5, 6	Type of Organizational Provider's Other Name being entered in <i>ProviderOtherOrganizationName5</i> 3: Doing Business As 4: Former Legal Business Name 5: Other Name 6: Current Name
AU-47	ProviderOtherOrganizationName5	String	70	Optional for a Type 2 NPI		Organization Other Name # 5

Business Mailing Address (AV-48 through BE-57)

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
AV-48	ProviderBusinessMailingAddressTypeCode	String	2	Required	31	Identifies the Address as the Provider's Business Mailing Address 31: Postal Mailing Address
AW-49	ProviderMailingSameAsHomeAddressYN	String	1	Required	Y, N	Identifies if the Business Mailing Address is the same as the Provider's Home Address Y: Yes N: No
AX-50	ProviderFirstLineBusinessMailingAddress	String	55	Yes		First Line of the Provider's Business Mailing Address
AY-51	ProviderSecondLineBusinessMailingAddress	String	55	Optional		Second Line of the Provider's Business Mailing Address
AZ-52	ProviderBusinessMailingAddressCityName	String	40	Required		Provider's Business Mailing Address City
BA-53	ProviderBusinessMailingAddressStateName	String	2	Required	See section 2.1 State Reference	Provider's Business Mailing Address State Abbreviation
BB-54	ProviderBusinessMailingAddressPostalCode	String	9	First 5 digits are Required		Provider's Business Mailing Address Postal Code. Only the first 5 digits are required.
BC-55	ProviderBusinessMailingAddressCountryCode	String	2	Required	See section 2.2 Country Reference for valid values	Provider's Business Mailing Address Country Code.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
BD-56	ProviderBusinessMailingAddressTelephoneNumber	String	20	Optional		
BE-57	ProviderBusinessMailingAddressFaxNumber	String	20	Optional		

Up to 5 Practice Location can be associated with a Type 2 NPI for an Organizational Provider, however one must be identified as the Primary Practice Location.

Practice Location Number 1 (BF-58 through CT-98)

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
BF-58	ProviderBusinessPracticeLocationAddressTypeCode1	String	2	Required	31	Identifies the Address as the Provider's Practice Location Address 1. 31: Postal Mailing Address
BG-59	ProviderBusinessSameAsHomeAddressYN1	String	1	Required	Y, N	Identifies Practice Location Address 1 as the Primary Practice Location Y: Yes N: No
BH-60	ProviderBusinessPrimaryLocationYN1	String	1	Required	Y, N	Line 1 of the Provider's Practice Location Address 1
BI-61	ProviderFirstLineBusinessPracticeLocationAddress1	String	55	Required		Line 1 of the Provider's Practice Location Address 1
BJ-62	ProviderSecondLineBusinessPracticeLocationAddress1	String	55	Optional		Line 2 of the Provider's Practice Location Address 1
BK-63	ProviderBusinessPracticeLocationAddressCityName1	String	40	Required		City of the Provider's Practice Location Address 1
BL-64	ProviderBusinessPracticeLocationAddressStateName1	String	2	Required	See section 2.1 State Reference for valid values	State abbreviation of the Provider's Practice Location Address 1.
BM-65	ProviderBusinessPracticeLocationAddressPostalCode1	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's Practice Location Address 1. Only the first 5 digits are required.
BN-66	ProviderBusinessPracticeLocationAddressCountryCode1	String	2	Required	See section 2.2 Country Reference for valid values	Country Code of the Provider's Practice Location 1.
BO-67	ProviderBusinessPracticeLocationAddressTelephoneNumber1	String	20	Required		Telephone Number of the Provider's Practice Location 1.
BP-68	ProviderBusinessPracticeLocationAddressFaxNumber1	String	20	Optional		Fax Number of the Provider's Practice Location 1.
BQ-69	IsPracticeLocationDisabilityAccessible1	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location 1 is accessible to individuals with mobility disabilities.
BR-70	IsPracticeLocationRoomDisabilityAccessible1	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location 1 has exam rooms that are accessible to individuals with mobility disabilities.
BS-71	IsPracticeLocationMedicalEquipmentDisabilityAccessible1	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location 1 has medical equipment that is accessible to individuals with mobility disabilities.
BT-72	PracticeLocation1Language1	String	2	Optional	See section 2.3 Language Reference for valid values	First Language spoken at the Provider's Practice Location 1.
BU-73	PracticeLocation1Language2	String	2	Optional	See section 2.3 Language Reference for valid values	Second Language spoken at the Provider's Practice Location 1.
BV-74	PracticeLocation1Language3	String	2	Optional	See section 2.3 Language	Third Language spoken at the Provider's Practice Location 1.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
					<i>Reference for valid values</i>	
BW-75	PracticeLocation1Language4	String	2	Optional	<i>See section 2.3 Language Reference for valid values</i>	Fourth Language spoken at the Provider's Practice Location 1.
BX-76	PracticeLocation1Language5	String	2	Optional	<i>See section 2.3 Language Reference for valid values</i>	Fifth Language spoken at the Provider's Practice Location 1.
BY-77	PracticeLocation1Language6	String	2	Optional	<i>See section 2.3 Language Reference for valid values</i>	Sixth Language spoken at the Provider's Practice Location 1.
BZ-78	PracticeLocationOpenorCloseMonday1	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Mondays. OPEN: Office is Open CLOSE: Office is Closed
CA-79	PracticeLocationOpenHourMonday1	9:99	10	Required if PracticeLocationOpenorCloseMonday1 = OPEN	<i>See section 2.4 Office Hours Reference</i>	If Provider's Practice Location 1 is open on Mondays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CB-80	PracticeLocationCloseHourMonday1	String	10	Required if PracticeLocationOpenorCloseMonday1 = OPEN	<i>See section 2.4 Office Hours Reference</i>	If Provider's Practice Location 1 is open on Mondays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CC-81	PracticeLocationOpenorCloseTuesday1	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Tuesdays. OPEN: Office is Open CLOSE: Office is Closed
CD-82	PracticeLocationOpenHourTuesday1	String	10	Required if PracticeLocationOpenorCloseTuesday1 = OPEN	<i>See section 2.4 Office Hours Reference</i>	If Provider's Practice Location 1 is open on Tuesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CE-83	PracticeLocationCloseHourTuesday1	String	10	Required if PracticeLocationOpenorCloseTuesday1 = OPEN	<i>See section 2.4 Office Hours Reference</i>	If Provider's Practice Location 1 is open on Tuesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CF-84	PracticeLocationOpenorCloseWednesday1	String	5		OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Wednesdays. OPEN: Office is Open CLOSE: Office is Closed
CG-85	PracticeLocationOpenHourWednesday1	String	10	Required if PracticeLocationOpenorCloseWednesday1 = OPEN	<i>See section 2.4 Office Hours Reference</i>	If Provider's Practice Location 1 is open on Wednesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
CH-86	PracticeLocationCloseHourWednesday1	String	10	Required if PracticeLocationOpen or CloseWednesday1 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 1 is open on Wednesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CI-87	PracticeLocationOpenorCloseThursday1	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Thursdays. OPEN: Office is Open CLOSE: Office is Closed
CJ-88	PracticeLocationOpenHourThursday1	String	10	Required if PracticeLocationOpen or CloseThursday1 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 1 is open on Thursdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CK-89	PracticeLocationCloseHourThursday1	String	10	Required if PracticeLocationOpen or CloseThursday1 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 1 is open on Thursdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CL-90	PracticeLocationOpenorCloseFriday1	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Fridays. OPEN: Office is Open CLOSE: Office is Closed
CM-91	PracticeLocationOpenHourFriday1	String	10	Required if PracticeLocationOpen or CloseFriday1 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 1 is open on Fridays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CN-92	PracticeLocationCloseHourFriday1	String	10	Required if PracticeLocationOpen or CloseFriday1 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 1 is open on Fridays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CO-93	PracticeLocationOpenorCloseSaturday1	String	5		OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Saturdays. OPEN: Office is Open CLOSE: Office is Closed
CP-94	PracticeLocationOpenHourSaturday1	String	10	Required if PracticeLocationOpen or CloseSaturday1 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 1 is open on Saturdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CQ-95	PracticeLocationCloseHourSaturday1	String	10	Required if PracticeLocationOpen or CloseSaturday1 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 1 is open on Saturdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CR-96	PracticeLocationOpenorCloseSunday1	String	5		OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Sundays. OPEN: Office is Open CLOSE: Office is Closed

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
CS-97	PracticeLocationOpenHourSunday1	String	10	Required if PracticeLocationOpen or CloseSunday1 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 1 is open on Sundays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CT-98	PracticeLocationCloseHourSunday1	String	10	Required if PracticeLocationOpen or CloseSunday1 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 1 is open on Sundays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

Practice Location Number 2 (CU-99 through EI-139)

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
CU-99	ProviderBusinessPracticeLocationAddressTypeCode2	String	2	Required	31	Identifies the Address as the Provider's Practice Location Address 2. 31: Postal Mailing Address
CV-100	ProviderBusinessSameAsHomeAddressYN2	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated	Y, N	Identifies if the Practice Location Address 2 is the same as the Provider's Home Address Y: Yes N: No
CW-101	ProviderBusinessPrimaryLocationYN2	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated	Y, N	Identifies Practice Location Address 2 as the Primary Practice Location Y: Yes N: No
CX-102	ProviderFirstLineBusinessPracticeLocationAddress2	String	55	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated		Line 1 of the Provider's Practice Location Address 2
CY-103	ProviderSecondLineBusinessPracticeLocationAddress2	String	55	Optional		Line 2 of the Provider's Practice Location Address 2
CZ-104	ProviderBusinessPracticeLocationAddressCityName2	String	40	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated		City of the Provider's Practice Location Address 2
DA-105	ProviderBusinessPracticeLocationAddressStateName2	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated	See section 2.1 State Reference for valid values	State abbreviation of the Provider's Practice Location Address 2.
DB-106	ProviderBusinessPracticeLocationAddressPostalCode2	String	9	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated		Postal/Zip Code of the Provider's Practice Location 2. Only the first 5 digits are required.
DC-107	ProviderBusinessPracticeLocationAddressCountryCode2	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated	See section 2.2 Country Reference for valid values	Country Code of the Provider's Practice Location 2.
DD-108	ProviderBusinessPracticeLocationAddressTelephoneNumber2	String	20	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated		Telephone Number of the Provider's Practice Location 2.
DE-109	ProviderBusinessPracticeLocationAddressFaxNumber2	String	20	Optional		Fax Number of the Provider's Practice Location 2.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
DF-110	IsPracticeLocationDisabilityAccessible2	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location 2 is accessible to individuals with mobility disabilities. Y: Yes N: No
DG-111	IsPracticeLocationRoomDisabilityAccessible2	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 2 has exam rooms that are accessible to individuals with mobility disabilities. Y: Yes N: No
DH-112	IsPracticeLocationMedicalEquipmentDisabilityAccessible2	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 2 has medical equipment that is accessible to individuals with mobility disabilities. Y: Yes N: No
DI-113	PracticeLocation2Language1	String	2	Optional	See section 2.3 Language Reference for valid values	First Language spoken at the Provider's Practice Location 2.
DJ-114	PracticeLocation2Language2	String	2	Optional	See section 2.3 Language Reference for valid values	Second Language spoken at the Provider's Practice Location 2.
DK-115	PracticeLocation2Language3	String	2	Optional	See section 2.3 Language Reference for valid values	Third Language spoken at the Provider's Practice Location 2.
DL-116	PracticeLocation2Language4	String	2	Optional	See section 2.3 Language Reference for valid values	Fourth Language spoken at the Provider's Practice Location 2.
DM-117	PracticeLocation2Language5	String	2	Optional	See section 2.3 Language Reference for valid values	Fifth Language spoken at the Provider's Practice Location 2.
DN-118	PracticeLocation2Language6	String	2	Optional	See section 2.3 Language Reference for valid values	Sixth Language spoken at the Provider's Practice Location 2.
DO-119	PracticeLocationOpenorCloseMonday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Mondays. OPEN: Office is Open CLOSE: Office is Closed
DP-120	PracticeLocationOpenHourMonday2	String	10	Required if PracticeLocationOpenorCloseMonday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Mondays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
DQ-121	PracticeLocationCloseHourMonday2	String	10	Required if PracticeLocationOpenorCloseMonday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Mondays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
DR-122	PracticeLocationOpenorCloseTuesday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Tuesdays. OPEN: Office is Open CLOSE: Office is Closed
DS-123	PracticeLocationOpenHourTuesday2	String	10	Required if PracticeLocationOpenorCloseTuesday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Tuesdays, identifies what time the office is open. Allowed time from 5:00 AM

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						To 11:45 PM, in 15 minute increments.
DT-124	PracticeLocationCloseHourTuesday2	String	10	Required if PracticeLocationOpenorCloseTuesday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Tuesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
DU-125	PracticeLocationOpenorCloseWednesday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Wednesdays. OPEN: Office is Open CLOSE: Office is Closed
DV-126	PracticeLocationOpenHourWednesday2	String	10	Required if PracticeLocationOpenorCloseWednesday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Wednesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
DW-127	PracticeLocationCloseHourWednesday2	String	10	Required if PracticeLocationOpenorCloseWednesday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Wednesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
DX-128	PracticeLocationOpenorCloseThursday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Thursdays. OPEN: Office is Open CLOSE: Office is Closed
DY-129	PracticeLocationOpenHourThursday2	String	10	Required if PracticeLocationOpenorCloseThursday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Thursdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
DZ-130	PracticeLocationCloseHourThursday2	String	10	Required if PracticeLocationOpenorCloseThursday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Thursdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
EA-131	PracticeLocationOpenorCloseFriday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Fridays. OPEN: Office is Open CLOSE: Office is Closed
EB-132	PracticeLocationOpenHourFriday2	String	10	Required if PracticeLocationOpenorCloseFriday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Fridays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
EC-133	PracticeLocationCloseHourFriday2	String	10	Required if PracticeLocationOpenorCloseFriday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Fridays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
ED-134	PracticeLocationOpenorCloseSaturday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Saturdays. OPEN: Office is Open CLOSE: Office is Closed
EE-135	PracticeLocationOpenHourSaturday2	String	10	Required if PracticeLocationOpenorCloseSaturday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Saturdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
EF-136	PracticeLocationCloseHourSaturday2	String	10	Required if PracticeLocationOpen or CloseSaturday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Saturdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
EG-137	PracticeLocationOpenorCloseSunday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Sundays. OPEN: Office is Open CLOSE: Office is Closed
EH-138	PracticeLocationOpenHourSunday2	String	10	Required if PracticeLocationOpen or CloseSunday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Sundays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
EI-139	PracticeLocationCloseHourSunday2	String	10	Required if PracticeLocationOpen or CloseSunday2 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 2 is open on Sundays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

Practice Location Number 3 (EJ-140 through FX-180)

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
EJ-140	ProviderBusinessPracticeLocationAddressTypeCode3	String	2	Required	31	Identifies the Address as the Provider's Practice Location Address 3. 31: Postal Mailing Address
EK-141	ProviderBusinessSameAsHomeAddressYN3	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated	Y, N	Identifies if the Practice Location Address 3 is the same as the Provider's Home Address Y: Yes N: No
EL-142	ProviderBusinessPrimaryLocationYN3	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated	Y, N	Identifies Practice Location Address 3 as the Primary Practice Location Y: Yes N: No
EM-143	ProviderFirstLineBusinessPracticeLocationAddress3	String	55	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated		Line 1 of the Provider's Practice Location Address 3
EN-144	ProviderSecondLineBusinessPracticeLocationAddress3	String	55	Optional		Line 2 of the Provider's Practice Location Address 3
EO-145	ProviderBusinessPracticeLocationAddressCityName3	String	40	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated		City of the Provider's Practice Location Address 3
EP-146	ProviderBusinessPracticeLocationAddressStateName3	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated	See section 2.1 State Reference	State abbreviation of the Provider's Practice Location Address 3.
EQ-147	ProviderBusinessPracticeLocationAddressPostalCode3	String	9	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated		Postal/Zip Code of the Provider's Practice Location 3. Only the first 5 digits are required.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
ER-148	ProviderBusinessPracticeLocationAddressCountryCode3	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated	See section 2.2 Country Reference for valid values	Country Code of the Provider's Practice Location 3.
ES-149	ProviderBusinessPracticeLocationAddressTelephoneNumber3	String	20	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated		Telephone Number of the Provider's Practice Location 3.
ET-150	ProviderBusinessPracticeLocationAddressFaxNumber3	String	20	Optional		Fax Number of the Provider's Practice Location 3.
EU-151	IsPracticeLocationDisabilityAccessible3	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location 3 is accessible to individuals with mobility disabilities. Y: Yes N: No
EV-152	IsPracticeLocationRoomDisabilityAccessible3	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 3 has exam rooms that are accessible to individuals with mobility disabilities. Y: Yes N: No
EW-153	IsPracticeLocationMedicalEquipmentDisabilityAccessible3	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 3 has medical equipment that is accessible to individuals with mobility disabilities. Y: Yes N: No
EX-154	PracticeLocation3Language1	String	2	Optional	See section 2.3 Language Reference for valid values	First Language spoken at the Provider's Practice Location 3.
EY-155	PracticeLocation3Language2	String	2	Optional	See section 2.3 Language Reference for valid values	Second Language spoken at the Provider's Practice Location 3.
EZ-156	PracticeLocation3Language3	String	2	Optional	See section 2.3 Language Reference for valid values	Third Language spoken at the Provider's Practice Location 3.
FA-157	PracticeLocation3Language4	String	2	Optional	See section 2.3 Language Reference for valid values	Fourth Language spoken at the Provider's Practice Location 3.
FB-158	PracticeLocation3Language5	String	2	Optional	See section 2.3 Language Reference for valid values	Fifth Language spoken at the Provider's Practice Location 3.
FC-159	PracticeLocation3Language6	String	2	Optional	See section 2.3 Language Reference for valid values	Sixth Language spoken at the Provider's Practice Location 3.
FD-160	PracticeLocationOpenorCloseMonday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Mondays. OPEN: Office is Open CLOSE: Office is Closed
FE-161	PracticeLocationOpenHourMonday3	String	10	Required if PracticeLocationOpenorCloseMonday3 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 3 is open on Mondays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FF-162	PracticeLocationCloseHourMonday3	String	10	Required if PracticeLocationOpen	See section 2.4 Office	If Provider's Practice Location 3 is open on Mondays, identifies what time the office closes.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
				orCloseMonday3 = OPEN	<i>Hours Reference</i>	Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FG-163	PracticeLocationOpenorCloseTuesday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Tuesdays. OPEN: Office is Open CLOSE: Office is Closed
FH-164	PracticeLocationOpenHourTuesday3	String	10	Required if PracticeLocationOpenorCloseTuesday3 = OPEN	<i>See section 2.4 Office Hours Reference</i>	If Provider's Practice Location 3 is open on Tuesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FI-165	PracticeLocationCloseHourTuesday3	String	10	Required if PracticeLocationOpenorCloseTuesday3 = OPEN	<i>See section 2.4 Office Hours Reference</i>	If Provider's Practice Location 3 is open on Tuesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments. <i>See</i>
FJ-166	PracticeLocationOpenorCloseWednesday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Wednesdays. OPEN: Office is Open CLOSE: Office is Closed
FK-167	PracticeLocationOpenHourWednesday3	String	10	Required if PracticeLocationOpenorCloseWednesday3 = OPEN	<i>See section 2.4 Office Hours Reference</i>	If Provider's Practice Location 3 is open on Wednesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FL-168	PracticeLocationCloseHourWednesday3	String	10	Required if PracticeLocationOpenorCloseWednesday3 = OPEN	<i>See section 2.4 Office Hours Reference</i>	If Provider's Practice Location 3 is open on Wednesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FM-169	PracticeLocationOpenorCloseThursday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Thursdays. OPEN: Office is Open CLOSE: Office is Closed
FN-170	PracticeLocationOpenHourThursday3	String	10	Required if PracticeLocationOpenorCloseThursday3 = OPEN	<i>See section 2.4 Office Hours Reference</i>	If Provider's Practice Location 3 is open on Thursdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FO-171	PracticeLocationCloseHourThursday3	String	10	Required if PracticeLocationOpenorCloseThursday3 = OPEN	<i>See section 2.4 Office Hours Reference</i>	If Provider's Practice Location 3 is open on Thursdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments. <i>See</i>
FP-172	PracticeLocationOpenorCloseFriday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Fridays. OPEN: Office is Open CLOSE: Office is Closed
FQ-173	PracticeLocationOpenHourFriday3	String	10	Required if PracticeLocationOpenorCloseFriday3 = OPEN	<i>See section 2.4 Office Hours Reference</i>	If Provider's Practice Location 3 is open on Fridays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FR-174	PracticeLocationCloseHourFriday3	String	10	Required if PracticeLocationOpen	<i>See section 2.4 Office</i>	If Provider's Practice Location 3 is open on Fridays, identifies what time the office closes. Allowed time from 5:00 AM

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
				orCloseFriday3 = OPEN	Hours Reference	To 11:45 PM, in 15 minute increments.
FS-175	PracticeLocationOpenorCloseSaturday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Saturdays. OPEN: Office is Open CLOSE: Office is Closed
FT-176	PracticeLocationOpenHourSaturday3	String	10	Required if PracticeLocationOpen or CloseSaturday3 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 3 is open on Saturdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FU-177	PracticeLocationCloseHourSaturday3	String	10	Required if PracticeLocationOpen or CloseSaturday3 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 3 is open on Saturdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FV-178	PracticeLocationOpenorCloseSunday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Sundays. OPEN: Office is Open CLOSE: Office is Closed
FW-179	PracticeLocationOpenHourSunday3	String	10	Required if PracticeLocationOpen or CloseSunday3 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 3 is open on Sundays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FX-180	PracticeLocationCloseHourSunday3	String	10	Required if PracticeLocationOpen or CloseSunday3 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 3 is open on Sundays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

Practice Location Number 4 (FY-181 through HM-221)

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
FY-181	ProviderBusinessPracticeLocationAddressTypeCode4	String	2	Required	31	Identifies the Address as the Provider's Practice Location Address 4. 31: Postal Mailing Address
FZ-182	ProviderBusinessSameAsHomeAddressYN4	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated	Y, N	Identifies if the Practice Location Address 4 is the same as the Provider's Home Address Y: Yes N: No
GA-183	ProviderBusinessPrimaryLocationYN4	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated	Y, N	Identifies Practice Location Address 4 as the Primary Practice Location Y: Yes N: No
GB-184	ProviderFirstLineBusinessPracticeLocationAddress4	String	55	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated		Line 1 of the Provider's Practice Location Address 4
GC-185	ProviderSecondLineBusinessPracticeLocationAddress4	String	55	Optional		Line 2 of the Provider's Practice Location Address 4
GD-186	ProviderBusinessPracticeLocationAddressCityName4	String	40	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated		City of the Provider's Practice Location Address 4

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
GE-187	ProviderBusinessPracticeLocationAddressStateName4	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated	See section 2.1 State Reference	State abbreviation of the Provider's Practice Location Address 4.
GF-188	ProviderBusinessPracticeLocationAddressPostalCode4	String	9	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated		Postal/Zip Code of the Provider's Practice Location 4. Only the first 5 digits are required.
GG-189	ProviderBusinessPracticeLocationAddress See section 2.2 Country Reference for valid values Code4	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated	See section 2.2 Country Reference for valid values	Country Code of the Provider's Practice Location 4.
GH-190	ProviderBusinessPracticeLocationAddressTelephoneNumber4	String	20	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated		Telephone Number of the Provider's Practice Location 4.
GI-191	ProviderBusinessPracticeLocationAddressFaxNumber4	String	20	Optional		Fax Number of the Provider's Practice Location 4.
GJ-192	IsPracticeLocationDisabilityAccessible4	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location 4 is accessible to individuals with mobility disabilities. Y: Yes N: No
GK-193	IsPracticeLocationRoomDisabilityAccessible4	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 4 has exam rooms that are accessible to individuals with mobility disabilities. Y: Yes N: No
GL-194	IsPracticeLocationMedicalEquipmentDisabilityAccessible4	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 4 has medical equipment that is accessible to individuals with mobility disabilities. Y: Yes N: No
GM-195	PracticeLocation4Language1	String	2	Optional	See section 2.3 Language Reference for valid values	First Language spoken at the Provider's Practice Location 4.
GN-196	PracticeLocation4Language2	String	2	Optional	See section 2.3 Language Reference for valid values	Second Language spoken at the Provider's Practice Location 4.
GO-197	PracticeLocation4Language3	String	2	Optional	See section 2.3 Language Reference for valid values	Third Language spoken at the Provider's Practice Location 4.
GP-198	PracticeLocation4Language4	String	2	Optional	See section 2.3 Language Reference for valid values	Fourth Language spoken at the Provider's Practice Location 4.
GQ-199	PracticeLocation4Language5	String	2	Optional	See section 2.3 Language Reference for valid values	Fifth Language spoken at the Provider's Practice Location 4.
GR-200	PracticeLocation4Language 6	String	2	Optional	See section 2.3 Language Reference for valid values	Sixth Language spoken at the Provider's Practice Location 4.
GS-201	PracticeLocationOpenorCloseMonday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 4 is Open or Closed on Mondays.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						OPEN: Office is Open CLOSE: Office is Closed
GT-202	PracticeLocationOpenHourMonday4	String	10	Required if PracticeLocationOpenorCloseMonday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Mondays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
GU-203	PracticeLocationCloseHourMonday4	String	10	Required if PracticeLocationOpenorCloseMonday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Mondays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
GV-204	PracticeLocationOpenorCloseTuesday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 4 is Open or Closed on Tuesdays. OPEN: Office is Open CLOSE: Office is Closed
GW-205	PracticeLocationOpenHourTuesday4	String	10	Required if PracticeLocationOpenorCloseTuesday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Tuesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
GX-206	PracticeLocationCloseHourTuesday4	String	10	Required if PracticeLocationOpenorCloseTuesday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Tuesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
GY-207	PracticeLocationOpenorCloseWednesday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 4 is Open or Closed on Wednesdays. OPEN: Office is Open CLOSE: Office is Closed
GZ-208	PracticeLocationOpenHourWednesday4	String	10	Required if PracticeLocationOpenorCloseWednesday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Wednesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HA-209	PracticeLocationCloseHourWednesday4	String	10	Required if PracticeLocationOpenorCloseWednesday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Wednesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HB-210	PracticeLocationOpenorCloseThursday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 4 is Open or Closed on Thursdays. OPEN: Office is Open CLOSE: Office is Closed
HC-211	PracticeLocationOpenHourThursday4	String	10	Required if PracticeLocationOpenorCloseThursday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Thursdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HD-212	PracticeLocationCloseHourThursday4	String	10	Required if PracticeLocationOpenorCloseThursday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Thursdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HE-213	PracticeLocationOpenorCloseFriday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 4 is Open or Closed on Fridays.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						OPEN: Office is Open CLOSE: Office is Closed
HF-214	PracticeLocationOpenHourFriday4	String	10	Required if PracticeLocationOpenorCloseFriday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Fridays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HG-215	PracticeLocationCloseHourFriday4	String	10	Required if PracticeLocationOpenorCloseFriday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Fridays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HH-216	PracticeLocationOpenorCloseSaturday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 4 is Open or Closed on Saturdays. OPEN: Office is Open CLOSE: Office is Closed
HI-217	PracticeLocationOpenHourSaturday4	String	10	Required if PracticeLocationOpenorCloseSaturday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Saturdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HJ-218	PracticeLocationCloseHourSaturday4	String	10	Required if PracticeLocationOpenorCloseSaturday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Saturdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HK-219	PracticeLocationOpenorCloseSunday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Sundays. OPEN: Office is Open CLOSE: Office is Closed
HL-220	PracticeLocationOpenHourSunday4	String	10	Required if PracticeLocationOpenorCloseSunday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Sundays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HM-221	PracticeLocationCloseHourSunday4	String	10	Required if PracticeLocationOpenorCloseSunday4 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 4 is open on Sundays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

Practice Location Number 5 (HN-222 through JB-262)

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
HN-222	ProviderBusinessPracticeLocationAddressTypeCode5	String	2	Required	31	Identifies the Address as the Provider's Practice Location Address 5. 31: Postal Mailing Address
HO-223	ProviderBusinessSameAsHomeAddressYN5	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode5 is populated	Y, N	Identifies if the Practice Location Address 5 is the same as the Provider's Home Address Y: Yes N: No
HP-224	ProviderBusinessPrimaryLocationYN5	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode5 is populated	Y, N	Identifies Practice Location Address 5 as the Primary Practice Location Y: Yes N: No
HQ-225	ProviderFirstLineBusinessPracticeLocationAddress5	String	55	Required if ProviderBusinessPracticeLocationAdd		Line 1 of the Provider's Practice Location Address 5

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
				ressTypeCode5 is populated		
HR-226	ProviderSecondLineBusinessPracticeLocationAddress5	String	55	Optional		Line 2 of the Provider's Practice Location Address 5
HS-227	ProviderBusinessPracticeLocationAddressCityName5	String	40	Required if ProviderBusinessPracticeLocationAddressTypeCode5 is populated		City of the Provider's Practice Location Address 5
HT-228	ProviderBusinessPracticeLocationAddressStateName5	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode5 is populated	See section 2.1 State Reference	State abbreviation of the Provider's Practice Location Address 5.
HU-229	ProviderBusinessPracticeLocationAddressPostalCode5	String	9	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated		Postal/Zip Code of the Provider's Practice Location 5 Only the first 5 digits are required.
HV-230	ProviderBusinessPracticeLocationAddressCountryCode5	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated	See section 2.2 Country Reference for valid values	Country Code of the Provider's Practice Location 5.
HW-231	ProviderBusinessPracticeLocationAddressTelephoneNumber5	String	20	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated		Telephone Number of the Provider's Practice Location 5.
HX-232	ProviderBusinessPracticeLocationAddressFaxNumber5	String	20	Optional		Fax Number of the Provider's Practice Location 5.
HY-233	IsPracticeLocationDisabilityAccessible5	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 5 is accessible to individuals with mobility disabilities. Y: Yes N: No
HZ-234	IsPracticeLocationRoomDisabilityAccessible5	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 5 has exam rooms that are accessible to individuals with mobility disabilities. Y: Yes N: No
IA-235	IsPracticeLocationMedicalEquipmentDisabilityAccessible5	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 5 has medical equipment that is accessible to individuals with mobility disabilities. Y: Yes N: No
IB-236	PracticeLocation5Language1	String	2	Optional	See section 2.3 Language Reference for valid values	First Language spoken at the Provider's Practice Location 5.
IC-237	PracticeLocation5Language2	String	2	Optional	See section 2.3 Language Reference for valid values	Second Language spoken at the Provider's Practice Location 5.
ID-238	PracticeLocation5Language3	String	2	Optional	See section 2.3 Language Reference for valid values	Third Language spoken at the Provider's Practice Location 5.
IE-239	PracticeLocation5Language4	String	2	Optional	See section 2.3 Language Reference for valid values	Fourth Language spoken at the Provider's Practice Location 5.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
IF-240	PracticeLocation5Language5	String	2	Optional	See section 2.3 Language Reference for valid values	Fifth Language spoken at the Provider's Practice Location 5.
IG-241	PracticeLocation5Language6	String	2	Optional	See section 2.3 Language Reference for valid values	Sixth Language spoken at the Provider's Practice Location 5.
IH-242	PracticeLocationOpenorCloseMonday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Mondays. OPEN: Office is Open CLOSE: Office is Closed
II-243	PracticeLocationOpenHourMonday5	String	10	Required if PracticeLocationOpenorCloseMonday5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Mondays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IJ-244	PracticeLocationCloseHourMonday5	String	10	Required if PracticeLocationOpenorCloseMonday5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Mondays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IK-245	PracticeLocationOpenorCloseTuesday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Tuesdays. OPEN: Office is Open CLOSE: Office is Closed
IL-246	PracticeLocationOpenHourTuesday5	String	10	Required if PracticeLocationOpenorCloseTuesday5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Tuesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IM-247	PracticeLocationCloseHourTuesday5	String	10	Required if PracticeLocationOpenorCloseTuesday5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Tuesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IN-248	PracticeLocationOpenorCloseWednesday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Wednesdays. OPEN: Office is Open CLOSE: Office is Closed
IO-249	PracticeLocationOpenHourWednesday5	String	10	Required if PracticeLocationOpenorCloseWednesday5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Wednesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IP-250	PracticeLocationCloseHourWednesday5	String	10	Required if PracticeLocationOpenorCloseWednesday5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Wednesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IQ-251	PracticeLocationOpenorCloseThursday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Thursdays. OPEN: Office is Open CLOSE: Office is Closed
IR-252	PracticeLocationOpenHourThursday5	String	10	Required if PracticeLocationOpenorCloseThursday5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Thursdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IS-253	PracticeLocationCloseHourThursday5	String	10	Required if PracticeLocationOpenorCloseThursday5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Thursdays, identifies what time the office closes.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
				penorCloseThursd ay5 = OPEN		Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IT-254	PracticeLocationOpenorCloseFri day5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Fridays. OPEN: Office is Open CLOSE: Office is Closed
IU-255	PracticeLocationOpenHourFrida y5	String	10	Required if PracticeLocationO penorCloseFriday5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Fridays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IV-256	PracticeLocationCloseHourFrida y5	String	10	Required if PracticeLocationO penorCloseFriday5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Fridays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IW-257	PracticeLocationOpenorCloseSa turday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Saturdays. OPEN: Office is Open CLOSE: Office is Closed
IX-258	PracticeLocationOpenHourSatur day5	String	10	Required if PracticeLocationO penorCloseSaturd ay5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Saturdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IY-259	PracticeLocationCloseHourSatur day5	String	10	Required if PracticeLocationO penorCloseSaturd ay5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Saturdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IZ-260	PracticeLocationOpenorCloseSu nday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Sundays. OPEN: Office is Open CLOSE: Office is Closed
JA-261	PracticeLocationOpenHourSund ay5	String	10	Required if PracticeLocationO penorCloseSunday 5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Sundays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
JB-262	PracticeLocationCloseHourSund ay5	String	10	Required if PracticeLocationO penorCloseSunday 5 = OPEN	See section 2.4 Office Hours Reference	If Provider's Practice Location 5 is open on Sundays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

Taxonomy Information (JC-263 through LY-337)**Up to 15 Taxonomies can be associated with an NPI.**

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
JC-263	HealthcareProviderTaxonomyCo de1	String	10	Required		Taxonomy Code 1
JD-264	ProviderLicenseNumber1	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 1
JE-265	ProviderLicenseNumberStateCo de1	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 1
JF-266	HealthcareProviderPrimaryTaxo nomySwitch1	String	1	Required	Y, N	Identifies whether or not Taxonomy Code 1 is the Primary Taxonomy Y: Yes N: No
JG-267	HealthcareProviderTaxonomyCo de2	String	10	Optional		Taxonomy Code 2

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
JH-268	ProviderLicenseNumber2	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 2
JL-269	ProviderLicenseNumberStateCode2	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 2
JJ-270	HealthcareProviderPrimaryTaxonomySwitch2	String	1	Required if HealthcareProviderTaxonomyCode2 is populated	Y, N	Identifies whether or not Taxonomy Code 2 is the Primary Taxonomy Y: Yes N: No
JK-271	HealthcareProviderTaxonomyCode3	String	10	Optional		Taxonomy Code 3
JL-272	ProviderLicenseNumber3	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 3
JM-273	ProviderLicenseNumberStateCode3	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 3
JN-274	HealthcareProviderPrimaryTaxonomySwitch3	String	1	Required if HealthcareProviderTaxonomyCode3 is populated	Y, N	Identifies whether or not Taxonomy Code 3 is the Primary Taxonomy Y: Yes N: No
JO-275	HealthcareProviderTaxonomyCode4	String	10	Optional		Taxonomy Code 4
JP-276	ProviderLicenseNumber4	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 4
JQ-277	ProviderLicenseNumberStateCode4	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 4
JR-278	HealthcareProviderPrimaryTaxonomySwitch4	String	1	Required if HealthcareProviderTaxonomyCode4 is populated	Y, N	Identifies whether or not Taxonomy Code 4 is the Primary Taxonomy Y: Yes N: No
JS-279	HealthcareProviderTaxonomyCode5	String	10	Optional		Taxonomy Code 5
JT-280	ProviderLicenseNumber5	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 5
JU-281	ProviderLicenseNumberStateCode5	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 5
JV-282	HealthcareProviderPrimaryTaxonomySwitch5	String	1	Required if HealthcareProviderTaxonomyCode5 is populated	Y, N	Identifies whether or not Taxonomy Code 5 is the Primary Taxonomy Y: Yes N: No
JW-283	HealthcareProviderTaxonomyCode6	String	10	Optional		Taxonomy Code 6
JX-284	ProviderLicenseNumber6	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 2
JY-285	ProviderLicenseNumberStateCode6	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 6
JZ-286	HealthcareProviderPrimaryTaxonomySwitch6	String	1	Required if HealthcareProviderTaxonomyCode6 is populated	Y, N	Identifies whether or not Taxonomy Code 6 is the Primary Taxonomy Y: Yes N: No
KA-287	HealthcareProviderTaxonomyCode7	String	10	Optional		Taxonomy Code 7
KB-288	ProviderLicenseNumber7	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 7

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
KC-289	ProviderLicenseNumberStateCode7	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 7
KD-290	HealthcareProviderPrimaryTaxonomySwitch7	String	1	Required if HealthcareProviderTaxonomyCode7 is populated	Y, N	Identifies whether or not Taxonomy Code 7 is the Primary Taxonomy Y: Yes N: No
KE-291	HealthcareProviderTaxonomyCode8	String	10	Optional		Taxonomy Code 8
KF-292	ProviderLicenseNumber8	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 8
KG-293	ProviderLicenseNumberStateCode8	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 8
KH-294	HealthcareProviderPrimaryTaxonomySwitch8	String	1	Required if HealthcareProviderTaxonomyCode8 is populated	Y, N	Identifies whether or not Taxonomy Code 8 is the Primary Taxonomy Y: Yes N: No
KI-295	HealthcareProviderTaxonomyCode9	String	10	Optional		Taxonomy Code 9
KJ-296	ProviderLicenseNumber9	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 9
KK-297	ProviderLicenseNumberStateCode9	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 9
KL-298	HealthcareProviderPrimaryTaxonomySwitch9	String	1	Required if HealthcareProviderTaxonomyCode9 is populated	Y, N	Identifies whether or not Taxonomy Code 9 is the Primary Taxonomy Y: Yes N: No
KM-299	HealthcareProviderTaxonomyCode10	String	10	Optional		Taxonomy Code 10
KN-300	ProviderLicenseNumber10	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 2
KO-301	ProviderLicenseNumberStateCode10	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 10
KP-302	HealthcareProviderPrimaryTaxonomySwitch10	String	1	Required if HealthcareProviderTaxonomyCode10 is populated	Y, N	Identifies whether or not Taxonomy Code 10 is the Primary Taxonomy Y: Yes N: No
KQ-303	HealthcareProviderTaxonomyCode11	String	10	Optional		Taxonomy Code 11
KR-304	ProviderLicenseNumber11	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 11
KS-305	ProviderLicenseNumberStateCode11	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 11
KT-306	HealthcareProviderPrimaryTaxonomySwitch11	String	1	Required if HealthcareProviderTaxonomyCode11 is populated	Y, N	Identifies whether or not Taxonomy Code 11 is the Primary Taxonomy Y: Yes N: No
KU-307	HealthcareProviderTaxonomyCode12	String	10	Optional		Taxonomy Code 12
KV-308	ProviderLicenseNumber12	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 12
KW-309	ProviderLicenseNumberStateCode12	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 12

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
KX-310	HealthcareProviderPrimaryTaxonomySwitch12	String	1	Required if HealthcareProviderTaxonomyCode12 is populated	Y, N	Identifies whether or not Taxonomy Code 12 is the Primary Taxonomy Y: Yes N: No
KY-311	HealthcareProviderTaxonomyCode13	String	10	Optional		Taxonomy Code 13
KZ-312	ProviderLicenseNumber13	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 13
LA-313	ProviderLicenseNumberStateCode13	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 13
LB-314	HealthcareProviderPrimaryTaxonomySwitch13	String	1	Required if HealthcareProviderTaxonomyCode13 is populated	Y, N	Identifies whether or not Taxonomy Code 13 is the Primary Taxonomy Y: Yes N: No
LC-315	HealthcareProviderTaxonomyCode14	String	10	Optional		Taxonomy Code 14
LD-316	ProviderLicenseNumber14	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 14
LE-317	ProviderLicenseNumberStateCode14	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 14
LF-318	HealthcareProviderPrimaryTaxonomySwitch14	String	1	Required if HealthcareProviderTaxonomyCode14 is populated	Y, N	Identifies whether or not Taxonomy Code 14 is the Primary Taxonomy Y: Yes N: No
LG-319	HealthcareProviderTaxonomyCode15	String	10	Optional		Taxonomy Code 15
LH-320	ProviderLicenseNumber15	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 15
LI-321	ProviderLicenseNumberStateCode15	String	2	Required if License Number contains data	See section 2.1 State Reference for valid values	State abbreviation associated with Taxonomy Code 15
LJ-322	HealthcareProviderPrimaryTaxonomySwitch15	String	1	Required if HealthcareProviderTaxonomyCode15 is populated	Y, N	Identifies whether or not Taxonomy Code 15 is the Primary Taxonomy Y: Yes N: No
LK-323	HealthcareProviderTaxonomyGroup1	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 1 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LL-324	HealthcareProviderTaxonomyGroup2	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 1 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LM-325	HealthcareProviderTaxonomyGroup3	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 1 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LN-326	HealthcareProviderTaxonomyGroup4	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 1 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LO-327	HealthcareProviderTaxonomyGroup5	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 1 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						Multiple Single Specialty
LP-328	HealthcareProviderTaxonomyGroup6	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 1 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LQ-329	HealthcareProviderTaxonomyGroup7	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 1 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LR-330	HealthcareProviderTaxonomyGroup8	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 8 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LS-331	HealthcareProviderTaxonomyGroup9	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 9 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LT-332	HealthcareProviderTaxonomyGroup10	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 10 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LU-333	HealthcareProviderTaxonomyGroup11	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 11 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LV-334	HealthcareProviderTaxonomyGroup12	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 12 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LW-335	HealthcareProviderTaxonomyGroup13	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 13 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LX-336	HealthcareProviderTaxonomyGroup14	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 14 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty
LY-337	HealthcareProviderTaxonomyGroup15	String	30	Optional for Type 2 NPIs	Multi-Specialty, Single Specialty, Multiple Single Specialty	Identifies if Taxonomy 15 is a group Taxonomy. Valid Values are: Multi-Specialty Single Specialty Multiple Single Specialty

Other Identifier Fields (LZ-338 through TQ-537)**Up to 50 Other Identifiers can be associated with an NPI**

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
LZ-338	OtherProviderIdentifier1	String	50	Optional		Other Identifier #1
MA-339	OtherProviderIdentifierTypeCode1	String	2	Required if OtherProviderIdentifier1 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #1 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MB-340	OtherProviderIdentifierState1	String	2	Required if OtherProviderIdentifier 1 = 1D	See section 2.1 State Reference for valid values	Other Identifier #1 State Required for all Medicaid Other Identifiers.
MC-341	OtherProviderIdentifierIssuer1	String	70	Required if OtherProviderIdentifier 1 = OT		Other Identifier #1 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #1 Type Code is OT(other)
MD-342	OtherProviderIdentifier2	String	50	Optional		Other Identifier #2
ME-343	OtherProviderIdentifierTypeCode2	String	2	Required if OtherProviderIdentifier 2 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #2 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MF-344	OtherProviderIdentifierState2	String	2	Required if OtherProviderIdentifier 2 = 1D	See section 2.1 State Reference for valid values	Other Identifier #2 State Required for all Medicaid Other Identifiers.
MG-345	OtherProviderIdentifierIssuer2	String	70	Required if OtherProviderIdentifier 2 = OT		Other Identifier #2 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #2 Type Code is OT(other)
MH-346	OtherProviderIdentifier3	String	50	Optional		Other Identifier #3
MI-347	OtherProviderIdentifierTypeCode3	String	2	Required if OtherProviderIdentifier 3 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #3 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MJ-348	OtherProviderIdentifierState3	String	2	Required if OtherProviderIdentifier 3 = 1D	See section 2.1 State Reference for valid values	Other Identifier #3 State Required for all Medicaid Other Identifiers.
MK-349	OtherProviderIdentifierIssuer3	String	70	Required if OtherProviderIdentifier 3 = OT		Other Identifier #3 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #3 Type Code is OT(other)
ML-350	OtherProviderIdentifier4	String	50	Optional		Other Identifier #4
MM-351	OtherProviderIdentifierTypeCode4	String	2	Required if OtherProviderIdentifier 4 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #4 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MN–352	OtherProviderIdentifierState4	String	2	Required if OtherProviderIdentifier 4 = 1D	See section 2.1 State Reference for valid values	Other Identifier #4 State Required for all Medicaid Other Identifiers.
MO–353	OtherProviderIdentifierIssuer4	String	70	Required if OtherProviderIdentifier 4 = OT		Other Identifier #4 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #4 Type Code is OT(other)
MP–354	OtherProviderIdentifier5	String	50	Optional		Other Identifier #5
MQ–355	OtherProviderIdentifierTypeCode5	String	2	Required if OtherProviderIdentifier 5 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #5 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MR–356	OtherProviderIdentifierState5	String	2	Required if OtherProviderIdentifier 5 = 1D	See section 2.1 State Reference for valid values	Other Identifier #5 State Required for all Medicaid Other Identifiers.
MS–357	OtherProviderIdentifierIssuer5	String	70	Required if OtherProviderIdentifier 5 = OT		Other Identifier #5 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #5 Type Code is OT(other)
MT–358	OtherProviderIdentifier6	String	50	Optional		Other Identifier #6
MU–359	OtherProviderIdentifierTypeCode6	String	2	Required if OtherProviderIdentifier 6 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #6 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MV–360	OtherProviderIdentifierState6	String	2	Required if OtherProviderIdentifier 6 = 1D	See section 2.1 State Reference for valid values	Other Identifier #6 State Required for all Medicaid Other Identifiers.
MW–361	OtherProviderIdentifierIssuer6	String	70	Required if OtherProviderIdentifier 6 = OT		Other Identifier #6 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #6 Type Code is OT(other)
MX–362	OtherProviderIdentifier7	String	50	Optional		Other Identifier #7

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
MY-363	OtherProviderIdentifierTypeCode7	String	2	Required if OtherProviderIdentifier 7 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #7 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MZ-364	OtherProviderIdentifierState7	String	2	Required if OtherProviderIdentifier 7 = 1D	See section 2.1 State Reference for valid values	Other Identifier #7 State Required for all Medicaid Other Identifiers.
NA-365	OtherProviderIdentifierIssuer7	String	70	Required if OtherProviderIdentifier 7 = OT		Other Identifier #7 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #7 Type Code is OT(other)
NB-366	OtherProviderIdentifier8	String	50	Optional		Other Identifier #8
NC-367	OtherProviderIdentifierTypeCode8	String	2	Required if OtherProviderIdentifier 8 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #8 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
ND-368	OtherProviderIdentifierState8	String	2	Required if OtherProviderIdentifier 8 = 1D	See section 2.1 State Reference for valid values	Other Identifier #8 State Required for all Medicaid Other Identifiers.
NE-369	OtherProviderIdentifierIssuer8	String	70	Required if OtherProviderIdentifier 8 = OT		Other Identifier #8 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #8 Type Code is OT(other)
NF-370	OtherProviderIdentifier9	String	50	Optional		Other Identifier #9
NG-371	OtherProviderIdentifierTypeCode9	String	2	Required if OtherProviderIdentifier 9 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #9 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
NH-372	OtherProviderIdentifierState9	String	2	Required if OtherProviderIdentifier 9 = 1D	See section 2.1 State Reference for valid values	Other Identifier #9 State Required for all Medicaid Other Identifiers.
NI-373	OtherProviderIdentifierIssuer9	String	70	Required if OtherProviderIdentifier 9 = OT		Other Identifier #9 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #9 Type Code is OT(other)
NJ-374	OtherProviderIdentifier10	String	50	Optional		Other Identifier #10

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
NK-375	OtherProviderIdentifierTypeCode10	String	2	Required if OtherProviderIdentifier 10 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #10 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
NL-376	OtherProviderIdentifierState10	String	2	Required if OtherProviderIdentifier 10 = 1D	See section 2.1 State Reference for valid values	Other Identifier #10 State Required for all Medicaid Other Identifiers.
NM-377	OtherProviderIdentifierIssuer10	String	70	Required if OtherProviderIdentifier 10 = OT		Other Identifier #10 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #10 Type Code is OT(other)
NN-378	OtherProviderIdentifier11	String	50	Optional		Other Identifier #11
NO-379	OtherProviderIdentifierTypeCode11	String	2	Required if OtherProviderIdentifier 11 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #11 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
NP-380	OtherProviderIdentifierState11	String	2	Required if OtherProviderIdentifier 11 = 1D	See section 2.1 State Reference for valid values	Other Identifier #11 State Required for all Medicaid Other Identifiers.
NQ-381	OtherProviderIdentifierIssuer11	String	70	Required if OtherProviderIdentifier 11 = OT		Other Identifier #11 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #11 Type Code is OT(other)
NR-382	OtherProviderIdentifier12	String	50	Optional		Other Identifier #12
NS-383	OtherProviderIdentifierTypeCode12	String	2	Required if OtherProviderIdentifier 12 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #12 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
NT-384	OtherProviderIdentifierState12	String	2	Required if OtherProviderIdentifier 12 = 1D	See section 2.1 State Reference for valid values	Other Identifier #12 State Required for all Medicaid Other Identifiers.
NU-385	OtherProviderIdentifierIssuer12	String	70	Required if OtherProviderIdentifier 12 = OT		Other Identifier #12 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #12 Type Code is OT(other)
NV-386	OtherProviderIdentifier13	String	50	Optional		Other Identifier #13

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
NW-387	OtherProviderIdentifierTypeCode13	String	2	Required if OtherProviderIdentifier 13 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #13 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
NX-388	OtherProviderIdentifierState13	String	2	Required if OtherProviderIdentifier 13 = 1D	See section 2.1 State Reference for valid values	Other Identifier #13 State Required for all Medicaid Other Identifiers.
NY-389	OtherProviderIdentifierIssuer13	String	70	Required if OtherProviderIdentifier 13 = OT		Other Identifier #13 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #13 Type Code is OT(other)
NZ-390	OtherProviderIdentifier14	String	50	Optional		Other Identifier #14
OA-391	OtherProviderIdentifierTypeCode14	String	2	Required if OtherProviderIdentifier 14 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #14 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
OB-392	OtherProviderIdentifierState14	String	2	Required if OtherProviderIdentifier 14 = 1D	See section 2.1 State Reference for valid values	Other Identifier #14 State Required for all Medicaid Other Identifiers.
OC-393	OtherProviderIdentifierIssuer14	String	70	Required if OtherProviderIdentifier 14 = OT		Other Identifier #14 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #14 Type Code is OT(other)
OD-394	OtherProviderIdentifier15	String	50	Optional		Other Identifier #15
OE-395	OtherProviderIdentifierTypeCode15	String	2	Required if OtherProviderIdentifier 15 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #15 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
OF-396	OtherProviderIdentifierState15	String	2	Required if OtherProviderIdentifier 15 = 1D	See section 2.1 State Reference for valid values	Other Identifier #15 State Required for all Medicaid Other Identifiers.
OG-397	OtherProviderIdentifierIssuer15	String	70	Required if OtherProviderIdentifier 15 = OT		Other Identifier #15 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #15 Type Code is OT(other)
OH-398	OtherProviderIdentifier16	String	50	Optional		Other Identifier #16

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
OI-399	OtherProviderIdentifierTypeCode16	String	2	Required if OtherProviderIdentifier 16 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #16 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
OJ-400	OtherProviderIdentifierState16	String	2	Required if OtherProviderIdentifier 16 = 1D	See section 2.1 State Reference for valid values	Other Identifier #16 State Required for all Medicaid Other Identifiers.
OK-401	OtherProviderIdentifierIssuer16	String	70	Required if OtherProviderIdentifier 16 = OT		Other Identifier #16 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #16 Type Code is OT(other)
OL-402	OtherProviderIdentifier17	String	50	Optional		Other Identifier #17
OM-403	OtherProviderIdentifierTypeCode17	String	2	Required if OtherProviderIdentifier 17 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #17 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
ON-404	OtherProviderIdentifierState17	String	2	Required if OtherProviderIdentifier 17 = 1D	See section 2.1 State Reference for valid values	Other Identifier #17 State Required for all Medicaid Other Identifiers.
OO-405	OtherProviderIdentifierIssuer17	String	70	Required if OtherProviderIdentifier 17 = OT		Other Identifier #17 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #17 Type Code is OT(other)
OP-406	OtherProviderIdentifier18	String	50	Optional		Other Identifier #18
OQ-407	OtherProviderIdentifierTypeCode18	String	2	Required if OtherProviderIdentifier 18 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #18 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
OR-408	OtherProviderIdentifierState18	String	2	Required if OtherProviderIdentifier 18 = 1D	See section 2.1 State Reference for valid values	Other Identifier #18 State Required for all Medicaid Other Identifiers.
OS-409	OtherProviderIdentifierIssuer18	String	70	Required if OtherProviderIdentifier 18 = OT		Other Identifier #18 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #18 Type Code is OT(other)
OT-410	OtherProviderIdentifier19	String	50	Optional		Other Identifier #19

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
OU-411	OtherProviderIdentifierTypeCode19	String	2	Required if OtherProviderIdentifier 19 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #19 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
OV-412	OtherProviderIdentifierState19	String	2	Required if OtherProviderIdentifier 19 = 1D	See section 2.1 State Reference for valid values	Other Identifier #19 State Required for all Medicaid Other Identifiers.
OW-413	OtherProviderIdentifierIssuer19	String	70	Required if OtherProviderIdentifier 19 = OT		Other Identifier #19 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #19 Type Code is OT(other)
OX-414	OtherProviderIdentifier20	String	50	Optional		Other Identifier #20
OY-415	OtherProviderIdentifierTypeCode20	String	2	Required if OtherProviderIdentifier 20 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #20 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
OZ-416	OtherProviderIdentifierState20	String	2	Required if OtherProviderIdentifier 20 = 1D	See section 2.1 State Reference for valid values	Other Identifier #20 State Required for all Medicaid Other Identifiers.
PA-417	OtherProviderIdentifierIssuer20	String	70	Required if OtherProviderIdentifier 20 = OT		Other Identifier #20 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #20 Type Code is OT(other)
PB-418	OtherProviderIdentifier21	String	50	Optional		Other Identifier #21
PC-419	OtherProviderIdentifierTypeCode21	String	2	Required if OtherProviderIdentifier 21 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #21 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
PD-420	OtherProviderIdentifierState21	String	2	Required if OtherProviderIdentifier 21 = 1D	See section 2.1 State Reference for valid values	Other Identifier #21 State Required for all Medicaid Other Identifiers.
PE-421	OtherProviderIdentifierIssuer21	String	70	Required if OtherProviderIdentifier 21 = OT		Other Identifier #21 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #21 Type Code is OT(other)
PF-422	OtherProviderIdentifier22	String	50	Optional		Other Identifier #22

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
PG-423	OtherProviderIdentifierTypeCode22	String	2	Required if OtherProviderIdentifier 22 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #22 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
PH-424	OtherProviderIdentifierState22	String	2	Required if OtherProviderIdentifier 22 = 1D	See section 2.1 State Reference for valid values	Other Identifier #22 State Required for all Medicaid Other Identifiers.
PI-425	OtherProviderIdentifierIssuer22	String	70	Required if OtherProviderIdentifier 22 = OT		Other Identifier #22 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #22 Type Code is OT(other)
PJ-426	OtherProviderIdentifier23	String	50	Optional		Other Identifier #23
PK-427	OtherProviderIdentifierTypeCode23	String	2	Required if OtherProviderIdentifier 23 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #23 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
PL-428	OtherProviderIdentifierState23	String	2	Required if OtherProviderIdentifier 23 = 1D	See section 2.1 State Reference for valid values	Other Identifier #23 State Required for all Medicaid Other Identifiers.
PM-429	OtherProviderIdentifierIssuer23	String	70	Required if OtherProviderIdentifier 23 = OT		Other Identifier #23 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #23 Type Code is OT(other)
PN-430	OtherProviderIdentifier24	String	50	Optional		Other Identifier #24
PO-431	OtherProviderIdentifierTypeCode24	String	2	Required if OtherProviderIdentifier 24 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #24 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
PP-432	OtherProviderIdentifierState24	String	2	Required if OtherProviderIdentifier 24 = 1D	See section 2.1 State Reference for valid values	Other Identifier #24 State Required for all Medicaid Other Identifiers.
PQ-433	OtherProviderIdentifierIssuer24	String	70	Required if OtherProviderIdentifier 24 = OT		Other Identifier #24 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #24 Type Code is OT(other)
PR-434	OtherProviderIdentifier25	String	50	Optional		Other Identifier #25

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
PS-435	OtherProviderIdentifierTypeCode25	String	2	Required if OtherProviderIdentifier 25 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #25 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
PT-436	OtherProviderIdentifierState25	String	2	Required if OtherProviderIdentifier 25 = 1D	See section 2.1 State Reference for valid values	Other Identifier #25 State Required for all Medicaid Other Identifiers.
PU-437	OtherProviderIdentifierIssuer25	String	70	Required if OtherProviderIdentifier 25 = OT		Other Identifier #25 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #25 Type Code is OT(other)
PV-438	OtherProviderIdentifier26	String	50	Optional		Other Identifier #26
PW-439	OtherProviderIdentifierTypeCode26	String	2	Required if OtherProviderIdentifier 26 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #26 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
PX-440	OtherProviderIdentifierState26	String	2	Required if OtherProviderIdentifier 26 = 1D	See section 2.1 State Reference for valid values	Other Identifier #26 State Required for all Medicaid Other Identifiers.
PY-441	OtherProviderIdentifierIssuer26	String	70	Required if OtherProviderIdentifier 26 = OT		Other Identifier #26 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #26 Type Code is OT(other)
PZ-442	OtherProviderIdentifier27	String	50	Optional		Other Identifier #27
QA-443	OtherProviderIdentifierTypeCode27	String	2	Required if OtherProviderIdentifier 27 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #27 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QB-444	OtherProviderIdentifierState27	String	2	Required if OtherProviderIdentifier 27 = 1D	See section 2.1 State Reference for valid values	Other Identifier #27 State Required for all Medicaid Other Identifiers.
QC-445	OtherProviderIdentifierIssuer27	String	70	Required if OtherProviderIdentifier 27 = OT		Other Identifier #27 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #27 Type Code is OT(other)
QD-446	OtherProviderIdentifier28	String	50	Optional		Other Identifier #28

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
QE-447	OtherProviderIdentifierTypeCode28	String	2	Required if OtherProviderIdentifier 28 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #28 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QF-448	OtherProviderIdentifierState28	String	2	Required if OtherProviderIdentifier 28 = 1D	See section 2.1 State Reference for valid values	Other Identifier #28 State Required for all Medicaid Other Identifiers.
QG-449	OtherProviderIdentifierIssuer28	String	70	Required if OtherProviderIdentifier 28 = OT		Other Identifier #28 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #28 Type Code is OT(other)
QH-450	OtherProviderIdentifier29	String	50	Optional		Other Identifier #29
QI-451	OtherProviderIdentifierTypeCode29	String	2	Required if OtherProviderIdentifier 29 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #29 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QJ-452	OtherProviderIdentifierState29	String	2	Required if OtherProviderIdentifier 29 = 1D	See section 2.1 State Reference for valid values	Other Identifier #29 State Required for all Medicaid Other Identifiers.
QK-453	OtherProviderIdentifierIssuer29	String	70	Required if OtherProviderIdentifier 29 = OT		Other Identifier #29 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #29 Type Code is OT(other)
QL-454	OtherProviderIdentifier30	String	50	Optional		Other Identifier #30
QM-455	OtherProviderIdentifierTypeCode30	String	2	Required if OtherProviderIdentifier 30 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #30 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QN-456	OtherProviderIdentifierState30	String	2	Required if OtherProviderIdentifier 30 = 1D	See section 2.1 State Reference for valid values	Other Identifier #30 State Required for all Medicaid Other Identifiers.
QO-457	OtherProviderIdentifierIssuer30	String	70	Required if OtherProviderIdentifier 30 = OT		Other Identifier #30 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #30 Type Code is OT(other)
QP-458	OtherProviderIdentifier31	String	50	Optional		Other Identifier #31

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
QQ-459	OtherProviderIdentifierTypeCode31	String	2	Required if OtherProviderIdentifier 31 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #31 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QR-460	OtherProviderIdentifierState31	String	2	Required if OtherProviderIdentifier 31 = 1D	See section 2.1 State Reference for valid values	Other Identifier #31 State Required for all Medicaid Other Identifiers.
QS-461	OtherProviderIdentifierIssuer31	String	70	Required if OtherProviderIdentifier 31 = OT		Other Identifier #31 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #31 Type Code is OT(other)
QT-462	OtherProviderIdentifier32	String	50	Optional		Other Identifier #32
QU-463	OtherProviderIdentifierTypeCode32	String	2	Required if OtherProviderIdentifier 32 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #32 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QV-464	OtherProviderIdentifierState32	String	2	Required if OtherProviderIdentifier 32 = 1D	See section 2.1 State Reference for valid values	Other Identifier #32 State Required for all Medicaid Other Identifiers.
QW-465	OtherProviderIdentifierIssuer32	String	70	Required if OtherProviderIdentifier 32 = OT		Other Identifier #32 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #32 Type Code is OT(other)
QX-466	OtherProviderIdentifier33	String	50	Optional		Other Identifier #33
QY-467	OtherProviderIdentifierTypeCode33	String	2	Required if OtherProviderIdentifier 33 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #33 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QZ-468	OtherProviderIdentifierState33	String	2	Required if OtherProviderIdentifier 33 = 1D	See section 2.1 State Reference for valid values	Other Identifier #33 State Required for all Medicaid Other Identifiers.
RA-469	OtherProviderIdentifierIssuer33	String	70	Required if OtherProviderIdentifier 33 = OT		Other Identifier #33 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #33 Type Code is OT(other)
RB-470	OtherProviderIdentifier34	String	50	Optional		Other Identifier #34

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
RC-471	OtherProviderIdentifierTypeCode34	String	2	Required if OtherProviderIdentifier 34 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #34 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
RD-472	OtherProviderIdentifierState34	String	2	Required if OtherProviderIdentifier 34 = 1D	See section 2.1 State Reference for valid values	Other Identifier #34 State Required for all Medicaid Other Identifiers.
RE-473	OtherProviderIdentifierIssuer34	String	70	Required if OtherProviderIdentifier 34 = OT		Other Identifier #34 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #34 Type Code is OT(other)
RF-474	OtherProviderIdentifier35	String	50	Optional		Other Identifier #35
RG-475	OtherProviderIdentifierTypeCode35	String	2	Required if OtherProviderIdentifier 35 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #35 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
RH-476	OtherProviderIdentifierState35	String	2	Required if OtherProviderIdentifier 35 = 1D	See section 2.1 State Reference for valid values	Other Identifier #35 State Required for all Medicaid Other Identifiers.
RI-477	OtherProviderIdentifierIssuer35	String	70	Required if OtherProviderIdentifier 35 = OT		Other Identifier #35 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #35 Type Code is OT(other)
RJ-478	OtherProviderIdentifier36	String	50	Optional		Other Identifier #36
RK-479	OtherProviderIdentifierTypeCode36	String	2	Required if OtherProviderIdentifier 36 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #36 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
RL-480	OtherProviderIdentifierState36	String	2	Required if OtherProviderIdentifier 36 = 1D	See section 2.1 State Reference for valid values	Other Identifier #36 State Required for all Medicaid Other Identifiers.
RM-481	OtherProviderIdentifierIssuer36	String	70	Required if OtherProviderIdentifier 36 = OT		Other Identifier #36 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #36 Type Code is OT(other)
RN-482	OtherProviderIdentifier37	String	50	Optional		Other Identifier #37

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
RO-483	OtherProviderIdentifierTypeCode37	String	2	Required if OtherProviderIdentifier 37 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #37 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
RP-484	OtherProviderIdentifierState37	String	2	Required if OtherProviderIdentifier 37 = 1D	See section 2.1 State Reference for valid values	Other Identifier #37 State Required for all Medicaid Other Identifiers.
RQ-485	OtherProviderIdentifierIssuer37	String	70	Required if OtherProviderIdentifier 37 = OT		Other Identifier #37 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #37 Type Code is OT(other)
RR-486	OtherProviderIdentifier38	String	50	Optional		Other Identifier #38
RS-487	OtherProviderIdentifierTypeCode38	String	2	Required if OtherProviderIdentifier 38 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #38 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
RT-488	OtherProviderIdentifierState38	String	2	Required if OtherProviderIdentifier 38 = 1D	See section 2.1 State Reference for valid values	Other Identifier #38 State Required for all Medicaid Other Identifiers.
RU-489	OtherProviderIdentifierIssuer38	String	70	Required if OtherProviderIdentifier 38 = OT		Other Identifier #38 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #38 Type Code is OT(other)
RV-490	OtherProviderIdentifier39	String	50	Optional		Other Identifier #39
RW-491	OtherProviderIdentifierTypeCode39	String	2	Required if OtherProviderIdentifier 39 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #39 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
RX-492	OtherProviderIdentifierState39	String	2	Required if OtherProviderIdentifier 39 = 1D	See section 2.1 State Reference for valid values	Other Identifier #39 State Required for all Medicaid Other Identifiers.
RY-493	OtherProviderIdentifierIssuer39	String	70	Required if OtherProviderIdentifier 39 = OT		Other Identifier #39 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #39 Type Code is OT(other)
RZ-494	OtherProviderIdentifier40	String	50	Optional		Other Identifier #40

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
SA-495	OtherProviderIdentifierTypeCode40	String	2	Required if OtherProviderIdentifier 40 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #40 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SB-496	OtherProviderIdentifierState40	String	2	Required if OtherProviderIdentifier 40 = 1D	See section 2.1 State Reference for valid values	Other Identifier #40 State Required for all Medicaid Other Identifiers.
SC-497	OtherProviderIdentifierIssuer40	String	70	Required if OtherProviderIdentifier 40 = OT		Other Identifier #40 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #40 Type Code is OT(other)
SD-498	OtherProviderIdentifier41	String	50	Optional		Other Identifier #41
SE-499	OtherProviderIdentifierTypeCode41	String	2	Required if OtherProviderIdentifier 41 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #41 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SF-500	OtherProviderIdentifierState41	String	2	Required if OtherProviderIdentifier 41 = 1D	See section 2.1 State Reference for valid values	Other Identifier #41 State Required for all Medicaid Other Identifiers.
SG-501	OtherProviderIdentifierIssuer41	String	70	Required if OtherProviderIdentifier 41 = OT		Other Identifier #41 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #41 Type Code is OT(other)
SH-502	OtherProviderIdentifier42	String	50	Optional		Other Identifier #42
SI-503	OtherProviderIdentifierTypeCode42	String	2	Required if OtherProviderIdentifier 42 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #42 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SJ-504	OtherProviderIdentifierState42	String	2	Required if OtherProviderIdentifier 42 = 1D	See section 2.1 State Reference for valid values	Other Identifier #42 State Required for all Medicaid Other Identifiers.
SK-505	OtherProviderIdentifierIssuer42	String	70	Required if OtherProviderIdentifier 42 = OT		Other Identifier #42 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #42 Type Code is OT(other)
SL-506	OtherProviderIdentifier43	String	50	Optional		Other Identifier #43

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
SM-507	OtherProviderIdentifierTypeCode43	String	2	Required if OtherProviderIdentifier 43 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #43 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SN-508	OtherProviderIdentifierState43	String	2	Required if OtherProviderIdentifier 43 = 1D	See section 2.1 State Reference for valid values	Other Identifier #43 State Required for all Medicaid Other Identifiers.
SO-509	OtherProviderIdentifierIssuer43	String	70	Required if OtherProviderIdentifier 43 = OT		Other Identifier #43 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #43 Type Code is OT(other)
SP-510	OtherProviderIdentifier44	String	50	Optional		Other Identifier #44
SQ-511	OtherProviderIdentifierTypeCode44	String	2	Required if OtherProviderIdentifier 44 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #44 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SR-512	OtherProviderIdentifierState44	String	2	Required if OtherProviderIdentifier 44 = 1D	See section 2.1 State Reference for valid values	Other Identifier #44 State Required for all Medicaid Other Identifiers.
SS-513	OtherProviderIdentifierIssuer44	String	70	Required if OtherProviderIdentifier 44 = OT		Other Identifier #44 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #44 Type Code is OT(other)
ST-514	OtherProviderIdentifier45	String	50	Optional		Other Identifier #45
SU-515	OtherProviderIdentifierTypeCode45	String	2	Required if OtherProviderIdentifier 45 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #45 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SV-516	OtherProviderIdentifierState45	String	2	Required if OtherProviderIdentifier 45 = 1D	See section 2.1 State Reference for valid values	Other Identifier #45 State Required for all Medicaid Other Identifiers.
SW-517	OtherProviderIdentifierIssuer45	String	70	Required if OtherProviderIdentifier 45 = OT		Other Identifier #45 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #45 Type Code is OT(other)
SX-518	OtherProviderIdentifier46	String	50	Optional		Other Identifier #46

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
SY-519	OtherProviderIdentifierTypeCode46	String	2	Required if OtherProviderIdentifier 46 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #46 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SZ-520	OtherProviderIdentifierState46	String	2	Required if OtherProviderIdentifier 46 = 1D	See section 2.1 State Reference for valid values	Other Identifier #46 State Required for all Medicaid Other Identifiers.
TA-521	OtherProviderIdentifierIssuer46	String	70	Required if OtherProviderIdentifier 46 = OT		Other Identifier #46 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #46 Type Code is OT(other)
TB-522	OtherProviderIdentifier47	String	50	Optional		Other Identifier #47
TC-523	OtherProviderIdentifierTypeCode47	String	2	Required if OtherProviderIdentifier 47 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #47 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
TD-524	OtherProviderIdentifierState47	String	2	Required if OtherProviderIdentifier 47 = 1D	See section 2.1 State Reference for valid values	Other Identifier #47 State Required for all Medicaid Other Identifiers.
TE-525	OtherProviderIdentifierIssuer47	String	70	Required if OtherProviderIdentifier 47 = OT		Other Identifier #47 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #47 Type Code is OT(other)
TF-526	OtherProviderIdentifier48	String	50	Optional		Other Identifier #48
TG-527	OtherProviderIdentifierTypeCode48	String	2	Required if OtherProviderIdentifier 48 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #48 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
TH-528	OtherProviderIdentifierState48	String	2	Required if OtherProviderIdentifier 48 = 1D	See section 2.1 State Reference for valid values	Other Identifier #48 State Required for all Medicaid Other Identifiers.
TI-529	OtherProviderIdentifierIssuer48	String	70	Required if OtherProviderIdentifier 48 = OT		Other Identifier #48 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #48 Type Code is OT(other)
TJ-530	OtherProviderIdentifier49	String	50	Optional		Other Identifier #49

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
TK-531	OtherProviderIdentifierTypeCode49	String	2	Required if OtherProviderIdentifier 49 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #49 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
TL-532	OtherProviderIdentifierState49	String	2	Required if OtherProviderIdentifier 49 = 1D	See section 2.1 State Reference for valid values	Other Identifier #49 State Required for all Medicaid Other Identifiers.
TM-533	OtherProviderIdentifierIssuer49	String	70	Required if OtherProviderIdentifier 49 = OT		Other Identifier #49 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #49 Type Code is OT(other)
TN-534	OtherProviderIdentifier50	String	50	Optional		Other Identifier #50
TO-535	OtherProviderIdentifierTypeCode50	String	2	Required if OtherProviderIdentifier 50 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #50 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
TP-536	OtherProviderIdentifierState50	String	2	Required if OtherProviderIdentifier 50 = 1D	See section 2.1 State Reference for valid values	Other Identifier #50 State Required for all Medicaid Other Identifiers.
TQ-537	OtherProviderIdentifierIssuer50	String	70	Required if OtherProviderIdentifier 50 = OT		Other Identifier #50 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #50 Type Code is OT(other)

Authorized Official Information (TR-538 through TY-545)

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
TR-538	AuthorizedOfficialLastName	String	70	Required for Type 2 NPIs		Authorized Official's Last Name Required on a new Type 2 NPI applications
TS-539	AuthorizedOfficialFirstName	String	35	Required for Type 2 NPIs		Authorized Official's First Name Required on a new Type 2 NPI applications
TT-540	AuthorizedOfficialMiddleName	String	35	Optional on Type 2 NPIs		Authorized Official's Middle Name
TU-541	AuthorizedOfficialNamePrefix	String	5	Optional on Type 2 NPIs		Authorized Official's Name Prefix
TV-542	AuthorizedOfficialNameSuffix	String	5	Optional on Type 2 NPIs		Authorized Official's Name Suffix
TW-543	AuthorizedOfficialCredential	String	20	Optional on Type 2 NPIs		Authorized Official's Credentials
TX-544	AuthorizedOfficialTitleorPosition	String	50	Required for Type 2 NPIs		Authorized Official's Title or Position Required on a new Type 2 NPI applications
TY-545	AuthorizedOfficialTelephoneNumber	String	20	Required for Type 2 NPIs		Authorized Official's Telephone Number Required on a new Type 2 NPI applications

Endpoint Information (TZ-546 through XP-640)
Up to 5 Endpoints can be associated with an NPI.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
TZ-546	EndPointQualifier1	String	20	Optional	Connect URL, Direct Email Address, FHIR URL, Other URL, Regular Email Address, RESTful WS URL, SOAP WS URL, Website URL,	The Type of Endpoint #1 Valid Values are: Connect URL Direct Email Address FHIR URL Other URL Regular Email Address RESTful WS URL SOAP WS URL Website URL
UA-547	EndPoint1	String	100	Required if EndPointQualifier1 is populated		End Point #1
UB-548	IsAffiliated1	String	1	Required if EndPointQualifier1 is populated	Y, N	Identifies whether or not End Point #1 is affiliated with an EIN (Organization) or an NPI. Y: Yes N: No
UC-549	EndPointAffiliationLegalBusinessName1	String	70	Required if IsAffiliated1 is Y		
UD-550	EndPointUseCode1	String	25	Optional	DIRECT, HIE, OTHER	Valid Values are: DIRECT HIE OTHER
UE-551	EndPointContentCode1	String	25	Optional	CSV, OTHER	Valid Values are: CSV OTHER
UF-552	EndPointDescription1	String	200	Optional		
UG-553	EndPointOtherUseDescription1	String	200	Required if EndPointUseCode1 is populated		
UH-554	EndPointOtherContentDescription1	String	200	Required if EndPointContentCode1 is populated		
UI-555	EndPointBusinessSameAsHomeAddressYN1	String	1	Required	Y, N	Identifies if the End Point Address 1 is the same as the Provider's Home Address Y: Yes N: No
UJ-556	EndPointFirstLineBusinessPracticeLocationAddress1	String	55	Required		Line 1 of the Provider's End Point Address 1
UK-557	EndPointSecondLineBusinessPracticeLocationAddress1	String	55	Optional		Line 2 of the Provider's End Point Address 1
UL-558	EndPointBusinessPracticeLocationAddressCityName1	String	40	Required		City of the Provider's End Point Address 1
UM-559	EndPointBusinessPracticeLocationAddressStateName1	String	40	Required	See section 2.1 State Reference for US based addresses valid values	State abbreviation or Province of the Provider's End Point Address 1
UN-560	EndPointBusinessPracticeLocationAddressPostalCode1	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's End Point Address 1
UO-561	EndPointBusinessPracticeLocationAddressCountryCode1	String	2	Required	See section 2.2 Country Reference for valid values	Country Code of the Provider's End Point Address 1
UP-562	EndPointBusinessPracticeLocationAddressTelephoneNumber1	String	20	Required		Telephone Number of the Provider's End Point Address 1
UQ-563	EndPointBusinessPracticeLocationAddressFaxNumber1	String	20	Optional		Fax Number of the Provider's End Point Address 1
UR-564	EndPointBusinessPracticeLocationOrganizationName1	String	50	Optional		Firm name of the Provider's End Point Address 1
US-565	EndPointQualifier2	String	20	Optional	Connect URL, Direct Email Address,	The Type of Endpoint #2 Valid Values are:

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
					FHIR URL, Other URL, Regular Email Address, RESTful WS URL, SOAP WS URL, Website URL,	Connect URL Direct Email Address FHIR URL Other URL Regular Email Address RESTful WS URL SOAP WS URL Website URL
UT-566	EndPoint2	String	100	Required if EndPointQualifier2 is populated		End Point #2
UU-567	IsAffiliated2	String	1	Required if EndPointQualifier2 is populated	Y, N	Identifies whether or not End Point #2 is affiliated with an EIN (Organization) or an NPI. Y: Yes N: No
UV-568	EndPointAffiliationLegalBusinessName2	String	70	Required if IsAffiliated2 is Y		
UW-569	EndPointUseCode2	String	25	Optional	DIRECT, HIE, OTHER	Valid Values are: DIRECT HIE OTHER
UX-570	EndPointContentCode2	String	25	Optional	CSV, OTHER	Valid Values are: CSV OTHER
UY-571	EndPointDescription2	String	200	Optional		
UZ-572	EndPointOtherUseDescription2	String	200	Required if EndPointUseCode2 is populated		
VA-573	EndPointOtherContentDescription2	String	200	Required if EndPointContentCode2 is populated		
VB-574	EndPointBusinessSameAsHomeAddressYN2	String	1	Required	Y, N	Identifies if the End Point Address 2 is the same as the Provider's Home Address Y: Yes N: No
VC-575	EndPointFirstLineBusinessPracticeLocationAddress2	String	55	Required		Line 1 of the Provider's End Point Address 2
VD-576	EndPointSecondLineBusinessPracticeLocationAddress2	String	55	Optional		Line 2 of the Provider's End Point Address 2
VE-577	EndPointBusinessPracticeLocationAddressCityName2	String	40	Required		City of the Provider's End Point Address 2
VF-578	EndPointBusinessPracticeLocationAddressStateName2	String	40	Required	See section 2.1 State Reference for US based addresses valid values	State abbreviation or Province of the Provider's End Point Address 2
VG-579	EndPointBusinessPracticeLocationAddressPostalCode2	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's End Point Address 2
VH-580	EndPointBusinessPracticeLocationAddressCountryCode2	String	2	Required	See section 2.2 Country Reference for valid values	Country Code of the Provider's End Point Address 2
VI-581	EndPointBusinessPracticeLocationAddressTelephoneNumber2	String	20	Required		Telephone Number of the Provider's End Point Address 2
VJ-582	EndPointBusinessPracticeLocationAddressFaxNumber2	String	20	Optional		Fax Number of the Provider's End Point Address 2
VK-583	EndPointBusinessPracticeLocationOrganizationName2	String	50	Optional		Firm name of the Provider's End Point Address 2
VL-584	EndPointQualifier3	String	20	Optional	Connect URL, Direct Email Address, FHIR URL, Other URL, Regular Email Address, RESTful WS URL, SOAP WS URL,	The Type of Endpoint #3 Valid Values are: Connect URL Direct Email Address FHIR URL Other URL Regular Email Address

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
					Website URL,	RESTful WS URL SOAP WS URL Website URL
VM-585	EndPoint3	String	100	Required if EndPointQualifier3 is populated		End Point #3
VN-586	IsAffiliated3	String	1	Required if EndPointQualifier3 is populated	Y, N	Identifies whether or not End Point #3 is affiliated with an EIN (Organization) or an NPI. Y: Yes N: No
VO-587	EndPointAffiliationLegalBusinessName3	String	70	Required if IsAffiliated3 is Y		
VP-588	EndPointUseCode3	String	25	Optional	DIRECT, HIE, OTHER	Valid Values are: DIRECT HIE OTHER
VQ-589	EndPointContentCode3	String	25	Optional	CSV, OTHER	Valid Values are: CSV OTHER
VR-590	EndPointDescription3	String	200	Optional		
VS-591	EndPointOtherUseDescription3	String	200	Required if EndPointUseCode3 is populated		
VT-592	EndPointOtherContentDescription3	String	200	Required if EndPointContentCode3 is populated		
VU-593	EndPointBusinessSameAsHomeAddressYN3	String	1	Required	Y, N	Identifies if the End Point Address 3 is the same as the Provider's Home Address Y: Yes N: No
VV-594	EndPointFirstLineBusinessPracticeLocationAddress3	String	55	Required		Line 1 of the Provider's End Point Address 3
VW-595	EndPointSecondLineBusinessPracticeLocationAddress3	String	55	Optional		Line 2 of the Provider's End Point Address 3
VX-596	EndPointBusinessPracticeLocationAddressCityName3	String	40	Required		City of the Provider's End Point Address 3
VY-597	EndPointBusinessPracticeLocationAddressStateName3	String	40	Required	See section 2.1 State Reference for US based addresses valid values	State abbreviation or Province of the Provider's End Point Address 3
VZ-598	EndPointBusinessPracticeLocationAddressPostalCode3	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's End Point Address 3
WA-599	EndPointBusinessPracticeLocationAddressCountryCode3	String	2	Required	See section 2.2 Country Reference for valid values	Country Code of the Provider's End Point Address 3
WB-600	EndPointBusinessPracticeLocationAddressTelephoneNumbers3	String	20	Required		Telephone Number of the Provider's End Point Address 3
WC-601	EndPointBusinessPracticeLocationAddressFaxNumbers3	String	20	Optional		Fax Number of the Provider's End Point Address 3
WD-602	EndPointBusinessPracticeLocationOrganizationName3	String	50	Optional		Firm name of the Provider's End Point Address 3
WE-603	EndPointQualifier4	String	20	Optional	Connect URL, Direct Email Address, FHIR URL, Other URL, Regular Email Address, RESTful WS URL, SOAP WS URL, Website URL,	The Type of Endpoint #4 Valid Values are: Connect URL Direct Email Address FHIR URL Other URL Regular Email Address RESTful WS URL SOAP WS URL Website URL

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
WF-604	EndPoint4	String	100	Required if EndPointQualifier4 is populated		End Point #4
WG-605	IsAffiliated4	String	1	Required if EndPointQualifier4 is populated	Y, N	Identifies whether or not End Point #4 is affiliated with an EIN (Organization) or an NPI. Y: Yes N: No
WH-606	EndPointAffiliationLegalBusinessName4	String	70	Required if IsAffiliated4 is Y		
WI-607	EndPointUseCode4	String	25	Optional	DIRECT, HIE, OTHER	Valid Values are: DIRECT HIE OTHER
WJ-608	EndPointContentCode4	String	25	Optional	CSV, OTHER	Valid Values are: CSV OTHER
WK-609	EndPointDescription4	String	200	Optional		
WL-610	EndPointOtherUseDescription4	String	200	Required if EndPointUseCode4 is populated		
WM-611	EndPointOtherContentDescription4	String	200	Required if EndPointContentCode4 is populated		
WN-612	EndPointBusinessSameAsHomeAddressYN4	String	1	Required	Y, N	Identifies if the End Point Address 4 is the same as the Provider's Home Address Y: Yes N: No
WO-613	EndPointFirstLineBusinessPracticeLocationAddress4	String	55	Required		Line 1 of the Provider's End Point Address 4
WP-614	EndPointSecondLineBusinessPracticeLocationAddress4	String	55	Optional		Line 2 of the Provider's End Point Address 4
WQ-615	EndPointBusinessPracticeLocationAddressCityName4	String	40	Required		City of the Provider's End Point Address 4
WR-616	EndPointBusinessPracticeLocationAddressStateName4	String	40	Required	See section 2.1 State Reference for US based addresses valid values	State abbreviation or Province of the Provider's End Point Address 4
WS-617	EndPointBusinessPracticeLocationAddressPostalCode4	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's End Point Address 4
WT-618	EndPointBusinessPracticeLocationAddressCountryCode4	String	2	Required	See section 2.2 Country Reference for valid values	Country Code of the Provider's End Point Address 4
WU-619	EndPointBusinessPracticeLocationAddressTelephoneNumber4	String	20	Required		Telephone Number of the Provider's End Point Address4
WV-620	EndPointBusinessPracticeLocationAddressFaxNumber4	String	20	Optional		Fax Number of the Provider's End Point Address 4
WW-621	EndPointBusinessPracticeLocationOrganizationName4	String	50	Optional		Firm name of the Provider's End Point Address 4
WX-622	EndPointQualifier5	String	20	Optional	Connect URL, Direct Email Address, FHIR URL, Other URL, Regular Email Address, RESTful WS URL, SOAP WS URL, Website URL,	The Type of Endpoint #5 Valid Values are: Connect URL Direct Email Address FHIR URL Other URL Regular Email Address RESTful WS URL SOAP WS URL Website URL
WY-623	EndPoint5	String	100	Required if EndPointQualifier5 is populated		End Point #5

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
WZ-624	IsAffiliated5	String	1	Required if EndPointQualifier5 is populated	Y, N	Identifies whether or not End Point #5 is affiliated with an EIN (Organization) or an NPI. Y: Yes N: No
XA-625	EndPointAffiliationLegalBusinessName5	String	70	Required if IsAffiliated5 is Y		
XB-626	EndPointUseCode5	String	25	Optional	DIRECT, HIE, OTHER	Valid Values are: DIRECT HIE OTHER
XC-627	EndPointContentCode5	String	25	Optional	CSV, OTHER	Valid Values are: CSV OTHER
XD-628	EndPointDescription5	String	200	Optional		
XE-629	EndPointOtherUseDescription5	String	200	Required if EndPointUseCode5 is populated		
XF-630	EndPointOtherContentDescription5	String	200	Required if EndPointContentCode5 is populated		
XG-631	EndPointBusinessSameAsHomeAddressYN5	String	1	Required	Y, N	Identifies if the End Point Address 5 is the same as the Provider's Home Address Y: Yes N: No
XH-632	EndPointFirstLineBusinessPracticeLocationAddress5	String	55	Required		Line 1 of the Provider's End Point Address 5
XI-633	EndPointSecondLineBusinessPracticeLocationAddress5	String	55	Optional		Line 2 of the Provider's End Point Address 5
XJ-634	EndPointBusinessPracticeLocationAddressCityName5	String	40	Required		City of the Provider's End Point Address 5
XK-635	EndPointBusinessPracticeLocationAddressStateName5	String	40	Required	See section 2.1 State Reference for US based addresses valid values	State abbreviation or Province of the Provider's End Point Address 5
XL-636	EndPointBusinessPracticeLocationAddressPostalCode5	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's End Point Address 5
XM-637	EndPointBusinessPracticeLocationAddressCountryCode5	String	2	Required	See section 2.2 Country Reference for valid values	Country Code of the Provider's End Point Address 5
XN-638	EndPointBusinessPracticeLocationAddressTelephoneNumber5	String	20	Required		Telephone Number of the Provider's End Point Address 5
XO-639	EndPointBusinessPracticeLocationAddressFaxNumber5	String	20	Optional		Fax Number of the Provider's End Point Address 5
XP-640	EndPointBusinessPracticeLocationOrganizationName5	String	50	Optional		Firm name of the Provider's End Point Address 5

Contact Person Information (XQ-641 through ZS-695)**Up to 5 Contacts can be associated with an NPI. One Contact must be identified as the Primary Contact Person.**

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
XQ-641	ContactLastName1	String	70	Required		Contact Person1's Last Name
XR-642	ContactFirstName1	String	35	Required		Contact Person1's Last Name
XS-643	ContactMiddleName1	String	25	Optional		Contact Person1's Middle Name
XT-644	ContactNamePrefix1	String	5	Optional		Contact Person1's Name Prefix
XU-645	ContactNameSuffix1	String	5	Optional		Contact Person1's Name Suffix
XV-646	ContactCredential1	String	20	Optional		Contact Person1's Credentials
XW-647	ContactTitleorPosition1	String	50	Optional		Contact Person1's Title or Position
XX-648	ContactTelephoneNumber1	String	20	Required		Contact Person1's Telephone Number

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
XY-649	ContactTelephoneExtensionNumber1	String	6	Optional		Contact Person1's Telephone Number Extension
XZ-650	ContactEmail1	String	80	Required		Contact Person1's Email Address
YA-651	ContactPrimaryFlag1	String	1	Required		Contact Person1's Primary Flag
YB-652	ContactLastName2	String	70	Required		Contact Person2's Last Name
YC-653	ContactFirstName2	String	35	Required		Contact Person2's Last Name
YD-654	ContactMiddleName2	String	25	Optional		Contact Person2's Middle Name
YE-655	ContactNamePrefix2	String	5	Optional		Contact Person2's Name Prefix
YF-656	ContactNameSuffix2	String	5	Optional		Contact Person2's Name Suffix
YG-657	ContactCredential2	String	20	Optional		Contact Person2's Credentials
YH-658	ContactTitleorPosition2	String	50	Optional		Contact Person2's Title or Position
YI-659	ContactTelephoneNumber2	String	20	Required		Contact Person2's Telephone Number
YJ-660	ContactTelephoneExtensionNumber2	String	6	Optional		Contact Person2's Telephone Number Extension
YK-661	ContactEmail2	String	80	Required		Contact Person2's Email Address
YL-662	ContactPrimaryFlag2	String	1	Required		Contact Person2's Primary Flag
YM-663	ContactLastName3	String	70	Required		Contact Person3's Last Name
YN-664	ContactFirstName3	String	35	Required		Contact Person3's Last Name
YO-665	ContactMiddleName3	String	25	Optional		Contact Person3's Middle Name
YP-666	ContactNamePrefix3	String	5	Optional		Contact Person3's Name Prefix
YQ-667	ContactNameSuffix3	String	5	Optional		Contact Person3's Name Suffix
YR-668	ContactCredential3	String	20	Optional		Contact Person3's Credentials
YS-669	ContactTitleorPosition3	String	50	Optional		Contact Person3's Title or Position
YT-670	ContactTelephoneNumber3	String	20	Required		Contact Person3's Telephone Number
YU-671	ContactTelephoneExtensionNumber3	String	6	Optional		Contact Person3's Telephone Number Extension
YV-672	ContactEmail3	String	80	Required		Contact Person3's Email Address
YW-673	ContactPrimaryFlag3	String	1	Required		Contact Person3's Primary Flag
YX-674	ContactLastName4	String	70	Required		Contact Person4's Last Name
YY-675	ContactFirstName4	String	35	Required		Contact Person4's Last Name
YZ-676	ContactMiddleName4	String	25	Optional		Contact Person4's Middle Name
ZA-677	ContactNamePrefix4	String	5	Optional		Contact Person4's Name Prefix
ZB-678	ContactNameSuffix4	String	5	Optional		Contact Person4's Name Suffix
ZC-679	ContactCredential4	String	20	Optional		Contact Person4's Credentials
YD-680	ContactTitleorPosition4	String	50	Optional		Contact Person4's Title or Position
ZE-681	ContactTelephoneNumber4	String	20	Required		Contact Person4's Telephone Number
ZF-682	ContactTelephoneExtensionNumber4	String	6	Optional		Contact Person4's Telephone Number Extension
ZG-683	ContactEmail4	String	80	Required		Contact Person4's Email Address
ZH-684	ContactPrimaryFlag4	String	1	Required		Contact Person4's Primary Flag
ZI-685	ContactLastName5	String	70	Required		Contact Person5's Last Name
ZJ-686	ContactFirstName5	String	35	Required		Contact Person5's Last Name
ZK-687	ContactMiddleName5	String	25	Optional		Contact Person5's Middle Name
ZL-688	ContactNamePrefix5	String	5	Optional		Contact Person5's Name Prefix
ZM-689	ContactNameSuffix5	String	5	Optional		Contact Person5's Name Suffix
ZN-690	ContactCredential5	String	20	Optional		Contact Person5's Credentials

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
ZO-691	ContactTitleorPosition5	String	50	Optional		Contact Person5's Title or Position
ZP-692	ContactTelephoneNumber5	String	20	Required		Contact Person5's Telephone Number
ZQ-693	ContactTelephoneExtensionNumber5	String	6	Optional		Contact Person5's Telephone Number Extension
ZR-694	ContactEmail5	String	80	Required		Contact Person5's Email Address
ZS-695	ContactPrimaryFlag5	String	1	Required		Contact Person5's Primary Flag

Individual Provider's Race Information (ZT-696 through AAU-723)

Up to 14 Race / Sub-Race combinations can be associated with an Individual Provider.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
ZT-696	Race1	String	2	Optional field associated with a Type 1	See section 2.5 Race Reference for valid values	Race 1 of the Individual Provider.
ZU-697	SubRace1	String	2	Required when Race 1 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 1 of the Individual Provider.
ZV-698	Race2	String	2	Optional field associated with a Type 1	See section 2.5 Race Reference for valid values	Race 2 of the Individual Provider.
ZW-699	SubRace2	String	2	Required when Race 2 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 2 of the Individual Provider.
ZX-700	Race3	String	2	Optional field associated with a Type 1	See section 2.5 Race Reference for valid values	Race 3 of the Individual Provider.
ZY-701	SubRace3	String	2	Required when Race 3 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 3 of the Individual Provider.
ZZ-702	Race4	String	2	Optional	See section 2.5 Race Reference for valid values	Race 4 of the Individual Provider.
AAA-703	SubRace4	String	2	Required when Race 4 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 4 of the Individual Provider.
AAB-704	Race5	String	2	Optional	See section 2.5 Race Reference for valid values	Race 5 of the Individual Provider.
AAC-705	SubRace5	String	2	Required when Race 5 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 5 of the Individual Provider.
AAD-706	Race6	String	2	Optional	See section 2.5 Race Reference for valid values	Race 6 of the Individual Provider.
AAE-707	SubRace6	String	2	Required when Race 6 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 6 of the Individual Provider.
AAF-708	Race7	String	2	Optional	See section 2.5 Race Reference for valid values	Race 7 of the Individual Provider.
AAG-709	SubRace7	String	2	Required when Race 7 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 7 of the Individual Provider.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
AAH-710	Race8	String	2	Optional	See section 2.5 Race Reference for valid values	Race 8 of the Individual Provider.
AAI-711	SubRace8	String	2	Required when Race 8 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 8 of the Individual Provider.
AAJ-712	Race9	String	2	Optional	See section 2.5 Race Reference for valid values	Race 9 of the Individual Provider.
AAK-713	SubRace9	String	2	Required when Race 9 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 9 of the Individual Provider.
AAL-714	Race10	String	2	Optional	See section 2.5 Race Reference for valid values	Race 10 of the Individual Provider.
AAM-715	SubRace10	String	2	Required when Race 10 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 10 of the Individual Provider.
AAN-716	Race11	String	2	Optional	See section 2.5 Race Reference for valid values	Race 11 of the Individual Provider.
AAO-717	SubRace11	String	2	Required when Race 11 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 11 of the Individual Provider.
AAP-718	Race12	String	2	Optional	See section 2.5 Race Reference for valid values	Race 12 of the Individual Provider.
AAQ-719	SubRace12	String	2	Required when Race 12 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 12 of the Individual Provider.
AAR-720	Race13	String	2	Optional	See section 2.5 Race Reference for valid values	Race 13 of the Individual Provider.
AAS-721	SubRace13	String	2	Required when Race 13 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 13 of the Individual Provider.
AAT-722	Race14	String	2	Optional	See section 2.5 Race Reference for valid values	Race 14 of the Individual Provider.
AAU-723	SubRace14	String	2	Required when Race 14 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander)	See section 2.6 Sub-Race Reference for valid values	Sub-Race 14 of the Individual Provider.

Individual Provider's Ethnicity Information (AAV-724 through ABC-731)

Up to 4 Ethnicity / Sub-Ethnicity combinations can be associated with an Individual Provider.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
AAV-724	Ethnicity1	String	2	Optional field associated with a Type 1	NH, YH	First Ethnicity of the Individual Provider NH: Non Hispanic YH: Yes, Hispanic
AAW-725	SubEthnicity1	String	2	Required when Ethnicity 1 is YH (Yes, Hispanic)	See Section 2.8 Sub-Ethnicity Reference for Valid Values.	Entered only if Ethnicity 1 of YH is entered.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
AAX-726	Ethnicity2	String	2	Optional field associated with a Type 1	NH,YH	Second Ethnicity of the Individual Provider NH: Non Hispanic YH: Yes, Hispanic
AAY-727	SubEthnicity2	String	2	Required when Ethnicity 2 is YH (Yes, Hispanic)	See Section 2.8 Sub-Ethnicity Reference for Valid Values.	Entered only if Ethnicity 2 of YH is entered.
AAZ-728	Ethnicity3	String	2	Optional field associated with a Type 1	NH,YH	Third Ethnicity of the Individual Provider NH: Non Hispanic YH: Yes, Hispanic
ABA-729	SubEthnicity3	String	2	Required when Ethnicity 3 is YH (Yes, Hispanic)	See Section 2.8 Sub-Ethnicity Reference for Valid Values.	Entered only if Ethnicity 3 of YH is entered.
ABB-730	Ethnicity4	String	2	Optional field associated with a Type 1	NH,YH	Fourth Ethnicity of the Individual Provider NH: Non Hispanic YH: Yes, Hispanic
ABC-731	SubEthnicity4	String	2	Required when Ethnicity 4 is YH (Yes, Hispanic)	See Section 2.8 Sub-Ethnicity Reference for Valid Values.	Entered only if Ethnicity 4 of YH is entered.

Response File Fields (ABD-732 through ABF-734)

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
ABD-732	AdditionalStatusReferenceText	String	255	N/A		Only found on the Response File
ABE-733	AdditionalProcessingCode	String	100	N/A		Only found on the Response File
ABF-734	AdditionalProcessingCodeDesc	String	255	N/A		Only found on the Response File

1.3 CSV File – Trailer

Each CSV EFI File must contain one and only one **Trailer** record. The following table defines the CSV File Trailer Record

1.3.1 CSV File – Trailer Record Format

Exhibit 1-3 CSV File – Trailer Format

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
A-1	Record Type	String	1	Required	T	Identifies this to be the Header record
B-2	Detail Record Count	Integer	5	Required		Count of the Detail Records within the EFI file.

2. Appendix

2.1 State Reference

Exhibit 2-1 State Reference

State/U.S. Territory Code	State/U.S. Territory
AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
CA	CALIFORNIA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
FM	MICRONESIA, FEDERATED STATES OF
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MH	MARSHALL ISLANDS
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	MARIANA ISLANDS, NORTHERN
MS	MISSISSIPPI
MT	MONTANA
NC	NORTH CAROLINA

State/U.S. Territory Code	State/U.S. Territory
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
PW	PALAU
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING
ZZ	FOREIGN COUNTRY

2.2 Country Reference

Note: NPPES considers U.S. Foreign Territories to be domestic addresses. For this reason, the U.S. Foreign Territory codes are included in section 2.1 State Reference rather than in the table below:

Exhibit 2-2 Country Reference

COUNTRY CODE	COUNTRY NAME
AD	ANDORRA
AE	UNITED ARAB EMIRATES
AF	AFGHANISTAN
AG	ANTIGUA AND BARBUDA
AI	ANGUILLA
AL	ALBANIA
AM	ARMENIA
AN	NETHERLANDS ANTILLES
AO	ANGOLA
AQ	ANTARCTICA
AR	ARGENTINA
AT	AUSTRIA
AU	AUSTRALIA
AW	ARUBA
AX	ÅLAND ISLANDS
AZ	AZERBAIJAN
BA	BOSNIA AND HERZEGOVINA
BB	BARBADOS
BD	BANGLADESH
BE	BELGIUM
BF	BURKINA FASO
BG	BULGARIA
BH	BAHRAIN
BI	BURUNDI
BJ	BENIN
BM	BERMUDA
BN	BRUNEI DARUSSALAM
BO	BOLIVIA
BR	BRAZIL
BS	BAHAMAS
BT	BHUTAN
BV	BOUVET ISLAND
BW	BOTSWANA
BY	BELARUS
BZ	BELIZE
CA	CANADA
CC	COCOS (KEELING) ISLANDS

COUNTRY CODE	COUNTRY NAME
CD	CONGO, THE DEMOCRATIC REPUBLIC OF THE
CF	CENTRAL AFRICAN REPUBLIC
CG	CONGO
CH	SWITZERLAND
CI	CÔTE D'IVOIRE / IVORY COAST
CK	COOK ISLANDS
CL	CHILE
CM	CAMEROON
CN	CHINA
CO	COLOMBIA
CR	COSTA RICA
CS	SERBIA AND MONTENEGRO
CU	CUBA
CV	CAPE VERDE
CX	CHRISTMAS ISLAND
CY	CYPRUS
CZ	CZECH REPUBLIC
DE	GERMANY
DJ	DJIBOUTI
DK	DENMARK
DM	DOMINICA
DO	DOMINICAN REPUBLIC
DZ	ALGERIA
EC	ECUADOR
EE	ESTONIA
EG	EGYPT
EH	WESTERN SAHARA
ER	ERITREA
ES	SPAIN
ET	ETHIOPIA
FI	FINLAND
FJ	FIJI
FK	FALKLAND ISLANDS (MALVINAS)
FO	FAROE ISLANDS
FR	FRANCE
GA	GABON
GB	UNITED KINGDOM
GD	GRENADA
GE	GEORGIA
GF	FRENCH GUIANA
GG	GUERNSEY

COUNTRY CODE	COUNTRY NAME
GH	GHANA
GI	GIBRALTAR
GL	GREENLAND
GM	GAMBIA
GN	GUINEA
GP	GUADELOUPE
GQ	EQUATORIAL GUINEA
GR	GREECE
GS	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS
GT	GUATEMALA
GW	GUINEA-BISSAU
GY	GUYANA
HK	HONG KONG
HM	HEARD ISLAND AND MCDONALD ISLANDS
HN	HONDURAS
HR	CROATIA
HT	HAITI
HU	HUNGARY
ID	INDONESIA
IE	IRELAND
IL	ISRAEL
IM	ISLE OF MAN
IN	INDIA
IO	BRITISH INDIAN OCEAN TERRITORY
IQ	IRAQ
IR	IRAN, ISLAMIC REPUBLIC OF
IS	ICELAND
IT	ITALY
JE	JERSEY
JM	JAMAICA
JO	JORDAN
JP	JAPAN
KE	KENYA
KG	KYRGYZSTAN
KH	CAMBODIA
KI	KIRIBATI
KM	COMOROS
KN	SAINT KITTS AND NEVIS
KP	KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF
KR	KOREA, REPUBLIC OF
KW	KUWAIT

COUNTRY CODE	COUNTRY NAME
KY	CAYMAN ISLANDS
KZ	KAZAKHSTAN
LA	LAO PEOPLE'S DEMOCRATIC REPUBLIC
LB	LEBANON
LC	SAINT LUCIA
LI	LIECHTENSTEIN
LK	SRI LANKA
LR	LIBERIA
LS	LESOTHO
LT	LITHUANIA
LU	LUXEMBOURG
LV	LATVIA
LY	LIBYAN ARAB JAMAHIRIYA
MA	MOROCCO
MC	MONACO
MD	MOLDOVA, REPUBLIC OF
MG	MADAGASCAR
MK	MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF
ML	MALI
MM	MYANMAR
MN	MONGOLIA
MO	MACAO
MQ	MARTINIQUE
MR	MAURITANIA
MS	MONTSERRAT
MT	MALTA
MU	MAURITIUS
MV	MALDIVES
MW	MALAWI
MX	MEXICO
MY	MALAYSIA
MZ	MOZAMBIQUE
NA	NAMIBIA
NC	NEW CALEDONIA
NE	NIGER
NF	NORFOLK ISLAND
NG	NIGERIA
NI	NICARAGUA
NL	NETHERLANDS
NO	NORWAY
NP	NEPAL

COUNTRY CODE	COUNTRY NAME
NR	NAURU
NU	NIUE
NZ	NEW ZEALAND
OM	OMAN
PA	PANAMA
PE	PERU
PF	FRENCH POLYNESIA
PG	PAPUA NEW GUINEA
PH	PHILIPPINES
PK	PAKISTAN
PL	POLAND
PM	SAINT PIERRE AND MIQUELON
PN	PITCAIRN
PS	PALESTINIAN TERRITORY, OCCUPIED
PT	PORTUGAL
PY	PARAGUAY
QA	QATAR
RE	RÉUNION
RO	ROMANIA
RU	RUSSIAN FEDERATION
RW	RWANDA
SA	SAUDI ARABIA
SB	SOLOMON ISLANDS
SC	SEYCHELLES
SD	SUDAN
SE	SWEDEN
SG	SINGAPORE
SH	SAINT HELENA
SI	SLOVENIA
SJ	SVALBARD AND JAN MAYEN
SK	SLOVAKIA
SL	SIERRA LEONE
SM	SAN MARINO
SN	SENEGAL
SO	SOMALIA
SR	SURINAME
ST	SAO TOME AND PRINCIPE
SV	EL SALVADOR
SY	SYRIAN ARAB REPUBLIC
SZ	SWAZILAND
TC	TURKS AND CAICOS ISLANDS

COUNTRY CODE	COUNTRY NAME
TD	CHAD
TF	FRENCH SOUTHERN TERRITORIES
TG	TOGO
TH	THAILAND
TJ	TAJIKISTAN
TK	TOKELAU
TL	TIMOR-LESTE
TM	TURKMENISTAN
TN	TUNISIA
TO	TONGA
TR	TURKEY
TT	TRINIDAD AND TOBAGO
TV	TUVALU
TW	TAIWAN
TZ	TANZANIA, UNITED REPUBLIC OF
UA	UKRAINE
UG	UGANDA
UM	UNITED STATES MINOR OUTLYING ISLANDS
US	UNITED STATES
UY	URUGUAY
UZ	UZBEKISTAN
VA	HOLY SEE (VATICAN CITY STATE)
VC	SAINT VINCENT AND THE GRENADINES
VE	VENEZUELA
VG	VIRGIN ISLANDS, BRITISH
VN	VIET NAM
VU	VANUATU
WF	WALLIS AND FUTUNA
WS	SAMOA
YE	YEMEN
YT	MAYOTTE
ZA	SOUTH AFRICA
ZM	ZAMBIA
ZW	ZIMBABWE

2.3 Language Reference

Use the following codes to identify the Languages spoken by an Individual Provider and the Languages spoken at a Practice Location.

Note: The following languages have been migrated:

- FI - Farsi → PN – Persian
- MR - Marathi → HI – Hindi
- LH - Lahnda → PA - Punjabi

Exhibit 2-3 Language Reference

LANGUAGE CODE	LANGUAGE
AM	Armenian
AR	Arabic
BN	Bengali
BT	Bantu
CH	Chinese
EL	English
FR	French
GK	Greek
GR	German
GU	Gujarati
HC	Haitian Creole
HE	Hebrew
HI	Hindi
HM	Hmong
IT	Italian
JP	Japanese
KM	Khmer
KR	Korean
NV	Navajo
PA	Punjabi
PL	Polish
PN	Persian
PR	Portuguese
RS	Russian
SC	Serbo-Croatian
SP	Spanish
TE	Telugu
TG	Tagalog

LANGUAGE CODE	LANGUAGE
TK	Tai-Kadai
TM	Tamil
UR	Urdu
VT	Vietnamese

2.4 Office Hours Reference

The following are the valid open and close office hours that can be defined for a practice location. The times range from 5:00 AM to 11:45 PM, in 15 minute increments.

Exhibit 2-4 Office Hours

5:00 AM	5:15 AM	5:30 AM	5:45 AM
6:00 AM	6:15 AM	6:30 AM	6:45 AM
7:00 AM	7:15 AM	7:30 AM	7:45 AM
8:00 AM	8:15 AM	8:30 AM	8:45 AM
9:00 AM	9:15 AM	9:30 AM	9:45 AM
10:00 AM	10:15 AM	10:30 AM	10:45 AM
11:00 AM	11:15 AM	11:30 AM	11:45 AM
12:00 PM	12:15 PM	12:30 PM	12:45 PM
1:00 PM	1:15 PM	1:30 PM	1:45 PM
2:00 PM	2:15 PM	2:30 PM	2:45 PM
3:00 PM	3:15 PM	3:30 PM	3:45 PM
4:00 PM	4:15 PM	4:30 PM	4:45 PM
5:00 PM	5:15 PM	5:30 PM	5:45 PM
6:00 PM	6:15 PM	6:30 PM	6:45 PM
7:00 PM	7:15 PM	7:30 PM	7:45 PM
8:00 PM	8:15 PM	8:30 PM	8:45 PM
9:00 PM	9:15 PM	9:30 PM	9:45 PM
10:00 PM	10:15 PM	10:30 PM	10:45 PM
11:00 PM	11:15 PM	11:30 PM	11:45 PM

2.5 Race Reference

Exhibit 5-5 Race Reference

RACE CODE	RACE
AI	American Indian or Alaska Native
AN	Asian
BL	Black or African American
NH	Native Hawaiian or Other Pacific Islander
WH	White

2.6 Sub-Race Reference

There are two sets of Sub-Races. One for when Race = **AN** (Asian) and one for when Race= **NH** (Native Hawaiian or Other Pacific Islander)

Exhibit 2-5 Sub-Race Reference for Race = NH (Native Hawaiian or Other Pacific Islander)

SUB-RACE CODE	SUB-RACE
NH	Native Hawaiian
GC	Guamanian or Chamorro
SO	Samoan
OP	Other Pacific Islander

Exhibit 2-6 Sub-Race Reference for Race = AN (Asian)

SUB-RACE CODE	SUB-RACE
AI	Asian Indian
CH	Chinese
FP	Filipino
JP	Japanese
KR	Korean
VT	Vietnamese
OA	Other Asian

2.7 Ethnicity Reference

Exhibit 2-7 Ethnicity Reference

ETHINICITY CODE	SUB-ETHINICITY
NH	Non-Hispanic
YH	Yes, Hispanic

2.8 Sub-Ethnicity Reference

When the Ethnicity selected is YH= Yes, Hispanic, then a Sub-Ethnicity selection is required

Exhibit 2-8 Sub-Ethnicity Reference for Ethnicity = YH (Yes, Hispanic)

SUB-ETHINICITY CODE	SUB-ETHINICITY
MA	Mexican, Mexican American, Chicano/a
PR	Puerto Rican
CB	Cuban
HL	Another Hispanic, Latino/a or Spanish origin