DATA DICTIONARY
NEW YORK STATE DEPARTMENT OF HEALTH

Provider Network Data System (PNDS)
<mark>**VERSION 11 (November 2022)**</mark>

Throughout this document, areas updated from the last version are highlighted.

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DATA DICTIONARY
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Provider Network Data System (PNDS)

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Provider Network Data System

I. GENERAL INFORMATION
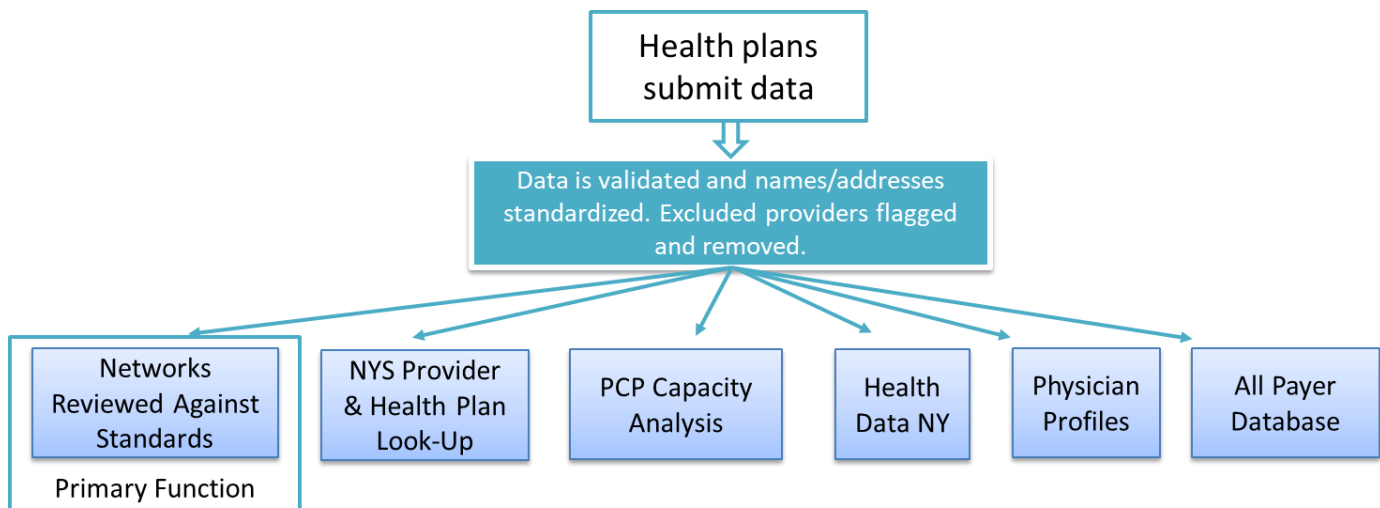
A. About the Provider Network Data System

The Provider Network Data System (PNDS) was implemented by the New York State Department of Health (NYS DOH) in December of 1996 to gather information about the provider and service networks contracted to Health Insurers operating in New York State. The NYS DOH is collecting data through a new submission portal at www.pnds.health.ny.gov. Health Insurers electronically submit provider network data quarterly for the following lines of business: Medicaid; Child Health Plus; FIDA-I/DD; Specialized I/DD Plans (SIP); HIV Special Needs Plans (SNP); Managed Long Term Care Plans; Health and Recovery Plan(s) (HARP); New York State of Health (NYSOH) Qualified Health Plan(s) (QHPs); Essential Plan(s) (EPs); and Commercial networks outside of the NYSOH.

B. Purpose

The primary purpose for the PNDS is to collect data needed to evaluate the provider networks including physicians, hospitals, labs, home health agencies, durable medical equipment providers, etc., for all types of Health Insurers in New York State.

C. Uses of PNDS Data

PNDS data is used by several different units within the NYS Department of Health. The figure below illustrates the flow of data and the data endpoints.

D. Connection to the Provider Network Data System (PNDS)

Connection to the PNDS is through a secure connection at www.pnds.health.ny.gov. All users must have an account and access to the PNDS page. To obtain access to the PNDS for new insurers, please send an email request to pnds@health.ny.gov or call (518) 486-1949. After the account is created, the DOH will notify the insurers about the accounts. DOH will reach out to each organization to establish a coordinator, who will then be able to create user accounts for submissions.

E. Data Submission Schedule

Provider network data is collected as network changes occur. PNDS submission frequency matches the requirements outlined in Insurance Law §§ 3217-a(a)(17), 4324(a)(17) and Public Health Law § 4408(r), and 10 NYCRR 98-1.16(j). A health plan must update their online directory, as well as their PNDS submission

within 15 days of becoming aware of the addition or termination of a provider from its network, or a change in a physician's hospital affiliation. This requirement ensures that the network information displayed on the NYS Provider & Health Plan Look-Up matches each health plan's online directory. The Department of Health and the Department of Financial Services understand that health plans may be relying on physicians to report changes in physician hospital affiliations and the Department will take that into account with respect to this requirement.

PNDS data can be submitted at any time, and must be submitted at least quarterly, regardless of network changes. Once per quarter, the submitted network will be reviewed for adequacy. Only the most recent successful network submission will be reviewed for adequacy purposes. The due dates for quarterly network submissions are posted on the PNDS portal and are updated on an annual basis. Issuers will be notified via e-mail by each program when their deficiency reports are ready for review.

Health plans with multiple products should report all programs in a single file except HIV/SNP which must be reported separately.

As of August 1st 2017, fixed width files are no longer supported as a format for submission in the PNDS.

Provider Network Data System

II. PHYSICIAN AND OTHER PROVIDERS DETAILED RECORD FORMAT

II. PHYSICIAN AND OTHER PROVIDERS DETAILED RECORD FORMAT

KEY TO WHO SUBMITS?
ALL REC = All Records for all payers
ALL PCPs = All PCPs
ALL Physician REC = all with type 01=MD or type 12=DO
ALL MED & SNP REC = All Medicaid and HIV SNP Records

KEY TO FORMAT
A = Alpha format only
N = Numeric format only
A/N = Alpha Numeric

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
IDENTIFICATION						
Last Name	25	A	ALL REC	YES		31
First Name	25	A	ALL REC	YES		32
National Provider Identifier (NPI)	10	A/N	ALL REC	YES	10 digits only	33
License Number	6	A/N	ALL REC	YES	Valid NYS License # zero-fill to the left	35
Medicaid Provider Identification / MEDS ID	8	A/N	ALL MED, HARP, CHP & SNP REC	YES	Provider Identification. See edit application	36
Managed Care Plans ID	20	A/N	Optional	NO	Unique Provider Identification for your Managed Care Plan	37
LOCATION						
Site Name	150	A/N	ALL REC	YES	Office or Professional Building	38
Room or Suite	20	A/N	ALL REC	YES	If Not Applicable enter "NA"	39
Street Address	49	A/N	ALL REC	YES		40
Town/City	30	A/N	ALL REC	YES		41
State	2	A/N	ALL REC	YES		42
Borough/Cnty Code	3	A/N	ALL REC	YES	FIPS codes right justified and zero-fill	43
Zip Code	5	A/N	ALL REC	YES		44
Zip Plus Four	4	A/N	ALL REC	NO		45
Wheel Chair Accessibility	1	A/N	ALL REC	YES	0=No	46
					1=Yes	
PRACTICE						
Primary Designation	1	A/N	ALL REC	YES	1=PCP	47
					2=Specialist	
					3=PCP and Specialist	
Provider Type	2	A/N	ALL REC	YES	01=MD	51
					02=CNP Nurse Practitioner	
					03=CNM	
					04=LSW	

Description/Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
					05=Clinical Psych	
					06=OD Optometrist	
					08=DDS	
					09=DPM Podiatrist	
					10=Chiropractor	
					11=Other	
					12=DO	
					14=Psychologist	
					15=Counselor	
					16=Social Work	
					17=Mental Health Counselor	
					18=DMD	
					19=OMS	
					20=Acupuncturist	
					22=RN	
					23=Physician Assistant (PA)	
					30=Audiologist	
					40=CDN Dietician/Nutritionist	
					50=CM (not a nurse)	
					60=PT	
					61=OT	
					62=SLP	
					63=CFY	
					64=RT	
					71= Licensed Behavior Analyst	
					78= Certified Behavior Analyst Assistant	
Primary Specialty	3	A/N	ALL REC	YES	See Appendix	53
Secondary Specialty	3	A/N	ALL REC	NO	See Appendix	54
Board Status - Primary Specialty	1	A/N	ALL Physician REC	YES	1=Not Board Cert; Residency Incomplete	55
					2=Not Board Certified; Residency Complete	
					3=Board Certified	
					4=No Board Cert Avail	
					9=Not Applicable	
Board Status - Secondary Specialty	1	A/N	ALL Physician REC	NO	1=Not Board Cert; Residency Incomplete	57

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
					2=Not Board Certified; Residency Complete.	
					3=Board Certified	
					4=No Board Cert Avail	
					9=Not Applicable	
Residents Attending Physicians License Number	6	A/N	All Resident PCPs	YES	NYS Valid License Number Zero-fill to the left; non-residents should 0 fill	59
Residency Status - Primary Specialty	1	A/N	ALL Physician REC	YES PCP ONLY	1=PGY1	60
					2=PGY2	
					3=PGY3	
					4=PGY4 - 8+	
					9=Not Applicable (for non-current residents, i.e., physicians who have completed residency, etc)	
Residency Status - Secondary Specialty	1	A/N	ALL Physician REC	NO	1=PGY1	62
					2=PGY2	
					3=PGY3	
					4=PGY4 - 8+	
					9=Not Applicable (for non-current residents, i.e., physicians who have completed residency, etc)	
Provider's Gender	1	A/N	ALL REC	YES	1=Male	64
					2=Female	
Physician Extenders	5	N	ALL PCPs	YES	*For PCPs only*	65
					Total #FTEs: PA/NP	
					99.99=Not Applicable	
					(for non-PCPs or NPs acting as PCPs)	
Commercial Provider Indicator	1	A/N	ALL REC	YES	0=No	66
					1=Yes	
Medicaid Provider Indicator	1	A/N	ALL REC	YES	0=No	67
					1=Yes	

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Medicare Provider Indicator	1	A/N	ALL REC	YES	0=No	68
					1=Yes	
Child Health Plus (CHP) Provider Indicator	1	A/N	ALL REC	YES	0=No	69
					1=Yes	
HARP Indicator	1	A/N	ALL REC	YES	0=No	70
		`			1=Yes	
Medicaid Advantage Indicator	1	A/N	ALL REC	YES	0=No	71
					1=Yes	
Partial CAPS Indicator	1	A/N	ALL REC	YES	0=No	72
					1=Yes	
MAP Indicator	1	A/N	ALL REC	YES	0=No	73
					1=Yes	
PACE Indicator	1	A/N	ALL REC	YES	0=No	74
					1=Yes	
FIDA Indicator	1	A/N	ALL REC	YES	0=No	75
					1=Yes	
NYSOH Standard Essential Plan (EP) Indicator	1	A/N	ALL REC	YES	0=No	76
					1=Yes	
NYSOH EP Plus Adult Vision/Dental Indicator	1	A/N	ALL REC	YES	0=No	77
					1=Yes	
Commercial Non-MCO Medical Indicator 1	1	A/N	ALL REC	YES	0=No	78
					1=Yes	
Commercial Non-MCO Vision Indicator 1	1	A/N	ALL REC	YES	0=No	79
					1=Yes	
Commercial Non-MCO Dental Indicator 1	1	A/N	ALL REC	YES	0=No	80

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
					1=Yes	
Commercial Panel Status	1	A/N	ALL COMM. PCPs	YES	1=Open to all new and existing	81
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
Medicaid Panel Status	1	A/N	ALL MED & SNP PCPs, & OB/GYNs	YES	1=Open to all new and existing	82
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
Medicare Panel Status	1	A/N	ALL Medicare PCPs	YES	1=Open to all new and existing	83
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
CHP Panel Status	1	A/N	ALL CHP PCPs	YES	1=Open to all new and existing	84
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
Filler	1	A/N	ALL REC	YES		N/A
Medicaid Advantage Panel Status	1	A/N	ALL MA ADVAN PCPs	YES	1=Open to all new and existing	85
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
Partial CAPS Panel Status	1	A/N	ALL PARTIAL CAPS PCPs	YES	1=Open to all new and existing	86
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
MAP Panel Status	1	A/N	ALL MAP PCPs	YES	1=Open to all new and existing	87
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
PACE Panel Status	1	A/N	ALL PACE PCPs	YES	1=Open to all new and existing	88
					2=Open to existing only	

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
					3=Closed	
					9=NA (for non-PCPs)	
FIDA Panel Status	1	A/N	ALL FIDA PCPs	YES	1=Open to all new and existing	89
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
NYSOH Standard Essential Plan (EP) Panel Status	1	A/N	ALL REC	YES	1=Open to all new and existing	90
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
NYSOH EP Plus Adult Vision/Dental Panel Status	1	A/N	ALL REC	YES	1=Open to all new and existing	91
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
Filler	1	A/N	ALL REC	YES	Space-filled	N/A
Filler	1	A/N	ALL REC	YES	Space-filled	N/A
Filler	3	N	ALL REC	YES	Space-filled	N/A
Commercial Panel Size	5	N	ALL COMM. PCPs	YES	Total Covered commercial members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	92
Medicaid Panel Size	5	N	ALL MED & SNP REC	YES	Total Covered Medicaid members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	93
Medicare Panel Size	5	N	ALL Medicare PCPs	YES	Total Covered Medicare members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	94
CHP Panel Size	5	N	ALL CHP PCPs	YES	Total Covered CHP members assigned to this provider at your managed care plan. Zero-fill to the	95

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
					left, 99999=Not Applicable (for non-PCPs)	
Filler	4	N	ALL REC	YES	Space-filled	N/A
Medicaid Advantage Panel Size	5	N	ALL MA Advan. PCPs	YES	Total Covered Medicaid Advantage members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	96
Partial CAPS Panel Size	5	N	ALL Partial CAPS PCPs	YES	Total Covered Partial CAPS members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	97
MAP Panel Size	5	N	ALL MAP PCPs	YES	Total Covered MAP members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	98
PACE Panel Size	5	N	ALL PACE PCPs	YES	Total Covered PACE members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	99
FIDA Panel Size	5	A/N	ALL FIDA PCPs	YES	Total Covered FIDA members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	100
NYSOH Standard Essential Plan (EP) Panel Size	5	A/N	ALL NYSOH Standard EP PCPs	YES	Total Covered Standard EP members assigned to this provider at your health plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	101
NYSOH EP Plus Adult Vision/Dental Panel Size	5	A/N	ALL NYSOH EP Plus Adult Vision/Dental PCPs	YES	Total Covered EP plus Adult Vision & Dental members assigned to this provider at your health plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	102
Fax Area Code	A/N-3	A/N	Optional	NO		103
Fax Number	A/N-7	A/N	Optional	NO	Do not include hyphens	104
Filler	12	N	ALL REC	YES	Space-filled	N/A

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Hospital Affiliation (HA) Operating Certificate (OPCERT) #1	8/9	A/N	ALL PCPs & OB/GYNs Optional for the others	YES	See Operating Facility codes 99999999=Not Applicable (for non-PCP, non-OB/GYN)	105
HA Permanent Facility Identifier (PFI) #1	6	A/N	ALL PCPs & OB/GYNs Optional for the others	YES	Corresponds to HA OPCERT #1	106
Hospital Affiliation (HA) Operating Certificate (OPCERT) #2	8/9	A/N	ALL PCPs & OB/GYNs Optional for the others	NO	See Operating Facility codes 99999999=Not Applicable (for non-PCP, non-OB/GYN)	105
HA Permanent Facility Identifier (PFI) #2	6	A/N	ALL PCPs & OB/GYNs Optional for the others	NO	Corresponds to HA OPCERT #2	106
Hospital Affiliation (HA) Operating Certificate (OPCERT) #3	8/9	A/N	ALL PCPs & OB/GYNs Optional for the others	NO	See Operating Facility codes 99999999=Not Applicable (for non-PCP)	105
HA Permanent Facility Identifier (PFI) #3	6	A/N	ALL PCPs & OB/GYNs Optional for the others	NO	Corresponds to HA OPCERT #3	106
Provider Location Facility Operating Number	8/9	A/N	ALL PCPs	NO		107
Provider Location Permanent Facility Identifier (PFI)	6	A/N	ALL PCPs	NO	For PCPs only See Operating Facility Codes	108
OFFICE HOURS						
Total Office Hours	3	A/N	MED & SNP PCPs Only	YES	Enter the average hours worked per week during the submission period. Non-PCPs zero-fill	109
After Hours Indicator	1	A/N	MED & SNP REC PCPs Only	YES	0=No	110
					1=Yes	
					9=Not Applicable	
LANGUAGES						
Language 1	3	A/N	MED & SNP PCPs Only	YES	See Appendix VI	111

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Language 2	3	A/N	MED & SNP PCPs Only	YES	See Appendix VI	111
Language 3	3	A/N	MED & SNP PCPs Only	YES	See Appendix VI	111
Language 4	3	A/N	MED & SNP PCPs Only	YES	See Appendix VI	111
Language 5	3	A/N	MED & SNP PCPs Only	YES	See Appendix VI	111
Language 6	3	A/N	MED & SNP PCPs Only	YES	See Appendix VI	111
Language 7	3	A/N	MED & SNP PCPs Only	YES	See Appendix VI	111
CONTACT INFO						
Area Code	3	A/N	ALL REC	YES		112
Phone Number	7	A/N	ALL REC	YES	Do not include hyphen	113
Provider Email Address	256	A/N	ALL REC	YES	Enter valid email address	114
Federal Employer Identification Number (FEIN)	9	A/N	ALL REC	YES	9 digits. Do not include hyphen	115
EXCHANGE PRACTICE						
NYSoH Medical Network Indicator 1	1	A/N	ALL REC	YES	0=No	116
					1=Yes	
NYSoH Medical Network Indicator 2	1	A/N	ALL REC	YES	0=No	116
					1=Yes	
NYSoH Medical Network Indicator 3	1	A/N	ALL REC	YES	0=No	116
					1=Yes	
NYSoH Medical Network Indicator 4	1	A/N	ALL REC	YES	0=No	116
					1=Yes	
NYSoH Medical Network Indicator 5	1	A/N	ALL REC	YES	0=No	116
					1=Yes	
NYSoH Medical Network Indicator 6	1	A/N	ALL REC	YES	0=No	116
					1=Yes	
NYSoH Medical Network Indicator 7	1	A/N	ALL REC	YES	0=No	116
					1=Yes	

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSoH Medical Network Indicator 8	1	A/N	ALL REC	YES	0=No	116
					1=Yes	
NYSoH Medical Network Indicator 9	1	A/N	ALL REC	YES	0=No	116
					1=Yes	
NYSoH Dental Network Indicator 1	1	A/N	ALL REC	YES	0=No	117
					1=Yes	
NYSoH Dental Network Indicator 2	1	A/N	ALL REC	YES	0=No	117
					1=Yes	
NYSoH Dental Network Indicator 3	1	A/N	ALL REC	YES	0=No	117
					1=Yes	
NYSoH Dental Network Indicator 4	1	A/N	ALL REC	YES	0=No	117
					1=Yes	
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Commercial Non-MCO Medical Indicator 2	1	A/N	ALL REC	YES	0=No	78
					1=Yes	
Commercial Non-MCO Medical Indicator 3	1	A/N	ALL REC	YES	0=No	78
					1=Yes	
Commercial Non-MCO Medical Indicator 4	1	A/N	ALL REC	YES	0=No	78
					1=Yes	
Commercial Non-MCO Medical Indicator 5	1	A/N	ALL REC	YES	0=No	78
					1=Yes	

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment		Page#
Commercial Non-MCO Medical Indicator 6	1	A/N	ALL REC	YES	0=No	1=Yes	78
Commercial Non-MCO Medical Indicator 7	1	A/N	ALL REC	YES	0=No	1=Yes	78
Commercial Non-MCO Medical Indicator 8	1	A/N	ALL REC	YES	0=No	1=Yes	78
Commercial Non-MCO Vision Indicator 2	1	A/N	ALL REC	YES	0=No	1=Yes	78
Commercial Non-MCO Vision Indicator 3	1		ALL REC	YES	0=No	1=Yes	79
Commercial Non-MCO Vision Indicator 4	1	A/N	ALL REC	YES	0=No	1=Yes	79
Commercial Non-MCO Vision Indicator 5	1		ALL REC	YES	0=No	1=Yes	79
Commercial Non-MCO Vision Indicator 6	1	A/N	ALL REC	YES	0=No	1=Yes	79
Commercial Non-MCO Dental Indicator 2	1		ALL REC	YES	0=No	1=Yes	80
Commercial Non-MCO Dental Indicator 3	1	A/N	ALL REC	YES	0=No	1=Yes	80
Commercial Non-MCO Dental Indicator 4	1		ALL REC	YES	0=No	1=Yes	80

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Commercial Non-MCO Dental Indicator 5	1	A/N	ALL REC	YES	0=No 1=Yes	80
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
NYSoH Medical Network 1 Panel Status	1	A/N	ALL REC	YES	1=Open to all new and existing	118
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
NYSoH Medical Network 2 Panel Status	1	A/N	ALL NYSoH QHP PCPs	YES	1=Open to all new and existing	118
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
NYSoH Medical Network 3 Panel Status	1	A/N	ALL NYSoH QHP PCPs	YES	1=Open to all new and existing	118
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
NYSoH Medical Network 4 Panel Status	1	A/N	ALL NYSoH QHP PCPs	YES	1=Open to all new and existing	118
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
NYSoH Medical Network 5 Panel Status	1	A/N	ALL NYSoH QHP PCPs	YES	1=Open to all new and existing	118
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
	1	A/N	ALL NYSoH QHP PCPs	YES	1=Open to all new and existing	118

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSoH Medical Network 6 Panel Status					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
NYSoH Medical Network 7 Panel Status	1	A/N	ALL NYSoH QHP PCPs	YES	1=Open to all new and existing	118
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
NYSoH Medical Network 8 Panel Status	1	A/N	ALL NYSoH QHP PCPs	YES	1=Open to all new and existing	118
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
NYSoH Medical Network 9 Panel Status	1	A/N	ALL NYSoH QHP PCPs	YES	1=Open to all new and existing	118
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
NYSoH Medical Network 1 Panel Size	5	A/N	ALL NYSoH QHP PCPs	YES	Total Covered NYSoH Medical QHP Product members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	119
NYSoH Medical Network 2 Panel Size	5	A/N	ALL NYSoH QHP PCPs	YES	Total Covered NYSoH Medical QHP Product members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	119
NYSoH Medical Network 3 Panel Size	5	A/N	ALL NYSoH QHP PCPs	YES	Total Covered NYSoH Medical QHP Product members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	119
NYSoH Medical Network 4 Panel Size	5	A/N	ALL NYSoH QHP PCPs	YES	Total Covered NYSoH Medical QHP Product members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	119
NYSoH Medical Network 5 Panel Size	5	A/N	ALL NYSoH QHP PCPs	YES	Total Covered NYSoH Medical QHP Product members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	119
NYSoH Medical Network 6 Panel Size	5	A/N	ALL NYSoH QHP PCPs	YES	Total Covered NYSoH Medical QHP Product members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	119
NYSoH Medical Network 7 Panel Size	5	A/N	ALL NYSoH QHP PCPs	YES	Total Covered NYSoH Medical QHP Product members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	119

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSoH Medical Network 8 Panel Size	5	A/N	ALL NYSoH QHP PCPs	YES	Total Covered NYSoH Medical QHP Product members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	119
NYSoH Medical Network 9 Panel Size	5	A/N	ALL NYSoH QHP PCPs	YES	Total Covered NYSoH Medical QHP Product members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	119
Telehealth Indicator	1	N	ALL REC	YES	1= Yes 0= No 9= Unknown (Blanks will be converted to 9)	120
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
Filler	1	N	ALL REC	YES	Space filled	NA
SIP-PL Indicator	1	A/N	ALL REC	YES	0=No	121
					1=Yes	
SIP-PL Panel Status	1	A/N	ALL SIP_PL PCPs	YES	1=Open to all new and existing	122
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
SIP-PL Panel Size	5	N	ALL SIP_PL PCPs	YES	Total Covered SIP-PL Product members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	123
FIDA IDD Indicator	1	A/N	ALL REC	YES	0=No	124
					1=Yes	
FIDA IDD Panel Status	1	A/N	ALL FIDA IDD PCPs	YES	1=Open to all new and existing	
					2=Open to existing only	125

Description/ Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
					3=Closed	
					9=NA (for non-PCPs)	
FIDA IDD Panel Size	5	A/N	ALL FIDA IDD PCPs	YES	Total Covered FIDA IDD members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	126
HARP Panel Status	1	A/N	ALL REC	YES	1=Open to all new and existing	127
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
HARP Panel Size	5	A/N	ALL HARP PCPs	YES	Total Covered HARP members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	128
HIV SNP Indicator	1	N	All REC	YES	0=No

1=Yes | 129 |
HIV SNP Panel Status	1	A/N	ALL REC	YES	1=Open to all new and existing	130
					2=Open to existing only	
					3=Closed	
					9=NA (for non-PCPs)	
HIV SNP Panel Size	5	A/N	ALL HIV SNP PCPs	YES	Total Covered HIV SNP members assigned to this provider at your managed care plan. Zero-fill to the left, 99999=Not Applicable (for non-PCPs)	131
Site National Provider Identifier (NPI)	10	A/N	ALL REC	YES	10 digits only. If NA then enter 9999999999	132

Provider Network Data System

III. ANCILLARY/SERVICE CENTERS
DETAILED RECORD FORMAT

III. ANCILLARY/SERVICE CENTERS DETAILED RECORD FORMAT

KEY TO WHO SUBMITS
ALL REC=All Records
ALL Hosp and Clinics = All Hospitals ((Designated Service 011) and
(Designated Service 321, Article 28 Clinic))

KEY TO FORMAT
A = Alpha format only
N = Numeric format only Clinics
A/N = Alpha Numeric
(Numbers in text format)

Description/Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
LOCATION						
Site Name	150	A/N	ALL REC	YES	Office or professional building	134
Room or Suite Number	20	A/N	ALL REC	YES	If Not Applicable enter "NA"	135
Street Address	49	A/N	ALL REC	YES		136
Town/City	30	A/N	ALL REC	YES		137
State	2	A/N	ALL REC	YES		138
Borough/County	3	A/N	ALL REC	YES		139
Zip Code	5	A/N	ALL REC	YES		140
Zip Plus Four	4	A/N	ALL REC	YES		141
SERVICE						
Designated Service	3	A/N	ALL REC	YES	See attached codes	142
Number of Providers at Service Center	5	N	ALL REC	NO		143
National Provider Identifier (NPI)	10	A/N	ALL REC	YES	10 digits only	144
License Number/Facility Operating Cert.	8/9	A/N	ALL REC	YES	If Applicable to Service Provider	146
Permanent Facility Identifier	6	A/N	ALL REC	YES	If Applicable to Service Provider	148
Medicaid Provider Identification Number	8	A/N	ALL MED, HARP, CHP & SNP REC	YES	Provider Identification	149
Managed Care Plan's Facility ID	20	A/N	ALL REC	NO	Unique Provider Identification	150
Commercial Provider Indicator	1	A/N	ALL REC	YES		151
Medicaid Provider Indicator	1	A/N	ALL REC	YES		152
Medicare Provider Indicator	1	A/N	ALL REC	YES		153
Child Health Plus Indicator	1	A/N	ALL REC	YES		154
HARP Indicator	1	A/N	ALL REC	YES		155
Medicaid Advantage Indicator	1	A/N	ALL REC	YES		156
Partial CAPS Indicator	1	A/N	ALL REC	YES		157
MAP Indicator	1	A/N	ALL REC	YES		158

Description/Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
PACE Indicator	1	A/N	ALL REC	YES		159
FIDA Indicator	1	A/N	ALL REC	YES		160
NYSoH Standard Essential Health Plan (EP) Indicator	1	A/N	ALL REC	YES		161
NYSoH EP Plus Adult Vision/Dental Indicator	1	A/N	ALL REC	YES		162
Commercial Non-MCO Medical Indicator 1	1	A/N	ALL REC	YES	0=No 1=Yes	163
Filler	1	A/N	ALL REC	YES		N/A
PHONE						
Area Code	3	A/N	ALL REC	YES		164
Phone Number	7	A/N	ALL REC	YES	Do not include hyphen	165
ADDITIONAL SERVICES						
Service 1	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 2	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 3	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 4	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 5	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 6	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 7	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 8	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 9	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 10	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 11	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 12	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 13	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 14	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 15	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 16	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 17	3	A/N	All Hosp & Clinics	YES	See Appendix	166

Description/Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Service 18	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 19	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 20	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 21	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 22	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 23	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 24	3	A/N	All Hosp & Clinics	YES	See Appendix	166
Service 25	3	A/N	All Hosp & Clinics	YES	See Appendix	166
EXCHANGE SERVICE						
NYSoH Medical Network Indicator 1	1	A/N	ALL REC	YES	0=No 1=Yes	168
NYSoH Medical Network Indicator 2	1	A/N	ALL REC	YES	0=No 1=Yes	168
NYSoH Medical Network Indicator 3	1	A/N	ALL REC	YES	0=No 1=Yes	168
NYSoH Medical Network Indicator 4	1	A/N	ALL REC	YES	0=No 1=Yes	168
NYSoH Medical Network Indicator 5	1	A/N	ALL REC	YES	0=No 1=Yes	168
NYSoH Medical Network Indicator 6	1	A/N	ALL REC	YES	0=No 1=Yes	168
NYSoH Medical Network Indicator 7	1	A/N	ALL REC	YES	0=No 1=Yes	168
NYSoH Medical Network Indicator 8	1	A/N	ALL REC	YES	0=No 1=Yes	168
NYSoH Medical Network Indicator 9	1	A/N	ALL REC	YES	0=No 1=Yes	168
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Commercial Non-MCO Medical Indicator 2	1	A/N	ALL REC	YES	0=No 1=Yes	163

Description/Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Commercial Non-MCO Medical Indicator 3	1	A/N	ALL REC	YES	0=No 1=Yes	163
Commercial Non-MCO Medical Indicator 4	1	A/N	ALL REC	YES	0=No 1=Yes	163
Commercial Non-MCO Medical Indicator 5	1	A/N	ALL REC	YES	0=No 1=Yes	163
Commercial Non-MCO Medical Indicator 6	1	A/N	ALL REC	YES	0=No 1=Yes	163
Commercial Non-MCO Medical Indicator 7	1	A/N	ALL REC	YES	0=No 1=Yes	163
Commercial Non-MCO Medical Indicator 8	1	A/N	ALL REC	YES	0=No 1=Yes	163
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
Filler	1	A/N	ALL REC	YES	Space filled	N/A
SIP-PL Indicator	1	A/N	ALL REC	YES	0=No 1=Yes	169
FIDA IDD Indicator	1	A/N	ALL REC	YES	0=No 1=Yes	170
HIV SNP Indicator	1	N	All REC	YES	0=No 1=Yes	171

Description/Field Name	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Servicing County Code 1	3	N	ALL REC	YES	If NA then enter 999	172
Servicing County Code 2	3	N	ALL REC	YES	If NA then enter 999	172
Servicing County Code 3	3	N	ALL REC	YES	If NA then enter 999	172
Servicing County Code 4	3	N	ALL REC	YES	If NA then enter 999	172
Servicing County Code 5	3	N	ALL REC	YES	If NA then enter 999	172
OASAS PRU	10	A/N	All REC	YES	If NA then leave blank	174
OASAS Provider Number	10	A/N	All REC	YES	If NA then leave blank	176
OMH ID	10	A/N	All REC	YES	If NA then leave blank	178

Provider Network Data System

IV. PHYSICIAN AND OTHER PROVIDERS
ELEMENT DESCRIPTIONS

Data Element Name: Last Name   **Required For:** Identification

Format - Length: A-25   **Layout Field Location:** A

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The last name of an individual provider contracted with the health plan to provide services to enrollees.

Edit Applications:

1.　　Last name is a critical data element. An entry for last name must be on the record in order for the record to be accepted.

2.　　Must be left justified.

Example:

1.　　Dr. Allan Smith is a Pediatrician. The last name "Smith" should be entered in this field. There is no need for spacing.

Data Element Name: First Name   **Required For:** Identification

Format - Length: A-25   **Layout Field Location:** B

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The first name of an individual provider contracted with the health plan to provide services to enrollees.

Edit Applications:

1.   The first name is a critical data element. An entry for first name must be on the record in order for the record to be accepted.

2.   If in the rare instance a provider does not have a first name, 'NONAME' should be entered in the first name data field.

3.   Must be left justified.

Example:

1.   Dr. Allan Smith is a Pediatrician. The first name "Allan" should be entered in this field. There is no need for spacing.

Data Element Name: National Provider Identifier (NPI)　　**Required For:** Identification

Format - Length: A/N-10　　**Layout Field Location:** C

Version Number\Effective Date: 6.5 – Feb 2010

Definition:

The National Provider Identifier (NPI) is a unique identification number for covered health care providers. The Federal Government mandated the use of only NPI for electronic healthcare transactions. The NPI number is issued under the direction of the Centers for Medicare & Medicaid Services (CMS). Unless exempt from NPI, all health plans must report the NPI of all their participating providers during the quarterly or annual Provider Network Data submission. For additional information on NPI, visit www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/

Edit Applications:
1.　　Must be a valid National Provider Identifier (NPI) number. The NPI is a 10-position numeric identifier (10-digit number).

2.　　This is a critical data element. An entry must be made for every participating provider record for the record to be accepted. Do not leave blank.

3.　　The NPI is validated for each record on the entire submission. If your submission's NPI error percentage is higher than the allowable threshold of 5%, your entire submission will be rejected.

4.　　For providers who have not received an NPI, please enter "9999999999". Do not leave blank.

5.　　For providers exempt from NPI, you should enter "8888888888" and provide documentation of the exempt status. Do not leave blank.

6.　　Site NPI will cause a hard error. Only submit an individual provider NPI in this field.

Example:

1.　　Dr. Kehinde participates in Medicaid & HIV SNP and his NPI is 0987654321. Enter "0987654321" in this field.

2.　　Dr. Betty participates in Commercial & Child Health Plus and her NPI is 1224445655. Enter "1224445655" in this field.

3.　　Dr. Kathy participates in Medicaid, HIV SNP, Commercial & Child Health Plus but has not yet received an NPI. Enter "9999999999" in this field. Do not leave blank.

4.   Heather Rose, CNM participates in Medicaid, HIV SNP, Commercial & Child Health Plus but exempt from NPI. Enter "8888888888" in this field and provide documentation.

Data Element Name: License Number	**Required For:** Identification
Format - Length: A/N-6	**Layout Field Location:** D
Version Number\Effective Date: 1 – Dec. 1996	**Revision Date:** 8– Jul. 2017

Definition:

The professional license number is issued by the NYS Department of Education. It is used to assure that the health care providers are licensed to practice. Non-New York State licensed providers may be submitted with '999999' in the license number field.

Edit Applications:

1. Must be a valid professional license number issued by the New York State Department of Education. There are ONLY numbers 0-9 in a valid license number. The number must be right justified.

2. This is a critical data element. Do not leave blank.

3. The license number is validated for each record on the entire submission. If more than the allowable threshold of the entire submission does not have a valid license number, the entire submission will be rejected.

4. For non-licensed providers, including non-licensed Counselors (provider type = 15) and non-licensed Social Workers (provider type = 16), you should enter "888888" for license number.

Example:

1. For a single record: A provider whose license number is "3619" should zero-fill to the left (right justify the number), thus "003619" should be entered. **The license number for this individual will be validated for his/her profession (physician, nurse practitioner, dentist, etc.) using the first three digits of the last name.**
2. For the entire submission: If you submit 5,000 provider records and 4,900 have a valid license number, the entire submission will pass to the second phase of the edit process (i.e., each data element will be checked individually.) If only 4,895 records were valid (97.9%), the entire submission will fail and not proceed to the second phase of the edit process.
3. If your managed care plan contracts with an individual provider, you are responsible for assuring that this provider is licensed to practice in New York State. If your managed care plan contracts with a service facility such as a clinic, nursing home, or home health care agency, you are not required to report the individual providers (who are paid employees of the facility) on the provider file. You may request that your contracted clinic or vendor supply them to you, but must submit the service facility name and required information in the ancillary/service file.

Data Element Name: Medicaid Provider ID (MMIS)	**Required For:** Identification
Format - Length: A/N-8	**Layout Field Location:** E
Version Number\Effective Date: 1 – Dec. 1996	**Revision Date:** 10.0 –Aug 2020

Definition:

The Medicaid Provider Identification number is an 8-digit number (MMIS ID) assigned to an individual or service facility, for identification purposes. The MMIS ID is assigned to an individual provider or service facility at the time of enrollment in the fee-for-service Medicaid Program (i.e., the provider has been approved to submit claims to the NYS Medicaid Program). Historically, an individual provider who did not participate in the fee-for-service Medicaid program, but who was a member of a managed care network serving Medicaid recipients would be assigned a MEDS ID, which was needed for the Medicaid Encounter Data System and was a non-billable Medicaid identifier. As of 2018, the 21st Century Cures Act requires all Medicaid Managed Care and Children's Health Insurance Program network providers to be enrolled with the State fee-for-service Medicaid program. In the PNDS, this data element is referring only to the MMIS assigned to an individual provider.

Edit Applications:

1. MMIS Provider ID is a unique 8-digit number. The MMIS Provider ID is assigned to the individual provider. It must be a valid entry.

2. **This is a critical data element. Do not leave blank.**

3. The MMIS is validated for each record that contains a provider type 01, 02, 03, 05, 06, 08, 09, 10, 12, 14, 18, 19, 23, 30, 50, 60, 61, 62, 71, or 78 and contains one or more of the Medicaid product indicators.

4. This validation edit is processed by comparing the submitted MMIS ID to Medicaid Provider Enrollment (reference data). If no match is found, a Part A error will occur. If a match is found, but the submitted NPI-MMIS combination does not match the reference data's NPI-MMIS combination, a Part B error will occur.

5. Fill in "99999999" for providers that are Commercial.

Example:

1. A provider's Medicaid Provider ID is "00085801". This number should be entered in this element. The Medicaid Provider ID is always 8 digits; zero padding optional.

Data Element Name: Managed Care Plan Provider ID   **Required For:** Identification

Format - Length: A/N-20   **Layout Field Location:** F

Version Number\Effective Date: 2.0 – Oct. 1997

Definition:

The Managed Care Plan (MCP) Provider ID number refers to the internal coding of the provider used by the managed care plan. This data element is for the purpose of matching to internal computer systems, used by managed care plans. If your managed care plan does not have an internal coding scheme, you DO NOT have to create one for this data element. This is an optional element requested by some managed care plans.

Edit Application:

1.   None. This is an optional data element for the use of individual managed care plans.

2.   You may leave this data element blank or zero-fill if you do not intend to use.

Example:

1.   Managed care plan XYZ has an internal identification process for their providers. Dr. White, an ophthalmologist, who started working for XYZ in March 1990 is coded as: "WH762932OP390". This code would be entered for Dr. White in the MCP's Provider ID Number.

Data Element Name: Provider's Site Name

Required For: Location

Format - Length: A-150

Layout Field Location: G

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The Provider's Site Name is the office or professional building name of the location where the provider works. List each site separately.

Edit Applications:

1.   This is a critical data element. Do not leave blank.

2.   If the room or suite number does not fit in the appropriate record positions, additional information can be added to the site name field.

Example:

1.   Dr. Patrick Smith is located in the St. Luke's Professional Building. Therefore, "St. Luke's Professional Building" or some abbreviation of the building name should be given.

2.   Not all providers may have a site name. This data element is different from the "site name" data element on the service/ancillary data file. However, the site name on the provider file may be the same name as the contracted facility on the service center file if your plan is able to report the individual providers at the contracted facility on the provider file.

Data Element Name: Room or Suite Number   **Required For:** Location

Format - Length: A/N-20   **Layout Field Location:** H

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The room or suite number associated with the individual provider's address. Most often the room or suite number coincides with the providers who are located in an office or professional building. List each location separately.

Edit Applications:

1.   This is a critical data element. Do not leave blank.

2.   Room or suite number is a critical data element (implemented Quarter 1, 2009). An entry for room or suite number must be on the record in order for the record to be accepted.

2.   Room or suite number information should never go in the street address field. If the room or suite number does not fit in the appropriate record positions, additional information can be added to the site name field.

3.   If Not Applicable enter "NA".

Example:

1.   Dr. Patrick Smith is located in Suite 610 of the St. Luke's Professional Building. The entry for this data element would be "Suite 610" or "Room 610" (other location information could be entered: e.g., floor, wing, etc.).

Data Element Name: Street Address	**Required For:** Location
Format - Length: A/N-49	**Layout Field Location:** I
Version Number\Effective Date: 1 – Dec. 1996	**Revision Date:** 9.0 – May 2019

Definition:

The street number and street name associated with the individual provider's location. If the provider has more than one location, each location should be listed separately.

Edit Applications:

1.   This is a critical data element. Do not leave blank.

2.   Should never include room or suite number.

3.   Must be left justified.

4.   PO Box is not acceptable as a valid street address. Submitting a PO box in this field will result in a hard error.

Example:

1.   Dr. Josberger is located at 95-27 Western Blvd would be entered as "95-27 Western Boulevard".

2.   Dr. Miller is located at 329 West Seventh Street would be entered as "329 West 7th Street".

3.   Dr. Tanner is located at 1646 Third Street would be entered as "1646 3rd Street".

Data Element Name: Town/City

Required For: Location

Format Length: A/N-30

Layout Field Location: J

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The name of the town or city associated with the office address of the provider; most often this is the town/city designation given by the U.S. Postal Service. When the town/city location of the office is not the same as the mailing address; use the mailing address. There should be one record for each provider location.

Edit Applications:

1.   This is a critical data element. Do not leave blank.

2.   Must be left justified.

Example:

1.   Dr. Smith's office is located in North Greenbush, NY. His mailing address is Rensselaer, NY. Dr. Smith's town/city should be entered as "Rensselaer".

2.   Dr. Baker's office is located in New York City. This is located in the Bronx. The Post Office recognizes the Bronx as the town/city designation address. Enter "Bronx" for the Town/City.

Data Element Name: State	**Required For:** Location
Format - Length: A/N-2	**Layout Field Location:** K
Version Number\Effective Date: 1 – Dec. 1996	**Revision Date:** 6.0 – Dec. 2001

Definition:

The name of the state in which the provider is located. These providers must be under contract to serve New York State residents.

Edit Applications:

1.   Must be a valid state code.

2.   Should be a valid U.S. Postal Service state code.
         "NY" - New York
         "PA" – Pennsylvania
         "VT" – Vermont
         "CT" – Connecticut
         "NJ" - New Jersey

3.   This is a critical data element. Do not leave blank.

Example:

1.   Dr. Smith has one office in New York and another office in Pennsylvania. There should be one record with the state of "NY" and another separate record for Dr. Smith that has his Pennsylvania address and the state as "PA".

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Data Element Name: Borough/County Code

Required For: Location

Format - Length: A/N-3

Layout Field Location: L

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The federal government has identified a code for each county in the United States. The Federal Information Processing Standards (FIPS) code is a five-digit code for each county. We are using the last three digits of the FIPS code to distinguish the counties for the provider.

Edit Application:

1.   Must be a valid NYS county code (FIPS). This is a critical data element. Do not leave blank.

2.   Must be right justified. Zero padding is optional.

Example:

1.   Dr. Roohan's office is located in Orange County. The FIPS code for Orange County is "071"; this code/number should be entered in the appropriate positions for the Borough/County Code.

Data Element Name: Zip Code   **Required For:** Location

Format - Length: A/N-5   **Layout Field Location:** M

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The zip code associated with the provider's mailing address. The zip code is assigned by the United States Postal Service for the location of the provider's office. There should be one record for each provider location.

Edit Applications:

1.   Must be a valid zip code.

2.   Must be right justified. Zero padding optional.

3.   This is a critical data element. Do not leave blank.

Example:

1.   Dr. Smith's zip code is "14792"; this should be entered in the appropriate positions for the zip code.

Data Element Name: Zip Plus Four   **Required For:** Location

Format - Length: A/N-4   **Layout Field Location:** N

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The Zip Plus Four Code associated with the provider's mailing address. The Zip Plus Four Code is assigned by the U.S. Postal Service for the location of the provider's office. There should be one record for each provider location.

Edit Applications:

1.   Should be a valid Zip Plus Four Code.

2.   Must be right justified. Zero padding is optional.

Example:

1.   Dr. Smith's Zip Plus Four Code is "14742-0012"; the Zip Plus Four Code "0012" should be entered in the correct position on the file layout.

Data Element Name: Wheel Chair Accessibility   **Required For:** Location

Format - Length: A/N-1   **Layout Field Location:** O

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 6.0 – Dec. 2001

Definition:

Wheel chair accessibility is defined as the access available at a provider's location for disabled persons to obtain <u>unassisted</u> access to the office within the building under the Americans with Disabilities Act of 1990. Places of public accommodation are required to remove barriers to ensure access.

Further guidance can be found in the Americans with Disabilities Act of 1990 (ADA) and the Americans with Disabilities Act Accessibility Guidelines (ADAAG).

Edit Applications:

1.   Must use valid codes:
                0 = No
                1 = Yes

2.   Do not leave blank. This is a critical data element for **all payers**.

Example:

1.   Dr. Smith's (a Medicaid provider) office has a permanent wheel chair ramp. Therefore, "Yes" would be selected and a "1" would be entered in the correct position.

2.   Dr. Piddock, who serves both Commercial and Medicaid patients, is located in a historic building that is not permitted to alter the structure. Therefore," No" would be selected and "0" would be entered.

Data Element Name: Primary Designation   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** P

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 10.0 –Aug 2020

Definition:

Primary Care Provider (PCP) is defined as a provider with the following primary care specialties:

	Provider Type	Specialty Code
Family Practice	01, 12	050
General Practice	01, 12	776
Pediatrics	01, 12	150
Internal Medicine	01, 12	060
Nurse practitioner practicing under NYS laws	02	any of the above codes

Obstetrics/Gynecology as PCP
Some plans allow members to select an Ob/Gyn provider as their PCP. In addition to the four primary care specialties above, the PNDS will also accept codes 089 ('Obstetrics and Gynecology') and 169 ('Medicaid Obstetrical & Maternal Services Program') with primary designation 1 or 3. Refer to Table 1 for information on how primary care is counted for network adequacy.

Special Needs Plan (SNP) for HIV ONLY

For the purpose of defining a Primary Care Provider on the PNDS, the same coding scheme will be used for the HIV-SNP plans. Further clarifications can be obtained from the Division of HIV Health Care at (518) 486-1383.

Edit Application:

1.   Must use valid codes.
      1 = Primary Care Provider only
      2 = Specialist
      3 = PCP and Specialist (HIV-SNP plans should use this for PCPs that are HIV Specialists)

NOTE: HIV-SNP plans are allowed to use pediatricians that are not HIV Specialists. HIV-SNP PCPs that are HIV Specialists must use primary designation of "3" and the secondary specialty code of HIV Specialist ("303"). The above specialty codes, plus codes 061 ('Pediatric Infectious Disease'), 066 ('Infectious Disease'), and 249 ('Primary Care Provider who works with HIV patient' are allowable as primary specialty codes when submitted with secondary code 303. If an HIV-PCP Specialist has more than one specialty, another record, with a different specialty, must be entered for that provider.

2.　　Do not leave blank. This is a critical data element for all providers.

Exceptions to the above for ALL PLANS are:

　　　Specialist and Sub-Specialist Exception: Specialists and Subspecialists are permitted to serve as PCPs when it is considered medically appropriate and cost-effective. For purposes of the physician/provider data file, you should only use the primary designation for PCP and Specialist (primary designation code = "3") when a provider serves sixteen or more hours as a PCP. Use the Specialist Only code (primary designation code = "2") if the provider has less than sixteen hours of primary care.

　　　Shortage Area Exception: PCPs that are practicing in Shortage Areas (areas that are defined by the DOH as areas in need of Medicaid primary care physicians) may be excluded from the 16-hour requirement.

Under unique circumstances the State will waive the 16-hour requirement for a primary care provider (PCP) working with a Medicaid managed care plan. To request a formal waiver for a PCP, a letter must be submitted to:

<div align="center">

Medical Director
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza-720
Albany, NY 12237

</div>

The following information must be provided in the letter:

- Primary Provider's Name
- License Number
- Current Address requested for exception
- Current office hours

In addition, the request for a waiver should affirm the following information:

◆　The PCP is available at least eight (8) hours/week;

◆　The PCP is participating in a Health Provider Shortage Area (HPSA) or other similarly determined shortage area;

◆　The PCP is able to fulfill the responsibilities of a PCP;

◆　The waiver request must demonstrate there are systems in place to guarantee continuity of care and meet all access and availability standards, (24-hr/7-day week coverage, appointment availability, etc.).

Medical Resident Exception: Effective July 1998, medical residents are not permitted to be designated as Medicaid Primary Care Provider. They will not count toward the total number of Medicaid PCPs. For purposes of submitting on the PNDS, the Primary Designation should be used ("1"=PCP or "2"=Specialist) to indicate how the resident is participating.   Residents may be counted as participants in the care of enrollees as long as the following conditions are met.

1) A resident is part of a patient care team headed by a fully licensed and MCO credentialed attending physician serving patients in one or more training sites in an "up weighted" or "designated priority" residency program. Residents in a training program that was disapproved as a designated priority, solely due to the outcome measurement requirement for graduates, may be eligible to participate in such patient care teams.

2) Only attending physicians and nurse practitioners on the training team, NOT RESIDENTS, may be credentialed by the MCO and may be empaneled with enrollees. Enrollees must be assigned an attending physician or nurse practitioner to act as their PCP, though residents on the team may perform all or many of the visits for the enrollee as long as the majority of these visits are under the direct supervision of the enrollee's designated PCP. Enrollees have the right to request care by their PCP in addition or instead of being seen by a resident.

3) Residents may work with attending physicians and nurse practitioners to provide care to patients under the supervision of the patient's PCP. Patients must be made aware of the resident/attending relationship and be informed of their rights to be cared for directly by their PCP.

4) Residents eligible to be involved in a continuity relationship with patients must be available at least 20% of the total training time in the care setting and no less than 10% of training time in any training year must be in the setting. No fewer than nine (9) months a year must be spent in the continuity care setting.

5) Residents meeting these criteria provide increased Medicaid capacity for enrollment to their team according to the following formula:

PGY-1	300 per FTE
PGY-2	750 per FTE
PGY-4	1500 per FTE
PGY-3	1125 per FTE

Only hours spent routinely scheduled for patient care in the continuity training site may count as providing capacity and are based on 1.0 FTE=40 hours.

6) In order for a resident to provide continuity of care to an enrollee, both the resident and the attending PCP must have regular hours in the continuity site and must be scheduled to be in the site, together, the majority of the time.

7) A preceptor/attending is required to be present a minimum of sixteen (16) hours of combined precepting and direct patient care in the primary care setting to be counted as a team supervising PCP and accept an increased number of enrollees based upon the residents working on his/her team. Time spent in patient care activities at other clinical sites or in other activities off-site is not counted towards this requirement.

8) A 16-hour per week attending may have no more than four (4) residents on his/her team. Each attending spending twenty-four (24) hours per week in patient care/supervisory activity, at the continuity site, could have six (6) residents per team. Attendings spending 32 hours per week could have eight residents on their team. Two or more attendings may join together to form a larger team as long as the ratio of

attending to residents does not exceed 1:4 and all attendings comply with the sixteen (16) hour minimum.

9) Specialty consults must be performed or directly supervised by a MCO credentialed specialist. The specialist may be assisted by a resident or fellow.

10) Responsibility for the care of the enrollee remains with the attending physician. All attending/resident teams must provide adequate continuity of care, twenty-four (24) seven (7) day coverage and appointment and availability access which meets RFP standards.

11) Residents who do not qualify to act as continuity providers as part of an attending/resident team may still participate in the episodic care of enrollees as long as that care is under the supervision of an attending physician credentialed to a MCO. Such residents would not add to the capacity of that attending to empanel enrollees, however.

12) Nurse practitioners may not act as attending preceptors for resident physicians.

13) Enrollees must be granted access to the attending physician if they request an appointment with this individual.

Example:

1. Dr. Smith is a pediatrician. His primary designation would be "1".

2. Dr. Bones is a full-time Orthopedic Surgeon. His primary designation would be "2" for Specialist.

3. Sally Brown is a certified midwife. Her primary designation would be "2" for Specialist.

3. Dr. Lannon is an OB/GYN physician. His primary designation would be a "2" for Specialist.

5. Dr. Sawyer is licensed as an Internal Internist and Cardiologist. He works sixteen (16) hours a week or more in both capacities. His primary designation would be a "3".

6. Dr. McConnell is a second year resident enrolled in an "up-weighted" primary care program that has an attending physician. His primary designation would be a "1".

7. Dr. Guy is an HIV PCP Internal Medicine provider. He would be coded with a primary designation of "3", and would have code Primary Specialty of "060" and a secondary specialty of "303".

8. Dr. Phillips is a pediatrician who is not an HIV specialist working with an HIV-SNP. He should be coded as a primary designation as "1"; his primary code would be "150".

9. Dr. Nadler is an internal medicine, primary care provider, working in a managed long term care plan (MLTC). Her primary designation would be "1".

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Data Element Name: Provider Type   **Required For:** Practice

Format - Length: A/N-2   **Layout Field Location:** Q

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 10.0 –Aug 2020

Definition:

Provider type refers to the general degree and licensure received by the provider. Provider type is NOT the same as the category of service used in the Medicaid Encounter Data System (MEDS) and is coded differently in the Provider Network than by the State Education Department.

Edit Applications:

1. Must be a valid entry. Must be right justified. Zero padding is optional.

2. Do not leave blank. This is a critical data element for all providers.

3. Valid codes are in following table:

Provider Type	Code	Licensure	Degree (at a minimum)
Physician	01	Medicine	MD
	12	Medicine	DO (Doctor of Osteopathy)
Physician Assistant	23	Medicine	PA
Acupuncturist	20	Acupuncture	BS with training & experience
Audiologist	30	AUD or (A)	Audiology
Chiropractor	10	Chiropractic	DC (Doctor of Chiropractics)
Counselor	04	LSW (Licensed Social Worker)	MSW
	05	Clinical Psychologist (licensed)	Ph.D.
	14	Psychologist (licensed)	MS (Masters of Science)
	15	Counselor (non-licensed)	Bachelors
	16	Social Worker (non-licensed)	BSW or MSW (Master in Social Work)
	17	Mental Health Counselor (licensed)	Master or Doctoral Degree in Counseling
Dentist	08	Dentistry	DDS (Doctor of Dentistry)
	18	Dentistry	DMD (Doctor of Medical Dentistry)
	19	Dentistry	OMS (Oral and Maxillofacial Surgeon)
Dietician/ Nutritionist	40	CDN (Certified Dietician Nutritionist)	Associates with training & experience

Provider Type	Code	Licensure	Degree (at a minimum)
Registered Nurse	22	Nursing	RN
Nurse Practitioner	02	CNP (Certified Nurse Practitioner)	NP
Nurse Midwife	03	CNM (Certified Nurse Midwife)	Nursing Degree
	50	CM (Certified Midwife; not a nurse)	Program approved by NYS Ed. Dept.
Optometrist	06	Optometrist	OD (Doctor of Optometry)
Podiatrist	09	POD (Podiatry)	DPM
Therapist	60	PT (Physical Therapist)	Degree in appropriate field and licensure
	61	OT (Occupational Therapist)	Degree in appropriate field and licensure
	62	SLP (Speech and Language Pathologist)	Degree in appropriate field and licensure
	63	CFY (Clinical Fellowship Year)	Degree in appropriate field and licensure
	64	Respiratory Therapist (RT)	Degree in appropriate field and licensure
Applied Behavior Analyst	71	Licensed Behavior Analyst	Master's degree or higher in appropriate field and licensure
	78	Certified Behavior Analyst Assistant	Bachelor's degree or higher in appropriate field and licensure
Other	11		

Example:

1.   Dr. Smith is a Pediatrician. He received a Medical Degree to practice as a pediatrician. His provider type would be "01" for MD.

2.   Sally Brown is a certified nurse midwife. She received a registered professional nursing degree and a certificate in Nurse Midwifery (ACNM). Her provider type would be "03".

3.   Melody Bell received a license to practice as an Occupational Therapist (OT). She has completed an approved occupational therapy program satisfactory to the Department of Education. Her provider type would be "61".

4.   Elaine Weir is a registered nurse (RN). Her provider type would be '22'.

Data Element Name: Primary Specialty   **Required For:** Practice

Format - Length: A/N-3   **Layout Field Location:** R

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 6.0 – Dec. 2001

Definition:

Physicians and other providers are licensed or certified in select specialty fields. These providers contract with the managed care plan to provide specialty services. The codes used for this data element will distinguish what type of specialty the provider is practicing. The Primary Specialty should reflect the specialty in which the provider practices approximately 60% of his time.

Edit Applications:

1.   Codes must be valid. See Section VI for complete listing of codes.

2.   Do not leave blank. This is a critical data element for all providers.

3.   Zero padding is optional.

Example:

1.   Dr. Shields is a Plastic Surgeon. The primary specialty code to be used is "170".

2.   Dr. Gesten is an Internal Medicine Physician. The code for Internal Medicine is "060."

3.   Dr. Fahrenkopf is an Endodontist. The code for this specialty is "802".

4.   Dr. Dellehunt is a Psychiatrist. Depending upon the practice, the code for this is "191" for Child Psychiatrist or "192" for Adult Psychiatrist.

5.   A certified nurse midwife would be coded with a provider type code of '03' and a primary specialty code of "782".

Data Element Name: Secondary Specialty   **Required For:** Practice

Format - Length: A/N-3   **Layout Field Location:** S

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 6.0 – Dec. 2001

Definition:

See Primary Specialty. This uses the same codes and definition.

Edit Applications:

1.   If providers do not have a second specialty, enter "999".

2.   Not a critical data element.

3.   Must be right justified. Zero padding is optional.

Example:

1.   See Primary Specialty.

2.   If the provider's primary designation is "3" for a PCP/Specialist, a secondary specialty must be filled in. Do not use "999" as the secondary specialty.

Data Element Name: Board Status - Primary Specialty   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** T

Version Number\Effective Date: 1.0 - Oct. 1996   **Revision Date:** 4.0 - Oct. 1999

Definition:

The Board Status indicates the level of education/training completed towards a recognized medical specialty certificate.

Not Board Certified (code= "1"), refers to a physician who did not complete a residency program. A physician must take the board examination within specified time frame after completing the residency program. If the physician does not take the Boards within the appropriate time frame, they will no longer be considered board eligible. If this is the scenario, the provider should be coded as "1", not board certified. All current residents should be coded as "1".

Completed Residency Program (code= "2") refers to a physician who has met all the educational requirements for a certificate program with the following scenarios:

- Provider has completed their accredited residency program, but has yet to take the Boards

<div align="center">Or</div>

- Provider has completed their accredited residency program, but has not heard the results of their Boards

<div align="center">Or</div>

- Provider has completed their accredited residency program, but has not passed the Boards

<div align="center">Or</div>

- Provider has completed their accredited residency program, but does not plan on taking the Boards.

Board Certified (code= "3") refers to a physician who has passed all the requirements for the certificate. This includes people who are grandfathered.

No Board Certification Available (code= "4") is for physicians who have completed a fellowship or training program in a specialty field that does not have a recognized board certificate.

Not Applicable (code= "9") is for non-physicians.

Edit Applications:

1. Codes must be a valid code:

> 1=Not Board Certified - Residency <u>not</u> complete
> 2=Not Board Certified - Residency <u>complete</u>
> 3=Board Certified and/or grandfathered
> 4=No board certification available in this specialty
> 9=Not Applicable (use for non-physicians)

2. This data element is soft edit for all physicians, i.e., provider type of "01" (MD) or "12" (DO).

Example:

1. Dr. Mertz has completed all requirements for education and training. He has not taken his Boards. His board status equals "2".

NOTE: A Board Certified provider (code="3") should have a Residency Status "1", "2", "3", "4" if they are a current resident, "9" otherwise. Physicians licensed prior to the Board Certification process should be coded as "3" (grandfathered) according to HEDIS guidelines and for the purposes of coding on the PNDS system.

Data Element Name: Board Status - Secondary Specialty   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** U

Version Number\Effective Date: 1.0 – Oct. 1996   **Revision Date:** 4.0 – Oct. 1999

Definition:

The Board Status indicates the level of education/training completed towards a recognized medical specialty certificate.

Not Board Certified (code= "1"), refers to a physician who did not complete a residency program. A physician must take the board examination within specified time frame after completing the residency program. If the physician does not take the Boards within the appropriate time frame, they will no longer be considered board eligible. If this is the scenario, the provider should be coded as "1", not board certified. All current residents should be coded as "1".

Completed Residency Program (code= "2") refers to a physician who has met all the educational requirements for a certificate program with the following scenarios:

- Provider has completed their accredited residency program, but has yet to take the Boards

<div align="center">Or</div>

- Provider has completed their accredited residency program, but has not heard the results of their Boards

<div align="center">Or</div>

- Provider has completed their accredited residency program, but has not passed the Boards

<div align="center">Or</div>

- Provider has completed their accredited residency program, but does not plan on taking   the Boards.

Board Certified (code= "3") refers to a physician who has passed all the requirements for the certificate. This includes people who are grandfathered.

No Board Certification Available (code= "4") is for physicians who have completed a fellowship or training program in a specialty field that does not have a recognized board certificate.

Not Applicable (code= "9") is for non-physicians.

Edit Applications:

1.   Codes must be valid:
                1=Not Board Certified - Residency <u>not</u> complete
                2=Not Board Certified - Residency <u>complete</u>
                3=Board Certified and/or Grandfathered
                4=No board certification available in this specialty
                9=Not Applicable and if no secondary specialty exists (use for non-physicians)

2.   This data element is currently a soft edit for all physicians, i.e., provider type of "01" (MD)   or "12" (DO)

Example:

1.   Dr. Mertz has completed all requirements for education and training. He has not taken his Boards. His board status= "2".

NOTE: A Board Certified provider (code="3") should have a Residency Status "9" (non-resident). Physicians licensed prior to the Board Certification process should be coded as "2" (grandfathered) according to HEDIS guidelines and for the purposes of coding on the PNDS system.

Data Element Name: Resident's Attending Physician License No.   **Required For:** Practice

Format - Length: A/N-6   **Layout Field Location:** V

Version Number\Effective Date: 2.0 – Oct. 1997   **Revision Date:** 4.0 – Oct. 1999

Definition:

The resident's attending physician license number is the professional license number issued by the NYS Department of Education for the physician or preceptor that is associated with the resident in training. Every individual who is in a residency program should be assigned an attending physician. This applies to residents in post-graduate years of education years 1-8. All residents must have their attending physician's license number entered into this data element.

Edit Applications:

1.   This is a critical data element for records with "Residency Status" equal to "1", "2", "3", or "4". All other records must be zero-filled.

2.   This is a critical data element. Do not leave blank.

3.   Must be a valid professional license number issued by the New York State Department of Education.

4.   Zero padding is optional.

5.   For non-residents, zero-fill the data element.

Example:

1.   Dr. Smith is a pediatric resident in his post-graduate year 3 who is under the supervision of Dr. Alfred. Dr. Alfred has the license number of 234782; this number should be entered in the resident's attending physician license number.

NOTE: The preceptor/attending physician must have their own record on the file transmitted to the Department of Health. There may be no more than four residents per an attending physician who has sixteen (16) hours per week per location.

Data Element Name: Residency Status - for Primary Specialty   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** W

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 5.0 – Nov. 2000

Definition:

This data element is to be primarily used for persons CURRENTLY in a residency program.

As part of their education/license requirements physicians must complete a specified number of post-graduate (PG) years of additional on the job training. This variable refers to the providers currently in a training program. It does not need to be completed for a provider's residency training history, i.e., the highest level of training completed by a provider. PGY1 refers to post graduate year one. PGY2 refers to post graduate year two, etc. Residency status refers to the year of residency that a physician in training is currently enrolled.

Edit Application:

1. Codes must be valid:
   1=PGY1;
   2=PGY2;
   3=PGY3;
   4=PGY4-8+;
   9=Not Applicable (use for non-residents, i.e., physicians who have completed their residency, physicians not currently in a residency program, and other provider types.).

   This data element is only applicable to physicians who are not board certified and have not completed a residency program (Primary Board Status = "1"). For all other physicians, code as "9" = Not Applicable.

2. Do not leave blank. For all physicians, with a provider type equal to "01" or "12", you should complete the residency status. For physicians who are PCPs this is a **critical data element** and must be completed. For physicians who are Non-PCPs, primary designation is "2"; this is a soft error. (Edit modification July 1999)

3. For Residents that are acting as participants in the care of enrollees (i.e., not designated as PCPs) and who have been coded as a "1" or "3" in the primary designation field, they should have the corresponding appropriate sum of office hours. (The PGY1 and PGY2s who are acting as participants in the care of enrollees should have a total of eight (8) continuous office hours at one site to be a Primary Care Participant. PGY3 and above should have a total of twelve (12) continuous office hours at one site to be an active member of a patient care team(s) and a primary care participant.)

4. For Residency Status coded 1-4, the corresponding Board Status should be coded as "1"=not board certified.

Example:

1.   Dr. Rusk is currently in his second year of training as a behavioral pediatrician specialist. His residency status = "2".

2.   Dr. Anarella was in a three-year residency program in 1994. After two years of the program, he decided to stop. He is not in a current residency program. He should be coded as "9" = not currently in a residency program. (His Board Status for specialty would be coded as "1" = Not Board Certified).

Data Element Name: Residency Status - for Secondary Specialty   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** X

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 4.0 – Oct. 1999

Definition:

This data element is to be primarily used for persons CURRENTLY in a residency program. As part of their education/license requirements physicians must complete a specified number of post-graduate (PG) years of additional on the job training. This variable refers to the providers currently in a training program. It does not need to be completed for a provider's residency training history, i.e., the highest level of training completed by a provider. PGY1 refers to post graduate year one. PGY2 refers to post graduate year two, etc. Residency status refers to the year of residency that a physician in training is currently enrolled.

Edit Application:

1.   Codes must be valid:
              1=PGY1;
              2=PGY2;
              3=PGY3;
              4=PGY4-8+;
              9=Not Applicable (use for non-residents, i.e., physicians who have completed
              their residency, physicians not currently in a residency program, and other
              provider types).

       This data element is only applicable to physicians who are not board certified and have
       not completed a residency program (Primary Board Status = "1"). For all other
       physicians, code as "9" = Not Applicable.

2.   Do not leave blank. For all physicians, with a provider type equal to "01" or "12", you
       should complete the residency status. For physicians who are PCPs this is a soft error.
       For physicians who are Non-PCPs, primary designation is "2"; this is a soft error.

3.   For Residents that are acting as participants in the care of enrollees (i.e., not designated
       as PCPs) and who have been coded as "1" or "3" in the primary designation field, they
       should have the corresponding appropriate sum of office hours. (The PGY1 and PGY2s
       who are acting as participants in the care of enrollees should have a total of eight (8)
       continuous office hours at one site to be a Primary Care Participant. PGY3 and above
       should have a total of twelve (12) continuous office hours at one site to be an active
       member of a patient care team(s) and a primary care participant).

4.   For Residency Status coded 1-4, the corresponding Board Status should be coded as
       "1"=not board certified.

Example:

1.   Dr. Rusk is currently in his second year of training as a behavioral pediatrician specialist. His residency status = "2".

2.   Dr. Anarella was in a three-year residency program in 1994. After two years of the program, he decided to stop. He is not in a current residency program. He should be coded as "9" = not currently in a residency program. (His Board Status for specialty would be coded as "1" = Not Board Certified).

Data Element Name: Provider's Gender   **Required For:** Practice

Format - Length: N-1   **Layout Field Location:** Y

Version Number\Effective Date: 4.0 – Oct. 1999   **Revision Date:** 6.1 – July 2002

Definition:

The provider's gender.

Edit Applications:

1.   Should use valid codes:
                1=Male
                2=Female

2.   This is a critical data element. You may NOT leave this blank.

Example:

1.   Dr. Panagiotis Psalidas is male. Enter "1" in the data field for gender.

2.   Marylyn Monroe is an RN. Her gender code should be '2'.

Data Element Name: Physician Extenders (PCPs only)　　**Required For:** Practice

Format - Length: N-5　　**Layout Field Location:** Z

Version Number\Effective Date: 1.0 Dec. 1996　　**Revision Date:** 6.1 – Sep. 2004

Definition:

Physician Extenders are defined as individuals who are medical care professionals such as Physician Assistants (PAs) or Nurse Practitioners (NPs). They are supervised by and associated with a physician, and they extend the physicians" role as primary care providers within a limited scope of procedures. Primary care providers other than physicians should not have physician extenders.

The total number of PA and NP Full Time Equivalents (FTEs) associated with the PCP should be entered in this data element.

Edit Applications:

1.　　Do not leave blank. This is a critical data element for ALL PCPs. If the PCP does not have any physician extenders, enter zero (00.00).

2.　　For non-PCPs, "9 fill" the data element, for Not Applicable (99.99).

3.　　For PCP Nurse Practitioners, enter (99.99).

4.　　 Must be right justified. Zero padding is optional.

Example:

1.　　Dr. Dean has a full-time nurse practitioner on his staff (the nurse practitioner's not serving as a PCP). He also has a physician assistant who works thirty (30) hours a week. The total FTE count for Dr. Dean is 1.75; one full-time and one part-time employee. The FTE entry would be "01.75".

2.　　Dr. Hu does not have any physician extenders as defined above. He has an LPN on his staff. The FTE entry would be "00.00".

3.　　Dr. Fohl has a nurse practitioner (who is not serving as a PCP) that works twenty (20) hours each week. The FTE entry would be "00.50".

Data Element Name: Commercial Provider Indicator   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AA

Version Number\Effective Date: 2.0-Oct. 1997   **Revision Date:** 5.0 – Nov. 2000

Definition:

The Commercial Provider Indicator is used to determine if a provider (PCP and/or Specialist) serves Commercial members of the managed care plan. The Commercial members that the provider serves are not receiving Medicaid, SNP or Child Health Plus coverage.

Edit Applications:

1.   Codes must be valid:
            0 = Not a Commercial Provider
            1 = Commercial Provider; provides direct care to Commercial members

2.   Do not leave blank. This is a critical data element for ALL Records.

Example:

1.   Dr. Franko is a member of the XYZ managed care plan that is a licensed Article 44 HMO. This data element for Dr. Franko would be coded with a "1".

2.   Dr. Frankel is a member of the HealthAll Medicaid Managed Care plan. Dr. Frankel only sees Medicaid members in this managed care plan. This data element for Dr. Frankel would be coded with a "0".

Data Element Name: Medicaid Provider Indicator **Required For:** Practice

Format - Length: A/N-1 **Layout Field Location:** AB

Version Number\Effective Date: 2.0 – Oct. 1997 **Revision Date:** 5.0 – Nov. 2000

Definition:

The Medicaid Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members of their managed care plan who receive Medicaid.

Edit Applications:

1. Codes must be valid:
    0 = Not a Medicaid Provider
    1 = Medicaid Provider; provides direct care to Medicaid members

2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Dr. Piddock works at the Pyramid Health Plan, a Commercial HMO that also participates in Medicaid Managed Care. He provides direct care to the Medicaid members. He would be considered a Medicaid Provider and coded as "1" in the Medicaid Provider Indicator data element.

2. Dr. McCall also works for the Pyramid Health Plan, but only provides care for members insured by Long Island Railroad, Long Island Shore Company and Long Island Telephone Company. She is coded as a "0" because she does not provide care to Medicaid members.

Data Element Name: Medicare Provider Indicator

Required For: Practice

Format - Length: A/N-1

Layout Field Location: AC

Version Number\Effective Date: 2.0 – Oct. 1997

Revision Date: 5.0 – Nov. 2000

Definition:

The Medicare Provider Indicator is used to determine if a provider (PCP and/or specialists) provides care to members receiving Medicare.

Edit Applications:

1. Codes must be valid:
    - 0 = Not a Medicare Provider
    - 1 = Medicare Provider; provides direct care to Medicare members

2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Dr. Williams, a gerontologist, is in an IPA that is contracted with New Health Managed Care Plan. He provides care to Medicare members of New Health. He would be coded as "1" because he provides direct care to Medicare members.

2. Dr. Curran works in a managed long term care plan, where he providers care of Medicare members. He would be coded as "1".

Data Element Name: Child Health Plus Provider Indicator   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AD

Version Number\Effective Date: 2.0 - Oct. 1997   **Revision Date:** 5.0 – Nov. 2000

Definition:

The Child Health Plus Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members of their managed care plan who receive Child Health Plus (CHP).

Edit Applications:

1.   Codes must be valid:
             0 = Not a Child Health Plus Provider
             1 = Child Health Plus Provider; provides direct care to CHP members

2.   Do not leave blank. This is a critical data element for ALL Records.

Example:

1.   Dr. Smith, a pediatrician, belongs to the Health All Medicaid Managed Care Plan that
       has been certified participation in the NYS Child Health Plus insurance
       program. He provides direct care to CHP children. This data element for
       Dr. Smith would be coded with a "1."

Data Element Name: HARP Provider Indicator   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AE

Version Number\Effective Date: 6.9 – July 2015

Definition:

The HARP Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a HARP program.

Edit Applications:

1.   Codes must be valid:
       0 = Not a HARP Provider;
       1 = HARP Provider; provides direct care to enrollees in a HARP program.

2.   Do not leave blank. This is a critical data element for all records.

Example:

1.   Dr. Hart provides direct care to individuals enrolled in a HARP program. This data element would be coded with a "1".

Data Element Name: Medicaid Advantage Provider Indicator   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AF

Version Number\Effective Date: 6.5 – October 2011

Definition:

The Medicaid Advantage Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a Medicaid Advantage program.

Edit Applications:

1.   Codes must be valid:
       0 = Not a Medicaid Advantage Provider
       1 = Medicaid Advantage Provider; provides direct care to enrollees in a Medicaid
       Advantage program

2.   Do not leave blank. This is a critical data element for all records.

Example:

1.   Dr. Cole provides direct care to individuals enrolled in a Medicaid Advantage program.
       This data element would be coded with a "1".

Data Element Name: Partial CAPS Indicator   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AG

Version Number\Effective Date: 6.5 – October 2011

Definition:

The Partial CAPS Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a Partial CAPS program.

Edit Applications:

1.   Codes must be valid:
        0 = Not a Partial CAPS Provider
        1 = Partial CAPS Provider; provides direct care to enrollees in a Partial CAPS program

2.   Do not leave blank. This is a critical data element for all records.

Example:

1.   Dr. Lesh provides direct care to individuals enrolled in a Partial CAPS program. This data element would be coded with a "1".

Data Element Name: MAP Provider Indicator

Required For: Practice

Format - Length: A/N-1

Layout Field Location: AH

Version Number\Effective Date: 6.5 – October 2011

Definition:

The MAP Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a MAP program.

Edit Applications:

1.   Codes must be valid:
       0 = Not a MAP Provider;
       1 = MAP Provider; provides direct care to enrollees in a MAP program.

2.   Do not leave blank. This is a critical data element for all records.

Example:

1.   Dr. Garcia provides direct care to individuals enrolled in a MAP program.
       This data element would be coded with a "1".

Data Element Name: PACE Provider Indicator

Required For: Practice

Format - Length: A/N-1

Layout Field Location: AI

Version Number\Effective Date: 6.5 – October 2011

Definition:

The PACE Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a PACE program.

Edit Applications:

1.   Codes must be valid:
        0 = Not a PACE Provider;
        1 = PACE Provider; provides direct care to enrollees in a PACE program.

2.   Do not leave blank. This is a critical data element for all records.

Example:

1.   Dr. Hart provides direct care to individuals enrolled in a PACE program. This data element would be coded with a "1".

Data Element Name: FIDA Provider Indicator   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AJ

Version Number\Effective Date: 6.8 – October 2014

Definition:

The FIDA Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a FIDA program.

Edit Applications:

1.   Codes must be valid:
        0 = Not a FIDA Provider;
        1 = FIDA Provider; provides direct care to enrollees in a FIDA program.

2.   Do not leave blank. This is a critical data element for all records.

Example:

1.   Dr. Hart provides direct care to individuals enrolled in a FIDA program. This data element would be coded with a "1".

Data Element Name: NYSoH Standard EP Indicator   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AK

Version Number\Effective Date: 6.9 – May 2015

Definition:

The NYSOH Standard Essential Health Plan (EP) Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Standard Essential Health Plan (EP) within the New York State of Health (NYSOH).

Edit Applications:

1.   Codes must be valid.
2.   Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Standard EP Provider;
1 = NYSOH Standard EP Provider; provides direct care to enrollees in a NYSOH Standard EP
     within the Individual Exchange Market.

Example:

1.   Dr. Blue provides direct care to individuals enrolled in a NYSOH Standard EP. This data
      element would be coded with a "1".

Notes:

1.   Please ensure that the Standard EP network(s) submitted through the PNDS system
      align(s) with the Standard EP(s) submitted in the Health Insurer Participation Proposal.

Data Element Name: NYSoH EP plus Adult Vision & Dental Ind   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AL

Version Number\Effective Date: 6.9 – May 2015

Definition:

The NYSOH Indiv Essential Health Plan (EP) plus Adult Vision and Dental Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the EP plus Adult Vision and Dental within the New York State of Health (NYSOH).

Edit Applications:

1.   Codes must be valid.
2.   Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH EP plus Adult Vision and Dental Provider;
1 = NYSOH EP plus Adult Vision and Dental Provider; provides direct care to enrollees in a
     NYSOH EP plus Adult Vision and Dental within the Individual Exchange Market.

Example:

1.   Dr. Blue provides direct care to individuals enrolled in a NYSOH EP plus Adult Vision
        and Dental. This data element would be coded with a "1".

Notes:

1.   Please ensure that the EP plus Adult Vision and Dental network(s) submitted through
        the PNDS system align(s) with the EP(s) submitted in the Health Insurer Participation
        Proposal.

Data Element Name: Commercial Non-MCO Medical Indicator 1-8   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AM, DF-DL

Version Number\Effective Date: 7.5– Sept 2016

Definition:

Commercial Non-MCO Medical Indicator is used to determine if a specific product is a non-government, non-managed care product (medical only).

Edit Applications:

1.   Codes must be valid.
2.   Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a Commercial Non-MCO (medical only);
1 = Commercial Non-MCO Medical product.

Example:

1.   Dr. Blue provides direct care to individuals enrolled in an ABC Health Inc. medical network. The network associated with Commercial Non-MCO Medical Indicator 1 should be coded with a "1".

Data Element Name: Commercial Non-MCO Vision Indicator 1-6   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AN, DM-DQ

Version Number\Effective Date: 7.5 – Sept 2016

Definition:

Commercial Non-MCO Vision Indicator is used to determine if a specific product is a non-government, non-managed care product (vision only).

Edit Applications:

1.   Codes must be valid.
2.   Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a Commercial Non-MCO (vision only);
1 = Commercial Non-MCO Vision product.

Example:

1.   Dr. Blue provides direct care to individuals enrolled in an XYZ Inc., vision product. The network associated with Commercial Non-MCO Vision Indicator 1 should be coded with a "1"

Data Element Name: Commercial Non-MCO Dental Indicator 1-5   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AO, DR-DU

Version Number\Effective Date: 7.5 – Sept 2016

Definition:

Commercial Non-MCO Dental Indicator is used to determine if a specific product is a non-government, non-managed care product (dental only).

Edit Applications:

1.   Codes must be valid.
2.   Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a Commercial Non-MCO (dental only);
1 = Commercial Non-MCO Dental product.

Example:

1.   Dr. Blue provides direct care to individuals enrolled in a commercial JKL, Inc. dental product. The network associated with Commercial Non-MCO Dental Indicator 1 should be coded with a "1"

Data Element Name: Commercial Panel Status   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AP

Version Number\Effective Date: 1.0 Dec. 1996

Definition:

Commercial Panel Status refers to the availability of a PCP to accept new members who may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a PCP cannot accept new members at the present time. An existing panel indicates that a PCP will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.   Codes must be valid:
                1 = Open to new and existing Commercial members
                2 = Existing Commercial members/enrollees only
                3 = Closed Commercial Panel
                9 = Not Applicable for Non-PCP

2.   Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1.   Dr. Sturn has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are Child Health Plus. He has decided not to accept any more Commercial members at this time. His Commercial Panel Status would be "3".

Data Element Name: Medicaid Panel Status   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AQ

Version Number\Effective Date: 2.0 – Oct. 1997

Definition:

Medicaid Panel Status refers to the availability of a PCP or designated OB/GYN Specialist to accept new Medicaid or HIV SNP members. These may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members and properly handle their health concerns. A closed panel indicates that a physician cannot accept new members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.   Codes must be valid:

> 1=Open to new and existing Medicaid and/or HIV SNP members
> 2=Existing Medicaid and/or SNP members only
> 3=Closed Medicaid and/or HIV SNP Panel
> 9=Not Applicable for Non-PCP and non-Medicaid/SNP OB/GYNs

2.   Do not leave blank. This is a critical data element for ALL Medicaid and HIV SNP PCPs and OB/GYNs.

Example:

1.   Dr. Schenk has 3,000 managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare, 300 are Child Health Plus and 200 are HIV SNP. He has decided not to accept any more Commercial members at this time, but will accept new Medicaid and HIV SNP members. His Medicaid Panel Status would be "1", he will be open to new Medicaid members at the clinic.

2.   Dr. McFerran has 500 Commercial members and 1,000 Medicaid fee-for-service (FFS) patients. His FFS patients are joining the managed care plan in which he participates. He has decided not to accept any new members from the plan. His Medicaid Panel status would be "2".

Data Element Name: Medicare Panel Status　　　　**Required For:** Practice

Format - Length: A/N-1　　　　　　　　　　**Layout Field Location:** AR

Version Number\Effective Date: 2.0 - Oct. 1997

Definition:

Medicare Panel Status refers to the availability of a PCP to accept new members who may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a PCP can't accept new members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.　　　Codes must be valid:
　　　　　　　　1 = Open to new and existing Medicare members
　　　　　　　　2 = Existing Medicare members/enrollees only
　　　　　　　　3 = Closed Medicare Panel
　　　　　　　　9 = Not Applicable for Non-PCP

2.　　　Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1.　　　Dr. Albertson has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are Child Health Plus. He has decided not to accept any more Commercial members at this time but will accept Medicare members. His Medicare Panel Status would be "1", he will accept more Medicare members.

Data Element Name: Child Health Plus Panel Status   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AS

Version Number\Effective Date: 2.0 – Oct. 1997

Definition:

Child Health Plus (CHP) Panel Status refers to the availability of a physician to accept new CHP members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new CHP members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.   Codes must be valid:
                1 = Open to new and existing Child Health Plus members
                2 = Existing Child Health Plus members only
                3 = Closed Child Health Plus Panel
                9 = Not Applicable for Non-PCP

2.   Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1.   Dr. Gilstrap has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are Child Health Plus. He has decided not to accept any more Commercial members at this time but will accept additional Child Health Plus members. His Child Health Plus Panel Status would be "1", he will accept more Child Health Plus members at the clinic.

Data Element Name: Medicaid Advantage Panel Status   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AU

Version Number\Effective Date: 6.5 – October 2011

Definition:

Medicaid Advantage Panel Status refers to the availability of a physician to accept new Medicaid Advantage members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new Medicaid Advantage members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.   Codes must be valid:
        1 = Open to new and existing Medicaid Advantage members
        2 = Existing Medicaid Advantage members only
        3 = Closed Medicaid Advantage Panel
        9 = Not Applicable for Non-PCP

2.   Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1.   Dr. Joplin has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are Medicaid Advantage. He has decided not to accept any more Commercial members at this time but will accept additional Medicaid Advantage members. His Medicaid Advantage Panel Status would be "1", he will accept more Medicaid Advantage members at the clinic.

Data Element Name: Partial CAPS Panel Status   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AV

Version Number\Effective Date: 6.5 – October 2011

Definition:

Partial CAPS Panel Status refers to the availability of a physician to accept new Partial CAPS members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new Partial CAPS members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.   Codes must be valid:
                  1 = Open to new and existing Partial CAPS members
                  2 = Existing Partial CAPS members only
                  3 = Closed Partial CAPS Panel
                  9 = Not Applicable for Non-PCP

2.   Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1.   Dr. DiFranco has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are Partial CAPS. He has decided not to accept any more Commercial members at this time but will accept additional Partial CAPS members. His Partial CAPS Panel Status would be "1", he will accept more Partial CAPS members at the clinic.

Data Element Name: MAP Panel Status   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AW

Version Number\Effective Date: 6.5 – October 2011

Definition:

MAP Panel Status refers to the availability of a physician to accept new MAP members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new MAP members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.   Codes must be valid:
                1 = Open to new and existing MAP members
                2 = Existing MAP members only
                3 = Closed MAP Panel
                9 = Not Applicable for Non-PCP

2.   Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1.   Dr. Marley has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are MAP. He has decided not to accept any more Commercial members at this time but will accept additional MAP members. His MAP Panel Status would be "1", he will accept more MAP members at the clinic.

Data Element Name: PACE Panel Status   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AX

Version Number\Effective Date: 6.5 – October 2011

Definition:

PACE Panel Status refers to the availability of a physician to accept new PACE members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new PACE members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.   Codes must be valid:
                1 = Open to new and existing PACE members
                2 = Existing PACE members only
                3 = Closed PACE Panel
                9 = Not Applicable for Non-PCP

2.   Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1.   Dr. Morrison has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are PACE. He has decided not to accept any more Commercial members at this time but will accept additional PACE members. His PACE Panel Status would be "1", he will accept more PACE members at the clinic.

Data Element Name: FIDA Panel Status   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AY

Version Number\Effective Date: 6.8 – October 2014

Definition:

FIDA Panel Status refers to the availability of a physician to accept new FIDA members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new FIDA members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.   Codes must be valid:
                    1 = Open to new and existing FIDA members
                    2 = Existing FIDA members only
                    3 = Closed FIDA Panel
                    9 = Not Applicable for Non-PCP

2.   Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1.   Dr. Morrison has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are FIDA. He has decided not to accept any more Commercial members at this time but will accept additional FIDA members. His FIDA Panel Status would be "1", he will accept more FIDA members at the clinic.

Data Element Name: NYSOH Standard EP Panel Status   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** AZ

Version Number\Effective Date: 6.9 – May 2015

Definition:

The NYSOH Standard EP Panel Status refers to the availability of a physician to accept new NYSOH Standard EP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Standard EP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1.   Codes must be valid.
2.   Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

1 = Open to new and existing NYSOH Standard EP members
2 = Existing NYSOH Standard EP members only
3 = Closed NYSOH Standard EP Panel
9 = Not Applicable for Non-PCP

Example:

1.   Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Standard EP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Standard EP members. His NYSOH Standard EP Panel Status would be "1", he will accept more NYSOH Standard EP members.

Data Element Name: NYSOH EP plus Adult Vision & Dental Ind Panel Status

Required For: Practice

Format - Length: A/N-1   **Layout Field Location:** BA

Version Number\Effective Date: 6.9 – May 2015

Definition:

The NYSOH EP plus Adult Vision and Dental Panel Status refers to the availability of a physician to accept new NYSOH EP plus Adult Vision and Dental members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH EP plus Adult Vision and Dental members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1.   Codes must be valid.

2.   Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

1 = Open to new and existing NYSOH EP plus Adult Vision and Dental members
2 = Existing NYSOH EP plus Adult Vision and Dental members only
3 = Closed NYSOH EP plus Adult Vision and Dental Panel
9 = Not Applicable for Non-PCP

Example:

1.   Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH EP plus Adult Vision and Dental. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH EP plus Adult Vision and Dental members. His NYSOH EP plus Adult Vision and Dental Panel Status would be "1", he will accept more NYSOH EP plus Adult Vision and Dental members.

Data Element Name: Commercial Panel Size   **Required For:** Practice

Format - Length: N-5   **Layout Field Location:** BE

Version Number\Effective Date: 1.0 – Dec. 1996

Definition:

Panel size is the total number of capitated Commercial members assigned to this provider at your managed care plan. Do NOT include members in other products in the total number of Commercial members. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry. Do not leave blank.

2.   Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.

3.   For Non-PCP/Dentistry Specialists or "Not Applicable" enter "99999".

Example:

1.   Dr. Riviello has 600 Medicaid, 800 Medicare, and 2,500 "other" members. These "other" enrollees are assumed to be the Commercial members; his Commercial panel size would be 2,500, entered as "02500".

2.   Dr. McFerran has 500 Commercial members and 1000 Medicaid fee-for-service patients. His FFS patients are joining the managed care plan in which he is participating. He has decided not to accept any more new members from the plan. His Commercial panel size would be "00500".

3.   Dr. Donnelly has only 200 Commercial members assigned to him at the HMO. He does not provide care to Medicaid members. His panel size would be "00200" for Commercial (and zero for Medicaid). He would be considered a Commercial-only provider.

4.   If Dr. McConnell has two office locations, (i.e., the Madison Ave. office has 300 Commercial members and the Albany Ave. office has 500 Medicaid members) and you are able to report the number of members he serves at each location, then enter one record for each office location and the corresponding number of members in each location. If you cannot determine the number of members per office location; enter one record for Dr. McConnell with his total members (enter Madison Ave. with 00800) and zero-fill the other office location (zero-fill Albany Ave.).

Data Element Name: Medicaid Panel Size   **Required For:** Practice

Format - Length: N-5   **Layout Field Location:** BF

Version Number\Effective Date: 1.0 – Dec. 1996

Definition:

Panel size is the total number of capitated Medicaid **and** HIV SNP members assigned to this PCP at your managed care plan. For purposes of this report, persons that are dually eligible in Medicaid and Medicare should only be counted once; they should be entered under the Medicare panel size. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry. Zero-fill to the left.

2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.

3. For Non-PCP or Not Applicable enter "99999".

Example:

1. Dr. O'Conner has approximately 800 Medicaid members assigned to him. His Medicaid panel size would be 800, entered as "00800".

2. If Dr. McConnell has two office locations, (i.e., the Madison Ave. office has 300 Commercial members and the Albany Ave. office has 500 Medicaid members) and you are able to report the number of members he serves at each location, enter one record for each office location and the corresponding number of members in each location. If you cannot determine the number of members per office location, enter one record for Dr. McConnell with his total members (enter Madison Ave. with "00800") and zero-fill the other office location (enter Albany Ave. with"00000").

3. Dr. Hobson has just joined an HMO. She was assigned 2,000 members by the plan; none of them are Medicaid enrollees. Her Medicaid Panel Size would be zero "00000". She would be considered a Commercial-only provider.

4. Dr. Kosek has 300 Medicaid members and 200 HIV SNP members assigned to her. Her Medicaid panel size would be 500. Enter as "00500".

5. Dr. Wu has 900 HIV SNP members assigned. She has no Medicaid Managed Care enrollees at this time. Her Medicaid Panel Size would be 900. Enter as "00900".

Data Element Name: Medicare Panel Size   **Required For:** Practice

Format - Length: N-5   **Layout Field Location:** BG

Version Number\Effective Date: 2.0 – Oct. 1997

Definition:

Total number of capitated Medicare members assigned to this provider at your managed care plan. For purposes of this report, persons that are dually eligible in Medicaid and Medicare should be included under the Medicare panel size. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry.

2.   Do not leave blank. This is a critical data element for ALL PCPs.

3.   For Non-PCP or "Not Applicable" enter "99999".

Example:

1.   Dr. Boyle works for XYZ managed care plan as a primary care provider. He provides care to 800 members of XYZ; 600 members are Commercial and 200 receive Medicare health coverage. His Medicare Panel Size would be "00200".

2.   Dr. Hobson has just joined an HMO. She was assigned 2,000 members by the plan; none of them are Medicare enrollees. Her Medicare panel size would be zero "00000".

Data Element Name: Child Health Plus Panel Size   **Required For:** Practice

Format - Length: N-5   **Layout Field Location:** BH

Version Number\Effective Date: 2.0 – Oct. 1997

Definition:

Total number of capitated Child Health Plus enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry.

2.   Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.

3.   For Non-PCP or Not Applicable enter "99999".

Example:

1.   Dr. Knopf works for Good Apple Managed Care Plan. He currently provides care to 800 Medicaid members, 400 Medicare, and 100 Child Health Plus members. His Child Health Plus panel size would be "00100".

2.   Dr. Hobson has just joined an HMO. She was assigned 2,000 members by the plan; none of them are Child Health Plus enrollees. Her Child Health Plus Panel Size would be zero "00000".

Data Element Name: Medicaid Advantage Panel Size   **Required For:** Practice

Format - Length: N-5   **Layout Field Location:** BJ

Version Number\Effective Date: 6.5 – October 2011

Definition:

Total number of capitated Medicaid Advantage enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry.

2.   Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.

3.   For Non-PCP or Not Applicable enter "99999".

Example:

1.   Dr. Grisman works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 Medicaid Advantage members. His Medicaid Advantage panel size would be "00100".

2.   Dr. Rice has just joined an HMO. She was assigned 2,000 members by the plan; none of them are Medicaid Advantage enrollees. Her Medicaid Advantage Panel Size would be zero "00000".

Data Element Name: Partial CAPS Panel Size   **Required For:** Practice

Format - Length: N-5   **Layout Field Location:** BK

Version Number\Effective Date: 6.5 – October 2011

Definition:

Total number of Partial CAPS enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.

2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.

3. For Non-PCP or Not Applicable enter "99999".

Example:

1. Dr. Cole works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 Partial CAPS members. His Partial CAPS panel size would be "00100".

2. Dr. Nadler has just joined an HMO. She was assigned 2,000 members by the plan; none of them are Partial CAPS enrollees. Her Partial CAPS Panel Size would be zero "00000".

Data Element Name: MAP Panel Size   **Required For:** Practice

Format - Length: N-5   **Layout Field Location:** BL

Version Number\Effective Date: 6.5 – October 2011

Definition:

Total number of MAP enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry.

2.   Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.

3.   For Non-PCP or Not Applicable enter "99999".

Example:

1.   Dr. Purple works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 MAP members. His MAP panel size would be "00100".

2.   Dr. Brown has just joined an HMO. She was assigned 2,000 members by the plan; none of them are MAP enrollees. Her MAP Panel Size would be zero "00000".

Data Element Name: PACE Panel Size   **Required For:** Practice

Format - Length: N-5   **Layout Field Location:** BM

Version Number\Effective Date: 6.5 – October 2011

Definition:

Total number of PACE enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry.

2.   Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.

3.   For Non-PCP or Not Applicable enter "99999".

Example:

1.   Dr. Toga works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 PACE members. His PACE panel size would be "00100".

2.   Dr. Albany has just joined an HMO. She was assigned 2,000 members by the plan; none of them are PACE enrollees. Her PACE Panel Size would be zero "00000".

Data Element Name: FIDA Panel Size   **Required For:** Practice

Format - Length: N-5   **Layout Field Location:** BN

Version Number\Effective Date: 6.8 – October 2014

Definition:

Total number of FIDA enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry.

2.   Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.

3.   For Non-PCP or Not Applicable enter "99999".

Example:

1.   Dr. Toga works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 FIDA members. His FIDA panel size would be "00100".

2.   Dr. Albany has just joined an HMO. She was assigned 2,000 members by the plan; none of them are FIDA enrollees. Her FIDA Panel Size would be zero "00000".

Data Element Name: NYSOH Standard EP Panel Size   **Required For:** Practice

Format - Length: A/N-5   **Layout Field Location:** BO

Version Number\Effective Date: 6.9 – May 2015

Definition:

Total number of NYSOH Standard EP enrollees assigned to this provider at your plan. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry.

2.   Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.

3.   For Non-PCP or Not Applicable enter "99999".

Examples:

1.   Dr. Graves works for Good Apple Health Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Standard EP members. His NYSOH Standard EP Panel Size would be "00100".

2.   Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Standard EP enrollees. Her NYSOH Standard EP Panel Size would be zero "00000".

Data Element Name: NYSOH EP plus Adult Vision and Dental Panel Size

Required For: Practice

Format - Length: A/N-5   **Layout Field Location:** BP

Version Number\Effective Date: 6.9 – May 2015

Definition:

Total number of NYSOH EP plus Adult Vision and Dental enrollees assigned to this provider at your plan. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry.

2.   Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.

3.   For Non-PCP or Not Applicable enter "99999".

Examples:

1.   Dr. Graves works for Good Apple Health Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH EP plus Adult Vision and Dental members. His NYSOH EP plus Adult Vision and Dental Panel Size would be "00100".

2.   Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH EP plus Adult Vision and Dental enrollees. Her NYSOH EP plus Adult Vision and Dental Panel Size would be zero "00000".

Data Element Name: Fax Area Code   **Required For:** Contact Info

Format - Length: A/N-3   **Layout Field Location:** BQ

Version Number\Effective Date: 9.0 – May 2019

Definition:

The fax area code for the provider's office fax.

Edit Application:

1.   This is an optional data element for all providers.

2.   Must be a valid area code number. The following fills will be rejected: all zeros, like digits such as "999" and number series, such as "123" or "876".

Example:

1.   Dr. Brown's office is located in NYC where the area code is 212. Enter "212" into this field.

2.   Dr. Bennett's office does not have a fax number. Leave this field blank.

Data Element Name: Fax Number   **Required For:** Contact Info

Format - Length: A/N-7   **Layout Field Location:** BR

Version Number\Effective Date: 9.0- May 2019

Definition:

The fax number for the provider's office site.

Edit Applications:

1.   This is an optional data element for all providers.

2.   Must be a valid fax number. The following fills will be rejected: all zeros, like digits such as "8888888" and number series, such as "1234567" or "8765432".

3.   Do not include hyphens.

4.   Must be 7 digits.

Example:

1.   Dr. Brown's office is located in NYC and his fax number is 523-1449. Enter "5231449" into this field.

Data Element Name: Hospital Affiliation (HA) Operating Number #1   **Required For:** Practice
                                 Hospital Affiliation (HA) Operating Number #2
                                 Hospital Affiliation (HA) Operating Number #3
Format - Length: A/N-8   **Layout Field Location:** BT, BV, BX

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 6.0 – Dec. 2001

Definition:

The Hospital Affiliation (HA) Operating Numbers identify the hospitals that the provider has admitting privileges to and will use for patient care. Each hospital is given an Operating Certificate Number (OPCERT) and corresponding unique Permanent Facility Identifier (PFI) when they are licensed as an Article 28 facility. The operating certificate number is used to identify the provider's hospital affiliation. A provider may have up to three unique hospital affiliations on their record.

Edit Applications:

1.   Codes must be valid. The OPCERT for all hospitals are posted on the PNDS portal. The eight-character operating certificate number for a hospital will end in an "H" or "C".

2.   Do not leave blank. **All three fields must be filled in**. It is a **critical data element** for primary care and OB/GYN physicians (MD/DO). This data element is for **ALL** providers.

3.   If you do not know the hospital for your non-PCP and non-OB/GYN physician, you may enter "99999999" to avoid a soft error.

4.   Enter an "Out of State" Hospital Operating Number as "99999999".

5.   For PCPs (or other providers) who have no inpatient care, enter an "99999999" in the Hospital Operating number.

Example:

1.   Dr. Coleman is affiliated with two hospitals; he predominately works at the Beth Israel Medical Center/North Division (OPCERT #7002002H) and is associated with the Adirondack Medical Center-Saranac Lake Site (OPCERT #1623000H). His hospital affiliation is with both Hospitals; the code "7002002H" would be entered for this first HA data element and ""623000H" would be entered in the second HA data element. The third HA is "99999999" filled.

Data Element Name: **Required For:** Practice
Hospital Affiliation (HA) Permanent Facility Identifier #1
Hospital Affiliation (HA) Permanent Facility Identifier #2
Hospital Affiliation (HA) Permanent Facility Identifier #3

Format - Length: A/N-6   **Layout Field Location:** BU, BW, BY

Version Number\Effective Date: 5.0 – Nov. 2000   **Revision Date:** 8– Aug. 2017

Definition:
The Hospital Affiliation (HA) Permanent Facility Identifier (PFI) is the number associated with each hospital that the provider has admitting privileges to and will use for patient care. Each hospital is provided with a PFI number and a corresponding operating certificate (OPCERT) number when they are licensed as an Article 28 facility. The PFI is used in conjunction with the Operating number for identifying the Hospital Affiliation. A provider may have up to three unique hospital affiliations on their record.

Edit Applications:
1. Codes must be valid. The PFI numbers for all hospitals are posted on the PNDS portal. Make sure you are using the PFI for the hospital (not another type of facility such as a clinic, nursing home, etc., that might be at the same address, or, have a similar, or, even the same name).
2. Do not leave blank. **All three fields must be filled in.** This is a **critical data element** for Primary care and OB/GYN physicians (MD/DO). This data element should be completed for **ALL** providers.
3. Enter an "Out of State" Hospital PFI as "999999".
4. For PCPs (or other providers) who have no inpatient care, enter "999999" in the Hospital PFI number.
5. Must be right justified. Zero padding is optional.

Example:
1.   Dr. McPhillips works at an Article 28 comprehensive clinic, Soundview Health Center, Bronx, New York. He is affiliated with three area hospitals;
- Our Lady of Mercy Medical Center at 233rd Street, Bronx, Operating Certificate #7000005H and PFI number 1168;
- Our Lady of Mercy Medical Center at 1870 Pelham Parkway, South Bronx (same OPCERT) and PFI 1181, and
- St. Barnabas Hospital at 4422 3rd Avenue, Bronx, OPCERT 7000014H, PFI 1176.

The following PFI numbers: 1168, 1181 and 1176 should be entered in the corresponding data elements HA PFI #1 - #3 as 001168, 001181 and 001176. They must correspond to the appropriate HA OPCERT.

NOTE: The Hospital Affiliation PFI is associated with the hospital where the provider has privileges and provides care; not the various office locations that the provider may have.

Data Element Name: Provider Location Facility Operating Certificate   **Required For:** Practice

Format - Length: A/N-8   **Layout Field Location:** BZ

Version Number\Effective Date: 5.0 – Nov. 2000   **Revision Date:** 5.0 – Nov. 2000

Definition:

If a primary care provider works in a clinic, the clinic must be identified by OPCERT and PFI (see page 112-113 for description of OPCERT and PFI). The two data elements are needed to identify the facility location for each primary care provider. The full list of OPCERTs and PFIs is posted on the PNDS portal.

Edit Applications:

1.   Must be a valid operating certificate number as listed on the PNDS portal (originally from Health Facilities Information System). The eight-character operating certificate number for a hospital will end in "H" or "C".

2.   This data element is required for PCPs only. The PCPs must work at the designated facility.

3.   For everyone other than a PCP, you should "9" fill the data element ("99999999").

3.   For PCPs located at private office settings this data element is not required. You should "9" fill the data element.

4.   For PCPs that are working in an out of state facility, you should "8" fill the data element.

Example:

1.   Dr. Russ works at an Article 28 comprehensive clinic, Whitney M. Young Jr. Health Center, in Albany, NY, that has the operating certificate number 0101205R. This number should be entered into positions 315-322 on the data file.

2.   Dr. McDevitt has a private office. The data element is "9" filled.

3.   Dr. Sulger is located at a hospital-based clinic called Fordham Plaza Primary Care Clinic which is associated with St. Barnabas Hospital. The Operating Number is "7000014H" and the PFI number is "4713".

NOTE: Some clinics affiliated with hospitals have their own OPCERT numbers, ending   in "R".

Data Element Name: Provider Location Permanent Facility Identifier   **Required For:** Practice

Format - Length: A/N-6   **Layout Field Location:** CA

Version Number\Effective Date: 5.0 – Nov. 2000   **Revision Date:** 8– Aug. 2017

Definition:

If a primary care provider works in a clinic, the clinic must be identified by OPCERT and PFI. The Provider Location Permanent Facility Identifier (PFI) is the number associated with the specific location for an Article 28 licensed clinic or hospital. The full list of OPCERTs and PFIs is posted on the PNDS portal.

Edit Applications:

1.   Must be a valid PFI as listed on the PNDS portal. Be sure to use the PFI that corresponds to the OPCERT. In addition, make sure you have the appropriate facility, such as a clinic. (Different types of facilities may share the same address or similar name.)

2.   This data element is critical for PCPs only. The PCPs must work at the designated facility.

3.   For everyone other than a PCP, you should "9" fill the data element ("999999").

4.   For PCPs located at private office settings this data element is not required. You should "9" fill the data element ("999999").

5.   For PCPs that are working in an out of state facility, "8" fill the data element ("888888").

Example:

1.   Dr. McPhillips works at an Article 28 comprehensive clinic, Whitney M. Young, Jr. Health Care Center, Albany, NY, that has the PFI number of "0011". This number should be entered in the correct position on the data file.

2.   Dr. McDevitt has a private office. The data element is "9" filled.

3.   Dr. Sulger is located at a hospital-based clinic called Fordham Plaza Primary Care Clinic which is associated with St. Barnabas Hospital. The Operating Number is "7000014H" and the PFI number is "004713".

Data Element Name: Total Office Hours   **Required For:** Office Hours

Format - Length: A/N-3   **Layout Field Location:** CB

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 9.0- May 2019

Definition:

Total office hours worked by the individual provider in an average week at a site. Enter the actual number of hours worked during the week.

Edit Applications:

1.   Must use a valid entry (between 001 and 168 hours).

2.   This is a critical data element for Medicaid, HIV SNP and Child Health Plus PCPs; DO NOT leave blank or zero-fill.

3.   Zero-fill for non-PCP and Commercial only providers.

Example:

1.   Dr. Butch works from 8 a.m. until 4 p.m., M-F. The total office hours the doctor works is seven hours a day (one hour is lunchtime). A total of 35 would be entered into the total office hours data element. Enter this as "035".

2.   Dr. Novak works a rotating schedule from 3 p.m. until 11 p.m., M-F with every other Friday off. In an average week he works 35 hours. A total of "035" would be entered for Dr. Novak in the Total Office Data element.

3.   Dr. Williams, who works the alternate Friday, worked four days that week, 7 hours each day. Enter "028" in the Total Office Hours for Friday for Dr. Novak.

NOTE: To be considered a Medicaid and HIV SNP PCP, total office hours must be equal to or greater than 16 hours per week per location. If a provider has less than 16 hours at a site, they are not considered a PCP at that location. However, the location with less than 16 hours may still be used by the PCP, as long as the PCP maintains 16 hours at another site. The site with less than 16 hours can be listed on the Provider Network Data System (PNDS) as long as the following conditions are adhered to:
-   The provider maintains another site with 16 or more hours
-   The enrollees assigned to the PCP are ONLY assigned to the site that has 16 or more hours. (The site with 16 or more hours may be referred to as the primary site.)
-   Enrollees are instructed that they are assigned to a primary site and that other "non-primary" sites are available for access.

Data Element Name: After Hours Indicator   **Required For:** Office Hours

Format - Length: A/N-1   **Layout Field Location:** CC

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 6.0 – Dec. 2001

Definition:

Evening office hours after 5 p.m. on any of the seven days (Sunday-Saturday) during the snapshot time frame.

Edit Applications:

1.   Codes must be valid:
        0=No evening hours
        1=Yes, evening hours on any day are available (Sunday through Saturday)
        9=Not Applicable (all other providers, i.e., non-PCP and Commercial-only)

2.   DO NOT leave blank. This is a critical data element for Medicaid, HIV SNP and Child Health Plus PCPs.

Example:

1.   Dr. Butch rotates her schedule every other weekend in the local hospital. She works the evening shift from 9 p.m. Saturday until 4 a.m. Sunday and 9 p.m. Sunday till 4 a.m. Monday. The "snapshot" of Dr. Butch's schedule should capture the general pattern of her work routine. Her entry for the evening hours indicator would be "1"=Yes.

2.   Dr. Novak, who works the 3 p.m. to 11 p.m. shift, would be considered to have evening hours; the evening hours indicator would be "1"=Yes.

Data Element Name: Language 1-7   **Required For:** Languages

Format - Length: A/N-3   **Layout Field Location:** CD-CJ

Version Number\Effective Date: 3.0 – Nov. 1998   **Revision Date:** 8.0 Feb. 2018

Definition:

The languages that a provider or clinical staff member can speak to a member.

Edit Applications:

1.   Do not leave blank. This is a critical data element.

2.   Codes must be valid. Language code must be found in the PNDS dictionary. See Language Codes in Section VI.

3.   This is a critical data element for Medicaid, HIV SNP or CHP PCPs. These providers must have a valid language code in one of the seven language data elements. Language fields not needed should be "999" filled.

4.   For Non-PCPs you may enter the appropriate language code or "999" fill for Not Applicable. Do not leave blank.

Example:

1.   In addition to speaking English, Dr. Franko speaks Spanish. His clinical office staff (not a secretary) also speaks Italian. You should enter "ENG" in Language 1 and "SPA" in Language 2 and "ITA" in Language 3. The remaining languages (Language 4-7) should be "999" filled.

Data Element Name: Area Code

Required For: Contact Info

Format - Length: A/N-3

Layout Field Location: CK

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

The telephone area code for the provider's office phone.

Edit Application:

1.   This is a critical edit data element for all providers.

2.   Must be a valid area code number. The following fills will be rejected: all blanks, all zeros, like digits such as "999" and number series, such as "1234567" or "8765432".

Example:

1.   Dr. Brown's office is located in NYC where the area code is 212. Enter "212" into this field.

Data Element Name: Phone Number   **Required For:** Contact Info

Format - Length: A/N-7   **Layout Field Location:** CL

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 6.0 – Dec. 2001

Definition:

The telephone number for the provider's office site.

Edit Applications:

1.   This is a critical edit data element for all providers.

2.   Must be a valid telephone number. The following fills will be rejected: all blanks, all zeros, like digits such as "8888888" and number series, such as "1234567" or "8765432".

3.   Do not include hyphens.

4.   Must be 7 digits.

Example:

1.   Dr. Brown's office is located in NYC and his telephone number is 523-1449. Enter "5231449" into this field.

Data Element Name: Provider Email Address   **Required For:** Contact Info

Format - Length: A/N-256   **Layout Field Location:** CM

Version Number\Effective Date: 6.2 – Dec 2008

Definition:

The email address the provider uses for work purposes (e.g. communication with patients).

Edit Applications:

1.   This is a critical data element for all providers.

2.   Must be a valid email address.

3.   If the provider does not have an email address, or the email address is unknown, leave blank.

4.   Must be left-justified.

Example:

1.   Dr. Kay's office email address is skay@hospcare.org. Enter "skay@hospcare.org" in this field.

2.   Dr. Greene does not have an office email address. Leave this field blank.

Data Element Name: Federal Employer Identification Number   **Required For:** Contact Info

Format - Length: A/N-9   **Layout Field Location:** CN

Version Number\Effective Date: 6.2 – Dec 2008

Definition:

The Federal Identification Number (FEIN) is a nine-digit unique identification number that the Internal Revenue Service (IRS) assigns business entities. This should be the same number that the plan submits to the IRS (e.g. Form 099-MISC) whenever payments are made to the provider.

For providers having multiple FEINs, use the following hierarchy to select the FEIN for submission:
- FEIN of largest group
- FEIN most frequently used by plan for payment

Edit Applications:

1. This is a critical data element for all providers.

2. Must be a valid FEIN.

3. Must be right justified. Zero padding is optional.

Example:

1. Dr. Ray's Federal Employer Identification Number is 548331872. Enter "548331872" in this field.

2. Dr. Patterson's Federal Employer Identification Number is 244111451. Enter "244111451" in this field.

3. Dr. Noble has two FEINs. He has a FEIN for the group practice and a FEIN for seeing patients outside of the group. Submit the FEIN for the group practice.

4. Dr. Lee does not have a FEIN. Enter "888888888" in this field.

Data Element Name: NYSoH Medical Network Indicator 1-9	**Required For:** Practice
Format - Length: A/N-1	**Layout Field Location:** CO-CW
Version Number\Effective Date: 6.6 – Apr. 2013	**Revision Date:** 9.0- May 2019

Definition:

The NYSoH Medical Network Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Qualified Health Plan (QHP) within the New York State of Health (NYSoH). Submissions are now network specific.

Edit Applications:

1.   Codes must be valid.
2.   Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSoH Medical Network QHP Provider;
1 = NYSoH Medical Network QHP Provider; provides direct care to enrollees in a QHP within the Individual Exchange Market.

Example:

1.   Dr. Blue provides direct care to individuals enrolled in a NYSoH Medical Network QHP. This data element would be coded with a "1".

Notes:

1.   Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP network(s) submitted in the Health Insurer Participation Proposal, along with your Network Template submitted through the System for Electronic Rate and Form Filing (SERFF).

2.   NYSoH Medical Network 1, submitted to the DOH through the SERFF Network Template, must coincide with the network submitted through the PNDS system for the NYSoH Medical Network 1 Indicator.

Data Element Name: NYSoH Dental Network Indicator 1-4   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** CX-DA

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSoH Dental Network Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Dental Health Plan (QHP) within the New York State of Health (NYSoH). Submissions are now network specific.

Edit Applications:

1.   Codes must be valid.
2.   Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSoH Dental QHP Provider;
1 = NYSoH Dental QHP Provider; provides direct care to enrollees in a Dental QHP within the
      Individual Exchange Market.

Example:

1.   Dr. Blue provides direct care to individuals enrolled in a NYSoH Dental QHP. This data
         element would be coded with a "1".

Notes:

1.   Please ensure that the QHP network(s) submitted through the PNDS system align(s)
         with the QHP network(s) submitted in the Health Insurer Participation Proposal, along
         with your Network Template submitted through the System for Electronic Rate and Form
         Filing (SERFF).

2.   NYSoH Dental Network 1, submitted to the DOH through the SERFF Network Template,
         must coincide with the network submitted through the PNDS system for the NYSoH
         Dental Network 1 Indicator.

Data Element Name: NYSoH Medical Network 1-9 Panel Status   **Required For:** Practice

 Format - Length: A/N-1   **Layout Field Location:** EH-EP

Version Number\Effective Date: 6.6 – Apr. 2013   **Revision Date:** 9.0- May 2019

Definition:

The NYSoH Medical Network 1-9 Panel Status refers to the availability of a physician to accept new NYSoH Medical QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSoH Medical QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1.   Codes must be valid
2.   Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

1 = Open to new and existing NYSoH Medical QHP members
2 = Existing NYSoH Medical QHP members only
3 = Closed NYSoH Medical QHP Panel
9 = Not Applicable for Non-PCP

Example:

1.   Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are members of the NYSoH Medical QHP network. He has decided not to accept any more Medicare members at this time but will accept additional NYSoH Medical QHP members. His NYSoH Medical Network 1 Panel Status would be "1", he will accept more NYSoH Medical QHP members.

Data Element Name: NYSoH Medical Network 1-9 Panel Size   **Required For:** Practice

Format - Length: A/N-5   **Layout Field Location:** FS-GA

Version Number\Effective Date: 6.6 – Apr. 2013   **Revision Date:** 9.0- May 2019

Definition:

Total number of NYSoH Medical Network enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry.
2.   Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3.   For Non-PCP or Not Applicable enter "99999".

Examples:

1.   Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSoH Medical members. His NYSoH Medical Panel Size 1 would be "00100".

2.   Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH medical enrollees. Her NYSoH Medical Panel Size would be zero "00000".

Data Element Name: Telehealth Indicator

Required For: Provider

Format - Length: A/N-1   **Layout Field Location:** GB

Version Number\Effective Date: 11.0 – Nov 2022

Definition:

The Telehealth Indicator is used to determine if a provider provides telehealth service at the submitted location.

Edit Applications:

1.   Codes must be valid:
        0 = does not provide telehealth services
        1 = provides telehealth services
        9 = unknown

2. If this field is left blank, the system will automatically convert blanks to 9-fills.

3. Any other values besides 0,1, 9, and blanks will generate a hard error.

Example:

   1.   Dr. Hart provides telehealth services. This data element would be coded with a "1".

Data Element Name: Specialized I/DD Plans - Provider Led (SIP-PL) Indicator

Required For: Provider

Format - Length: A/N-1   **Layout Field Location:** HQ

Version Number\Effective Date: 9.0 – May 2019

Definition:

The SIP-PL (specialized I/DD plans- provider led) Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a SIP-PL program.

Edit Applications:

1.   Codes must be valid:
        0 = Not a SIP-PL Provider;
        1 = SIP-PL Provider; provides direct care to enrollees in a SIP-PL program.

2.   Do not leave blank. This is a critical data element for all records.

Example:

   2. Dr. Hart provides direct care to individuals enrolled in a SIP-PL program. This data element would be coded with a "1".

Data Element Name: SIP-PL Panel Status   **Required For:** Provider

Format - Length: A/N-1   **Layout Field Location:** HR

Version Number\Effective Date: 9.0 – May 2019

Definition:

SIP-PL Panel Status refers to the availability of a physician to accept new SIP-PL members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new SIP-PL members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.   Codes must be valid:
           1 = Open to new and existing SIP-PL members
           2 = Existing SIP-PL members only
           3 = Closed SIP-PL Panel
           9 = Not Applicable for Non-PCP
2.   Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1.   Dr. Morrison has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are SIP-PL. He has decided not to accept any more Commercial members at this time but will accept additional SIP-PL members. His SIP-PL Panel Status would be "1", he will accept more SIP-PL members at the clinic.

Data Element Name: SIP-PL Panel Size   **Required For:** Practice

Format - Length: N-5   **Layout Field Location:** HS

Version Number\Effective Date: 9.0 – May 2019

Definition:

Total number of SIP-PL enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry.
2.   Do not leave blank. This is a critical data element for ALL PCPs.
3.   For Non-PCP or Not Applicable enter "99999".

Example:

1.   Dr. Toga works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 SIP-PL members. His SIP-PL panel size would be "00100".

2.   Dr. Albany has just joined an HMO. She was assigned 2,000 members by the plan; none of them are SIP-PL enrollees. Her SIP-PL Panel Size would be zero "00000".

Data Element Name: FIDA IDD Provider Indicator   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** HT

Version Number\Effective Date: 8.0 – February 2018

Definition:

The FIDA IDD Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a FIDA IDD program.

Edit Applications:

1. Codes must be valid:
   0 = Not a FIDA IDD Provider;
   1 = FIDA IDD Provider; provides direct care to enrollees in a FIDA IDD program.
2. Do not leave blank. This is a critical data element for all records.

Example:

1. Dr. Hart provides direct care to individuals enrolled in a FIDA IDD program. This data element would be coded with a "1".

Data Element Name: FIDA IDD Panel Status   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** HU

Version Number\Effective Date: 8.0 – February 2018

Definition:

FIDA IDD Panel Status refers to the availability of a physician to accept new FIDA IDD members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new FIDA IDD members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.   Codes must be valid:
   - 1 = Open to new and existing FIDA IDD members
   - 2 = Existing FIDA IDD members only
   - 3 = Closed FIDA IDD Panel
   - 9 = Not Applicable for Non-PCP
2.   Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1.   Dr. Morrison has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are FIDA IDD. He has decided not to accept any more Commercial members at this time but will accept additional FIDA IDD members. His FIDA IDD Panel Status would be "1", he will accept more FIDA IDD members at the clinic.

Data Element Name: FIDA IDD Panel Size   **Required For:** Practice

Format - Length: N-5   **Layout Field Location:** HV

Version Number\Effective Date: 8.0 – February 2018

Definition:

Total number of FIDA IDD enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry.
2.   Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3.   For Non-PCP or Not Applicable enter "99999".

Example:

1.   Dr. Toga works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 FIDA IDD members. His FIDA IDD panel size would be "00100".

2.   Dr. Albany has just joined an HMO. She was assigned 2,000 members by the plan; none of them are FIDA IDD enrollees. Her FIDA IDD Panel Size would be zero "00000".

Data Element Name: HARP Panel Status   **Required For:** Practice

Format - Length: N-1   **Layout Field Location:** HX

Version Number\Effective Date: 8.0 – February 2018

Definition:

HARP Panel Status refers to the availability of a physician to accept new HARP members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new HARP members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.   Codes must be valid:
           1 = Open to new and existing HARP members
           2 = Existing HARP members only
           3 = Closed HARP Panel
           9 = Not Applicable for Non-PCP
2.   Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1.   Dr. Morrison has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are HARP. He has decided not to accept any more Commercial members at this time but will accept additional HARP members. His HARP Panel Status would be "1", he will accept more HARP members at the clinic.

Data Element Name: HARP Panel Size   **Required For:** Practice

Format - Length: A/N-5   **Layout Field Location:** HY

Version Number\Effective Date: 8.0 – February 2018

Definition:

Total number of HARP enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1.   Must be a valid entry.
2.   Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3.   For Non-PCP or Not Applicable enter "99999".

Example:

1.   Dr. Toga works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 HARP members. His HARP panel size would be "00100".

2.   Dr. Albany has just joined an HMO. She was assigned 2,000 members by the plan; none of them are HARP IDD enrollees. Her HARP Panel Size would be zero "00000".

Data Element Name: HIV SNP Indicator   **Required For:** Practice

Format - Length: A/N-1   **Layout Field Location:** HZ

Version Number\Effective Date: 8.0 – February 2018

Definition:

The HIV SNP Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members of their managed care plan who receive HIV SNP program.

Edit Applications:

1.   Codes must be valid:
                0 = Not in HIV SNP
                1 = HIV SNP provider
2.   Do not leave blank. This is a critical data element for ALL Records.

Example:

1.   Dr. Hart provides direct care to individuals enrolled in a HIV SNP program. This data element would be coded with a "1".

Data Element Name: HIV SNP Panel Status   **Required For:** Practice

Format - Length: N-1   **Layout Field Location:** HZ

Version Number\Effective Date: 8.0 – February 2018

Definition:

HIV SNP Panel Status refers to the availability of a physician to accept new HIV SNP members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new HIV SNP members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1.   Codes must be valid:
                1 = Open to new and existing HIV SNP members
                2 = Existing HIV SNP members only
                3 = Closed HIV SNP Panel
                9 = Not Applicable for Non-PCP
2.   Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1.   Dr. Morrison has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are HIV SNP. He has decided not to accept any more Commercial members at this time but will accept additional HIV SNP members. His HIV SNP Panel Status would be "1", he will accept more HIV SNP members at the clinic.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 11

Data Element Name: HIV SNP Panel Size   **Required For:** Practice

Format - Length: A/N-5   **Layout Field Location:** IA

Version Number\Effective Date: 8.0 – February 2018

Definition:
Total number of HIV SNP enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "99999".

Example:

1. Dr. Toga works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 HIV SNP members. His HIV SNP panel size would be "00100".

2. Dr. Albany has just joined an HMO. She was assigned 2,000 members by the plan; none of them are HIV SNP enrollees. Her HIV SNP Panel Size would be zero "00000".

Data Element Name: Site National Provider Identifier (NPI)   **Required For:** Identification

Format - Length: A/N-10   **Layout Field Location:** IB

Version Number\Effective Date: 8.0 – February 2018

Definition:

The Site National Provider Identifier (NPI) is a unique identification number for covered health care providers. The Site NPI is the facility NPI and not an individual's NPI. This field is optional because not all sites have an NPI. The Federal Government mandated the use of only NPI for electronic healthcare transactions. The NPI number is issued under the direction of the Centers for Medicare & Medicaid Services (CMS). For additional information on NPI, visit www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/

Edit Applications:

1. Must be a valid National Provider Identifier (NPI) number. The NPI is a 10-position numeric identifier (10-digit number).
2. This is a critical data element. Do not leave blank. If not applicable, enter "9999999999".
3. DO NOT enter a provider's individual NPI in this field, it will result in a hard error.

Example:

1. Dr. Kehinde participates in Medicaid & HIV SNP and his site's NPI is 0987654321. Enter "0987654321" in this field.

Provider Network Data System

V. ANCILLARY/SERVICE CENTERS
ELEMENT DESCRIPTIONS

Data Element Name: Site Name

Required For: Location

Format - Length: A-150

Layout Field Location: A

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The name of the contracted service center, i.e., the name of the hospital, pharmacy, radiology center, clinic, etc. If you have contracted with a facility that has more than one location, each location must be listed separately.

Edit Application:

1.   Must be a valid entry. Left justify.

2.   Do not leave blank. This is a critical data element. This element must be completed for the record to be accepted.

Example:

1.   Some examples of valid names are:

        Catholic Med Ctr of Bklyn & Queens @ St. Joseph's Hospital Div.
        Champlain Valley Physicians Hospital Medical Ctr.
        Buffalo General Hospital
        Terrance Cardinal Cooke Health Care Center
        Foot Clinics of NY
        Eastern Star Home and Infirmary

Data Element Name: Room or Suite Number   **Required For:** Location

Format - Length: A/N-20   **Layout Field Location:** B

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The room or suite number that is associated with the service center's site name and/or address.

Edit Application:

1.   Room or suite number is a critical data element (implemented Quarter 1, 2009). An entry for room or suite number must be on the record in order for the record to be accepted.

2.   If Not Applicable enter "NA".

Example:

1.   The radiology center is located in Suite 100 of the Professional Office Center. Enter "Suite 100" or "Room 100".

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 11

Data Element Name: Street Address   **Required For:** Location

Format - Length: A/N-49   **Layout Field Location:** C

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 10.0 –Aug 2020

Definition:

The street name associated with the service center's address.

Edit Applications:

1.   Must be a valid entry.

2.   Do not leave blank. This is a critical data element.

3.   Do not include room or suite number. Use the Room or Suite Number element for these.

4.   PO Box is not acceptable as a valid street address. Submitting a PO box in this field will result in a soft error (the error can be ignored if the organization being submitted does not have a physical site address, for example, some transportation companies).

Example:

1.   The Service Center located at 95-27 Western Blvd would be entered as "95-27 Western Boulevard".

2.   The Service Center located at 329 West Seventh Street would be entered as "329 West 7th Street".

3.   The Service Center located at 1646 Third Street would be entered as "1646 3rd Street".

Data Element Name: Town/City

Required For: Location

Format - Length: A/N-30

Layout Field Location: D

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The name of the town or city associated with the service center's address. The town/city name of the service center is most often designated by the U.S. Postal Service. There should be one record for each service center location.

Edit Applications:

1.   Must be a valid entry.

2.   Do not leave blank. This is a critical element.

Example:

1.   The ABC Service Center is located in Syracuse, NY. The town/city should be entered as "Syracuse".

Data Element Name: State   **Required For:** Location

Format - Length: A/N-2   **Layout Field Location:** E

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The name of the State in which the contracted service center is located.

Edit Application:

1.   Must be a valid US Postal Service State code:
        Example:
        "NY" = New York;
        "PA" = Pennsylvania;
        "VT" = Vermont;
        "CT" = Connecticut;
        "NJ" = New Jersey.

2.   Do not leave blank. This is a critical data element.

Example:

1.   The Doctors-R-Us Clinic is located in the State of New York. Enter "NY" for the State.

Data Element Name: Borough/County   **Required For:** Location

Format - Length: A/N-3   **Layout Field Location:** F

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The federal government has identified a code for each county in the United States. The Federal Information Processing Standard (FIPS) code is a five-digit code for each county. We use the last three digits of the FIPS code to distinguish the counties for each provider. FIPS codes are listed on the PNDS page.

Edit Application:

1.   Must be a valid FIPS county code. See the codes listed in Section VI.

2.   Do not leave blank. This is a critical data element.

3.   There is an edit check between FIPS code and zip code; records may be rejected if a zip code does not fall in the appropriate FIPS county code. This may mean you have entered either a wrong zip or a wrong FIPS County code.

4.   Must be right justified. Zero padding is optional.

Example:

1.   The Doctors-R-Us clinic is located in Columbia County. The FIPS code for Columbia County is "021".

Data Element Name: Zip Code

Required For: Location

Format - Length: A/N-5

Layout Field Location: G

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The zip code associated with the service center's mailing address. The zip code is assigned by the United States Postal Service. There should be one record for each service center location. Zip codes are listed on the PNDS page.

Edit Application:

1.   Must be a valid zip code.

2.   Do not leave blank. This is a critical data element.

3.   Must be right justified. Zero padding is optional.

Example:

1. Doctors-R-Us have a zip code of "14308". This should be entered in the zip code field.

2. The Bronx Aids Services, Inc. is a Harm Reduction Services/SEP. One of its branches is located at 226E 144th Street, Bronx, NY 10451-5909. The zip code '10451' must be entered in this field.

3. Remsen Pharmacy is located at 8823 Avenue L, Brooklyn, NY 11236. The zip code '11236' should be entered in this field.

Data Element Name: Zip Plus Four

Format - Length: A/N-4

Version Number\Effective Date: 1 – Dec. 1996

Required For: Location

Layout Field Location: H

Definition:

The zip-plus-four code associated with the service center's mailing address.

Edit Application:

1.   Must be a valid code.

2.   Must be right justified. Zero padding is optional.

3.   This is a critical data element and cannot be left blank when reporting Harm Reduction Services/SEP.

Example:

1. Doctors-R-Us has a zip-plus-four code of "1598". This should be entered in the correct position.
2. The Bronx Aids Services, Inc. is a Harm Reduction Services/SEP. One of its branches is located at 226E 144th Street, Bronx, NY 10451-5909. The zip-plus-four code '5909' must be entered in this field. This is a critical data element for Harm Reduction Services/SEP and cannot be left blank when reporting these sites.

Data Element Name: Designated Service	**Required For:** Service
Format - Length: A/N-3	**Layout Field Location:** I
Version Number\Effective Date: 1 – Dec. 1996	**Revision Date:** 10.0 –Aug 2020

Definition:

The designated service is the major health service that you have contracted for and that will be provided to your enrollees by the service center.

Edit Application:

1.   Must use valid codes. (See Section VI for codes.) Right justify and zero-fill to the left.

2.   Do not leave blank. This is a critical data element.

Example:

1.   The Doctors-R-Us Clinic is a comprehensive Article 28 clinic. The code for this clinic is "321". (If it is not an Article 28 clinic, use "914" for a "General Medicine" Clinic.)

2.   General Hospital is a certified Article 28 facility with which your plan has contracted to provide inpatient and radiology services. Enter "011" in the designated service for inpatient hospital. In addition, you would enter the appropriate codes in the Additional Service Segment in the record, i.e., Radiology has a code of "200" and Hospital Inpatient has a code of "001".

NOTE: If the hospital has other services that are not listed in the Additional Service Segment that you need to report, you must fill out another record with that appropriate designated service code, i.e., General Hospital has a nutrition program that you have contracted with; you have to enter the same hospital name, address, etc., with the designated service code for the Nutrition Program "909" (you should zero-fill all the elements in the Additional Service Segment).

If the submitted designated service code, PFI, and license crosswalk to a row in the Health Facilities Information System (HFIS), the name and address of the submitted site will be updated to match the record in HFIS before the data is promoted to the network adequacy review and the NYS Provider & Health Plan Look-Up

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Data Element Name: Number of Providers at Service Center   **Required For:** Service

Format - Length: N-5   **Layout Field Location:** J

Version Number\Effective Date: 2.0-Oct. 1997   **Revision Date:** 5.0 – Nov. 2000

Definition:

This data element refers **only** to the professional caregivers at the contracted ancillary/service facilities listed below and to the provider types listed in the provider file:

> General Medical Clinics
> Behavioral Health Facilities
> Mental Health Facilities
> Chemical Dependency

This data element is used to indicate the number of licensed/certified practitioners who work in the service center that you have contracted with (i.e., radiology group, mental health facility, etc.) and who may be listed on your provider file or provider directory. Only provider types listed on the provider files should be included.

If the providers are not listed individually on the provider file you may be asked to submit a list of them annually to the Bureau of Managed Care Certification and Surveillance.

You do not need to report the number of providers for hospitals.

Edit Application:

1.   Must be a valid code. Do not leave blank.

Example:

1.   XYZ plan contracts with Sunset Rehabilitation Center where there are 25 physical therapists on staff. ALL 25 physical therapists should be listed on the Provider File as individual providers. The "Number of Professionals at Service Center" would be "25".

2.   XYZ contracts with a CVS Pharmacy. Pharmacists do not need to be listed on the provider file. The "Number of Professionals at Service Center" would be "0".

3.   XYZ contracts with Blue Mountain Hospital. Hospitals are not included in this data element so you do not need to list the providers who work for Blue Mountain Hospital. Enter "0". You may list individuals who work at the hospital and provide services to your plan's members individually on the provider file if you wish.

Data Element Name: National Provider Identification (NPI)   **Required For:** Service

Format - Length: A/N-10   **Layout Field Location:** K

Version Number\Effective Date: 6.5 – Feb 2010

Definition:

The National Provider Identifier (NPI) is a unique identification number for covered health care providers. The Federal Government mandated the use of only NPI for electronic healthcare transactions. The NPI number is issued under the direction of the Centers for Medicare & Medicaid Services (CMS). Unless exempt from NPI, all managed care plans must report the NPI of all their participating providers during the quarterly or annual Provider Network Data submission. For additional information on NPI, visit www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/

Edit Applications:

1. Must be a valid National Provider Identifier (NPI) number. The NPI is a 10-position numeric identifier (10-digit number).

2. This is a critical data element. An entry must be made for every participating provider record for the record to be accepted. Do not leave blank.

3. The NPI is validated for each record on the entire submission. If more than 5% of the entire submission does not have a valid NPI, the entire submission will be rejected.

4. For facilities/services exempt from NPI, you should enter "8888888888" and provide documentation of the exempt status.

5. DO NOT enter a provider's individual NPI in this field, it will result in a hard error.

Example:

1. Albany Medical Center has the National Provider Identifier number of "5426871301". Enter "5426871301" in this field.

2. Camela Home Care is exempt from NPI, enter "8888888888" in this field and provide documentation of exempt status.

3. ABC Treatment Center participates in Medicaid, Commercial & Child Health Plus but has not yet received an NPI. Enter "9999999999" in this field. Do not   leave blank.

Data Element Name: License/Facility Operating Certificate   **Required For:** Service

Format - Length: A/N-8   **Layout Field Location:** L

Version Number\Effective Date: 1 – Dec. 1996   **Revision Date:** 10.0 –Aug 2020

Definition:
The Facility Operating Certificate number (OPCERT) is the code used to identify an Article 28, 36 or 40 facility location and is assigned as part of their license or certificate of operation. These facilities are: hospitals, diagnostic & treatment centers (clinics), long term home health care programs (LTHHCPs) residential health care facilities (nursing homes), certified home health care agencies (CHHAs), adult day health care programs, and hospice facilities. Often a large facility has only one operating certificate, but more than one location. (The permanent facility indicator, PFI, number is used to identify the location of the facility and remains the same even if the facility changes ownership.)

Edit Applications:

1.   Must use valid codes.

2.   This is a critical element for the following Designated Services that are DOH certified facilities, except where Additional Service Code is specified as 407 (Tribal Health Centers):
            011 – Hospitals
            660 - Institutional Long Term Care
            663 – Institutional Short Term Care
            664 – Adult Day Health Care
            665 - Home Care Certified (Long Term and Home Health Care)
            321 – Clinics
            079 – School Based Health Centers
            669 - Hospices
            599 - Laboratories reported separately or laboratories reported in a hospital setting ("011" as the designated service, with "599" in one of the additional service codes 1-25)
            668 - Licensed Home Health Care Agencies
            760- Pharmacy
            011 or 321 – Federally Qualified Health Centers (FQHC)
            011 or 321 – Designated AIDS Centers

   3.   This data element can be left blank for all other facilities.

Example:

   1.   The License Number/Facility Operating Certificate for Julia L. Butterfield Memorial Hospital is "3920000H". This should be entered in the correct position.

2. The registration number of Remsen Pharmacy is "14795". This number should be entered in the License/Facility Operating Certificate field. Out of state pharmacies that do not have NYS license numbers can be submitted with a 9-filled license number ("99999999").

3. The License Number for a Certified Home Health Agency (CHHA) is seven characters in length. You must fill to the left and leave a blank space. For example, Village Center for Care has a license number of "7002648". This would be entered "7002648".

4. The Medpath Laboratory is a certified CLIA lab. Their main headquarters are located in New Jersey. Your managed care plan uses three draw stations in New York State. Enter the local address for each draw station and the facility operating certificate number for the main facility.

NOTE: If the submitted designated service code, PFI, and license crosswalk to a row in the Health Facilities Information System (HFIS), the name and address of the submitted site will be updated to match the record in HFIS before the data is promoted to the network adequacy review and the NYS Provider & Health Plan Look-Up.

Data Element Name: Permanent Facility Identifier (PFI)	**Required For:** Service
Format - Length: A/N-6	**Layout Field Location:** M
Version Number\Effective Date: 3 – Nov. 1998	**Revision Date**: 10.0 –Aug 2020

Definition:

The Permanent Facility Identifier (PFI) is the code used to identify an Article 28, 36 or 40 facility location. It remains the same even if the facility changes ownership. These facilities are: hospitals, diagnostic & treatment centers (clinics), long term home health care programs (LTHHCPs) residential health care facilities (nursing homes), certified home health care agencies (CHHAs), adult day health care programs, and hospice facilities. Often a large facility has only one operating certificate but more than one location and PFI.

Edit Applications:

1. Must use valid codes.

2. This is a critical element for the following Designated Services that are DOH certified facilities, except where Additional Service Code is specified as 407 (Tribal Health Centers):
    > 011 - Hospitals
    > 660 – Institutional Long Term Care
    > 663 – Institutional Short Term Care
    > 664 – Adult Day Health Care
    > 665 - Home Care Certified (Long Term and Home Health Care)
    > 321 - Clinics
    > 079 – School Based Health Centers
    > 669 - Hospices
    > 599 - Laboratories reported separately or laboratories reported in a hospital setting (011 as the designated service, with 599 in one of the additional services codes 1-25)
    > 011 or 321 – Federally Qualified Health Centers (FQHC)
    > 011 or 321 – Designated AIDS Centers

3. This data element can be left blank for all other facilities.

4. Must be right justified. Zero padding is optional.

Example:

1. Your managed care plan has contracted with Bellevue Hospital Center (operating certificate #7002001H). The PFI for this facility is "1438" and should be entered as "001438".

2.   Your managed care plan has contracted with Beth Israel Medical Center (operating certificate #7002002H). This hospital facility has two locations; if contracted for the services at BOTH locations enter TWO records. One record will have the PFI "001439" and address of the Petrie Campus location at First Ave at 16th Street, NY, NY; the second record will be for the North Division and will have the PFI of "001441" and street address of 170 East End Avenue.

3.   Your managed care plan has contracted with a consortium of health services licensed under the operating certificate of "1401014H". This includes Buffalo General Hospital with a PFI of "0207", Children's Hospital of Buffalo with a PFI of "0208" and Columbus Community Healthcare Center with a PFI of "0205". These should be entered as "000207", "000208" and '000205". A SEPARATE RECORD should be entered for each of these locations which indicate their unique address, location and PFI.

4.   The Quest Diagnostics Laboratory is a certified CLIA lab. Their main headquarters are located in New Jersey. Your managed care plan uses three local draw stations in New York State. Enter the local address for each draw station and the approved PFI number for the corresponding operating number of the main site.

NOTE: If the submitted designated service code, PFI, and license crosswalk to a row in the Health Facilities Information System (HFIS), the name and address of the submitted site will be updated to match the record in HFIS before the data is promoted to the network adequacy review and the NYS Provider & Health Plan Look-Up.

Data Element Name: Medicaid Provider Identification Number	**Required For:** Service
Format - Length: A/N-8	**Layout Field Location:** N
Version Number\Effective Date: 1 – Dec. 1996	**Revision Date:**10.0–Aug 2020

Definition:

Each service center that provides services to the Medicaid population has been assigned a Medicaid Provider Number. This number is used for billing purposes under the Medicaid fee-for-service system and is used for identification of services provided under managed care with the Medicaid Encounter Data System.

Edit Application:

1.   Must be a valid code.

2.   Right justify all numbers and zero-fill to the left.

3.   The MMIS is validated for each record that contains a qualifying designated service code (011, 307, 321, 599, 613, 615, 660, 664, 665, 666, 669, 670, 671, 740, 760, 969) and contains one or more of the Medicaid product indicators. (Refer to the MMIS Explanatory Document in the PNDS portal's Reference Downloads Section.)

4.   This validation edit is processed by comparing the submitted MMIS ID and designated service code to Medicaid Provider Enrollment (reference data). If no match is found, a Part A error will occur. If a match is found, but the submitted NPI-MMIS combination does not match the reference data's NPI-MMIS combination, a Part B error will occur.

5.   Fill in "99999999" for providers that are Commercial. If the Commercial MEDS ID is not 9-filled, you will receive a critical error (effective Quarter 1, 2009).

Example:

1.   The ABC Cohoes Center has a Medicaid Provider Indicator number of "01112234" associated with its nursing home. When submitting a row for this site with designated service code 660 ("Nursing Home"), enter 01112234.

NOTE: Not all service centers may have a Medicaid Provider Identification Number. You should refer to the MMIS file in the Reference Downloads section of the PNDS portal to search for a service center's MMIS ID.

Data Element Name: Managed Care Plan's Facility ID	**Required For:** Service
Format - Length: A/N-20	**Layout Field Location:** O
Version Number\Effective Date: 4.0 – Oct. 1999	**Revision Date:** 8– Jul. 2017

Definition:

The Managed Care Plan Facility ID refers to the internal coding of the facility or service center used by the managed care plan. This data element is for matching the internal computer systems used by a managed care plan with the codes/reports printed on the PNDS site. If your managed care plan does not have an internal coding scheme, you DO NOT have to create one for this data element.

Edit Application:

1.   None. This is an optional data element for use by the individual managed care plan.

2.   You may leave this data element blank or zero-fill if you do not intend to use.

Example:

1.   XYZ managed care plan has contracted with a hospital, Blue County Hospital. The internal computer systems at XYZ Managed Care Plan have coded Blue County Hospital as: "281978HOSP". This code would be entered in the managed care plan's facility ID for the Blue County Hospital record.

Data Element Name: Commercial Provider Indicator   **Required For:** Service

Format - Length: A/N-1   **Layout Field Location:** P

Version Number\Effective Date: 5.0 – Nov. 2000

Definition:

The Commercial Provider Indicator is used to determine if a service center or facility serves Commercial members of the managed care plan.

Edit Application:

1.   Codes must be valid:
           0 = Not a Commercial service center/facility
           1 = Commercial service center/facility. This facility/location provides care to members of a commercially recognized managed care plan

2.   Do not leave blank. This is a critical data element for ALL Records.

Example:

1.   Franko Health Care Clinic contracts with the XYZ managed care plan to serve their Commercial members. The data element for Franko Health Care Clinic would be coded with a "1".

2.   The All Health Outpatient Clinic of St. Hope Hospital serves only individuals receiving public assistance (Medicaid, HIV SNP or CHP). This data element for All Health Clinic would be coded with a "0".

NOTE: Each facility location must have an indicator for each type of member they contract to serve.

Data Element Name: Medicaid Provider Indicator   **Required For:** Service

Format - Length: A/N-1   **Layout Field Location:** Q

Version Number\Effective Date: 5.0 – Nov. 2000

Definition:

The Medicaid Provider Indicator is used to determine if a service center or facility serves Medicaid managed care enrollees.

Edit Application:

1.   Codes must be valid:
          0 = Not a Medicaid managed care service center/facility
          1 = Medicaid managed care service center. This facility/location provides care to members of a Medicaid recognized managed care plan

2.   Do not leave blank. This is a critical data element for ALL Records.

Example:

1.   The Pyramid Health Center, contracts with a Commercial HMO that also participates in Medicaid managed care. The center provides direct care to the Medicaid members. This facility would be considered a Medicaid Managed Care Provider and coded as "1" in the Medicaid Provider Indicator Data Element.

2.   The "Last Stop" Health Center also contracts with a Commercial HMO, but only provides care for members who work for Long Island Railroad, Long Island Shore Company and Long Island Telephone Company. This facility is coded as a "0" because it does not provide care to Medicaid Managed Care members.

NOTE: Each facility location must have an indicator for each type of member they contract to serve.

Data Element Name: Medicare Provider Indicator

Required For: Service

Format - Length: A/N-1

Layout Field Location: R

Version Number\Effective Date: 5.0 – Nov. 2000

Definition:

The Medicare Provider Indicator is used to determine if a service center or facility provides care to members receiving Medicare.

Edit Application:

1. Codes must be valid.
  0 = Not a Medicare managed care service center/facility.
  1 = Medicare managed care service center/facility. This facility/location provides care to members of a Medicare recognized managed care plan.

2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. SoftToe is a physical rehabilitation center that contracts with New Health Managed Care Plan. The center provides care to Medicare members of New Health. The center would be coded as "1" because it provides direct care to Medicare managed care members.

NOTE: Each facility location must have an indicator for each type of member that they contract to serve.

Data Element Name: Child Health Plus Indicator **Required For:** Service

Format - Length: A/N-1 **Layout Field Location:** S

Version Number\Effective Date: 5.0 – Nov. 2000

Definition:

The Child Health Plus Provider Indicator is used to determine if a service center or facility provides care to members receiving Child Health Plus (CHP).

Edit Application:

1. Codes must be valid:
    0 = Not a CHP service center/facility.
    1 = CHP service center/facility. This facility/location provides care to members of a CHP recognized managed care plan.

2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Smith Kidney Center provides dialysis care for the All Health Medicaid Managed Care Plan that is also certified to participate in the NYS CHP insurance program. This center provides care to CHP children. The data element for Smith Kidney Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of member that they contract to serve.

Data Element Name: HARP Indicator   **Required For:** Service

Format - Length: A/N-1   **Layout Field Location:** T

Version Number\Effective Date: 6.9 – July 2015

Definition:

The HARP Provider Indicator is used to determine if a service center or facility provides care to HARP members.

Edit Application:

1. Codes must be valid:
    - 0 = Not a HARP service center/facility.
    - 1 = HARP service center/facility. This facility/location provides care to members of a HARP plan.

2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Madison Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the HARP program. This kidney center provides care to HARP adults. This data element for Madison Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of that they contract to serve.

Data Element Name: Medicaid Advantage Indicator   **Required For:** Service

Format - Length: A/N-1   **Layout Field Location:** U

Version Number\Effective Date: 6.5 – October 2011

Definition:

The Medicaid Advantage Provider Indicator is used to determine if a service center or facility provides care to Medicaid Advantage members.

Edit Application:

1.   Codes must be valid:
>   0 = Not a Medicaid Advantage service center/facility.
>   1 = Medicaid Advantage service center/facility. This facility/location provides care to members of a Medicaid Advantage plan.

2.   Do not leave blank. This is a critical data element for ALL Records.

Example:

1.   Health is Wealth Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the Medicaid Advantage program. This kidney center provides care to Medicaid Advantage adults. This data element for the Health is Wealth Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of that they contract to serve.

Data Element Name: Partial CAPS Indicator   **Required For:** Service

Format - Length: A/N-1   **Layout Field Location:** V

Version Number\Effective Date: 6.5 – October 2011

Definition:

The Partial CAPS Provider Indicator is used to determine if a service center or facility provides care to Partial CAPS members.

Edit Application:

1.   Codes must be valid:
          0 = Not a Partial CAPS service center/facility.
          1 = Partial CAPS service center/facility. This facility/location provides care
          to members of a Partial CAPS plan.

2.   Do not leave blank. This is a critical data element for ALL Records.

Example:

1.   Applegate Center provides dialysis care for the All Health Medicaid Managed Care
       Plan that has been certified to participate in the Partial CAPS program. This kidney
       center provides care to Partial CAPS adults. This data element for Applegate
       Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of that they contract to serve.

Data Element Name: MAP Indicator   **Required For:** Service

Format - Length: A/N-1   **Layout Field Location:** W

Version Number\Effective Date: 6.5 – October 2011

Definition:

The MAP Provider Indicator is used to determine if a service center or facility provides care to MAP members.

Edit Application:

1.   Codes must be valid:
          0 = Not a MAP service center/facility.
          1 = MAP service center/facility. This facility/location provides care to members of a MAP plan.

2.   Do not leave blank. This is a critical data element for ALL Records.

Example:

1.   Bellaire Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the MAP program. This kidney center provides care to MAP adults. This data element for Bellaire Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of that they contract to serve.

Data Element Name: PACE Indicator

Required For: Service

Format - Length: A/N-1

Layout Field Location: X

Version Number\Effective Date: 6.5 – October 2011

Definition:

The PACE Provider Indicator is used to determine if a service center or facility provides care to PACE members.

Edit Application:

1.   Codes must be valid:
            0 = Not a PACE service center/facility.
            1 = PACE service center/facility. This facility/location provides care to members of a PACE plan.

2.   Do not leave blank. This is a critical data element for ALL Records.

Example:

1.   Madison Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the PACE program. This kidney center provides care to PACE adults. This data element for Madison Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of that they contract to serve.

Data Element Name: FIDA Indicator

Required For: Service

Format - Length: A/N-1

Layout Field Location: Y

Version Number\Effective Date: 6.8 – October 2014

Definition:

The FIDA Provider Indicator is used to determine if a service center or facility provides care to FIDA members.

Edit Application:

1.   Codes must be valid:
          0 = Not a FIDA service center/facility.
          1 = FIDA service center/facility. This facility/location provides care to members of a FIDA plan.

2.   Do not leave blank. This is a critical data element for ALL Records.

Example:

1.   Madison Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the FIDA program. This kidney center provides care to FIDA adults. This data element for Madison Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of that they contract to serve.

Data Element Name: NYSoH Standard EP Indicator   **Required For:** Service

Format - Length: A/N-1   **Layout Field Location:** Z

Version Number\Effective Date: 6.9 – May 2015

Definition:

The NYSoH Standard Essential Health Plan (EP) Indicator is used to determine if a service center or facility provides care to NYSoH Standard EP members.

Edit Applications:

1.   Codes must be valid.
2.   Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSoH Standard EP service center/facility;
1 = NYSoH Standard EP service center/facility. This facility/location provides care to members of a NYSoH Standard EP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSoH Standard EP. This kidney center provides care to NYSoH Standard EP adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

Data Element Name: NYSoH EP Plus Adult Vision and Dental Indicator

Required For: Service

Format - Length: A/N-1   **Layout Field Location:** AA

Version Number\Effective Date: 6.9 – May 2015

Definition:

The NYSoH EP plus Adult Vision and Dental Indicator is used to determine if a service center or facility provides care to NYSoH EP plus Adult Vision and Dental members.

Edit Applications:

1.   Codes must be valid.
2.   Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSoH EP plus Adult Vision and Dental service center/facility;
1 = NYSoH EP plus Adult Vision and Dental service center/facility. This facility/location provides care to members of a NYSoH EP plus Adult Vision and Dental.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSoH EP plus Adult Vision and Dental. This kidney center provides care to NYSoH EP plus Adult Vision and Dental adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 11

Data Element Name: Commercial Non-MCO Medical Ind 1-8   **Required For:** Provider

Format - Length: A/N-1   **Layout Field Location:** AB, BQ-BW

Version Number\Effective Date: 1 – Sep. 2016   **Revision Date:** 9 – May 2019

Definition:

Commercial Non-MCO Medical Indicators 1-8 are used to determine if a specific product is a non-government, non-managed care product (medical only).

Edit Applications:

1.   Codes must be valid.
2.   Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a Commercial Non-MCO (medical only);
1 = Commercial Non-MCO Medical product.

Example:

1.   Dr. Blue provides direct care to individuals enrolled in an ABC Health Inc. medical product. The network associated with Commercial Non-MCO Medical Indicator 1 should be coded with a "1"

Data Element Name: Area Code	**Required For:** Service
Format - Length: A/N-3	**Layout Field Location:** AD
Version Number\Effective Date: 1 – Dec. 1996	**Revision Date:** 5.0 – Nov. 2000

Definition:

The telephone area code for the facility/service center.

Edit Application:

1.   This is a critical data element for all providers.

2.   Must be valid area code number. The following fills will be rejected: all blanks, all zeros, like digits such as "999" and number series, such as "123" or "876".

Example:

1.   The Doctors-R-Us clinic is located in NYC where the area code is 212. Enter "212".

Data Element Name: Phone Number

Required For: Service

Format - Length: A/N-7

Layout Field Location: AE

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

The telephone number for the facility/service center.

Edit Application:

1.   This is a critical data element for all providers.

2.   Must be a valid telephone number. The following fills will be rejected: all blanks, all zeros, like digits such as "8888888" and number series, such as "1234567" or "8765432".

3.   Do not include hyphens.

4.   Must be 7 digits.

Example:

1.   The Doctors-R-Us has a telephone number of 379-2468. Enter "3792468".

Data Element Name: Service 1 - 25   **Required For:** Additional Services

Format - Length: A/N-3   **Layout Field Location:** AF-BD

Version Number\Effective Date: 5 – Nov. 2000   **Revision Date:** Oct. 2002

Definition:

The service or services contracted to be provided at the location.

Edit Application:

1.   Codes must be valid. See Appendix for Codes.

2.   Do not leave blank. This is a critical data element.

3.   <u>At least one Additional Service must be reported for a hospital</u>; the others may be filled with "000".

        For hospitals providing inpatient services, use designated service code "011" for Article 28 hospitals and additional service code "899" for inpatient services.

4.   Service centers/facilities that do not have additional services to be reported beyond the designated service code should be entered as "000".

5.   Must be right justified. Zero padding is optional.

Example:

1.   The Happy Hospital Center is a certified Article 28 hospital; they are licensed to provide the following services:

- Inpatient Services
- Radiology
- Physical Rehab Therapy
- Occupational Therapy
- Anesthesiology and
- Social Work Services
- Laboratory Services available to both inpatients and outpatients

The Outcomes Health Plan contracts for all of the hospital's services. This facility would be coded as "011" in the designated service data element; seven of the twenty-five service codes should be coded (all twenty-five are searched for codes); here, the Service 1-Service 7 data elements would have the following codes:

Service 1:	899	for inpatient
Service 2:	200	for radiology
Service 3:	300	for physical therapy
Service 4:	301	for occupational therapy
Service 5:	020	for anesthesiology
Service 6:	650	for general vascular surgery
Service 7:	599	for laboratories

The remaining Service 8-Service 25 data elements would be left blank or "000" filled for this record.

1. The Ichabod Crane Health Center is a certified Article 28 clinic; they are licensed to provide the following services:
   - Primary medical care center
   - Dental
   - Birthing
   - Diagnostic Radiology

The Y2 Managed Care Plan contracts with the Health Center for <u>only</u> the primary care and dental services. This facility would be coded as "321" in the designated service data element; two of the twenty-five service codes should be coded (all twenty-five are searched for codes); here, the Service 1-Service 2 data elements would have the following codes:

Service 1:	914	for general medicine
Service 2:	911	for dental

Your plan does not contract for birthing and diagnostic radiology services. Those services should not be included in the submission.

2. The Bush Hospital is certified to provide the following services:
   - Hospital Inpatient
   - Mental Health Inpatient
   - Radiology
   - OB/GYN Services

The Green Managed Care Plan contracts with Bush Hospital only for the Mental Health Inpatient Services. This facility would be coded as "011" in the designated service data element and "616" in <u>one</u> of the Service 1-Service 25 data elements. The remaining service data elements would be blank or "000" filled.

NOTE: Do not repeat records for the same location. Put as many services on one record as possible. If you have contracted for more than 25 services, and need to submit them on the PNDS, then you must submit a separate record.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 11

Data Element Name: NYSoH Medical Network Indicators 1-9   **Required For:** Service

Format - Length: A/N-1   **Layout Field Location:** BE-BM

Version Number\Effective Date: 6.6 – Apr. 2013   **Revision Date:** May 2019

Definition:

The NYSoH Medical Network Indicators 1-9 are used to determine if a service center or facility provides care to NYSoH Medical Network members.

Edit Applications:

1.   Codes must be valid.
2.   Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSoH Medical Network service center/facility;
1 = NYSoH Medical Network service center/facility. This facility/location provides care to members of a NYSoH Medical QHP network.

Example:

1. Placid Place provides dialysis care for the All Health System that has been certified to participate in the NYSoH Medical QHP network. This kidney center provides care to NYSoH Medical Network adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

Data Element Name: Specialized I/DD Plans - Provider Led (SIP-PL) Indicator

Required For: Service

Format - Length: A/N-1   **Layout Field Location:** CO

Version Number\Effective Date: 9.0 – May 2019

Definition:

The SIP-PL Indicator is used to determine if a service center or facility provides care to members in a SIP-PL program.

Edit Applications:

1.   Codes must be valid:
        0 = Not a SIP-PL service center or facility;
        1 = SIP-PL service center; provides direct care to enrollees in a SIP-PL program.

2.   Do not leave blank. This is a critical data element for all records.

Example:

1. Hamilton Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the SIP-PL program. This kidney center provides care to SIP-PL enrollees. This data element for Hamilton Center would be coded with a "1".

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 11

Data Element Name: FIDA IDD Indicator   **Required For:** Service

Format - Length: A/N-1   **Field Location:** CP

Version Number\Effective Date: 8.0 – February 2018

Definition:

The FIDA IDD Indicator is used to determine if a service center or facility provides care to members in a FIDA IDD program.

Edit Applications:

1.   Codes must be valid:
        0 = Not a FIDA IDD service center or facility;
        1 = FIDA IDD service center; provides direct care to enrollees in a FIDA IDD program.

2.   Do not leave blank. This is a critical data element for all records.

Example:

   1. Madison Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the FIDA IDD program. This kidney center provides care to FIDA IDD enrollees. This data element for Madison Center would be coded with a "1".

Data Element Name: HIV SNP Indicator   **Required For:** Service

Format - Length: A/N-1   **Layout Field Location:** CQ

Version Number\Effective Date: 8.0 – February 2018

Definition:

The HIV SNP Indicator is used to determine if a service center or facility provides care to members of their managed care plan who receive HIV SNP program.

Edit Applications:

1.   Codes must be valid:
   0 = Not a HIV SNP service center or facility
   1 = HIV SNP service center or facility

2.   Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Madison Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the HIV SNP program. This kidney center provides care to HIV SNP enrollees. This data element for Madison Center would be coded with a "1".

Data Element Name: Servicing County Codes (1-5)   **Required For:** Location

Format - Length: A/N-3   **Layout Field Location:** CR-CV

Version Number\Effective Date: 8.0 – February 2018

Definition:

The federal government has identified a code for each county in the United States. The Federal Information Processing Standard (FIPS) code is a five-digit code for each county. We use the last three digits of the FIPS code to distinguish the counties for each provider. FIPS codes are listed in Section VI: Codes.

These are fields for reporting additional servicing counties, on top of the county code submitted with the physical site address. An all-county code can be used to indicate this site/organization services all 62 New York State counties. All 62 Counties code= 000.

Servicing County Codes (1-5) only apply to the following designated services:

Service	Designated service code	Additional service code
Certified Home Health (CHHA)	665	
Licensed Home Health Care (LHHA)	668	
Consumer Directed Personal Care (CDPC)	914	675, 676
Durable Medical Equipment (DME)	307, 969	
Harm Reduction Services and SEP	613	
Home Delivered and Congregate Meals	667	
Hospice Care	669	
Licensed and/or Certified Home Health - Occupational Therapy (OT), Physical Therapy (PT) and Speech Therapy (ST) services	665, 668	300, 301, 302
Licensed and/or Certified Home Health – Personal Care Assistance (LHHA/CHHA, HHA/PCA)	665, 668	672, 673
Licensed and/or Certified Home Health – Home Based Medical Social Services	665, 668	781
Medical Laboratories	011, 321, 599	599

Non - Emergent Transportation	671, 740	
Nutrition	011, 321, 914, 665	909
Personal Emergency Response (PERS)	615	
Private Duty Nursing	680	
Respiratory Therapy	011, 321, 914	674
Social and Environmental Support	661	

Edit Application:

1.   Must be a valid FIPS county code. See the codes listed in Section VI.

2.   Must be right justified. Zero padding is optional.

3.   Code 000 must only be used in servicing county columns and not in the county field.

4.   Do not leave blank. This is a critical data element. If not applicable, enter "999".

Example:

1. The All-State Durable Medical Equipment supplier is located in Westchester County and services in all 62 New York State counties as well. The FIPS code for Westchester County is "119" and the code "000" must be entered in servicing county code 1 field.
2. The Doctors-R-Us Certified Home Health Agency is located in Queens county, and services the 5 boroughs of New York City. The FIPS code for Queens county (081) should be entered in the borough/county code field, and the FIPS codes for the remaining 4 New York City counties (045, 047, 061, 085) should be entered in servicing county codes 1-4.

NOTE: Do not repeat records for the same location. Put as many counties on one record as possible. If you have contracted for more than 5 servicing counties, and need to submit them on the PNDS, then you must submit a separate record.

Data Element Name: OASAS PRU		**Required For:** Service
Format - Length: A/N-10		**Layout Field Location:** CW
Version Number\Effective Date: 8.2 – October 2018		**Revision Date:** 10.0 –Aug 2020

Definition:

This field refers to the Office of Alcoholism and Substance Abuse Services (OASAS) Program Reporting Unit (PRU) number for plans reporting OASAS facilities/services. This data element is collected for the purpose of matching to the OASAS Market Data. The OASAS Market Data consists of all OASAS Certified Service Providers that can be counted towards network adequacy. All products that require the services listed below use OASAS-supplied market data.

This field should be used by any plan reporting the OASAS services listed in the Edit Application. If your plan is not reporting OASAS facilities/services, you may leave this data element blank.

Edit Applications:

1. Must be a valid code.

2. This is a critical data element and cannot be left blank when reporting the following facilities/services:

Service	Designated Service Code *	Additional Service Code
Inpatient Chemical Dependency (ASA Inpatient)	011, 017, 018	7
Medically Managed Detox Services	011, 017, 018	13
Medically Supervised Detox Services- Inpatient	011, 017, 018, 749	309
Medically Supervised Detox Services- Outpatient	011, 017, 018, 749	357, 989
Opioid Treatment Program	011, 321, 749	751, 922
Outpatient Chemical Dependency - Clinic	011, 321, 914	749, 984, 986
Outpatient Chemical Dependency - Outpatient Rehabilitation	011, 321, 914	987

Residential Substance Abuse Treatment Services	011, 017, 018, 749	15, 16

*Designated Service Codes 011 and 321 are also licensed by DOH and are required to enter valid OPCERT/PFI information in the OPCERT and PFI fields.

3. When submitting OASAS services listed above, the OASAS PRU number field **must** be filled in with valid numbers matching to the OASAS Market Data or "9999999999". Only rows with valid identifiers (not 9-filled) can count toward network adequacy.

4. This filed must be left blank for all other services.

5. The edit validation is processed by comparing the submitted OASAS PRU, OASAS Provider Number, and services codes to the NYS OASAS Market Data file.

6. Right justify all numbers. Zero-filling is optional.

Example:

1. The Sunside Counseling Agency is an OASAS Certified Outpatient Chemical Dependency (Clinic) and participates in Medicaid. The OASAS Program Reporting Unit number for this site location is "678" and may be reported as "678" or "0000000678". This same Agency has a satellite location not listed in the OASAS Market Data. This location should be reported with a PRU number of "9999999999".
2. New Directions is located at 185 Fulton Ave in Hempstead, NY. This location is not certified by OASAS to offer Residential Substance Abuse Treatment Services. This field should be left blank.

Data Element Name: OASAS Provider Number   **Required For:** Service

Format - Length: A/N-10   **Layout Field Location:** CX

Version Number\Effective Date: 8.2 – October 2018   **Revision Date:** 10.0 –Aug 2020

Definition:

This field refers to the OASAS Provider Number for plans reporting OASAS facilities/services. This data element is collected for the purpose of matching to the OASAS Market Data. The OASAS Market Data consists of all OASAS Certified Service Providers that can be counted towards network adequacy. All products that require the services listed below use OASAS-supplied market data.

This field should be used by any plan reporting the OASAS services listed in the Edit Application. If your plan is not reporting OASAS facilities/services, you may leave this data element blank.

Edit Applications:

1. Must be a valid code.

2. This is a critical data element and cannot be left blank when reporting the following facilities/services:

Service	Designated Service Code*	Additional Service Code
Inpatient Chemical Dependency (ASA Inpatient)	011, 017, 018	7
Medically Managed Detox Services	011, 017, 018	13
Medically Supervised Detox Services- Inpatient	011, 017, 018, 749	309
Medically Supervised Detox Services- Outpatient	011, 017, 018, 749	357, 989
Opioid Treatment Program	011, 321, 749	751, 922
Outpatient Chemical Dependency - Clinic	011, 321, 914	749, 984, 986
Outpatient Chemical Dependency - Outpatient Rehabilitation	011, 321, 914	987

Residential Substance Abuse Treatment Services	011, 017, 018, 749	15, 16

*Designated Service Codes 011 and 321 are also licensed by DOH and are required to enter valid OPCERT/PFI information in the OPCERT and PFI fields.

3. When submitting OASAS services listed above, the OASAS Provider number field **must** be filled in with valid numbers matching to the OASAS Market Data or "9999999999". Only rows with valid identifiers (not 9-filled) can count toward network adequacy.

4. This filed must be left blank for all other services.

5. The edit validation is processed by comparing the submitted OASAS PRU, OASAS Provider Number, and services codes to the NYS OASAS Market Data file.

6. Right justify all numbers. Zero-filling is optional.

Example:

1. HHH Health is an OASAS Certified Outpatient Chemical Dependency (Clinic) and participates in Medicaid. The OASAS Provider Number for this site location is "20", and may be reported as "20" or "0000000020". HHH Health also has a satellite location not listed in the OASAS Market Data. This satellite location should be listed with a Provider Number of "9999999999".
2. Inspiring Health Care is located at 48 Madison Ave in Brooklyn, NY. This location is not certified by OASAS to offer Residential Substance Abuse Treatment Services. This field should be left blank.

Data Element Name: OMH ID   **Required For:** Service

Format - Length: A/N-10   **Layout Field Location:** CY

Version Number\Effective Date: 8.2 – October 2018   **Revision Date:** 10.0 –Aug 2020

Definition:

This field refers to the Office of Mental Health (OMH) Home and Community Based Services (HCBS) Number **or** OMH License (OPCERT) Number for plans reporting OMH facilities/services. This data element is collected for the purpose of matching to the OMH Market Data. The OMH Market Data consists of all OMH Certified Service Providers that can be counted towards network adequacy. All products that require the services listed below use OMH-supplied market data.

This field should be used by any plan reporting the OMH services listed in the Edit Application. If your plan is not reporting OMH services, you may leave this data element blank. Plans reporting OMH Home and Community Based Services (HCBS) should use this field to report the OMH HCBS ID. This field should be used to report the OMH License (OPCERT) Number for all other OMH Services.

Edit Applications:

1.   Must be a valid code.

2.   This is a critical data element and cannot be left blank when reporting the following facilities/services:

Service	Designated Service Code*	Additional Service Code
CORE Community Psychiatric Supports and Treatment (CPST)	839	0
Adult BH HCBS Education Support Services	862	0
CORE Family Support and Training	855	0
Adult BH HCBS Habilitation	854	0
Adult BH HCBS Intensive Supportive Employment	860	0
Adult BH HCBS Ongoing Supported Employment	861	0
CORE Peer Support	837	0

OPWDD Adult BH HCBS Prevocational Services	858	0
CORE Psychosocial Rehabilitation (PSR)	836	0
Adult BH HCBS Transitional Employment	859	0
Assertive Community Treatment (ACT)	816	0
Children's Community Psychiatric Support and Treatment	022	0
Children's Crisis Intervention	023	0
Children's Family Peer Support Services	036	0
Children's HCBS Caregiver Family Support and Services	037	0
Children's HCBS Community Habilitation	038	0
Children's HCBS Community Self Advocacy Training and Support	039	0
Children's HCBS Crisis Respite	044	0
Children's HCBS Day Habilitation	045	0
Children's HCBS Palliative Care Bereavement Services	046	0
Children's HCBS Palliative Care Expressive Therapy	047	0
Children's HCBS Palliative Care Massage Therapy	048	0
Children's HCBS Palliative Care Pain and Symptom Management	049	0
Children's HCBS Planned Respite	051	0
Children's HCBS Pre – Vocational Services	052	0
Children's HCBS Supported Employment	053	0
Children's Other Licensed Practitioner	054	0

Children's Psychosocial Rehabilitation	077	0
Comprehensive Psychiatric Emergency Program (CPEP)	992	0
Continuing Day Treatment	312, 317	0
Inpatient Mental Health	011, 017, 018	616
Outpatient Mental Health Clinic	011, 017, 018, 321, 914, 375	375, 974
Outpatient Mental Health Clinic – Children and adolescents under 21	011, 017, 018, 321, 914, 375	008, 021
Outpatient Mental Health Clinic – State Operated	971	971
Partial Hospitalization	313, 318	0
Personalized Recovery Oriented Services	829	0
Youth Peer Support Services	078	0

*Designated Service Codes 011 and 321 are also licensed by DOH and are required to enter valid OPCERT/PFI information in the OPCERT and PFI fields.

3. When submitting OMH services listed above, the OMH ID field **must** be filled in with a valid number matching to the OMH Market Data or "9999999999". Only rows with valid identifiers (not 9-filled) can count toward network adequacy.

4. This field should be left blank for all other services.

5. The edit validation is processed by comparing the submitted OMH HCBS Number **or** OMH OPCERT Number, and services codes to the NYS OMH Market Data file.

6. Right justify all numbers. Zero-filling is optional.

Example:

1. Altoona Health Center is OMH Certified to offer Adult BH HCBS Education Support Services and participates in Medicaid. The OMH Home and Community Based Services (HCBS) Number for this site location is "561" and may be reported as "561" or "0000000561".
2. The Bronx Health Center is Certified by OMH to offer Continuing Day Treatment and participates with HARP. The OMH License (OPCERT) Number for this location is "224" and may be reported as "224" or "0000000224". The Bronx Health Center also has a satellite location not listed in the OMH Market Data. This satellite location should be reported with an OMH ID number of "9999999999".

3. The New House Hospital Center is located at 605 First Ave in New York, NY and is not certified to offer any OMH Services. This field should be left blank.

Provider Network Data System

VI. CODES

BOROUGH/COUNTY CODES
LANGUAGE CODES
PROVIDER AND ANCILLARY SERVICE CODES

MANAGED CARE PROVIDER NETWORK DATA SYSTEM

BOROUGH/COUNTY CODES (FIPS)

Albany	001		Orange	071
Allegany	003		Orleans	073
Broome	007		Oswego	075
Cattaraugus	009		Otsego	077
Cayuga	011		Putnam	079
Chautauqua	013		Rensselaer	083
Chemung	015		Rockland	087
Chenango	017		St. Lawrence	089
Clinton	019		Saratoga	091
Columbia	021		Schenectady	093
Cortland	023		Schoharie	095
Delaware	025		Schuyler	097
Dutchess	027		Seneca	099
Erie	029		Steuben	101
Essex	031		Suffolk	103
Franklin	033		Sullivan	105
Fulton	035		Tioga	107
Genesee	037		Tompkins	109
Greene	039		Ulster	111
Hamilton	041		Warren	113
Herkimer	043		Washington	115
Jefferson	045		Wayne	117
Lewis	049		Westchester	119
Livingston	051		Wyoming	121
Madison	053		Yates	123
Monroe	055			
Montgomery	057		NYC	
Nassau	059		Bronx	005
Niagara	063		Kings	047
Oneida	065		New York	061
Onondaga	067		Queens	081
Ontario	069		Richmond	085

Out of State   088
All 62 Counties   000

LANGUAGE CODES

LANGUAGE NAME	CODE	LANGUAGE FAMILY
Abkhazian	ABK	Northwest-Caucasian
Afan (Oromo)	ORM	Hamitic
Afar	AAR	Hamitic
Afrikaans	AFR	Germanic
Albanian	ALB	Indo-European
Amharic	AMH	Semitic
Arabic	ARA	Semitic
Armenian	ARM	Indo-European
Assamese	ASM	Indian
Australian Languages	AUS	Australian-Aboriginal
Aymara	AYM	Amerindian
Azerbaijani	AZE	Turkic/Altaic
Balinese	BAN	Malayo-Polynesian
Bashkir	BAK	Turkic/Altaic
Basque	BAQ	Basque
Bengali;bangla	BEN	Indian
Bhutani/Dzongkha	DZO	Asian/Pacific Islander
Bihari	BIH	Indian
Bislama	BIS	(not given)
Breton	BRE	Celtic
Bosnian	BOS	Indo-European
Bulgarian	BUL	Slavic
Burmese	BUR	Asian/Pacific Islander
Belarusian	BEL	Slavic
Cambodian/Central Khmer	KHM	Asian/Pacific Islander
Catalan	CAT	Romance
Chinese	CHI	Asian/Pacific Islander
Corsican	COS	Romance
Croatian	HRV	Slavic
Czech	CZE	Slavic
Danish	DAN	Germanic
Dutch	DUT	Germanic
English	ENG	Germanic
Esperanto	EPO	International
Estonian	EST	Finno-Ugric
Faroese	FAO	Germanic
Fiji	FIJ	Oceanic/Indonesian
Finnish	FIN	Finno-Ugric

French	FRE	Romance
Frisian Northern	FRR	Germanic
Frisian Eastern	FRS	Germanic
Frisian Western	FRY	Germanic
Galician	GLG	Romance
German	GER	Germanic
Greek	GRE	Latin/Greek
Georgian	GEO	Ibero-Caucasian
Greenlandic	KAL	Eskimo
Guarani	GRN	Amerindian
Gujarati	GUJ	Indian
*Haitian-Creole	HAT	(not given)
Hausa	HAU	Hausa (African)
Hawaiian	HAW	Polynesian
Hebrew	HEB	Semitic
Hindi	HIN	Indian
Hungarian	HUN	Finno-Ugric
Icelandic	ICE	Germanic
Indonesian	IND	Oceanic/Indonesian
Interlingua	INA	International
Interlingue	ILE	International
Inupiaq	IPK	Eskimo
Irish	GLE	Celtic
Italian	ITA	Romance
Japanese	JPN	Asian/Pacific Islander
Javanese	JAV	Oceanic/Indonesian
Kannada	KAN	Dravidian
Kanuri	KAU	Asian/Pacific Islander
Kashmiri	KAS	Indian
Kazakh	KAZ	Turkic/Altaic
Kinyarwanda	KIN	Bantu (African)
Kirghiz	KIR	Turkic/Altaic
Korean	KOR	Asian/Pacific Islander
Kurdish	KUR	Iranian
Lao	LAO	Asian/Pacific Islander
Latin	LAT	Latin/Greek
Latvian;lettish	LAV	Baltic
Lingala	LIN	Bantu (African)
Lithuanian	LIT	Baltic
Macedonian	MAC	Slavic
Malagasy	MLG	Oceanic/Indonesian
Malay	MAY	Oceanic/Indonesian
Malayalam	MAL	Dravidian

Maltese	MLT	Semitic
Maori	MAO	Oceanic/Indonesian
Marathi	MAR	Indian
Mongolian	MON	(not given)
Nauru	NAU	(not given)
Nepali	NEP	Indian
Norwegian	NOR	Germanic
Occitan	OCI	Romance
Oriya	ORI	Indian
Pashto;pushto	PUS	Iranian
Persian	PER	Iranian
Philippine Languages	PHI	Malayo-Polynesian
Polish	POL	Slavic
Portuguese	POR	Romance
Punjabi	PAN	Indian
Quechua	QUE	Amerindian
Rhaeto-romansh	ROH	Romance
Romanian	RUM	Romance
Rundi	RUN	Bantu (African)
Russian	RUS	Slavic
Samoan	SMO	Oceanic/Indonesian
Sango	SAG	Bantu (African)
Sanskrit	SAN	Indian
Scots	SCO	Celtic
Serbian	SRP	Slavic
Sotho	SOT	Bantu (African)
Tswana	TSN	Bantu (African)
Shona	SNA	Bantu (African)
*Sign-Language	SGN	(not given)
Sindhi	SND	Indian
Singhalese	SIN	Indian
Swati	SSW	Bantu (African)
Slovak	SLO	Slavic
Slovenian	SLV	Slavic
Somali	SOM	Hamitic
Spanish	SPA	Romance
Sundanese	SUN	Oceanic/Indonesian
Swahili	SWA	Bantu (African)
Swedish	SWE	Germanic
Swiss German	GSW	Germanic
Tagalog/Filipino	TGL	Oceanic/Indonesian
Tajik	TGK	Iranian
Tamil	TAM	Dravidian

Tatar	TAT	Turkic/Altaic
Telugu	TEL	Dravidian
Thai	THA	Asian/Pacific Islander
Tibetan	TIB	Asian/Pacific Islander
Tigrinya	TIR	Semitic
Tonga	TON	Oceanic/Indonesian
Tsonga	TSO	Bantu (Africa)
Turkish	TUR	Turkic/Altaic
Turkmen	TUK	Turkic/Altaic
Twi	TWI	Akan (African)
Ukrainian	UKR	Slavic
Urdu	URD	Indian
Uzbek	UZB	Turkic/Altaic
Vietnamese	VIE	Asian/Pacific Islander
Volapuk	VOL	International aux.
Welsh	WEL	Celtic
Wolof	WOL	Wolof (African)
Xhosa	XHO	Bantu (African)
Yiddish	YID	Germanic
Yoruba	YOR	Yoruba (African)
Zulu	ZUL	Bantu (African)

Language Code Source: ISO 639-2
- **Additions by NYSDOH with assistance on Language Family and Country Spoken from: United Neighborhood Houses of New York.**
- **Full list available via: https://www.loc.gov/standards/iso639-2/php/code_list.php**
- **Language Codes listed on pages 346-349 reflect the most commonly used codes. All official ISO 639-2 codes may be entered.**

PROVIDER AND ANCILLARY/SERVICE SPECIALTY CODES – NUMERICAL ORDER

Code	Provider Specialty/Service Description
002	NEUROMUSCULOSKELETAL MEDICINE & OMM
003	OPWDD HCBS SELF DIRECTION (SUPPORT BROKERAGE)
004	VEHICLE MODIFICATION
005	STATE OPERATED CLINIC
006	OPWDD DAY TREATMENT
007	ALCOHOLISM/SUBSTANCE ABUSE INPATIENT
008	CHILDREN'S MH OUTPATIENT (NON-RESIDENTIAL)
009	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY
010	ALLERGY AND IMMUNOLOGY
011	GENERAL HOSPITAL (ARTICLE 28)
012	ADVANCED HEART FAILURE & TRANSPLANT CARDIOLOGY
013	MEDICALLY MANAGED DETOXIFICATION
014	OPWDD ICF/IID FACILITIES
015	RESIDENTIAL SUBSTANCE ABUSE TREATMENT SERVICES (STABILIZATION)
016	RESIDENTIAL SUBSTANCE ABUSE TREATMENT SERVICES (REHABILITATION)
017	OMH PSYCH CTR/OASAS ASA INPATIENT
018	PRIVATE PSYCH & ASA INPATIENT
019	OPWDD SUPPORTED EMPLOYMENT
020	ANESTHESIOLOGY
021	CHILDREN'S MENTAL HEALTH CLINIC TREATMENT
022	CHILDREN'S COMMUNITY PSYCHIATRIC SUPPORT AND TREATMENT
023	CHILDREN'S CRISIS INTERVENTION
024	OASAS DIAG AND TREATMENT DSRIP INTEGRATED SERVICES
025	OASAS DIAG AND TREATMENT MMTP DSRIP FREESTAND
026	OASAS HOSPITAL-BASED OUTPATIENT DSRIP
027	OASAS HOSPITAL-BASED OUTPATIENT MMTP DSRIP
028	APPLIED BEHAVORIAL ANALYSIS PROVIDERS
029	SLEEP CENTERS
030	COLON AND RECTAL SURGERY
032	HOME INFUSION VENDORS
033	SLEEP MEDICINE PHYSICIANS
034	STATE OPERATED FACILITY
035	LITHOTRIPSY CENTERS
036	CHILDREN'S FAMILY PEER SUPPORT SERVICES
037	CHILDREN'S HCBS CAREGIVER FAMILY SUPPORT AND SERVICES
038	CHILDREN'S HCBS COMMUNITY HABILITATION
039	CHILDREN'S HCBS COMMUNITY SELF ADVOCACY TRAINING AND SUPPORT
040	DERMATOLOGY
041	DERMATOPATHOLOGY
042	OPWDD FISCAL INTERMEDIARY

Code	Provider Specialty/Service Description
043	OPWDD DAY HABILITATION
044	CHILDREN'S HCBS CRISIS RESPITE
045	CHILDREN'S HCBS DAY HABILITATION
046	CHILDREN'S HCBS PALLIATIVE CARE BEREAVEMENT SERVICES
047	CHILDREN'S HCBS PALLIATIVE CARE EXPRESSIVE THERAPY
048	CHILDREN'S HCBS PALLIATIVE CARE MASSAGE THERAPY
049	CHILDREN'S HCBS PALLIATIVE CARE PAIN AND SYMPTOM MANAGEMENT
050	FAMILY PRACTICE
051	CHILDREN'S HCBS PLANNED RESPITE
052	CHILDREN'S HCBS PRE – VOCATIONAL SERVICES
053	CHILDREN'S HCBS SUPPORTED EMPLOYMENT
054	CHILDREN'S OTHER LICENSED PRACTITIONER
055	ADOLESCENT MEDICINE: FAMILY MEDICINE
056	ADOLESCENT MEDICINE: PEDIATRICS
057	BEHAVIORAL PEDIATRICS
058	INTERNAL MEDICINE AND PEDIATRICS
059	PEDIATRIC RHEUMATOLOGY
060	INTERNAL MEDICINE
061	PEDIATRIC INFECTIOUS DISEASE
062	CARDIOVASCULAR DISEASE
063	ENDOCRINOLOGY AND METABOLISM
064	GASTROENTEROLOGY
065	HEMATOLOGY – INTERNAL MED
066	INFECTIOUS DISEASES
067	NEPHROLOGY
068	PULMONARY DISEASES
069	RHEUMATOLOGY
070	NEUROLOGICAL SURGERY
071	SPINAL CORD INJURY MEDICINE
072	PEDIATRIC NEUROSURGERY
073	PEDIATRIC DERMATOLOGY
074	MEDICAL TOXICOLOGY
075	UNDERSEA & HYPERBARIC MEDICINE
076	PEDIATRIC REHABILITATION
077	CHILDREN'S PSYCHOSOCIAL REHABILITATION
078	YOUTH PEER SUPPORT SERVICES
079	SCHOOL BASED HEALTH CENTERS
080	NUCLEAR MEDICINE
081	MEDICAL NUCLEAR PHYSICS
083	NEUROMUSCULAR MEDICINE
084	NEURORADIOLOGY
085	NEUROTOLOGY
086	OPWDD SPECIALTY HOSPITAL
087	OPWDD CARE COORDINATION ORGANIZATION - HEALTH HOME

Code	Provider Specialty/Service Description
088	VOLUNTARY FOSTER CARE AGENCY
089	OBSTETRICS AND GYNECOLOGY
092	MATERNAL AND FETAL MEDICINE
093	REPRODUCTIVE ENDOCRINOLOGY
095	CERTIFIED DIABETES EDUCATOR
096	PROBLEM GAMBLING
097	FISCAL INTERMEDIARY (CDPC)
100	OPHTHALMOLOGY
101	PEDIATRIC OPHTHALMOLOGY
102	CERTIFIED ASTHMA EDUCATOR
105	NATIONAL DIABETES PREVENTION PROGRAM (NDPP)
110	ORTHOPEDIC SURGERY
111	HAND SURGERY – ORTHOPEDIC SURGERY
112	HAND SURGERY – PLASTIC SURGERY
113	HAND SURGERY – SURGERY
114	PLASTIC SURGERY WITH THE HEAD & NECK
120	OTOLARYNGOLOGY
121	PEDIATRIC OTOLARYNGOLOGY
127	CLIA REGISTRATION/COMPLIANCE/ACCREDITATION
128	CLIA WAIVER
129	CLIA PHYSICIAN PERFORMED MICROSCOPY PROCEDURE
130	CLIA WAIVER/REGISTRATION
131	BLOOD BANKING
135	CLINICAL PATHOLOGY
136	FORENSIC PATHOLOGY
137	HEMATOLOGY – PSC PATH
138	CHEMICAL PATHOLOGY
139	MEDICAL MICROBIOLOGY
140	PATHOLOGY WITH MOLECULAR GENETIC SPEC
141	NEUROPATHOLOGY
142	ANATOMIC PATHOLOGY
143	DERMATOPATHOLOGY – PSC PATH
144	TRANSPLANT HEPATOLOGY
145	PEDIATRIC TRANSPLANT HEPATOLOGY
146	ANATOMIC AND CLINICAL PATHOLOGY
147	PEDIATRIC PATHOLOGY
148	RADIOISOTOPIC PATHOLOGY
149	PEDIATRIC EMERGENCY MEDICINE
150	PEDIATRICS
151	PEDIATRIC CARDIOLOGY
152	PEDIATRIC HEMATOLOGY – ONCOLOGY
153	PEDIATRIC SURGERY
154	PEDIATRIC NEPHROLOGY
155	PEDIATRIC NEONATAL – PERINATAL MEDICINE

Code	Provider Specialty/Service Description
156	PEDIATRIC ENDOCRINOLOGY
157	PEDIATRIC PULMONOLOGY
158	PREFERRED PHYSICIANS AND CHILDREN PROG
159	MEDICAID OBSTETRICAL & MATERNAL SVC PROG
160	PHYSICAL MEDICINE AND REHABILITATION
161	PEDIATRIC CRITICAL CARE
162	OSTEOPATHIC MANIPULATIVE MEDICINE
163	PEDIATRIC GASTROENTEROLOGY
164	CRITICAL CARE MED – ANESTHESIOLOGIST
165	CRITICAL CARE MEDICINE – INTERNAL
166	CRITICAL CARE MEDICINE – OBSTETRICS
167	CRITICAL CARE MEDICINE – SURGERY
169	MEDICAID OBSTERICAL & MATERNAL SERVICES PRGM (MOMS): HEALTH SUPPORTIVE SERVICES
170	PLASTIC SURGERY
171	CLINICAL MOLECULAR GENETICS
180	CLINICAL BIOCHEMICAL GENETICS
181	AEROSPACE
182	GENERAL PREVENTIVE MEDICINE
183	OCCUPATIONAL MEDICINE
184	PUBLIC HEALTH – PREVENTIVE MEDICINE
185	AEROSPACE MEDICINE
186	T.B. DIRECTLY OBSERVED THERAPY/PHYSICIAN
187	MEDICAL GENETICS
188	CLINICAL GENETICS
189	MOLECULAR GENETIC PATHOLOGY
190	PAIN MANAGEMENT-PSYCHIATRY & NEUROLOGY
191	CHILD PSYCHIATRY
192	PSYCHIATRY
193	CHILD NEUROLOGY
194	NEUROLOGY
195	PSYCHIATRY & NEUROLOGY
196	CLOZAPINE CASE MANAGER – PSYCH
197	GERIATRIC PSYCHIATRY
198	ADDICTION PSYCHIATRY
199	NERODEVELOPMENTAL DISABILITIES
200	RADIOLOGY
201	DIAGNOSTIC RADIOLOGY
202	DIAGNOSTIC ROENTGENOLOGY
205	THERAPEUTIC RADIOLOGY
206	RADIOLOGICAL PHYSICS
207	THERAPEUTIC RADIOLOGICAL PHYSICS
208	DIAGNOSTIC RADIOLOGICAL PHYSICS
210	GENERAL SURGERY

Code	Provider Specialty/Service Description
211	HOSPITALIST
220	THORACIC SURGERY
230	UROLOGY
231	PEDIATRIC UROLOGY
240	VASCULAR NEUROLOGY
241	ONCOLOGY
242	GYNECOLOGIC ONCOLOGY
243	VASCULAR MEDICINE
244	RADIOLOGIST ONCOLOGY
245	PEDIATRIC RADIOLOGY
246	VASCULAR&INTERVENTIONAL RADIOLOGY
247	MANAGED CARE – PHYSICIAN ENHANCED FEE
248	MANAGED CARE – DENTAL ENHANCED FEE
249	HIV PRIMARY CARE SERVICES
250	EMERGENCY MEDICINE
252	PRIMARY CARE INITIATIVE IN UNDERSERVED AREAS
253	SPECIALSTS PRIMARY CARE INIT – UNDERSRVD AREA
254	SPECIALISTS IN PHYSICIANS CASE MGMT PROGRAM
270	CHILD HEALTH ASSURANCE PROGRAM
281	CLINICAL SOCIAL WORKER
282	CERTIFIED DRUG & ALCOHOL COUNSELOR
283	COUNSELOR
290	ACUPUNCTURIST
300	PHYSICAL THERAPY
301	OCCUPATIONAL THERAPY
302	SPEECH THERAPY
303	AIDS/HIV SERVICES
304	MEDICAL REHAB
305	PEDIATRIC SPECIALTY – ALL EXCEPT PRIMARY CARE
306	SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM
307	DURABLE MEDICAL EQUIPMENT
308	HIV PRIMARY CARE SERVICES – CLINIC SPECIALTY
309	MEDICALLY SUPERVISED SUBSTANCE ABUSE
310	OMH ADULT CLINIC (STATE OPR)
311	OMH CHILD CLINIC (STATE OPR)
312	OMH CONTINUING DAY TRTMT (STATE OPR)
313	OMH PARTIAL HOSPITALIZATION (STATE OPR)
314	OMH INTEN PSYCH REHAB TRTMT (STATE OPR)
315	OMH ADULT CLINIC
316	OMH CHILD CLINIC
317	OMH CONTINUING DAY TREATMENT
318	OMH PARTIAL HOSPITALIZATION
319	OMH INTENSIVE PSYCH REHAB TREATMENT
320	CLOZAPINE CASE MANAGER – CLINIC

Code	Provider Specialty/Service Description
321	COMPREHENSIVE SPECIALTY CLINIC SERVICES
322	OMH COMPREHENSIVE OUTPATIENT PROGRAM (COPS) CLINIC
323	OMH COMP OUTPAT PROG (COPS) CONTINUING DAY TRTMT
324	PRE-SCHOOL SUPPORTIVE HEALTH CARE
325	EARLY INTERVENTION
326	OMH/CR ADULT (VOLUNTARY)
327	OMH/CR CHILDREN (VOLUNTARY)
328	OMH FAMILY BASED TREATMENT
329	OMH/CR ADULT (STATE OPR)
330	OMH/CR CHILDREN (STATE OPR)
331	OMH TEACHING FAMILY HOME
332	OMR/DD CR (STATE OPR)
350	PPCP ASSOCIATED DENTAL CLINIC – ORAL SURGERY
351	PPCP ASSOCIATED DENTAL CLINIC – GENERAL DENTISTRY
352	PPCP ASSOCIATED COPS
353	PPCP ASSOCIATED OMH CLINICS
354	PPCP ASSOCIATED PSYCHIATRY, GENERAL
355	AIDS DAY HEALTH CARE SERVICES
356	HOME & COMMUNITY BASED SERVICE (HCBS) WAIVER
357	OUTPATIENT CHEMICAL DEPENDENCE WITHDRAWL
358	TBI SERVICES
360	ADDICTION MEDICINE
361	OPWDD INTENSIVE BEHAVIORAL SERVICE
362	OPWDD PATHWAYS TO EMPLOYMENT
365	MH RESIDENTIAL (NON-INPATIENT)
370	OPWDD PREVOCATIONAL SERVICES (FACILITY BASED)
371	CASE MANAGEMENT
372	OPWDD START PROGRAM
373	OPWDD RESIDENTIAL HABILITATION – FAMILY CARE
375	MH OUTPATIENT (NON-RESIDENTIAL)
376	MENTAL HEALTH PRACTITIONER
400	MICROBIOLOGY
401	FQ OUT-OF-STATE (NON-CMMA)
402	FQ PRIMARY
403	FQ SECONDARY
404	FQ AUTHORIZED
405	FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
406	PRESUMPTIVE ELIGIBILITY
407	TRIBAL HEALTH CENTERS
408	DESIGNATED AIDS CENTERS
410	BACTERIOLOGY
411	BACTERIOLOGY – GENERAL
412	BACTERIOLOGY – LIMITED
413	BACTERIOLOGY – AEROBES ONLY

Code	Provider Specialty/Service Description
414	BACTERIOLOGY – NEISSERIA GONORRHOEAE SCREENG
415	BACTEROLOGY – GC SMEARS ONLY
416	BACTERIOLOGY-RESTRICTED (DENTAL)
419	MYCOBACTERIOLOGY – SMEARS AND CULTURE
420	MYCOBACTERIOLOGY – GENERAL
421	MYCOBACTERIOLOGY – LIMITED
422	MYCOBACTERIOLOGY – SMEARS ONLY
423	DIAGNOSTIC IMMUNOLOGY – COMPREHENSIVE
424	DIAGNOSTIC IMMUNOLOGY – OTHER
427	DIAGNOSTIC IMMUNOLOGY – GENERAL/LIMITED
429	DIAGNOSTIC IMMUNOLOGY – SPECIAL
430	HUMAN IMMUNODEFICIENCY VIRUS – RESTRICTED A
431	HUMAN IMMUNODEFICIENCY VIRUS – RESTRICTED B
432	HUMAN IMMUNODEFICIENCY VIRUS – COMPREHENSIVE
433	SEROLOGY – ROUTINE
434	SEROLOGY – LIMITED
435	CELLULAR IMMUNOLOGY – LIMITED I
436	CELLULAR IMMUNOLOGY – LIMITED II
437	SEROLGY – OTHER
438	CELLULAR IMMUNOLOGY – GENERAL
439	CELLULAR IMMUNOLOGY – LIMITED III
440	VIROLOGY – GENERAL I OR GENERAL II
441	VIROLOGY – LIMITED
442	VIROLOGY – RESTRICTED
450	MYCOLOGY – GENERAL
451	MYCOLOGY – LIMITED (YEAST ONLY)
460	PARASITOLOGY
461	PARASITOLOGY – STOOL
462	PARASITOLOGY – OTHER
463	PARASITOLOGY – BLOOD
470	URINE PREGNANCY TESTING
480	HEMATOLOGY
481	HEMATOLOGY – COMPREHENSIVE
482	HEMATOLOGY – GENERAL
483	HEMATOLOGY – COAGULATION ONLY
484	HEMATOLOGY – LIMITED
485	HEMATOLOGY – OTHER
486	CYTOHEMATOLOGY – LIMITED/DIAGNOSTIC
490	IMMUNOHEMATOLOGY
491	BLOOD SERVICES – DIAGNOSTIC IMMUNOHEMATOLOGY
492	IMMUNOHEMATOLOGY SPC 492
493	IMMUNOHEMATOLOGY SPC 493
510	CLINICAL CHEMISTRY – GENERAL
511	CLINICAL CHEMISTRY – LIMITED

Code	Provider Specialty/Service Description
512	TOXICOLOGY – ERYTHROCYTE PROTOPORPHYRIN-HEMAT
513	TOXICOLOGY – ERYTHROCYTE PROTOPORPHYRIN-EXTRCT
514	TOXICOLOGY – DRUG ANALYSIS-QUAL (OR FORENSIC)
515	TOXICOLOGY – BLOOD LEAD
516	ENDOCRINOLOGY
517	CHEMLIMIT
518	QUALITATIVE TOXICOLOGY – REHABILITATION PROGS
519	CHEM RESERV
520	CHEM ALL
521	BLOOD PH AND GASES
522	CHEM IMD
523	THERAPEUTIC SUBSTANCE MONITORING/QUAN TOXICOL
524	URINALYSIS
530	PATHOLOGY SPC 530
531	HISTOPATHOLOGY – GENERAL/ORAL/DERMATOPATHALGY
532	PATHOLOGY SPC 532
533	PATHOLOGY SPC 533
540	CYTOPATHOLOGY
550	ONCOFETAL ANTIGEN – GENERAL
551	ONCOFETAL ANTIGEN – LIMITED
552	ONCOFETAL ANTIGEN – GENERAL, SERA ONLY
553	ONCOFETAL ANTIGEN – GENL, AMNIOTIC FLUID ONLY
560	GENETIC TESTING
561	BLOOD TRANSFUSION COLLECTION
562	BLOOD TRANSFUSION
570	MISCELLANEOUS
571	CYTOGENETICS – GENERAL
572	CYTOGENETICS – LIMITED
573	CYTOGENETICS – HEMATOLOGICAL DISORDERS
574	MISCELLANEOUS HIS
575	MISCELLANEOUS LIMITED HIS
576	MISCELLANEOUS MISCELLANEOUS
579	NURSE: MEDICALLY FRAGILE CHILDREN
580	HISTOCOMPATIBILITY – LIMITED
585	MISCELLANEOUS CLINIC CHEM
590	MISCELLANEOUS SPECIALTY TEST
599	LABORATORY
600	SPORTS MEDICINE – EMERGENCY
601	SPORTS MEDICINE – FAMILY MEDICINE
602	SPORTS MEDICINE – INTERNAL
603	SPORTS MEDICINE – PEDIATRICS
604	SPORTS MEDICINE – ORTHOPEDIC
611	OPWDD RESIDENTIAL HABILITATION – SUPERVISED IRA/CR
612	OPWDD RESIDENTIAL HABILITATION – SUPPORTIVE IRA/CR

Code	Provider Specialty/Service Description
613	HARM REDUCTION SERVICES AND SEP
614	ASSISTED LIVING SERVICE
615	PERSONAL EMERGENCY RESPONSE SYSTEM
616	MENTAL HEALTH INPATIENT
620	GERIATRICS – FAMILY MEDICINE
621	GERIATRICS – INTERNAL
630	PAIN MANAGEMENT
640	AUDIOLOGIST
650	GENERAL VASCULARY SURGERY
651	CARDIO-THORACIC
652	INTERVENTION CARDIOLOGY
653	CLINICAL CARDIAC ELECTROPHYSIOLOGY
655	AIDS SKILLED NURSING FACILITY
656	HEAD INJURY AND TBI INJURY SNF
657	BEHAVIORAL HEALTH INTERVENTION SKILLED NURSING FACILITY - NEURO
658	PEDIATRIC SKILLED NURSING FACILITY
659	VENT SKILLED NURSING FACILITY
660	INSTITUTIONAL LTC
661	SOCIAL AND ENVIRONMENTAL SUPPORTS
662	SOCIAL DAY CARE
663	NURSING HOME CARE SHORT TERM REHAB
664	ADULT DAY HEALTH CARE
665	NON INSTITUTIONAL LTC
666	ASSISTED LIVING PROGRAM
667	HOME DELIVERED MEALS AND CONGREGATE MEALS
668	HOME CARE – HOME HEALTH AIDE
669	HOSPICE CARE
670	AMBULANCE
671	OTHER TRANSPORTATION (NON – EMERGENT)
672	PARALEVEL1 PARAPROFESSIONAL SERVICES: LEVEL 1 HMMAKER/HOUSKP
673	PARALEVEL2 PARAPROFESSIONAL SERVICES: LEVEL 2 PERSONAL CARE
674	RESPIRATORY THERAPY
675	CONSUMER DIRECTED PERSONAL CARE: LEVEL 1
676	CONSUMER DIRECTED PERSONAL CARE: LEVEL 2
680	NURSING
711	PRESCRIPTION FOOTWEAR
714	LOW VISION SPECIALIST
715	OPTICIAN/CONTACT LENS PRIVILGE
716	OPTOMETRIST/DIAGNOSTIC PHARMACEUTICALS
730	INBORN METABOLIC DISEASE CENTER
738	PORTABLE X-RAY COMPANIES
739	INDEPENDENT PHYSIOLOGICAL LABS
740	REGIONAL PERINATAL TRANSPORTATION PROVIDER
741	TRANSPLANT SURGERY

Code	Provider Specialty/Service Description
749	ASA GENERAL OUTPATIENT
750	METHADONE MAINTENANCE (PHYSICIAN)
751	METHADONE MAINTENANCE PREFERRED PROVIDER
752	OPWDD COMMUNITY HABILITATION
754	ASA MEDICALLY MONITORED WITHDRAWAL
755	DOULA
760	PHARMACY
762	HOME CARE SERVICES AGENCY LIMITED LICENSE
775	ALL SPECIALITIES
776	GENERAL PRACTICE ONLY – NO SPEC
777	ALL PHYSICIAN
778	PODIATRIST
779	NURSE PRAC
780	CLINICAL PSYCHLG
781	SOCIAL WKRS
782	NURSE MIDWIVES
790	OPWDD RESPITE
791	S/HMO (ELDERPLAN)
798	LONG TERM HOME HEALTH
799	NO SPECIALTY REQUIRED
800	GENERAL DENTIST
801	ORTHODONTURE
802	ENDODONTIST
803	ORAL PATHOLOGIST
804	PEDODONTIST
805	PROSTHODONTIST
806	PERIODONTIST
807	PUBLIC HEALTH
808	ORAL SURGEON
809	DENTAL ANESTHESIOLOGIST
810	PARENTERAL CONSCIOUS SEDATION
811	MAXILLOFACIAL SURGERY
815	DENTIST – FAMILY
816	ASSERTIVE COMMUNITY TREATMENT
817	ASSISTIVE TECHNOLOGY
818	COMMUNITY INTEGRATION COUNSELING
819	OPWDD COMMUNITY TRANSITIONAL SERVICE PROVIDER
820	ENVIRONMENTAL MODIFICATIONS SERVICES
821	FREESTANDING BIRTH CENTER
822	INDEPENDENT LIVING SKILLS TRAINING PROVIDER
823	URGENT CARE
824	MOBILE MENTAL HEALTH TREATMENT PROVIDER/CRISIS INTERVENTION
825	MOVING ASSISTANCE PROVIDER
826	PALLIATIVE CARE PROVIDER

Code	Provider Specialty/Service Description
827	PEER DELIVERED SERVICES
828	PEER MENTORING PROVIDER
829	PERSONALIZED RECOVERY ORIENTED SERVICES
830	POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS
831	SOCIAL DAY CARE TRANSPORTATION
832	STRUCTURED DAY PROGRAM
833	TELEHEALTH
834	HOME AND COMMUNITY SUPPORT SERVICES
835	PROVIDER TRAVEL
836	PSYCHOSOCIAL REHAB
837	PEER SUPPORT
838	OMH OTHER LICENSED PRACTITIONERS
839	COMMUNITY PSYCHIATRIC SUPPORTS AND TREATMENT
851	OTHER VISION CARE
852	PCCM ENHANCEMENT
853	PCCM QUALITY ENHANCEMENT
854	HABILITATION SUPPORT SERVICES
855	FAMILY SUPPORT AND TRAINING
856	SHORT - TERM CRISIS RESPITE
857	INTENSIVE CRISIS RESPITE
858	OPWDD PREVOCATIONAL SERVICES (COMMUNITY)
859	TRANSITIONAL EMPLOYMENT
860	INTENSIVE SUPPORTIVE EMPLOYMENT
861	ONGOING SUPPORTED EMPLOYMENT
862	EDUCATION SUPPORT SERVICES
899	HOSPITAL INPATIENT
900	HMO CO-PAYMENT
901	EMERGENCY ROOM
902	ENDOCRINE
903	DIABETES
904	OBSTETRICS
905	GYNECOLOGY
906	FAMILY PLANNING
907	ABORTION
908	CHILD HEALTH ASSURANCE PROGRAM (CHAP)
909	NUTRITION
910	ORAL SURGERY – CLINIC SPECIALTY
911	GENERAL DENTISTRY – CLINIC SPECIALTY
912	ORTHODONTICS – CLINIC SPECIALTY
913	HEMODIALYSIS
914	GENERAL MEDICINE – CLINIC SPECIALTY
915	ALLERGY
916	ARTHRITIS

Code	Provider Specialty/Service Description
917	RHEUMATOLOGY – CLINIC SPECIALTY
918	PODIATRIST CENTER
919	EYE/VISION CENTER
920	PHYSICAL THERAPY – CLINIC SPECIALTY
921	SPEECH THERAPY- CLINIC SPECIALTY
922	METHADONE MAINTENANCE TREATMENT PROGRAM
923	OCCUPATIONAL THERAPY- CLINIC SPECIALTY
924	REHABILITATION MEDICINE- CLINIC SPECIALTY
925	HYPERTENSION – CLINIC SPECIALTY
926	HEMATOLOGY- CLINIC SPECIALTY
927	CARDIOLOGY
928	CARDIOVASCULAR- CLINIC SPECIALTY
929	PULMONARY-CLINIC SPECIALTY
930	GASTROENTEROLOGY – CLINIC SPECIALTY
931	NEUROLOGY- CLINIC SPECIALTY
932	NEUROSURGERY- CLINIC SPECIALTY
933	CANCER DETECTION
934	ONCOLOGY – THERAPY (RADIATION OR CHEMO)
935	EAR, NOSE & THROAT- CLINIC SPECIALTY
936	PEDIATRIC GENERAL MEDICINE- CLINIC SPECIALTY
937	PEDIATRIC ALLERGY- CLINIC SPECIALTY
938	PEDIATRIC NEUROLOGY- CLINIC SPECIALTY
939	PEDIATRIC HEMATOLOGY- CLINIC SPECIALTY
940	PEDIATRIC CARDIAC – CLINIC SPECIALTY
941	PEDIATRIC RENAL- CLINIC SPECIALTY
942	PEDIATRIC PULMONARY- CLINIC SPECIALTY
943	PEDIATRIC ORTHOPEDIC- CLINIC SPECIALTY
944	PEDIATRIC ENDOCRINE – CLINIC SPECIALTY
945	PSYCHIATRY – INDIVIDUAL
946	PSYCHIATRY – GROUP
947	PSYCHIATRY – HALF DAY CARE
948	PSYCHIATRY – FULL DAY CARE
949	ALCOHOLISM TREATMENT PROGRAM
950	ORTHOPEDIC- CLINIC SPECIALTY
951	SURGICAL, MINOR
952	SURGICAL, GENERAL
953	UROLOGY – CLINIC SPECIALTY
954	NEPHROLOGY – CLINIC SPECIALTY
955	GENITO-URINARY- CLINIC SPECIALTY
956	DERMATOLOGY – CLINIC SPECIALTY
957	CONTRACT CARRIER
958	OPHTHALMOLOGY – CLINIC SPECIALTY
959	OUTPAT CHEM DEPENDENCY PROG FOR YOUTH
960	PEDIATRIC DERMATOLOGY – CLINIC SPECIALTY

Code	Provider Specialty/Service Description
961	PEDIATRIC DIABETES- CLINIC SPECIALTY
962	PEDIATRIC SURGERY – CLINIC SPECIALTY
963	CHILD PSYCHIATRY – CLINIC SPECIALTY
964	PSYCHIATRY-GENERAL- CLINIC SPECIALTY
965	TUBERCULOSIS- CLINIC SPECIALTY
966	INFECTIOUS DISEASES – CLINIC SPECIALTY
967	SPEECH & HEARING- CLINIC SPECIALTY
968	AMPUTEE CENTER
969	HOSP DME/ORTHOTIC/PROSTH APPLNC VENDOR
970	NURSING HOME HOSPITAL DAYCARE (NO CLAIM)
971	MH CLINIC TREATMENT (STATE OPR)
972	MH DAY TREATMENT (STATE OPR)
973	MH CONTINUING TREATMENT (STATE OPR)
974	MENTAL HEALTH CLINIC TREATMENT
975	MENTAL HEALTH DAY TREATMENT
976	MENTAL HEALTH CONTINUING TREATMENT
977	OPWDD MR/DD CLINIC TREATMENT (STATE OPR)
978	PREFERRED PRIMARY CARE CLINIC
979	OPWDD MR/DD CLINIC TREATMENT
980	T.B. DIRECTLY OBSERVED THERAPY/CLINIC
981	OPWDD DIAG AND RESEARCH CLINIC MR (STATE OPR)
982	APNEA CENTER
983	SPECIALTY CLINIC – MR
984	ALCOHOLISM CLINIC TREATMENT (STATE OPR)
985	ALCOHOLISM DAY REHAB (STATE OPR)
986	ALCOHOLISM CLINIC TREATMENT
987	ALCOHOLISM DAY REHABILIATION
988	COMPREHENSIVE ALCOHOLISM CARE
989	MEDICALLY SUPERVISED WITHDRAWAL-OUTPATIENT
990	COMP PHYSICAL EXAM (SCHOOL HEALTH PROJ)
991	ROUTINE VISIT (SCHOOL HEALTH PROJECT)
992	OMH COMPREHENSIVE PSYCHIATRIC EMERGENCY PROG
993	HOSP-BASED/FREESTANDING AMBULAT SURGERY
994	BLOOD PRODUCTS (ORDERED AMBULATORY)
995	GENETIC COUNSELING (ORDERED AMBULATORY)
996	HEARING SERVICES (ORDERED AMBULATORY)
997	OPERATING ROOM (ORDERED AMBULATORY)
998	RADIOLOGY (ORDERED AMBULATORY)
999	OTHER

PROVIDER AND ANCILLARY/SERVICE SPECIALTY CODES – ALPHABETICAL ORDER

Code	Provider Specialty/Service Description
907	ABORTION
290	ACUPUNCTURIST
360	ADDICTION MEDICINE
198	ADDICTION PSYCHIATRY
055	ADOLESCENT MEDICINE: FAMILY MEDICINE
056	ADOLESCENT MEDICINE: PEDIATRICS
664	ADULT DAY HEALTH CARE
012	ADVANCED HEART FAILURE & TRANSPLANT CARDIOLOGY
181	AEROSPACE
185	AEROSPACE MEDICINE
355	AIDS DAY HEALTH CARE SERVICES
655	AIDS SKILLED NURSING FACILITY
303	AIDS/HIV SERVICES
986	ALCOHOLISM CLINIC TREATMENT
984	ALCOHOLISM CLINIC TREATMENT (STATE OPR)
985	ALCOHOLISM DAY REHAB (STATE OPR)
987	ALCOHOLISM DAY REHABILIATION
949	ALCOHOLISM TREATMENT PROGRAM
007	ALCOHOLISM/SUBSTANCE ABUSE INPATIENT
777	ALL PHYSICIAN
775	ALL SPECIALITIES
915	ALLERGY
010	ALLERGY AND IMMUNOLOGY
670	AMBULANCE
968	AMPUTEE CENTER
146	ANATOMIC AND CLINICAL PATHOLOGY
142	ANATOMIC PATHOLOGY
020	ANESTHESIOLOGY
982	APNEA CENTER
028	APPLIED BEHAVORIAL ANALYSIS PROVIDERS
916	ARTHRITIS
749	ASA GENERAL OUTPATIENT
754	ASA MEDICALLY MONITORED WITHDRAWAL
816	ASSERTIVE COMMUNITY TREATMENT
666	ASSISTED LIVING PROGRAM
614	ASSISTED LIVING SERVICE
817	ASSISTIVE TECHNOLOGY
640	AUDIOLOGIST

Code	Provider Specialty/Service Description
410	BACTERIOLOGY
413	BACTERIOLOGY – AEROBES ONLY
411	BACTERIOLOGY – GENERAL
412	BACTERIOLOGY – LIMITED
414	BACTERIOLOGY – NEISSERIA GONORRHOEAE SCREENG
416	BACTERIOLOGY-RESTRICTED (DENTAL)
415	BACTEROLOGY – GC SMEARS ONLY
657	BEHAVIORAL HEALTH INTERVENTION SKILLED NURSING FACILITY – NEURO
057	BEHAVIORAL PEDIATRICS
131	BLOOD BANKING
521	BLOOD PH AND GASES
994	BLOOD PRODUCTS (ORDERED AMBULATORY)
491	BLOOD SERVICES – DIAGNOSTIC IMMUNOHEMATOLOGY
562	BLOOD TRANSFUSION
561	BLOOD TRANSFUSION COLLECTION
933	CANCER DETECTION
927	CARDIOLOGY
651	CARDIO-THORACIC
928	CARDIOVASCULAR- CLINIC SPECIALTY
062	CARDIOVASCULAR DISEASE
371	CASE MANAGEMENT
438	CELLULAR IMMUNOLOGY – GENERAL
435	CELLULAR IMMUNOLOGY – LIMITED I
436	CELLULAR IMMUNOLOGY – LIMITED II
439	CELLULAR IMMUNOLOGY – LIMITED III
781	SOCIAL WKRS
102	CERTIFIED ASTHMA EDUCATOR
095	CERTIFIED DIABETES EDUCATOR
282	CERTIFIED DRUG & ALCOHOL COUNSELOR
520	CHEM ALL
522	CHEM IMD
519	CHEM RESERV
138	CHEMICAL PATHOLOGY
517	CHEMLIMIT
270	CHILD HEALTH ASSURANCE PROGRAM
908	CHILD HEALTH ASSURANCE PROGRAM (CHAP)
193	CHILD NEUROLOGY
191	CHILD PSYCHIATRY
963	CHILD PSYCHIATRY – CLINIC SPECIALTY
022	CHILDREN'S COMMUNITY PSYCHIATRIC SUPPORT AND TREATMENT
023	CHILDREN'S CRISIS INTERVENTION
036	CHILDREN'S FAMILY PEER SUPPORT SERVICES

Code	Provider Specialty/Service Description
037	CHILDREN'S HCBS CAREGIVER FAMILY SUPPORT AND SERVICES
038	CHILDREN'S HCBS COMMUNITY HABILITATION
039	CHILDREN'S HCBS COMMUNITY SELF ADVOCACY TRAINING AND SUPPORT
044	CHILDREN'S HCBS CRISIS RESPITE
045	CHILDREN'S HCBS DAY HABILITATION
046	CHILDREN'S HCBS PALLIATIVE CARE BEREAVEMENT SERVICES
047	CHILDREN'S HCBS PALLIATIVE CARE EXPRESSIVE THERAPY
048	CHILDREN'S HCBS PALLIATIVE CARE MASSAGE THERAPY
049	CHILDREN'S HCBS PALLIATIVE CARE PAIN AND SYMPTOM MANAGEMENT
051	CHILDREN'S HCBS PLANNED RESPITE
052	CHILDREN'S HCBS PRE - VOCATIONAL SERVICES
053	CHILDREN'S HCBS SUPPORTED EMPLOYMENT
021	CHILDREN'S MENTAL HEALTH CLINIC TREATMENT
008	CHILDREN'S MH OUTPATIENT (NON-RESIDENTIAL)
054	CHILDREN'S OTHER LICENSED PRACTITIONER
077	CHILDREN'S PSYCHOSOCIAL REHABILITATION
129	CLIA PHYSICIAN PERFORMED MICROSCOPY PROCEDURE
127	CLIA REGISTRATION/COMPLIANCE/ACCREDITATION
128	CLIA WAIVER
130	CLIA WAIVER/REGISTRATION
180	CLINICAL BIOCHEMICAL GENETICS
653	CLINICAL CARDIAC ELECTROPHYSIOLOGY
510	CLINICAL CHEMISTRY – GENERAL
511	CLINICAL CHEMISTRY – LIMITED
188	CLINICAL GENETICS
171	CLINICAL MOLECULAR GENETICS
135	CLINICAL PATHOLOGY
780	CLINICAL PSYCHLG
281	CLINICAL SOCIAL WORKER
320	CLOZAPINE CASE MANAGER – CLINIC
196	CLOZAPINE CASE MANAGER – PSYCH
030	COLON AND RECTAL SURGERY
818	COMMUNITY INTEGRATION COUNSELING
839	COMMUNITY PSYCHIATRIC SUPPORTS AND TREATMENT
990	COMP PHYSICAL EXAM (SCHOOL HEALTH PROJ)
988	COMPREHENSIVE ALCOHOLISM CARE
321	COMPREHENSIVE SPECIALTY CLINIC SERVICES
675	CONSUMER DIRECTED PERSONAL CARE: LEVEL 1
676	CONSUMER DIRECTED PERSONAL CARE: LEVEL 2
957	CONTRACT CARRIER
283	COUNSELOR
164	CRITICAL CARE MED – ANESTHESIOLOGIST

Code	Provider Specialty/Service Description
165	CRITICAL CARE MEDICINE – INTERNAL
166	CRITICAL CARE MEDICINE – OBSTETRICS
167	CRITICAL CARE MEDICINE – SURGERY
571	CYTOGENETICS – GENERAL
573	CYTOGENETICS – HEMATOLOGICAL DISORDERS
572	CYTOGENETICS – LIMITED
486	CYTOHEMATOLOGY – LIMITED/DIAGNOSTIC
540	CYTOPATHOLOGY
809	DENTAL ANESTHESIOLOGIST
815	DENTIST – FAMILY
040	DERMATOLOGY
956	DERMATOLOGY – CLINIC SPECIALTY
041	DERMATOPATHOLOGY
143	DERMATOPATHOLOGY – PSC PATH
408	DESIGNATED AIDS CENTERS
903	DIABETES
423	DIAGNOSTIC IMMUNOLOGY – COMPREHENSIVE
427	DIAGNOSTIC IMMUNOLOGY – GENERAL/LIMITED
424	DIAGNOSTIC IMMUNOLOGY – OTHER
429	DIAGNOSTIC IMMUNOLOGY – SPECIAL
208	DIAGNOSTIC RADIOLOGICAL PHYSICS
201	DIAGNOSTIC RADIOLOGY
202	DIAGNOSTIC ROENTGENOLOGY
755	DOULA
307	DURABLE MEDICAL EQUIPMENT
935	EAR, NOSE & THROAT- CLINIC SPECIALTY
325	EARLY INTERVENTION
862	EDUCATION SUPPORT SERVICES
250	EMERGENCY MEDICINE
901	EMERGENCY ROOM
902	ENDOCRINE
516	ENDOCRINOLOGY
063	ENDOCRINOLOGY AND METABOLISM
802	ENDODONTIST
820	ENVIRONMENTAL MODIFICATIONS SERVICES
919	EYE/VISION CENTER
906	FAMILY PLANNING
050	FAMILY PRACTICE
855	FAMILY SUPPORT AND TRAINING
009	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY
097	FISCAL INTERMEDIARY (CDPC)
136	FORENSIC PATHOLOGY

Code	Provider Specialty/Service Description
404	FQ AUTHORIZED
405	FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
401	FQ OUT-OF-STATE (NON-CMMA)
402	FQ PRIMARY
403	FQ SECONDARY
821	FREESTANDING BIRTH CENTER
064	GASTROENTEROLOGY
930	GASTROENTEROLOGY – CLINIC SPECIALTY
800	GENERAL DENTIST
911	GENERAL DENTISTRY – CLINIC SPECIALTY
011	GENERAL HOSPITAL (ARTICLE 28)
914	GENERAL MEDICINE – CLINIC SPECIALTY
776	GENERAL PRACTICE ONLY – NO SPEC
182	GENERAL PREVENTIVE MEDICINE
210	GENERAL SURGERY
650	GENERAL VASCULARY SURGERY
995	GENETIC COUNSELING (ORDERED AMBULATORY)
560	GENETIC TESTING
955	GENITO-URINARY- CLINIC SPECIALTY
197	GERIATRIC PSYCHIATRY
620	GERIATRICS – FAMILY MEDICINE
621	GERIATRICS – INTERNAL
242	GYNECOLOGIC ONCOLOGY
905	GYNECOLOGY
854	HABILITATION SUPPORT SERVICES
111	HAND SURGERY – ORTHOPEDIC SURGERY
112	HAND SURGERY – PLASTIC SURGERY
113	HAND SURGERY – SURGERY
613	HARM REDUCTION SERVICES AND SEP
656	HEAD INJURY AND TBI INJURY SNF
996	HEARING SERVICES (ORDERED AMBULATORY)
480	HEMATOLOGY
483	HEMATOLOGY – COAGULATION ONLY
481	HEMATOLOGY – COMPREHENSIVE
482	HEMATOLOGY – GENERAL
065	HEMATOLOGY – INTERNAL MED
484	HEMATOLOGY – LIMITED
485	HEMATOLOGY – OTHER
137	HEMATOLOGY – PSC PATH
926	HEMATOLOGY- CLINIC SPECIALTY
913	HEMODIALYSIS
580	HISTOCOMPATIBILITY – LIMITED

Code	Provider Specialty/Service Description
531	HISTOPATHOLOGY – GENERAL/ORAL/DERMATOPATHALGY
249	HIV PRIMARY CARE SERVICES
308	HIV PRIMARY CARE SERVICES – CLINIC SPECIALTY
900	HMO CO-PAYMENT
356	HOME & COMMUNITY BASED SERVICE (HCBS) WAIVER
834	HOME AND COMMUNITY SUPPORT SERVICES
668	HOME CARE – HOME HEALTH AIDE
762	HOME CARE SERVICES AGENCY LIMITED LICENSE
667	HOME DELIVERED MEALS AND CONGREGATE MEALS
969	HOSP DME/ORTHOTIC/PROSTH APPLNC VENDOR
993	HOSP-BASED/FREESTANDING AMBULAT SURGERY
032	HOME INFUSION VENDORS
669	HOSPICE CARE
899	HOSPITAL INPATIENT
211	HOSPITALIST
432	HUMAN IMMUNODEFICIENCY VIRUS – COMPREHENSIVE
430	HUMAN IMMUNODEFICIENCY VIRUS – RESTRICTED A
431	HUMAN IMMUNODEFICIENCY VIRUS – RESTRICTED B
925	HYPERTENSION – CLINIC SPECIALTY
490	IMMUNOHEMATOLOGY
492	IMMUNOHEMATOLOGY SPC 492
493	IMMUNOHEMATOLOGY SPC 493
730	INBORN METABOLIC DISEASE CENTER
822	INDEPENDENT LIVING SKILLS TRAINING PROVIDER
739	INDEPENDENT PHYSIOLOGICAL LABS
066	INFECTIOUS DISEASES
966	INFECTIOUS DISEASES – CLINIC SPECIALTY
660	INSTITUTIONAL LONG TERM CARE
663	INSTITUTIONAL SHORT TERM CARE
857	INTENSIVE CRISIS RESPITE
860	INTENSIVE SUPPORTIVE EMPLOYMENT
060	INTERNAL MEDICINE
058	INTERNAL MEDICINE AND PEDIATRICS
652	INTERVENTION CARDIOLOGY
599	LABORATORY
035	LITHOTRIPSY CENTERS
798	LONG TERM HOME HEALTH
714	LOW VISION SPECIALIST
248	MANAGED CARE – DENTAL ENHANCED FEE
247	MANAGED CARE – PHYSICIAN ENHANCED FEE
092	MATERNAL AND FETAL MEDICINE
811	MAXILLOFACIAL SURGERY

Code	Provider Specialty/Service Description
169	MEDICAID OBSTERICAL & MATERNAL SERVICES PRGM (MOMS): HEALTH SUPPORTIVE SERVICES
159	MEDICAID OBSTETRICAL & MATERNAL SVC PROG
187	MEDICAL GENETICS
139	MEDICAL MICROBIOLOGY
081	MEDICAL NUCLEAR PHYSICS
304	MEDICAL REHAB
074	MEDICAL TOXICOLOGY
013	MEDICALLY MANAGED DETOXIFICATION
309	MEDICALLY SUPERVISED SUBSTANCE ABUSE
989	MEDICALLY SUPERVISED WITHDRAWAL-OUTPATIENT
974	MENTAL HEALTH CLINIC TREATMENT
976	MENTAL HEALTH CONTINUING TREATMENT
975	MENTAL HEALTH DAY TREATMENT
616	MENTAL HEALTH INPATIENT
376	MENTAL HEALTH PRACTITIONER
750	METHADONE MAINTENANCE (PHYSICIAN)
751	METHADONE MAINTENANCE PREFERRED PROVIDER
922	METHADONE MAINTENANCE TREATMENT PROGRAM
971	MH CLINIC TREATMENT (STATE OPR)
973	MH CONTINUING TREATMENT (STATE OPR)
972	MH DAY TREATMENT (STATE OPR)
375	MH OUTPATIENT (NON-RESIDENTIAL)
365	MH RESIDENTIAL (NON-INPATIENT)
400	MICROBIOLOGY
570	MISCELLANEOUS
585	MISCELLANEOUS CLINIC CHEM
574	MISCELLANEOUS HIS
575	MISCELLANEOUS LIMITED HIS
576	MISCELLANEOUS MISCELLANEOUS
590	MISCELLANEOUS SPECIALTY TEST
824	MOBILE MENTAL HEALTH TREATMENT PROVIDER/CRISIS INTERVENTION
189	MOLECULAR GENETIC PATHOLOGY
825	MOVING ASSISTANCE PROVIDER
420	MYCOBACTERIOLOGY – GENERAL
421	MYCOBACTERIOLOGY – LIMITED
419	MYCOBACTERIOLOGY – SMEARS AND CULTURE
422	MYCOBACTERIOLOGY – SMEARS ONLY
450	MYCOLOGY – GENERAL
451	MYCOLOGY – LIMITED (YEAST ONLY)
105	NATIONAL DIABETES PREVENTION PROGRAM (NDPP)
067	NEPHROLOGY
954	NEPHROLOGY – CLINIC SPECIALTY

Code	Provider Specialty/Service Description
199	NERODEVELOPMENTAL DISABILITIES
070	NEUROLOGICAL SURGERY
194	NEUROLOGY
931	NEUROLOGY- CLINIC SPECIALTY
083	NEUROMUSCULAR MEDICINE
002	NEUROMUSCULOSKELETAL MEDICINE & OMM
141	NEUROPATHOLOGY
084	NEURORADIOLOGY
932	NEUROSURGERY- CLINIC SPECIALTY
085	NEUROTOLOGY
799	NO SPECIALTY REQUIRED
665	NON INSTITUTIONAL LTC
080	NUCLEAR MEDICINE
782	NURSE MIDWIVES
779	NURSE PRAC
579	NURSE: MEDICALLY FRAGILE CHILDREN
680	NURSING
970	NURSING HOME HOSPITAL DAYCARE (NO CLAIM)
909	NUTRITION
024	OASAS DIAG AND TREATMENT DSRIP INTEGRATED SERVICES
025	OASAS DIAG AND TREATMENT MMTP DSRIP FREESTAND
026	OASAS HOSPITAL-BASED OUTPATIENT DSRIP
027	OASAS HOSPITAL-BASED OUTPATIENT MMTP DSRIP
904	OBSTETRICS
089	OBSTETRICS AND GYNECOLOGY
183	OCCUPATIONAL MEDICINE
301	OCCUPATIONAL THERAPY
923	OCCUPATIONAL THERAPY- CLINIC SPECIALTY
315	OMH ADULT CLINIC
310	OMH ADULT CLINIC (STATE OPR)
316	OMH CHILD CLINIC
311	OMH CHILD CLINIC (STATE OPR)
323	OMH COMP OUTPAT PROG (COPS) CONTINUING DAY TRTMT
322	OMH COMPREHENSIVE OUTPATIENT PROGRAM (COPS) CLINIC
992	OMH COMPREHENSIVE PSYCHIATRIC EMERGENCY PROG
317	OMH CONTINUING DAY TREATMENT
312	OMH CONTINUING DAY TRTMT (STATE OPR)
328	OMH FAMILY BASED TREATMENT
314	OMH INTEN PSYCH REHAB TRTMT (STATE OPR)
319	OMH INTENSIVE PSYCH REHAB TREATMENT
838	OMH OTHER LICENSED PRACTITIONERS
318	OMH PARTIAL HOSPITALIZATION

Code	Provider Specialty/Service Description
313	OMH PARTIAL HOSPITALIZATION (STATE OPR)
017	OMH PSYCH CTR/OASAS ASA INPATIENT
331	OMH TEACHING FAMILY HOME
329	OMH/CR ADULT (STATE OPR)
326	OMH/CR ADULT (VOLUNTARY)
330	OMH/CR CHILDREN (STATE OPR)
327	OMH/CR CHILDREN (VOLUNTARY)
332	OMR/DD CR (STATE OPR)
550	ONCOFETAL ANTIGEN – GENERAL
552	ONCOFETAL ANTIGEN – GENERAL, SERA ONLY
553	ONCOFETAL ANTIGEN – GENL, AMNIOTIC FLUID ONLY
551	ONCOFETAL ANTIGEN – LIMITED
241	ONCOLOGY
934	ONCOLOGY – THERAPY (RADIATION OR CHEMO)
861	ONGOING SUPPORTED EMPLOYMENT
997	OPERATING ROOM (ORDERED AMBULATORY)
100	OPHTHALMOLOGY
958	OPHTHALMOLOGY – CLINIC SPECIALTY
716	OPTOMETRIST/DIAGNOSTIC PHARMEUTICALS
087	OPWDD CARE COORDINATION ORGANIZATION - HEALTH HOME
752	OPWDD COMMUNITY HABILITATION
819	OPWDD COMMUNITY TRANSITIONAL SERVICE PROVIDER
043	OPWDD DAY HABILITATION
006	OPWDD DAY TREATMENT
981	OPWDD DIAG AND RESEARCH CLINIC MR (STATE OPR)
042	OPWDD FISCAL INTERMEDIARY
003	OPWDD HCBS SELF DIRECTION (SUPPORT BROKERAGE)
014	OPWDD ICF/IID FACILITIES
361	OPWDD INTENSIVE BEHAVIORAL SERVICE
979	OPWDD MR/DD CLINIC TREATMENT
977	OPWDD MR/DD CLINIC TREATMENT (STATE OPR)
362	OPWDD PATHWAYS TO EMPLOYMENT
858	OPWDD PREVOCATIONAL SERVICES (COMMUNITY)
370	OPWDD PREVOCATIONAL SERVICES (FACILITY BASED)
373	OPWDD RESIDENTIAL HABILITATION - FAMILY CARE
611	OPWDD RESIDENTIAL HABILITATION - SUPERVISED IRA/CR
612	OPWDD RESIDENTIAL HABILITATION - SUPPORTIVE IRA/CR
790	OPWDD RESPITE
086	OPWDD SPECIALTY HOSPITAL
372	OPWDD START PROGRAM
019	OPWDD SUPPORTED EMPLOYMENT
803	ORAL PATHOLOGIST

Code	Provider Specialty/Service Description
808	ORAL SURGEON
910	ORAL SURGERY – CLINIC SPECIALTY
912	ORTHODONTICS – CLINIC SPECIALTY
801	ORTHODONTURE
950	ORTHOPEDIC- CLINIC SPECIALTY
110	ORTHOPEDIC SURGERY
162	OSTEOPATHIC MANIPULATIVE MEDICINE
999	OTHER
671	OTHER TRANSPORTATION (NON - EMERGENT)
851	OTHER VISION CARE
120	OTOLARYNGOLOGY
959	OUTPAT CHEM DEPENDENCY PROG FOR YOUTH
357	OUTPATIENT CHEMICAL DEPENDENCE WITHDRAWL
630	PAIN MANAGEMENT
190	PAIN MANAGEMENT-PSYCHIATRY & NEUROLOGY
826	PALLIATIVE CARE PROVIDER
672	PARALEVEL1 PARAPROFESSIONAL SERVICES: LEVEL 1 HMMAKER/HOUSKP
673	PARALEVEL2 PARAPROFESSIONAL SERVICES: LEVEL 2 PERSONAL CARE
460	PARASITOLOGY
463	PARASITOLOGY – BLOOD
462	PARASITOLOGY – OTHER
461	PARASITOLOGY – STOOL
810	PARENTERAL CONSCIOUS SEDATION
530	PATHOLOGY SPC 530
532	PATHOLOGY SPC 532
533	PATHOLOGY SPC 533
140	PATHOLOGY WITH MOLECULAR GENETIC SPEC
852	PCCM ENHANCEMENT
853	PCCM QUALITY ENHANCEMENT
937	PEDIATRIC ALLERGY- CLINIC SPECIALTY
940	PEDIATRIC CARDIAC – CLINIC SPECIALTY
151	PEDIATRIC CARDIOLOGY
161	PEDIATRIC CRITICAL CARE
073	PEDIATRIC DERMATOLOGY
960	PEDIATRIC DERMATOLOGY – CLINIC SPECIALTY
961	PEDIATRIC DIABETES- CLINIC SPECIALTY
149	PEDIATRIC EMERGENCY MEDICINE
944	PEDIATRIC ENDOCRINE – CLINIC SPECIALTY
156	PEDIATRIC ENDOCRINOLOGY
163	PEDIATRIC GASTROENTOLOGY
936	PEDIATRIC GENERAL MEDICINE- CLINIC SPECIALTY
152	PEDIATRIC HEMATOLOGY – ONCOLOGY

Code	Provider Specialty/Service Description
939	PEDIATRIC HEMATOLOGY- CLINIC SPECIALTY
061	PEDIATRIC INFECTIOUS DISEASE
155	PEDIATRIC NEONATAL – PERINATAL MEDICINE
154	PEDIATRIC NEPHROLOGY
938	PEDIATRIC NEUROLOGY- CLINIC SPECIALTY
072	PEDIATRIC NEUROSURGERY
101	PEDIATRIC OPHTHALMOLOGY
943	PEDIATRIC ORTHOPEDIC- CLINIC SPECIALTY
121	PEDIATRIC OTOLARYNGOLOGY
147	PEDIATRIC PATHOLOGY
942	PEDIATRIC PULMONARY- CLINIC SPECIALTY
157	PEDIATRIC PULMONOLOGY
245	PEDIATRIC RADIOLOGY
076	PEDIATRIC REHABILITATION
941	PEDIATRIC RENAL- CLINIC SPECIALTY
059	PEDIATRIC RHEUMATOLOGY
658	PEDIATRIC SKILLED NURSING FACILITY
305	PEDIATRIC SPECIALTY – ALL EXCEPT PRIMARY CARE
153	PEDIATRIC SURGERY
962	PEDIATRIC SURGERY – CLINIC SPECIALTY
145	PEDIATRIC TRANSPLANT HEPATOLOGY
231	PEDIATRIC UROLOGY
150	PEDIATRICS
804	PEDODONTIST
827	PEER DELIVERED SERVICES
828	PEER MENTORING PROVIDER
837	PEER SUPPORT
806	PERIODONTIST
615	PERSONAL EMERGENCY RESPONSE SYSTEM
829	PERSONALIZED RECOVERY ORIENTED SERVICES
760	PHARMACY
160	PHYSICAL MEDICINE AND REHABILITATION
300	PHYSICAL THERAPY
920	PHYSICAL THERAPY – CLINIC SPECIALTY
170	PLASTIC SURGERY
114	PLASTIC SURGERY WITH THE HEAD & NECK
778	PODIATRIST
918	PODIATRIST CENTER
738	PORTABLE X-RAY COMPANIES
830	POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS
352	PPCP ASSOCIATED COPS
351	PPCP ASSOCIATED DENTAL CLINIC – GENERAL DENTISTRY

Code	Provider Specialty/Service Description
350	PPCP ASSOCIATED DENTAL CLINIC – ORAL SURGERY
353	PPCP ASSOCIATED OMH CLINICS
354	PPCP ASSOCIATED PSYCHIATRY, GENERAL
158	PREFERRED PHYSICIANS AND CHILDREN PROG
978	PREFERRED PRIMARY CARE CLINIC
324	PRE-SCHOOL SUPPORTIVE HEALTH CARE
406	PRESUMPTIVE ELIGIBILITY
711	PRESCRIPTION FOOTWEAR
252	PRIMARY CARE INITIATIVE IN UNDERSERVED AREAS
018	PRIVATE PSYCH & ASA INPATIENT
096	PROBLEM GAMBLING
805	PROSTHODONTIST
835	PROVIDER TRAVEL
836	PSYCHOSOCIAL REHAB
192	PSYCHIATRY
948	PSYCHIATRY - FULL DAY CARE
946	PSYCHIATRY - GROUP
947	PSYCHIATRY - HALF DAY CARE
945	PSYCHIATRY - INDIVIDUAL
195	PSYCHIATRY & NEUROLOGY
964	PSYCHIATRY-GENERAL- CLINIC SPECIALTY
807	PUBLIC HEALTH
184	PUBLIC HEALTH - PREVENTIVE MEDICINE
068	PULMONARY DISEASES
929	PULMONARY-CLINIC SPECIALTY
518	QUALITATIVE TOXICOLOGY - REHABILITATION PROGS
148	RADIOISOTOPIC PATHOLOGY
206	RADIOLOGICAL PHYSICS
244	RADIOLOGIST ONCOLOGY
200	RADIOLOGY
998	RADIOLOGY (ORDERED AMBULATORY)
740	REGIONAL PERINATAL TRANSPORTATION PROV
924	REHABILITATION MEDICINE- CLINIC SPECIALTY
093	REPRODUCTIVE ENDOCRINOLOGY
015	RESIDENTIAL SUBSTANCE ABUSE TREATMENT SERVICES (STABILIZATION)
016	RESIDENTIAL SUBSTANCE ABUSE TREATMENT SERVICES (REHABILITATION)
674	RESPIRATORY THERAPY
069	RHEUMATOLOGY
917	RHEUMATOLOGY - CLINIC SPECIALTY
991	ROUTINE VISIT (SCHOOL HEALTH PROJECT)
791	S/HMO (ELDERPLAN)
079	SCHOOL BASED HEALTH CENTERS

Code	Provider Specialty/Service Description
306	SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM
437	SEROLGY - OTHER
434	SEROLOGY - LIMITED
433	SEROLOGY - ROUTINE
856	SHORT - TERM CRISIS RESPITE
029	SLEEP CENTERS
033	SLEEP MEDICINE PHYSICIANS
661	SOCIAL AND ENVIRONMENTAL SUPPORTS
662	SOCIAL DAY CARE
831	SOCIAL DAY CARE TRANSPORTATION
254	SPECIALISTS IN PHYSICIANS CASE MGMT PROGRAM
253	SPECIALSTS PRIMARY CARE INIT - UNDERSRVD AREA
983	SPECIALTY CLINIC - MR
967	SPEECH & HEARING - CLINIC SPECIALTY
302	SPEECH THERAPY
921	SPEECH THERAPY - CLINIC SPECIALTY
071	SPINAL CORD INJURY MEDICINE
600	SPORTS MEDICINE - EMERGENCY
601	SPORTS MEDICINE - FAMILY MEDICINE
602	SPORTS MEDICINE - INTERNAL
604	SPORTS MEDICINE - ORTHOPEDIC
603	SPORTS MEDICINE - PEDIATRICS
005	STATE OPERATED CLINIC
034	STATE OPERATED FACILITY
832	STRUCTURED DAY PROGRAM
952	SURGICAL, GENERAL
951	SURGICAL, MINOR
980	T.B. DIRECTLY OBSERVED THERAPY/CLINIC
186	T.B. DIRECTLY OBSERVED THERAPY/PHYSICIAN
358	TBI SERVICES
833	TELEHEALTH
207	THERAPEUTIC RADIOLOGICAL PHYSICS
205	THERAPEUTIC RADIOLOGY
523	THERAPEUTIC SUBSTANCE MONITORING/QUAN TOXICOL
220	THORACIC SURGERY
515	TOXICOLOGY - BLOOD LEAD
514	TOXICOLOGY - DRUG ANALYSIS-QUAL (OR FORENSIC)
513	TOXICOLOGY - ERYTHROCYTE PROTOPORHYRIN-EXTRCT
512	TOXICOLOGY - ERYTHROCYTE PROTOPORPHYRIN-HEMAT
859	TRANSITIONAL EMPLOYMENT
144	TRANSPLANT HEPATOLOGY
741	TRANSPLANT SURGERY

Code	Provider Specialty/Service Description
407	TRIBAL HEALTH CENTERS
965	TUBERCULOSIS- CLINIC SPECIALTY
075	UNDERSEA & HYPERBARIC MEDICINE
823	URGENT CARE
524	URINALYSIS
470	URINE PREGNANCY TESTING
230	UROLOGY
953	UROLOGY - CLINIC SPECIALTY
243	VASCULAR MEDICINE
240	VASCULAR NEUROLOGY
246	VASCULAR&INTERVENTIONAL RADIOLOGY
659	VENT SKILLED NURSING FACILITY
004	VEHICLE MODIFICATION
440	VIROLOGY - GENERAL I OR GENERAL II
441	VIROLOGY - LIMITED
442	VIROLOGY - RESTRICTED
088	VOLUNTARY FOSTER CARE AGENCY
078	YOUTH PEER SUPPORT SERVICES

Provider Network Data System

VII. ATTESTATION

Provider Network Attestation

The document on the following page is to be signed by the Chief Executive Officer (CEO) of the managed care organization/health insurer/Special Needs Program (SNP) and notarized as the formal attestation that the electronic submission of data will represent the total and accurate contracted network for the managed care organization/health insurer/SNP.

All managed care organizations/health insurer/SNP's must submit an annual Provider Network Attestation form. Please note that a separate attestation form is required for New York State of Health Network and/or SNP networks. Plans should follow up with their plan managers to receive the correct attestation template.

The annual Provider Network attestation form(s) assures the New York State Department of Health and the Center for Medicare and Medicaid Services (CMS) that all CEOs are current and are acknowledging the importance of the provider network submission.

ONLY ONE ATTESTATION IS REQUIRED PER YEAR unless specifically requested by the Office of Health Insurance Programs in conjunction with the review of an acquisition, expansion or new plan application.

DUE DATE: JANUARY 31

Please mail the notarized form to:

Susan Bentley, Director
New York State Department of Health
Bureau of Managed Care Certification and Surveillance
Division of Health Plan Contracting and Oversight
Corning Tower
OCP-Room # 1609
Albany, NY 12237

PROVIDER NETWORK ATTESTATION

I, _____, the Chief Executive Officer of

_____, hereby attest under the penalty
of
 (Name of the Managed Care Organization/Health Insurer/SNP)

Perjury to the following:

- That the provider network information submitted on the Provider Network Data System (PNDS) is a complete, accurate and truthful listing of providers and service centers with whom the managed care organization/health insurer/SNP has executed contracts in effect at the time of the submission, obligating them to provide care and services to those members and in those counties for which operating authority is granted by the New York State Health Department and/or for which the managed care organization/health insurer/SNP is under contract with the State of New York or one of its counties.

- That member assignments information submitted on the Provider Network Data System (PNDS) is a complete, accurate and truthful assignment of primary care providers to managed care organization/health insurer/SNP enrollees.

_____
Chief Executive Officer

_____
Date

_____
Notary Seal and Signature

Provider Network Data System

VIII. PROVIDER & ANCILLARY FILE ERROR CODES
ERROR CODES

PHYSICIAN AND OTHER PROVIDER ERROR LISTING--- Will be updated in the final version

Message Number	Provider File Error Description
1	LAST NAME BLANK
2	FIRST NAME BLANK
3	LICENSE NUMBER BLANK OR NOT VALID
4	MEDS ID NOT VALID/BLANK FOR MCAIDPROV
5	COMM MEDS ID IS NOT 9 FILLED
6	ROOM/SUITE NUMBER BLANK
7	STREET ADDRESS BLANK
8	TOWN/CITY BLANK
9	STATE BLANK OR NOT VALID
10	COUNTY CODE NOT A VALID FIPS CODE
11	NOT VALID ZIP OR COUNTY CODE
12	NOT VALID WHEELCHAIR - ALL PAYERS
13	PRIMARY DESIG CODE NOT VALID
14	PROVIDER TYPE CODE NOT VALID
15	PRIMARY SPEC CODE NOT VALID
16	SECONDARY SPEC CODE NOT VALID
17	PRIMARY DESIG/SPEC CODE COMBO NOT VALID
18	BOARD STATUS NOT VALID
19	BOARD STATUS NOT VALID FOR RESID STATUS
20	BOARD OR RESID STATUS NOT VALID FOR MD/DO
21	BOARD STATUS 2 NOT VALID
22	BOARD STATUS 2 NOT VALID FOR RESID STATUS 2
23	BOARD OR RESID STATUS 2 NOT VALID FOR MD
24	RESID ATTENDING PHYSICIAN LICENSE # BLANK OR 0
25	RESID STATUS NOT VALID FOR PCP-MD
26	RESID STATUS NOT VALID FOR SPECIALIST
27	RESID STATUS NOT VALID FOR NON-MD
28	RESID STATUS 2 NOT VALID FOR MD OR SPEC
29	RESID STATUS 2 NOT VALID FOR NONPCP
30	GENDER NOT VALID
31	PHYSICIAN EXT NOT VALID FOR PCP-MD/DO
32	PHYSICIAN EXT NOT VALID FOR PCP-NP & NONPCP
33	COMM PROV IND NOT 0 OR 1
34	MCAID PROV IND NOT 0 OR 1
35	MCARE PROV IND NOT 0 OR 1
36	CHP PROV IND NOT 0 OR 1

37	HARP PROV IND NOT 0 OR 1
38	COMM NON-MCO MEDICAL IND 1 NOT 0 OR 1
39	COMM NON-MCO VISION IND 1 NOT 0 OR 1
40	COMM NON-MCO DENTAL IND 1 NOT 0 OR 1
41	PCP COMM PANL STATUS NOT VALID
42	PCP MCAID PANL STATUS NOT VALID
43	NONPCP MCAID OB PANL STATUS NOT VALID
44	PCP MCARE PANL STATUS NOT VALID
45	PCP CHP PANL STATUS NOT VALID
46	NONPCP COMM PANL STATUS NOT VALID
47	NONPCP MCAID PANL STAT NOT VALID
48	NONPCP MCARE PANL STATUS NOT VALID
49	NONPCP CHP PANL STATUS NOT VALID
50	COMM PANL SZ MISSING FOR PCP
51	MCAID PANL SZ MISSING FOR PCP
52	MCARE PANL SZ MISSING FOR PCP
53	CHP PANL SZ MISSING FOR PCP
54	COMM PANL SZ NOT 9 FILL FOR NONPCP
55	MCAID PANL SZ NOT 9 FILL FOR NONPCP
56	MCARE PANL SZ NOT 9 FILL FOR NONPCP
57	CHP PANL SZ NOT 9 FILL FOR NONPCP
58	HA#1 OPCERT INVALID 4 PCP-MD/OB-GYN
59	HA#2 OPCERT INVALID 4 PCP-MD/OB-GYN
60	HA#3 OPCERT INVALID 4 PCP-MD/OB-GYN
61	HA#1 PFI NOT VALID FOR PCP
62	HA#2 PFI NOT VALID FOR PCP
63	HA#3 PFI NOT VALID FOR PCP
64	HA#1 PFI & OPCERT DON'T MATCH
65	HA#2 PFI & OPCERT DON'T MATCH
66	HA#3 PFI & OPCERT DON'T MATCH
67	TOTAL OFFICE HOURS NOT VALID FOR PCP
68	EVE IND NOT VALID FOR MCAID/CHP PCP
69	LANGUAGES MISSING ENGLISH
70	AREA CODE BLANK OR NOT VALID
71	PHONE NUMBER BLANK OR NOT VALID
72	NPI BLANK OR NOT VALID
73	MEDICAID ADVANTAGE PROV IND NOT 0 OR 1
74	PARTIAL CAPS PROV IND NOT 0 OR 1
75	MAP PROV IND NOT 0 OR 1
76	PACE PROV IND NOT 0 OR 1
77	PCP MCAID ADVANTAGE PANL STATUS NOT VALID

78	PCP PARTIAL CAPS PANL STATUS NOT VALID
79	PCP MAP PANL STATUS NOT VALID
80	PCP PACE PANL STATUS NOT VALID
81	NONPCP MCAID ADVANTAGE PANL STATUS NOT VALID
82	NONPCP PARTIAL CAPS PANL STATUS NOT VALID
83	NONPCP MAP PANL STATUS NOT VALID
84	NONPCP PACE PANL STATUS NOT VALID
85	MCAID ADVANTAGE PANL SZ MISSING FOR PCP
86	PARTIAL CAPS PANL SZ MISSING FOR PCP
87	MAP PANL SZ MISSING FOR PCP
88	PACE PANL SZ MISSING FOR PCP
89	MCAID ADVANTAGE PANL SZ NOT 9 FILL FOR NONPCP
90	PARTIAL CAPS PANL SZ NOT 9 FILL FOR NONPCP
91	MAP PANL SZ NOT 9 FILL FOR NONPCP
92	PACE PANL SZ NOT 9 FILL FOR NONPCP
93	FEIN BLANK OR NOT VALID
94	NYSOH MEDICAL NET IND 1 NOT 0 OR 1
95	NYSOH MEDICAL NET IND 2 NOT 0 OR 1
96	NYSOH MEDICAL NET IND 3 NOT 0 OR 1
97	NYSOH MEDICAL NET IND 4 NOT 0 OR 1
98	NYSOH MEDICAL NET IND 5 NOT 0 OR 1
99	NYSOH MEDICAL NET IND 6 NOT 0 OR 1
100	NYSOH MEDICAL NET IND 7 NOT 0 OR 1
101	NYSOH MEDICAL NET IND 8 NOT 0 OR 1
102	NYSOH MEDICAL NET IND 9 NOT 0 OR 1
103	NYSOH DENTAL NET IND 1 NOT 0 OR 1
104	NYSOH DENTAL NET IND 2 NOT 0 OR 1
105	NYSOH DENTAL NET IND 3 NOT 0 OR 1
106	NYSOH DENTAL NET IND 4 NOT 0 OR 1
107	COMM NON-MCO MEDICAL IND 2 NOT 0 OR 1
108	COMM NON-MCO MEDICAL IND 3 NOT 0 OR 1
109	COMM NON-MCO MEDICAL IND 4 NOT 0 OR 1
110	COMM NON-MCO MEDICAL IND 5 NOT 0 OR 1
111	COMM NON-MCO MEDICAL IND 6 NOT 0 OR 1
112	COMM NON-MCO MEDICAL IND 7 NOT 0 OR 1
113	COMM NON-MCO MEDICAL IND 8 NOT 0 OR 1
114	COMM NON-MCO VISION IND 2 NOT 0 OR 1
115	COMM NON-MCO VISION IND 3 NOT 0 OR 1
116	COMM NON-MCO VISION IND 4 NOT 0 OR 1
117	COMM NON-MCO VISION IND 5 NOT 0 OR 1
118	COMM NON-MCO VISION IND 6 NOT 0 OR 1

119	COMM NON-MCO DENTAL IND 2 NOT 0 OR 1
120	COMM NON-MCO DENTAL IND 3 NOT 0 OR 1
121	COMM NON-MCO DENTAL IND 4 NOT 0 OR 1
122	COMM NON-MCO DENTAL IND 5 NOT 0 OR 1
123	PCP NYSOH MED NET 1 PANL STATUS NOT VALID
124	PCP NYSOH MED NET 2 PANL STATUS NOT VALID
125	PCP NYSOH MED NET 3 PANL STATUS NOT VALID
126	PCP NYSOH MED NET 4 PANL STATUS NOT VALID
127	PCP NYSOH MED NET 5 PANL STATUS NOT VALID
128	PCP NYSOH MED NET 6 PANL STATUS NOT VALID
129	PCP NYSOH MED NET 7 PANL STATUS NOT VALID
130	PCP NYSOH MED NET 8 PANL STATUS NOT VALID
131	PCP NYSOH MED NET 9 PANL STATUS NOT VALID
132	NONPCP NYSOH MED NET 1 PANL STATUS NOT VALID
133	NONPCP NYSOH MED NET 2 PANL STATUS NOT VALID
134	NONPCP NYSOH MED NET 3 PANL STATUS NOT VALID
135	NONPCP NYSOH MED NET 4 PANL STATUS NOT VALID
136	NONPCP NYSOH MED NET 5 PANL STATUS NOT VALID
137	NONPCP NYSOH MED NET 6 PANL STATUS NOT VALID
138	NONPCP NYSOH MED NET 7 PANL STATUS NOT VALID
139	NONPCP NYSOH MED NET 8 PANL STATUS NOT VALID
140	NONPCP NYSOH MED NET 9 PANL STATUS NOT VALID
141	NYSOH MED NET 1 PANL SZ MISSING FOR PCP
142	NYSOH MED NET 2 PANL SZ MISSING FOR PCP
143	NYSOH MED NET 3 PANL SZ MISSING FOR PCP
144	NYSOH MED NET 4 PANL SZ MISSING FOR PCP
145	NYSOH MED NET 5 PANL SZ MISSING FOR PCP
146	NYSOH MED NET 6 PANL SZ MISSING FOR PCP
147	NYSOH MED NET 7 PANL SZ MISSING FOR PCP
148	NYSOH MED NET 8 PANL SZ MISSING FOR PCP
149	NYSOH MED NET 9 PANL SZ MISSING FOR PCP
150	NYSOH MED NET 1 PANL SZ NOT 9 FILL FOR NONPCP
151	NYSOH MED NET 2 PANL SZ NOT 9 FILL FOR NONPCP
152	NYSOH MED NET 3 PANL SZ NOT 9 FILL FOR NONPCP
153	NYSOH MED NET 4 PANL SZ NOT 9 FILL FOR NONPCP
154	NYSOH MED NET 5 PANL SZ NOT 9 FILL FOR NONPCP
155	NYSOH MED NET 6 PANL SZ NOT 9 FILL FOR NONPCP
156	NYSOH MED NET 7 PANL SZ NOT 9 FILL FOR NONPCP
157	NYSOH MED NET 8 PANL SZ NOT 9 FILL FOR NONPCP
158	NYSOH MED NET 9 PANL SZ NOT 9 FILL FOR NONPCP
160	SIP INDICATOR NOT 0 OR 1

161	PCP SIP IND PANL STATUS NOT VALID
162	NONPCP SIP IND PANL STATUS NOT VALID
163	SIP IND PANL SZ MISSING FOR PCP
164	SIP IND PANL SZ NOT 9 FILL FOR NONPCP
319	NYSOH MUST HAVE AT LEAST 1 NYSOH PRODUCT IND
320	FIDA PROV IND NOT 0 OR 1
321	PCP FIDA PANL STATUS NOT VALID
322	NONPCP FIDA PANL STATUS NOT VALID
323	FIDA PANL SZ MISSING FOR PCP
324	FIDA PANL SZ NOT 9 FILL FOR NONPCP
325	STANDARD EP PROV IND NOT 0 OR 1
326	EP PLUS ADULT VISION AND DENTAL PROV IND NOT 0 OR 1
327	PCP STANDARD EP PANL STATUS NOT VALID
328	PCP EP PLUS ADULT VISION AND DENTAL PANL STATUS NOT VALID
329	STANDARD EP PANL SZ MISSING FOR PCP
330	STANDARD EP PANL SZ NOT 9 FILL FOR NONPCP
331	EP PLUS ADULT VISION AND DENTAL PANL SZ MISSING FOR PCP
332	EP PLUS ADULT VISION AND DENTAL PANL SZ NOT 9 FILL FOR NONPCP
333	NONPCP STANDARD EP PANL STATUS NOT VALID
334	NONPCP EP+ ADULT VISION & DENTAL PANL STATUS NOT VALID
335	FIDA IDD IND NOT 0 OR 1
336	PCP FIDA IDD PANL STATUS NOT VALID
337	NONPCP FIDA IDD OB PANL STATUS NOT VALID
338	NONPCP FIDA IDD PANL STAT NOT VALID
339	FIDA IDD PANL SZ MISSING FOR PCP
340	FIDA IDD PANL SZ NOT 9 FILL FOR NONPCP
341	PCP HARP PANL STATUS NOT VALID
342	NONPCP HARP OB PANL STATUS NOT VALID
343	NONPCP HARP PANL STAT NOT VALID
344	HARP PANL SZ MISSING FOR PCP
345	HARP PANL SZ NOT 9 FILL FOR NONPCP
346	HIV SNP IND NOT 0 OR 1
347	PCP HIV SNP PANL STATUS NOT VALID
348	NONPCP HIV SNP OB PANL STATUS NOT VALID
349	NONPCP HIV SNP PANL STAT NOT VALID
350	HIV SNP PANL SZ MISSING FOR PCP
351	HIV SNP PANL SZ NOT 9 FILL FOR NONPCP
352	SITE NPI BLANK OR NOT VALID

353	INVALID PROVIDER TYPE FOR PRIMARY DESIGNATION
354	ADDRESS UNDEFINED LOCATION
355	TOTAL OFFICE HOURS NOT VALID FOR NONPCP
356	TOTAL OFFICE HOURS NOT VALID FOR COMMERCIAL ONLY/NON MED-HIV-CHP PCP
357	TOTAL OFFICE HOURS ZERO FOR PCP
358	MAN CARE PLAN ID NUM FORMAT
999	SITE NPI REFERENCE ERROR
1000	NPI REFERENCE ERROR
1001	SED REFERENCE ERROR
1002	MMIS REFERENCE ERROR
1003	HFIS REFERENCE ERROR
1004	PRODUCT INVALID FOR THE PLAN
1005	PRODUCT MISSING FOR THE PLAN/COUNTY/SUBMISSION
1006	RECORD FORMAT INVALID
1007	ADDRESS VALIDATION FAILURE
1008	NAME VALIDATION FAILURE
1009	MMIS MLTC REFERENCE ERROR
1010	INVALID PRODUCT VALUES FOR NETWORK CHECK
1011	VALUES NOT IDENTICAL WITHIN A NETWORK PRODUCT
1012	VALUES NOT IDENTICAL FOR ALL NETWORK PRODUCTS
1016	MEDS ID NOT FOUND ON REFERENCE DATA
1017	MEDS ID NOT ASSOCIATED WITH SUBMITTED NPI
1339	UNKOWN LANGUAGE CODE
1340	INVALID EMAIL
1341	SITE NAME BLANK

ERROR CODES

ANCILLARY/SERVICE CENTER ERROR LISTING

Message Number	Service File Error Description
1	SITE NAME BLANK
2	ROOM/SUITE NUMBER BLANK
3	COUNTY CODE NOT A VALID FIPS CODE
4	DESIGNATED SERVICE CODE NOT VALID
5	STREET ADDRESS BLANKS
6	CITY BLANK
7	ZIP OR COUNTY CODE NOT VALID
8	MEDICAID PROVIDER NUMBER BLANK
9	AREA CODE BLANK OR INVALID
10	PHONE NUMBER BLANK OR INVALID
11	STATE CODE BLANK OR INVALID
12	HOSPITAL OPCERT/PFI COMBO INVALID
13	NURSING HOME OPCERT/PFI COMBO INVALID
14	HOME CARE OPCERT/PFI COMBO INVALID
15	CLINIC OPCERT/PFI COMBO INVALID
16	HOSPICE OPCERT/PFI COMBO INVALID
17	CLIA OPCERT/PFI COMBO INVALID
18	NUMBER OF PROVIDERS AT CENTER NOT VALID
19	COMM PROVIDER INDICATOR NOT 0 OR 1
20	MCAID PROVIDER INDICATOR NOT 0 OR 1
21	MCARE PROVIDER INDICATOR NOT 0 OR 1
22	CHP PROVIDER INDICATOR NOT 0 OR 1
23	HARP PROVIDER INDICATOR NOT 0 OR 1
24	COMMERCIAL NON-MCO MEDICAL INDICATOR NOT 0 OR 1
25	COMMERCIAL NON-MCO VISION INDICATOR NOT 0 OR 1
26	COMMERCIAL NON-MCO DENTAL INDICATOR NOT 0 OR 1
27	MISSING ADDITIONAL SERVICES FOR HOSPITAL
28	SERVICE #1 CODE NOT VALID
29	SERVICE #2 CODE NOT VALID
30	SERVICE #3 CODE NOT VALID
31	SERVICE #4 CODE NOT VALID
32	SERVICE #5 CODE NOT VALID
33	SERVICE #6 CODE NOT VALID
34	SERVICE #7 CODE NOT VALID
35	SERVICE #8 CODE NOT VALID

Message Number	Service File Error Description
36	SERVICE #9 CODE NOT VALID
37	SERVICE #10 CODE NOT VALID
38	SERVICE #11 CODE NOT VALID
39	SERVICE #12 CODE NOT VALID
40	SERVICE #13 CODE NOT VALID
41	SERVICE #14 CODE NOT VALID
42	SERVICE #15 CODE NOT VALID
43	SERVICE #16 CODE NOT VALID
44	SERVICE #17 CODE NOT VALID
45	SERVICE #18 CODE NOT VALID
46	SERVICE #19 CODE NOT VALID
47	SERVICE #20 CODE NOT VALID
48	SERVICE #21 CODE NOT VALID
49	SERVICE #22 CODE NOT VALID
50	SERVICE #23 CODE NOT VALID
51	SERVICE #24 CODE NOT VALID
52	SERVICE #25 CODE NOT VALID
53	NPI BLANK OR NOT VALID
54	MCAID ADVAN PROVIDER INDICATOR NOT 0 OR 1
55	PARTIAL CAPS PROVIDER INDICATOR NOT 0 OR 1
56	MAP PROVIDER INDICATOR NOT 0 OR 1
57	PACE PROVIDER INDICATOR NOT 0 OR 1
58	NYSOH MEDICAL NET IND 1 NOT 0 OR 1
59	NYSOH MEDICAL NET IND 2 NOT 0 OR 1
60	NYSOH MEDICAL NET IND 3 NOT 0 OR 1
61	NYSOH MEDICAL NET IND 4 NOT 0 OR 1
62	NYSOH MEDICAL NET IND 5 NOT 0 OR 1
63	NYSOH MEDICAL NET IND 6 NOT 0 OR 1
64	NYSOH MEDICAL NET IND 7 NOT 0 OR 1
65	NYSOH MEDICAL NET IND 8 NOT 0 OR 1
66	NYSOH MEDICAL NET IND 9 NOT 0 OR 1
67	COMM NONMCO MEDICAL NET IND 2 NOT 0 OR 1
68	COMM NONMCO MEDICAL NET IND 3 NOT 0 OR 1
69	COMM NONMCO MEDICAL NET IND 4 NOT 0 OR 1
70	COMM NONMCO MEDICAL NET IND 5 NOT 0 OR 1
71	COMM NONMCO MEDICAL NET IND 6 NOT 0 OR 1
72	COMM NONMCO MEDICAL NET IND 7 NOT 0 OR 1
73	COMM NONMCO MEDICAL NET IND 8 NOT 0 OR 1
74	SIP INDICATOR IND 1 NOT 0 OR 1

Message Number	Service File Error Description
103	NYSOH MUST HAVE AT LEAST 1 NYSOH PRODUCT IND
104	FIDA PROVIDER INDICATOR NOT 0 OR 1
105	STANDARD EP PROVIDER INDICATOR NOT 0 OR 1
106	EP PLUS ADULT VISION AND DENTAL PROV IND NOT 0 OR 1
107	FIDA IDD IND NOT 0 OR 1
108	HIV SNP IND NOT 0 OR 1
109	SERV CNTY CODE 1 NOT A VALID FIPS CODE
110	SERV CNTY CODE 2 NOT A VALID FIPS CODE
111	SERV CNTY CODE 3 NOT A VALID FIPS CODE
112	SERV CNTY CODE 4 NOT A VALID FIPS CODE
113	SERV CNTY CODE 5 NOT A VALID FIPS CODE
114	SERV CNTY CODE 1 NOT 999 FOR DESER
115	SERV CNTY CODE 2 NOT 999 FOR DESER
116	SERV CNTY CODE 3 NOT 999 FOR DESER
117	SERV CNTY CODE 4 NOT 999 FOR DESER
118	SERV CNTY CODE 5 NOT 999 FOR DESER
119	OASAS PRU NOT VALID
120	OASAS PROVIDER ID NOT VALID
121	OMH ID NOT VALID
122	ADDRESS UNDEFINED LOCATION
123	MAN CARE PLAN FACILITY ID NUM FORMAT
1000	NPI REFERENCE ERROR
1001	SED REFERENCE ERROR
1002	MMIS REFERENCE ERROR
1003	HFIS REFERENCE ERROR
1004	PRODUCT INVALID FOR THE PLAN
1005	PRODUCT MISSING FOR THE PLAN/COUNTY/SUBMISSION
1006	RECORD FORMAT INVALID
1007	ADDRESS VALIDATION FAILURE
1008	NAME VALIDATION FAILURE
1009	MMIS MLTC REFERENCE ERROR
1010	INVALID PRODUCT VALUES FOR NETWORK CHECK
1011	VALUES NOT IDENTICAL WITHIN A NETWORK PRODUCT
1012	VALUES NOT IDENTICAL FOR ALL NETWORK PRODUCTS
1013	OMH REFERENCE ERROR
1014	OASAS REFERENCE ERROR
1015	HRS/SEP REFERENCE ERROR

Provider Network Data System

IX. CODING SCHEME SUMMARY REPORTS

**Provider File
Service File**

Table 1 - Core Listing of Required Providers by Program Type

Category of Service	Primary Designation	Provider Type	Specialty Codes	Commercial MCO off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	NYSOH QHP/EP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental	FIDA IDD	SIP-PL
Primary Care Providers																		
Family Practice	1, 3	01, 2, 12	50	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
General Practice	1, 3	01, 2, 12	776	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Internal Medicine	1, 3	01, 2, 12	60	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
HIV Specialist PCP[1]	3	01, 02, 12	050, 060, 776, 066, Secd Spec=303	N	N	N	*(SNP-1)	N	N	N	N	N	N	N	N	N	N	N
Pediatrics	1, 3	01, 02, 12	150	*	*	*	*(SNP-1)	N	N	N	N-EP / *QHP	N	N	*	N	N	N	*
Obstetrics/Gynecology Care and Support																		
Doula§	2	11	755	N	N	*	N	N	N	N	N	N	N	N	N	N	N§	*
Gynecology	2, 3	01, 12	905	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Nurse Midwife and Certified Midwife	2, 3	03, 50	782	*	*	*	*	N	N	N	*	N	*	*	N	N	*	*
Obstetrics and Gynecology (OB - GYN)	2, 3	01, 12	89	*	*	*	*	N	N	N	*	N	*	*	N	N	*	*
Behavioral Health Providers																		
Behavior Analysis	2, 3	71, 78	28	*	*	*	*	N	N	N	*	N	*	*	N	N	N	*
Buprenorphine Prescribers	2, 3	01, 02, 12, 23	750	N	N	*	*	N	N	N	N	N	*	N	N	N	N	*
Licensed Social Work	2	4	781	*	*	*	*	N	N	N	*	N	*	*	N	N	*	*
Child Psychiatry	2, 3	01, 12	191	*	*	*	*	N	N	N	N-EP / *QHP	N	N	*	N	N	N	*
Clinical Psychology, Psychology	2	05, 14	192, 195, 780	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Psychiatry	2, 3	01, 12	192, 195	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Specialist Care Providers																		
Allergy and Immunology	2, 3	01, 12	10	*	*	*	*	N	N	N	*	N	*	*	N	N	*	*
Cardiology	2, 3	01, 12	062, 927	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Chiropractic	2, 3	01, 10, 12	162	*	N	N	N	N	N	N	*	N	N	*	N	N	*	N

Category of Service	Primary Designation	Provider Type	Specialty Codes	Commercial MCO off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	NYSOH QHP/EP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental	FIDA IDD	SIP-PL
Colon Rectal Surgery	2, 3	01, 12	30	*	*	*	*	N	N	N	*	N	*	*	N	N	N	*
Dermatology	2, 3	01, 12	40	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Endocrinology and Metabolism	2, 3	01, 12	063, 516	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Family Planning	2, 3	01, 12, 23	906	N	N	N	N	N	N	N	N	N	N	N	N	N	*	*
Gastroenterology	2, 3	01, 12	64	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
General Surgery	2, 3	01, 12	210	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Geriatrics	2, 3	01, 12	620, 621	*	N	N	N	N	*	N	N	N	N	*	N	N	N	N
Neonatal - Perinatal Medicine	2, 3	01, 12	155	*	*	*	*	N	N	N	N-EP / *QHP	N	*	*	N	N	N	*
Nephrology	2, 3	01, 12	67	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Neurology	2, 3	01, 12	194	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Neurology Surgery	2, 3	01, 12	70	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Oncology and Hematology	2, 3	01, 12	137, 241	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Ophthalmology	2, 3	01, 12	100	*	*	*	*	N	*	N	*	N	*	*	*	N	*	*
Optometry	2	6	714, 716	*	*	*	*	*	*	*	*	N	*	*	*	N	*	*
Orthopedics	2, 3	01, 12	110	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Otolaryngology	2, 3	01, 12	120	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Palliative Care	2, 3	1, 2, 11, 12	826	N	N	N	N	N	N	N	N	N	N	N	N	N	*	*
Pediatric Surgery	2, 3	01, 12	153	*	*	*	*	N	N	N	N-EP / *QHP	N	N	*	N	N	N	*
Physical Med and Rehabilitation	2, 3	01, 12	160	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Plastic Surgery	2, 3	01, 12	170	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Podiatry	2	9	778	*	*	*	*	*	*	*	*	N	*	*	N	N	*	*
Pulmonary Medicine	2, 3	01, 12	68	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Rheumatology	2, 3	01, 12	69	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Thoracic Surgery	2, 3	01, 12	220, 651	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Urology	2, 3	01, 12	230	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Non - PCP Nurse Practitioners																		
Non - PCP Nurse Practitioners	2	2	ALL	*(NP)	*(NP)	*(NP)	*(NP)	N	N	N	*(NP)	N	*(NP)	*(NP)	N	N	N	*(NP)
Dental Care Providers																		
General Dentistry	2	08, 18	800, 815	N	*	*	*	*	*	*	*	*	*	N	N	*	*	*
Oral Surgery	2	08, 18, 19	808	N	*	*	*	*	*	*	*	*	*	*	N	*	*	*
Orthodontics	2	08, 18, 19	801	N	*	*	*	N	N	N	*	*	*	*	N	*	*	*

Category of Service	Primary Designation	Provider Type	Specialty Codes	Commercial MCO off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	NYSOH QHP/EP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental	FIDA IDD	SIP-PL
Pedodontics	2	08, 18, 19	804	N	*	*	*	N	N	N	N-EP / *QHP	*	N	*	N	*	N	*
Crossover Specialties^																		
Anesthesiology	2, 3	01, 12	20	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Audiology	2	30	640	*	*	*	*	*	*	*	*	N	*	*	N	N	*	*
Dentistry	2	08, 18	800, 815	N	N	N	N	N	N	N	N	N	N	*	N	N	N	N
Early Intervention: Physical Therapist	2	60	325	*	*	N	N	N	N	N	N	N	N	N	N	N	N	N
Early Intervention: Occupational Therapist	2	61	325	*	*	N	N	N	N	N	N	N	N	N	N	N	N	N
Early Intervention: Speech Therapist	2	62	325	*	*	N	N	N	N	N	N	N	N	N	N	N	N	N
Early Intervention: Behavior Analysis	2	71, 78	325	*	*	N	N	N	N	N	N	N	N	N	N	N	N	N
Infectious Disease	2, 3	01, 12	66	*	*	*	*	N	N	N	*	N	*	*	N	N	*	*
Licensed Social Work and Home Based Medical Social Services	2	4	781	N	N	N	N	*	*	N	N	N	N	N	N	N	N	N
Nutrition	2	40	909	N	N	N	N	*	*	*	N	N	N	N	N	N	*	N
Pathology	2, 3	01, 12	135, 138, 142, 146	*	*	*	*	N	N	N	*	N	*	*	N	N	N	*
Radiology	2, 3	01, 12	200, 244	*	*	*	*	N	*	N	*	N	*	*	N	N	*	*
Therapy: Physical	2	60	300	*	*	*	*	*	*	*	*	N	*	*	N	N	*	*
Therapy: Occupational	2	61	301	*	*	*	*	*	*	*	*	N	*	*	N	N	*	*
Therapy: Speech	2	62, 63	302	*	*	*	*	*	*	*	*	N	*	*	N	N	*	*
Therapy: Respiratory	2	64	674	N	N	N	N	*	*	*	N	N	N	N	N	N	*	N

^ For Crossover Specialties, adequacy can be met by either providers or sites where services are marked as "*Used for Adequacy Measures" in both Table 1 and Table 2.

LEGEND:
* - Used for Adequacy Measures
N - Not Used for Adequacy Measures
*(SNP-1) - HIV Special Needs Requires PCPs to be HIV Specialists
*(NP) - Nurse practitioners are required to be in the network as a primary care and/or specialist provider
[1] - HIV Specialist PCPs must have a Secondary Specialty of 303 in combination with one of the Specialty Codes listed. See page 56 for more information.

§ - Required only in specific pilot program counties

Table 2 - Core Listing of Required Services by Program Type

Category of Service	Designated Service Codes	Additional Service Codes	Commercial MCO off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	NYSOH QHP/EP	HARP	Commercial Non-MCO Medical	FIDA IDD	SIP-PL
Ancillary/Tertiary Care Services														
Adult BH HCBS Education Support Services	862		N	N	N	*	N	N	N	N	*	N	N	N
Adult BH HCBS Habilitation	854		N	N	N	*	N	N	N	N	*	N	N	N
Adult BH HCBS Intensive Supportive Employment	860		N	N	N	*	N	N	N	N	*	N	N	N
Adult BH HCBS Ongoing Supported Employment	861		N	N	N	*	N	N	N	N	*	N	N	N
Adult BH HCBS Prevocational Services	858		N	N	N	*	N	N	N	N	*	N	N	N
Adult BH HCBS Transitional Employment	859		N	N	N	*	N	N	N	N	*	N	N	N
Adult Day Health Care	664		N	N	*	*	*	*	N	N	*	N	*	*
AIDS Designated Centers	011, 321	408	N	N	*	*	N	N	N	N	*	N	N	N
Assertive Community Treatment	816		N	N	*	*	*†	N	N	N	*	N	*	*
Assisted Living Program	666		N	N	N	N	N	N	*	N	N	N	N	N
Assisted Living Service	614		N	N	N	N	N	N	N	N	N	N	*	N
Assistive Technology Agency and Adaptive Technology	817		N	N	*	*	*	*	N	N	*	N	*	*
Certified Home Health (HHA)	665		N	*	*	*	*	*	*	*	*	N	*	*
Certified Home Health: Home Based Medical Social Services	665	781	N	N	N	N	N	N	*	N	N	N	*	N
Certified Home Health: Home Based Occupational Therapy	665	301	N	N	N	N	*	N	*	*	N	N	*	N

Category of Service	Designated Service Codes	Additional Service Codes	Commercial MCO off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	NYSOH QHP/EP	HARP	Commercial Non-MCO Medical	FIDA IDD	SI P-PL
Certified Home Health: Home Based Physical Therapy	665	300	N	N	N	N	*	N	*	*	N	N	*	N
Certified Home Health: Home Based Speech Therapy	665	302	N	N	N	N	*	N	*	*	N	N	*	N
Certified or Licensed Home Health Care - Personal Care Assistant (HHA - PCA)	665, 668	672, 673	*	N	*	*	*	*	N	*EP / N-QHP	*	N	*	*
Children's Community Psychiatric Support and Treatment	022		N	N	*	*	N	N	N	N	N	N	N	*
Children's Crisis Intervention	023		N	N	*	*	N	N	N	N	N	N	N	*
Children's Family Peer Support Services	036		N	N	*	*	N	N	N	N	N	N	N	*
Children's HCBS Caregiver Family Support and Services	037		N	N	*	*	N	N	N	N	N	N	N	N
Children's HCBS Community Habilitation	038		N	N	*	*	N	N	N	N	N	N	N	N
Children's HCBS Community Self Advocacy Training and Support	039		N	N	*	*	N	N	N	N	N	N	N	N
Children's HCBS Crisis Respite	044		N	N	*	*	N	N	N	N	N	N	N	N
Children's HCBS Day Habilitation	045		N	N	*	*	N	N	N	N	N	N	N	N
Children's HCBS Palliative Care Bereavement Services	046		N	N	*	*	N	N	N	N	N	N	N	N

Category of Service	Designated Service Codes	Additional Service Codes	Commercial MCO off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	NYSOH QHP/EP	HARP	Commercial Non-MCO Medical	FIDA IDD	SI P-PL
Children's HCBS Palliative Care Expressive Therapy	047		N	N	*	*	N	N	N	N	N	N	N	N
Children's HCBS Palliative Care Massage Therapy	048		N	N	*	*	N	N	N	N	N	N	N	N
Children's HCBS Palliative Care Pain and Symptom Management	049		N	N	*	*	N	N	N	N	N	N	N	N
Children's HCBS Planned Respite	051		N	N	*	*	N	N	N	N	N	N	N	N
Children's HCBS Pre - Vocational Services	052		N	N	*	*	N	N	N	N	N	N	N	N
Children's HCBS Supported Employment	053		N	N	*	*	N	N	N	N	N	N	N	N
Children's Other Licensed Practitioner	054		N	N	*	*	N	N	N	N	N	N	N	*
Children's Psychosocial Rehabilitation	077		N	N	*	*	N	N	N	N	N	N	N	*
Community Habilitation	752		N	N	*	*	N	N	N	N	N	N	*	*
Community Transitional Service	819		N	N	*	*	*	*	N	N	*	N	*	*
Comprehensive Psychiatric Emergency Program (CPEP)	992		N	N	*	*	*†	N	N	N	*	N	N	*
Consumer Directed Personal Care (CDPC)	914	675, 676	N	N	*	*	N	*	N	N	*	N	*	*
Continuing Day Treatment	312, 317		N	N	N	N	N	N	N	N	N	N	*	*

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CORE Community Psychiatric Supports and Treatment (CPST)	839		N	N	N	*	*†	N	N	N	*	N	N	N
CORE Family Support and Training	855		N	N	N	*	*†	N	N	N	*	N	N	N
CORE Peer Support	837		N	N	N	*	*†	N	N	N	*	N	N	N
CORE Psychosocial Rehabilitation (PSR)	836		N	N	N	*	*†	N	N	N	*	N	N	N
Durable Medical Equipment (DME)	307, 969		*	*	*	*	*	*	*	*	*	*	*	*
Environmental Modifications	820		N	N	*	*	*	*	N	N	*	N	*	*
Federally Qualified Health Centers (FQHC)	011, 321	405	N	N	*	*	N	N	N	*	*	N	N	*
Fiscal Intermediary (CDPC)	097		N	N	N	N	*	*	N	N	N	N	N	N
General Vascular Surgery	011, 321, 914	650	N	N	N	N	N	N	N	N	N	N	*	N
Harm Reduction Services and SEP	613		N	N	*	*	N	N	N	N	*	N	N	*
Hemodialysis	011, 321, 914	913	N	N	N	N	N	N	N	N	N	N	*	*
Home and Community Support Services	834		N	N	*	*	*	*	N	N	*	N	*	*
Home Delivered and Congregate Meals	667		N	N	*	*	*	*	N	N	*	N	*	*
Hospice Care	669		*	*	*	*	N	N	N	*	*	*	N	*
Hospital Based and Freestanding Surgery	011, 321, 914	993	N	N	N	N	N	N	N	N	N	N	*	N
Inpatient Chemical Dependency (ASA Inpatient)	011, 017, 018	7	*	*	*	*	*†	N	N	*	*	*	*	*
Inpatient Hospital (Medical Inpatient)	11	899	*	*	*	*	N	*	N	*	*	*	*	*
Inpatient Mental Health	011, 017, 018	616	*	*	*	*	*†	N	N	*	*	*	*	*

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Institutional Long Term Care	660		N	N	*	*	*	*	N	*	*	N	*	*
Institutional Long Term Care (Aids Skilled Nursing Facility)	660	655	N	N	*	*	*	*	N	N	*	N	N	*
Institutional Long Term Care (Behavioral Health Intervention Skilled Nursing Facility - Neuro)	660	657	N	N	*	*	N	N	N	N	*	N	N	*
Institutional Long Term Care (Head Injury and TBI Injury SNF)	660	656	N	N	*	*	N	N	N	N	*	N	N	*
Institutional Long Term Care (Vent Skilled Nursing Facility)	660	659	N	N	*	*	*	*	N	N	*	N	N	*
Institutional Short Term Care	663		*	N	*	*	*	*	N	*	*	*	N	*
Licensed Home Health Care	668		N	N	N	N	*	*	N	*	N	N	N	N
Licensed Home Health Care: Home Based Medical Social Services	668	781	N	N	N	N	*	N	N	N	N	N	N	N
Licensed Home Health Care: Home Based Occupational Therapy	668	301	N	N	N	N	*	*	N	*	N	N	N	N
Licensed Home Health Care: Home Based Physical Therapy	668	300	N	N	N	N	*	*	N	*	N	N	N	N
Licensed Home Health Care: Home Based Speech Therapy	668	302	N	N	N	N	*	*	N	*	N	N	N	N
Medical Laboratories	011, 321, 599	599	*	*	*	*	N	*	N	*	*	*	*	*
Medically Managed Detox Services	011, 017, 018	13	*	*	*	*	*†	N	N	*	*	*	N	*
Medically Supervised Detox Services- Inpatient	011, 017, 018, 749	309	*	*	*	*	*†	N	N	*	*	*	N	*

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Medically Supervised Detox Services-Outpatient	011, 017, 018, 749	357, 989	*	*	*	*	*†	N	N	*	*	*	N	*
Models of Care at AIDS Center	011, 321	355	N	N	N	*	N	N	N	N	N	N	N	*
Moving Assistance	825		N	N	*	*	*	*	N	N	*	N	*	*
National Diabetes Prevention Program	105		N	N	*	*	N	N	N	N	*	N	N	N
Non - Emergent Transportation	671, 740		N	N	N	N	*	*	*	N	N	N	*	N
NYS OMH Licensed CRs	326, 327, 329, 330		N	N	N	N	N	N	N	N	N	N	N	*
Oncology - Therapy (Radiation or Chemo)	011, 321, 914	934	N	N	N	N	N	N	N	N	N	N	*	*
Opioid Treatment Program	011, 321, 749	922, 751	N	N	*	*	*†	N	N	N	*	N	*	*
OPWDD Article 16 Clinic	979		N	N	N	N	N	N	N	N	N	N	*	*
OPWDD Care Coordination Organization – Health Home	087		N	N	N	N	N	N	N	N	N	N	N	*
OPWDD Day Habilitation	043		N	N	N	N	N	N	N	N	N	N	*	*
OPWDD Day Treatment	006		N	N	N	N	N	N	N	N	N	N	*	N
OPWDD Fiscal Intermediary	042		N	N	N	N	N	N	N	N	N	N	*	*
OPWDD Intensive Behavioral Services	361		N	N	N	N	N	N	N	N	N	N	*	*
OPWDD Pathways to Employment	362		N	N	N	N	N	N	N	N	N	N	*	*
OPWDD Prevocational Services (Facility Based)	370		N	N	N	N	N	N	N	N	N	N	*	*

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OPWDD Residential Habilitation	373,611,612		N	N	N	N	N	N	N	N	N	N	N	*
OPWDD Respite	790		N	N	N	N	N	N	N	N	N	N	N	*
OPWDD START Program	372		N	N	N	N	N	N	N	N	N	N	*	N
OPWDD Support Brokerage	003		N	N	N	N	N	N	N	N	N	N	*	*
Outpatient Chemical Dependency - Clinic	011, 321, 914	749, 984, 986	*	*	*	*	*†	N	N	*	*	*	*	*
Outpatient Chemical Dependency - Outpatient Rehabilitation	011, 321, 914	987	*	*	*	*	*†	N	N	*	*	*	*	*
Outpatient Mental Health Clinic	011, 017, 018, 321, 914, 375	375, 974	*	*	*	*	*†	N	N	*	*	*	*	*
Outpatient Mental Health Clinic - Children and adolescents under 21	011, 017, 018, 321, 914, 375	008, 021	N	N	*	*	N	N	N	N	N	N	N	*
Outpatient Mental Health Clinic - State Operated	971	971	N	N	*	*	*†	N	N	N	*	N	N	*
Partial Hospitalization	313, 318		*	N	*	*	*†	N	N	*	*	*	*	*
Personal Emergency Response (PERS)	615		N	N	*	*	*	*	*	N	*	N	*	*
Personalized Recovery Oriented Services	829		N	N	N	N	N	N	N	N	N	N	*	*
Personalized Recovery Oriented Services, Continuing Day Treatment	829, 312, 317		N	N	*	*	*†	N	N	N	*	N	N	N

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Pharmacy	011, 321, 760	760	*	*	*	*	N	*	N	*	*	*	*	*
Presumptive Eligible	011, 321	406	N	N	*	*	N	N	N	N	*	N	N	*
Private Duty Nursing	680		N	N	N	N	*	*	*	N	N	N	*	*
Residential Substance Abuse Treatment Services	011, 017, 018, 749	015, 016	*	N	*	*	*†	N	N	N	*	N	N	*
Social and Environmental Support	661		N	N	N	N	*	*	N	N	N	N	N	N
Social Day Care	662		N	N	N	N	*	*	N	N	N	N	N	N
Supported Employment	860, 861		N	N	N	N	N	N	N	N	N	N	*	*
Telehealth	833		N	N	N	N	*	*	N	N	N	N	*	N
Transplant Surgery	011, 321, 914	741	N	N	N	N	N	N	N	N	N	N	*	N
Transportation (Ambulance Service)	670		N	N	N	N	N	*	N	N	N	N	*	N
Tribal Health Centers	011, 321	407	N	N	N	N	N	N	N	*	N	N	N	N
Urgent Care Centers	823		N	N	N	N	N	N	N	*	N	N	*	*
Vehicle Modification	004		N	N	*	*	*	*	N	N	*	N	N	*
Voluntary Foster Care Agency	088		N	N	*	N	N	N	N	N	N	N	N	N
Youth Peer Support Services	078		N	N	*	*	N	N	N	N	N	N	N	*
Crossover Specialties^														
Anesthesiology Services	011, 321, 914	20	*	*	*	*	N	*	N	*	*	*	*	*
Audiology Services	011, 321, 914	640	*	*	*	*	*	*	*	*	*	*	*	*
Certified Home Health: Home Based Medical Social Services	665	781	N	N	N	N	*	N	N	N	N	N	N	N
Dentistry	011, 321,911	911	N	N	N	N	N	N	N	N	N	*	N	N

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						Crossover Specialties^ (continued)								
Early Intervention Agency: Physical Therapy	325	300	*	*	N	N	N	N	N	N	N	N	N	N
Early Intervention Agency: Occupational Therapy	325	301	*	*	N	N	N	N	N	N	N	N	N	N
Early Intervention Agency: Speech Therapy	325	302	*	*	N	N	N	N	N	N	N	N	N	N
Early Intervention Agency: Behavior Analysis	325	028	*	*	N	N	N	N	N	N	N	N	N	N
Infectious Disease	011, 321, 914	966	*	*	*	*	N	N	N	*	*	*	*	*
Licensed Home Health Care: Home Based Medical Social Services	668	781	N	N	N	N	N	*	N	N	N	N	N	N
Nutrition	011, 321, 914, 665	909	N	N	N	N	*	*	N	N	N	N	N	N
Pathology Services	011, 321, 914	135	*	*	*	*	N	N	N	*	*	*	N	*
Radiology Services	011, 321, 914	200	*	*	*	*	N	*	N	*	*	*	*	*
Therapy: Occupational	011, 321, 914	301	*	*	*	*	*	*	*	*	*	*	*	*
Therapy: Physical	011, 321, 914	300	*	*	*	*	*	*	*	*	*	*	*	*
Therapy: Speech and Language	011, 321, 914	302	*	*	*	*	*	*	*	*	*	*	*	*
Therapy: Respiratory	011, 321, 914	674	N	N	N	N	*	*	*	N	N	N	*	N

^ For Crossover Specialties, adequacy can be met by either providers or sites where services are marked as "*- Used for Adequacy Measures" in both Table 1 and Table 2

LEGEND:

* - Used for Adequacy Measures

N - Not Used for Adequacy Measures

† - required as of January 2023, but can be submitted starting August 2022 as part of readiness review