National Plan and Provider Enumeration System (NPPES)

Electronic File Interchange (EFI)

Technical Companion Guide

Prepared For

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Introduction

1.1   NPPES Overview

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The Centers for Medicare & Medicaid Services (CMS) commissioned the development of the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers. The primary purpose for the development of NPPES is to standardize and simplify the process of enumerating providers (and at a future time, health plans) and maintaining their data. NPPES is a web based system enabling providers across the country to apply for their unique National Provider Identifier (NPI).

1.2   NPPES Electronic File Interchange (EFI) Overview

NPPES Release 1.1 (and later) provides a bulk process for organizations (e.g., health plans, professional associations and other groups) to interact with the application. These organizations typically maintain significant amounts of information about their providers. The EFI process enables the electronic submission of enumeration applications and data change requests for large numbers of providers with minimal manual intervention. Under the current design, the EFI process achieves this goal through the use of text files that follow the XML standard.

1.3   Document Purpose

The purpose of this document is to give NPPES Electronic File Interchange (EFI) participants an understanding of the structure of the XML file(s) containing the provider data that are used by the EFI process. The structure of the XML files used by the EFI process is described by a document called the EFI XML schema. The schema contains descriptions of the different data items stored in the XML files along with restrictions on the type of information contained in such items. Section 2 and all its sub-sections aim at facilitating the understanding of the schema by breaking it down to its constituent data items (elements) and providing a detailed description on the purpose, contents, and restrictions applying to each such item. For an understanding of the EFI process itself, please refer to the EFI user guide and the EFI policy guide, both of which are on the NPPES EFI website. This document is a companion guide to creating and interpreting the Healthcare Provider Information XML transaction file required for the EFI process.

2   EFI XML Schema

2.1   XML Schemas – Brief Description

The document will use terms like element, attribute, root, required, and Optional which are common when describing the structure and workings of an XML document. The following list briefly describes these terms and the relationship that exists between them:

- An XML schema is essentially a structured text file whose contents are organized in a hierarchical fashion. The contents of the file are organized around the data "element" concept.
- At the bottom of the hierarchy are the "simple" elements, which are units of data that cannot be broken down any further.
- Each simple element consists of attributes (properties) which describe this particular element or unit of data.
- Attributes are not considered to be units of data and therefore cannot exist outside the context of an element. Attributes can be required or Optional for that particular element. If a required attribute is not provided an element cannot exist. Complex elements make up the rest of the hierarchy, which culminates with the "root" element.
- Each complex element consists of attributes and other elements (simple or complex) and the root element encompasses all the elements of the schema directly or indirectly.
- If an element (A) is part of another element (B) then this element (A) is a child of element (B). Element (B) is a parent of element (A). The root element is the parent of all the elements in the schema (directly or indirectly).
- Like attributes, elements can be defined as required or Optional when they're a part of a hierarchy of elements. For example element (B) may or may not need element (A) to exist by itself. Element (A) is Optional to element (B).
- The root element can never be defined as Optional

The following drawing illustrates some of the relationships described above:

Exhibit 2-1 Root Element
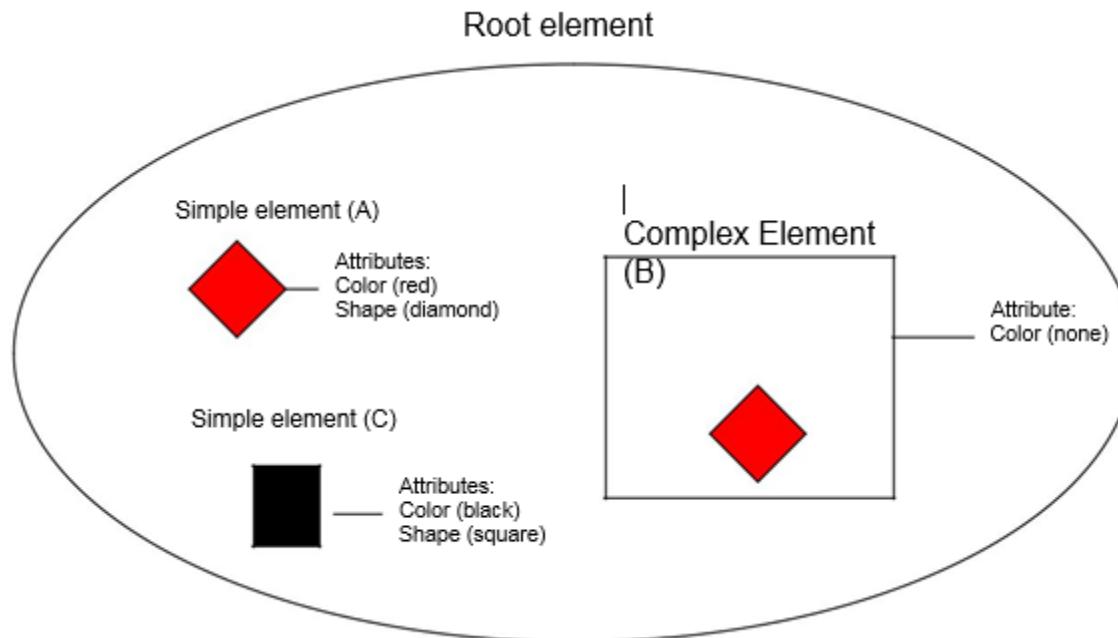
The root element consists of two simple elements and one complex element. The complex element consists of one simple element. It also has an attribute that describes it, namely Color.

The diamond and the square are the 2 simple elements of this schema. They are self-contained units of information with two attributes each; Shape and Color.

Attributes and elements can be classified as "required" or "Optional". For example, for the two simple elements, Shape might be a required attribute for that element because it describes the form of the element however, Color might not be perceived as a necessary distinguishing attribute. It is possible to distinguish a square from a diamond even if they were both of the same color. Therefore, Color can be considered as Optional. The same logic applies to elements, simple or complex. Naturally, the root element of an XML schema is never Optional.

Business requirements define the structure of the XML schema and consequently whether elements or attributes in that schema are defined as required or Optional.

2.2   EFI XML Schema Overview

The EFI XML schema is the document that serves as a blueprint for the generation and validation of all XML provider data files used by the EFI process. To facilitate its adoption by the EFI participants, the EFI XML schema leverages existing standards in the healthcare industry. Specifically, the EFI XML schema closely follows the relationship structures of the ASC X12N Healthcare Provider Information (274) 004050 X253 transaction set where relevant to NPPES. The naming of the elements of the EFI XML schema is also based on the naming of the different data items of the 274 transaction set. All XML files containing provider data that will be used by the EFI process will be compared against the EFI XML schema to verify that the contents conform to the definitions and restrictions specified by the schema.

2.3   EFI XML Schema Structure

This section and the following sub-sections provide details on the individual elements comprising the EFI XML Schema. The tables below describe the general layout of the schema:

Exhibit 2-2 XML Schema Structure: Identifiers

Identifier	Setting
Schema File Name:	274_NPPES_EFI.xsd
Attribute Form Default:	Unqualified
Element Form Default:	Qualified
Version:	09/20/2022

Exhibit 2-3 XML Schema Structure: Elements

Elements
CMS274
CMS27410200_BHT_BeginningOfHierarchicalTransaction
CMS274_HealthCareProviderInformationProviderSiteGroup
CMS27420100_2000A
CMS27420300_2100AA_NM1_SubmitterName
CMS27420100_2000C
CMS27420100_2000C_TRN_ProviderTracking
CMS27420300_2100CA
CMS27420300_2100CA_NM1_ProviderName
CMS27420400_2100CA_N2_AdditionalProviderNameInformation
CMS27420400_2100CA_N3_OtherOrganizationName
CMS27420500_2100CA_PER_ProviderCommunicationsContact
CMS27420600_2100CA_DMG_ProviderSDemographicInformation
CMS27420700_2100CA_API_RequestStatus

Elements
CMS27420900_2100CA_DEG_ProviderSDegreeInformation
CMS27421000_2100CA_IND_ProviderSPlaceOfBirthInformation
CMS27421200_2100CA_DTP_ProviderSActionDate
CMS27421300_2100CA_MTX_RequestStatusAdditionalDetail
CMS27421400_2100CA_CRC_EFIProcessingStatusAdditional
CMS27421500_2100CA_PSI_SubpartInformation
CMS27422100_2110CA
CMS27422100_2110CA_NX1_ProviderAddressType
CMS27422300_2110CA_N3_ProviderSStreetAddress
CMS27422400_2110CA_N4_ProviderSGeographicLocation
CMS27422600_2120CA
CMS27422600_2120CA_LQ_ProviderSAreaOfSpecialization
CMS27423200_2130CA
CMS27423200_2130CA_HPL_ProviderLicenseCertificationRegistration
CMS27423400_2140CA
CMS27423400_2140CA_REF_ProviderIdentificationNumbers
CMS27423400_2140CA_HPE_ProviderEndPoints
CMS27420300_2100CD
CMS27420300_2100CD_NM1_AffiliatedEntityName
CMS27420500_2100CD_PER_AffiliatedEntityContactInformation
CMS27420600_2100CD_DEG_AffiliatedEntitySCredentials
CMS27421300_2100CD_MTX_AffiliatedEntitySTitle
CMS27420300_2100CD_FLG_PrimaryFlag
CMS27420100_2000D
CMS27420300_2100DA
CMS27420500_2100DA_PER_SiteLocationContactInformation
CMS27422100_2110DA
CMS27422300_2110DA_N3_SiteLocationStreetAddress
CMS27422400_2110DA_N4_SiteLocationGeographicLocation
CMS27422400_2110DA_ N5_SiteLocationOfficeHours
CMS27422400_2110DA_ N6_SiteLocationAccess
CMS27422400_2110DA_ N7_SiteLocationLanguage
CMS27420100_2000E
CMS27420300_2100EA
CMS27422600_2120EA
CMS27422600_2120EA_LQ_ProviderGroupSAreaOfSpecialization
CMS27423650_2100CA_REL
CMS27423650_2100CA_REL_ProviderRace
CMS27423650_2100CA_REL_ProviderEthnicity
CMS27423650_2100CA_REL_ProviderLanguage

2.3.1   Element: CMS274

CMS274 describes the root element of the EFI XML schema. The root element consists of two child elements as depicted in the diagram below.

Note:

- The root element MUST NOT contain any attributes at all (namespaces, schema names, etc.). An EFI XML file containing attributes in its root element will fail EFI XML schema validation. This is important to observe because XML files generated by off-the-shelf XML editors (e.g. XML Spy), often have such attributes automatically appended to their root element. XML files received for EFI processing that fail schema validation will be rejected without any processing. The EFI participant that submitted such a file will be notified via e-mail. No response file is created by the EFI process.

- XML files without this element will fail validation against the EFI XML schema. XML files received for EFI processing that fail schema validation will be rejected without any processing. The EFI participant that submitted such a file will be notified via e-mail. No response file is created by the EFI process.

Exhibit 2-4 Element CMS274 Structure
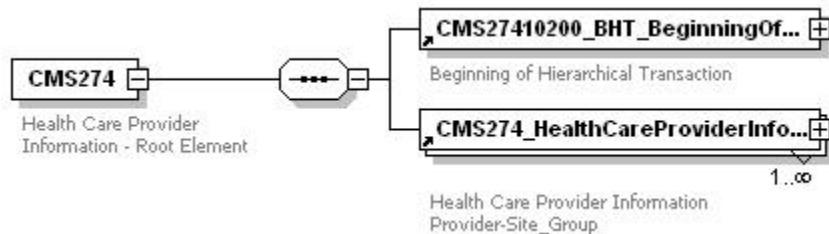
2.3.1.1   CHILD ELEMENTS

CMS27410200_BHT_BeginningOfHierarchicalTransaction - this element contains the header information of the file. CMS274_HealthCareProviderInformationProviderSiteGroup – this element contains health care provider information.

2.3.1.2   ANNOTATION

Documentation: Health Care Provider Information - Root Element

2.3.1.3   SOURCE

```xml
<xs:element name="CMS274">
 <xs:annotation>
 <xs:documentation>Health Care Provider Information - Root Element</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27410200_BHT_BeginningOfHierarchicalTransaction"/>
 <xs:element ref="CMS274_HealthCareProviderInformationProviderSiteGroup"
maxOccurs="unbounded"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.2   Element: CMS27410200_BHT_BeginningOfHierarchicalTransaction

This element contains the header information of the XML file, such as transaction, application type, and xml schema version based on which EFI response file is created. This element is required. There can only be one instance of this element in a given XML file. Last, the element has 3 attributes that are described below:

Note:

- XML files without this element will fail validation against the EFI XML schema.

- For any attribute, if the value specified is not in the "allowed values" list or its length exceeds the maximum allowed length, the file will fail schema validation.
- XML files received for EFI processing that fail schema validation will be rejected without any processing. The EFI participant that submitted such a file will be notified via e-mail. No response file is created by the EFI process.

Exhibit 2-5 Element CMS27410200_BHT_BeginningOfHierarchicalTransaction Structure
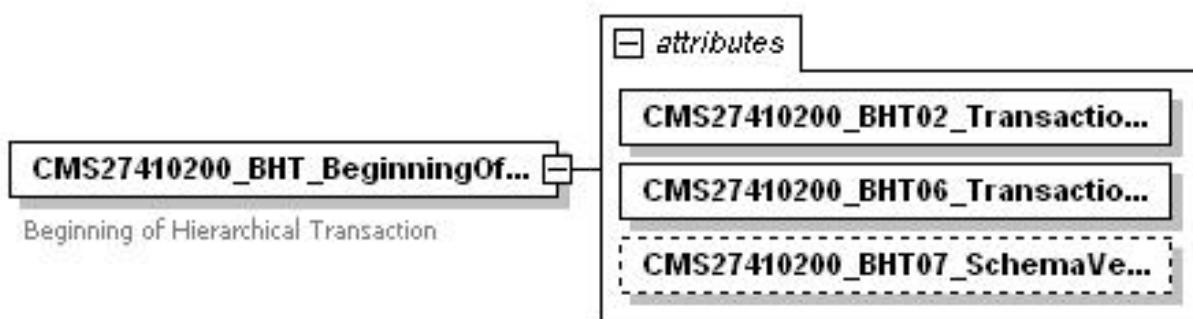
2.3.2.1　USED BY

Element: CMS274

2.3.2.2　ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27410200_BHT02_TransactionSetPurposeCode	Integer	required	2 digits	11 & 13	Contains the "Transaction set purpose code" value. This value indicates whether the file is a request or a response one. 11 – Response. 13 – Request. Note: If a value other than 11 or 13 is stored, then the XML file will fail schema validation and as a result it will be rejected by the EFI process. No response file will be created. The EFI participant will be notified via e-mail only. For new and change requests this code must be set to 13. If the EFI process receives an XML file storing a value other than 13 (e.g. 11), the EFI process will reject the file. The EFI participant will be notified via e-mail only. For EFI response files, this code will be set to 11.
CMS27410200_BHT06_TransactionTypeCode	String	Required	2 characters	RK, U5, R1, R2	Contains the "Transaction Type code" value that indicates whether XML files contain new application or modification requests, RK – Enumeration (new request) – required when EFI participant is submitting new provider applications. U5 – Update (modify request) – required when the EFI participant is submitting updates to provider records that have already been enumerated. R1 – Request for Enumeration Verification – required when the EFI participant is requesting verification of provider NPIs. R2 – Response to Request for Enumeration Verification – required when responding to requests for NPI verification. Note: The EFI process included with NPPES Release 1.1 accepts only New and Modify requests. An

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					XML file with a transaction type code other than RK and U5 will be rejected. No response file will be generated by the EFI process. The EFI participant will be notified via email only.
CMS27410200_BHT07_SchemaVersion	String	Optional	20 characters	Any valid String	Contains the EFI XML schema file version. EFI response files will contain this value.
					This is an Optional attribute and not required to provide in request files. If request files contain a value in this attribute the value is simply ignored by the EFI process.
					The value for this attribute in response files indicates the EFI xml schema version based on which it is created. For Example, if response file is created based on EFI xml schema version 05/07/2007, this attribute will contain the value 05/07/2007.
					If length of the value provided in this attribute exceeds the maximum allowed (20 characters) then the XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

2.3.2.3   ANNOTATION

Documentation: Beginning of Hierarchical Transaction

2.3.2.4   SOURCE

```
<xs:element name="CMS27410200_BHT_BeginningOfHierarchicalTransaction">
 <xs:annotation>
 <xs:documentation>Beginning of Hierarchical Transaction</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27410200_BHT02_TransactionSetPurposeCode" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:int">
 <xs:totalDigits value="2"/>
 <xs:enumeration value="11"/>
 <xs:enumeration value="13"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27410200_BHT06_TransactionTypeCode" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="2"/>
 <xs:enumeration value="RK"/>
 <xs:enumeration value="U5"/>
 <xs:enumeration value="R1"/>
 <xs:enumeration value="R2"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27410200_BHT07_SchemaVersion" use="optional">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="20"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 </xs:complexType>
</xs:element>
```

2.3.3   Element: CMS274_HealthCareProviderInformationProviderSiteGroup

This element contains Health Care Provider information and it is required by the EFI XML schema. Each XML data file must have at least one occurrence of this element. Each occurrence represents one provider application. The schema does not define an upper limit on the number of occurrences for this element. This element has 4 child elements as depicted in the diagram below.

Note: XML files without this element will fail validation against the EFI XML schema. XML files received for EFI processing that fail schema validation will be rejected without any processing. The EFI participant that submitted such a file will be notified via e-mail. No response file is created by the EFI process.

Exhibit 2-6 Element CMS274_HealthCareProviderInformationProviderSiteGroup Structure
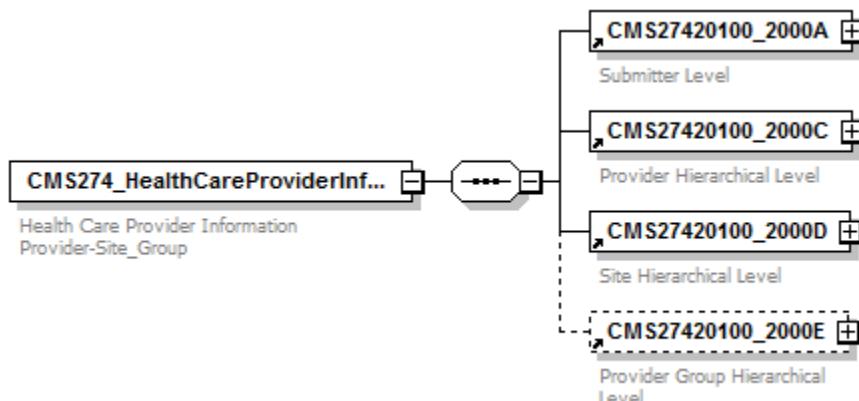
2.3.3.1   CHILD ELEMENTS

- CMS27420100_2000A: this element is required and contains the EFI Organization ID.
- CMS27420100_2000C: this element is required and contains provider details, such as Tracking ID, Name details, and Affiliated Entity details.
- CMS27420100_2000D: this element is required and contains provider Practice Location details.
- CMS27420100_2000E: this element is Optional and contains provider Group Taxonomy details.

2.3.3.2   USED BY

Element: CMS274

2.3.3.3   ANNOTATION

Documentation: Health Care Provider Information Provider-Site_Group

2.3.3.4   SOURCE

```
xs:element name="CMS274_HealthCareProviderInformationProviderSiteGroup">
 <xs:annotation>
 <xs:documentation>Health Care Provider Information Provider-Site_Group</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27420100_2000A"/>
 <xs:element ref="CMS27420100_2000C"/>
 <xs:element ref="CMS27420100_2000D"/>
 <xs:element ref="CMS27420100_2000E" minOccurs="0"/>
 </xs:sequence>
```

```
  </xs:complexType>
</xs:element>
```

2.3.4 Element: CMS27420100_2000A

This element is defined as Optional by the EFI XML schema. It acts as a container for other information, such as the EFI participant (organization) ID. This element contains a single child element; **CMS27420300_2100AA_NM1_SubmitterName** and it can occur more than once in an XML file.

Note: XML files without this element will fail validation against the EFI XML schema. XML files received for EFI processing that fail schema validation will be rejected without any processing. The EFI participant that submitted such a file will be notified via e-mail. No response file is created by the EFI process.

Exhibit 2-7 Element CMS27420100_2000A Structure

2.3.4.1 CHILD ELEMENTS

CMS27420300_2100AA_NM1_SubmitterName

2.3.4.2 USED BY

Element: CMS274_HealthCareProviderInformationProviderSiteGroup

2.3.4.3 ANNOTATION

Documentation: Submitter Level

2.3.4.4 SOURCE

```
<xs:element name="CMS27420100_2000A">
 <xs:annotation>
 <xs:documentation>Submitter Level</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27420300_2100AA_NM1_SubmitterName" minOccurs="0"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.5 Element: CMS27420300_2100AA_NM1_SubmitterName

This element is a non-required child of **CMS27420100_2000A**. This element's attribute contains the EFI Organization (participant) ID as depicted below:

Exhibit 2-8 Element CMS27420300_2100AA_NM1_SubmitterName Structure
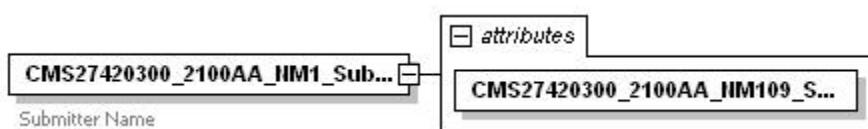
2.3.5.1 USED BY

Element: :CMS27420100_2000A CMS27420300_2100AA

2.3.5.2 ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420300_2100AA_NM109_SubmitterIdentifier				String.	Contains the EFI Organization (participant) ID. The EFI Organization ID is the unique identifier issued by the Enumerator upon the successful completion of this organization's approval process. Each organization that seeks to participate in the EFI process, must seek approval from the Enumerator. Note: This information is maintained at the provider record level in the XML file. In other words, the EFI Organization ID must be provided for each record in the EFI input file. The EFI process checks the EFI Organization ID provided in each of the provider records against the EFI organization ID created by NPPES upon this organization's approval by the Enumerator. The processing will continue for as long as the EFI Organization ID values stored in the XML file match the IDs maintained by NPPES. Any discrepancies will cause the XML file to be rejected by the EFI process without any further action taken on the file. No response file is generated by the EFI process. The EFI participant is notified via e-mail only. This is an example of the validation steps performed by the EFI process that cannot be performed by the EFI XML schema.

2.3.5.3 ANNOTATION

Documentation: Submitter Name

2.3.5.4 SOURCE

```
<xs:element name="CMS27420300_2100AA_NM1_SubmitterName">
 <xs:annotation>
 <xs:documentation>Submitter Name</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27420300_2100AA_NM109_SubmitterIdentifier" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="80"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 </xs:complexType>
</xs:element>
```

2.3.6 Element: CMS27420100_2000C

This element is required by the EFI XML schema. It acts as a container for other information, such as Provider Tracking ID, provider personal details, contact person, and/or authorized representative information. This element has three child elements as depicted in the diagram and it can occur only once within a provider's record in the XML file.

Note: XML files without this element will fail validation against the EFI XML schema. XML files received for EFI processing that fail schema validation will be rejected without any processing. The EFI participant that submitted such a file will be notified via e-mail. No response file is created by the EFI process.

Exhibit 2-9 Element CMS27420100_2000C Structure
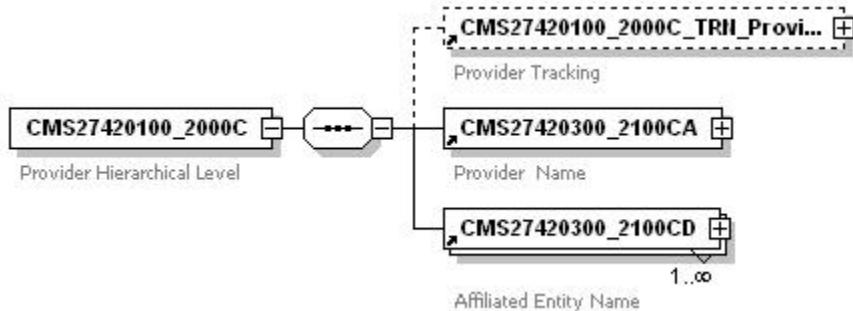
2.3.6.1   CHILD ELEMENTS

- CMS27420100_2000C_TRN_ProviderTracking: contains Provider Tracking Id details.
- CMS27420300_2100CA: contains Provider personal details.
- CMS27420300_2100CD: contains Provider Authorized Official/Contact Person/Provider Other Name details.

2.3.6.2   USED BY

Element: CMS274_HealthCareProviderInformationProviderSiteGroup

2.3.6.3   ANNOTATION

Documentation: Provider Hierarchical Level

2.3.6.4   SOURCE

```
<xs:element name="CMS27420100_2000C">
 <xs:annotation>
 <xs:documentation>Provider Hierarchical Level</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27420100_2000C_TRN_ProviderTracking" minOccurs="0"/>
 <xs:element ref="CMS27420300_2100CA"/>
 <xs:element ref="CMS27420300_2100CD" maxOccurs="unbounded"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.7   Element: CMS27420100_2000C_TRN_ProviderTracking

This element is Optional and has one attribute that contains the Provider Tracking ID (see diagram below).

Note: This element does not exist in the case of new application requests and it is only Optional in Change Request applications. It should be noted that if this element does exist in the provider record, then its attribute must be populated. Please refer to the table below for additional details.

Exhibit 2-10 Element CMS27420100_2000C_TRN_ProviderTracking Structure
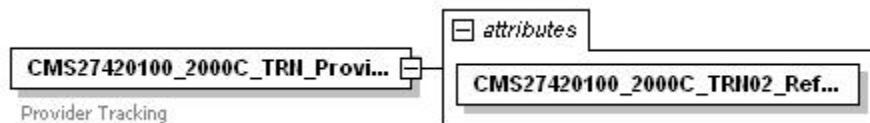
2.3.7.1 USED BY

Element: CMS27420100_2000C

2.3.7.2 ATTRIBUTE(S)

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420100_2000C_TRN02_ReferenceIdentification	String	Required	50 Characters.	Any valid string.	This attribute contains the Provider Tracking ID. The Provider Tracking ID is issued by NPPES upon successful submission of the application to NPPES through the EFI process. Note: Provider Tracking IDs are not applicable for New application requests. However, in the case of Change requests, this attribute might get populated. The EFI process does not use the value of the Provider Tracking ID in a request XML file because it relies on the provider's NPI number to successfully perform change request operations on records.

2.3.7.3 ANNOTATION

Documentation: Provider Tracking

2.3.7.4 SOURCE

```
<xs:element name="CMS27420100_2000C_TRN_ProviderTracking">
<xs:annotation>
<xs:documentation>Provider Tracking</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:attribute name="CMS27420100_2000C_TRN02_ReferenceIdentification" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="50"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.8 Element: CMS27420300_2100CA

This element is required by the EFI XML schema. It acts as a container for provider personal information, such as provider name, birth, credentials, mailing address telephone numbers, and so on. It consists of 14 simpler elements (or child elements). Please see the table below for additional information.

Note: XML files without this element will fail validation against the EFI XML schema. XML files received for EFI processing that fail schema validation will be rejected without any processing. The EFI participant that submitted such a file will be notified via e-mail. No response file is created by the EFI process.

Exhibit 2-11 Element CMS27420300_2100CA Structure
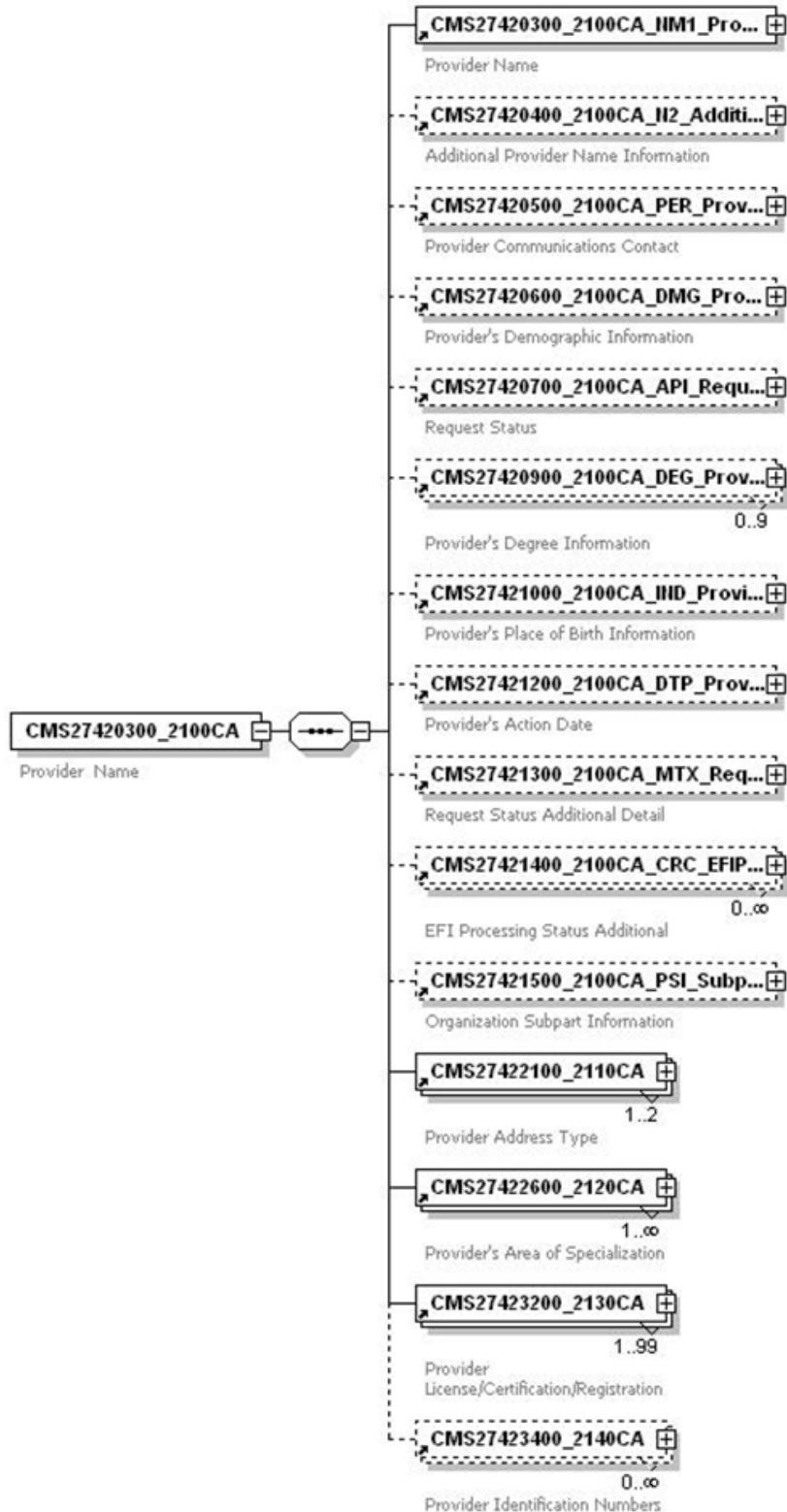
2.3.8.1   CHILD ELEMENTS

- CMS27420300_2100CA_NM1_ProviderName: this element contains Provider Name details, such as first name, last name, organization name, etc.

- CMS27420400_2100CA_N2_AdditionalProviderNameInformation: this element contains Provider Additional Name details.

- CMS27420500_2100CA_PER_ProviderCommunicationsContact: this element contains provider information, such as telephone number, telephone extension etc., for the provider's mailing address.

- CMS27420600_2100CA_DMG_ProviderSDemographicInformation: this element contains provider demographic information, such as date of birth and gender.

- CMS27420700_2100CA_API_RequestStatus: this element contains information pertaining to application statuses, such as Activate, Pended

- CMS27420900_2100CA_DEG_ProviderSDegreeInformation: this element contains provider degree/credential details.

- CMS27421000_2100CA_IND_ProviderSPlaceOfBirthInformation: this element contains provider place of birth information.

- CMS27421200_2100CA_DTP_ProviderSActionDate: this element contains the application enumeration date.

- CMS27421400_2100CA_CRC_EFIProcessingStatusAdditional: this element contains information pertaining to an application's processing status that indicates for example, whether an application has been accepted by EFI for further processing or whether it has failed any initial validation errors, and so on.

- CMS27421500_2100CA_PSI_SubpartInformation: this element contains Organization Subpart information.

- CMS27422100_2110CA: this is a container element that maintains information related to a provider's mailing address, such as street address, geographic location, etc.

- CMS27422600_2120CA: this is a repeatable element that contains provider taxonomy information

- CMS27423200_2130CA: this is a repeatable element that contains provider license/certification/registration information

- CMS27423400_2140CA: this is a repeatable element that contains provider other identification and SSN/ITIN (or EIN) number information.

2.3.8.2   USED BY

Element: CMS27420100_2000C

2.3.8.3   ANNOTATION

Documentation: Provider Name

2.3.8.4   SOURCE

```
<xs:element name="CMS27420300_2100CA">
 <xs:annotation>
 <xs:documentation>Provider Name</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27420300_2100CA_NM1_ProviderName"/>
 <xs:element ref="CMS27420400_2100CA_N2_AdditionalProviderNameInformation" minOccurs="0"/>
 <xs:element ref="CMS27420500_2100CA_PER_ProviderCommunicationsContact" minOccurs="0"/>
 <xs:element ref="CMS27420600_2100CA_DMG_ProviderSDemographicInformation" minOccurs="0"/>
```

```
<xs:element ref="CMS27420700_2100CA_API_RequestStatus" minOccurs="0"/>
<xs:element ref="CMS27420900_2100CA_DEG_ProviderSDegreeInformation" minOccurs="0"
maxOccurs="9"/>
<xs:element ref="CMS27421000_2100CA_IND_ProviderSPlaceOfBirthInformation" minOccurs="0"/>
<xs:element ref="CMS27421200_2100CA_DTP_ProviderSActionDate" minOccurs="0"/>
<xs:element ref="CMS27421300_2100CA_MTX_RequestStatusAdditionalDetail" minOccurs="0"/>
<xs:element ref="CMS27421400_2100CA_CRC_EFIProcessingStatusAdditional" minOccurs="0"
maxOccurs="unbounded"/>
<xs:element ref="CMS27421500_2100CA_PSI_SubpartInformation" minOccurs="0"/>
<xs:element ref="CMS27422100_2110CA" maxOccurs="2"/>
<xs:element ref="CMS27422600_2120CA" maxOccurs="unbounded"/>
<xs:element ref="CMS27423200_2130CA" maxOccurs="99"/>
<xs:element ref="CMS27423400_2140CA" minOccurs="0" maxOccurs="unbounded"/>
</xs:sequence>
</xs:complexType>
</xs:element>
```

2.3.9   Element: CMS27420300_2100CA_NM1_ProviderName

The Provider Name element is required by the EFI XML schema. It consists of attributes containing information, such as Provider Entity Type, Provider Name, NPI (National Provider Identification), etc.

Note: XML files without this element will fail validation against the EFI XML schema. XML files received for EFI processing that fail schema validation will be rejected without any processing. The EFI participant that submitted such a file will be notified via e-mail. No response file is created by the EFI process.

Exhibit 2-12 Element CMS27420300_2100CA_NM1_ProviderName Structure
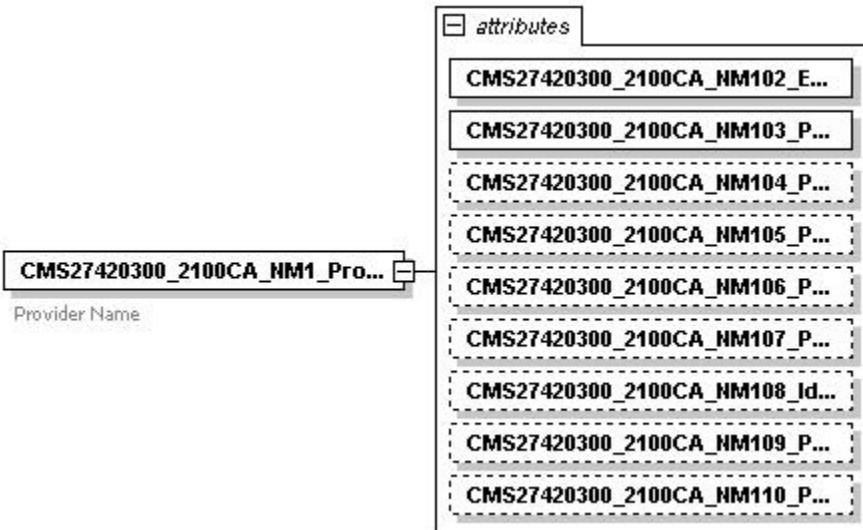
2.3.9.1   USED BY

Element: CMS27420300_2100CA

2.3.9.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420300_2100CA_NM102_EntityType Qualifier	Integer	Required	1	1 or 2	This attribute contains the code value that indicates the Entity Type of a provider application. Entity Type1 indicates an Individual Provider application. Entity Type 2 indicates an Organization Provider application. Note: An XML file containing provider records where this attribute is set to a value other than 1 or 2, will fail

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420300_2100CA_NM103_ProviderLastOrOrganizationName	String	Required	70	Any valid	This attribute contains the Provider Last Name or Organization name depending on the entity type of the provider record. If the provider record belongs to an individual (Entity Type is 1), then the attribute stores the value of the provider's last name. Otherwise, the attribute stores the value of the organization name. Note: • Entity Type 1: If the length of the Provider Last Name exceeds the maximum allowed (70 characters) then the XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. For individual providers, the maximum length for this field allowed by NPPES is 35 characters. If the length of the value stored in this attribute is more than 35 characters then this particular provider records will fail pre-validation and marked as rejected by the EFI process. The record will be marked as rejected with an error code "01" in the response file. • Entity Type 2: If the length of the Organization Name exceeds the maximum allowed (70 characters) then the XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420300_2100CA_NM104_ProviderFirstName	String	Optional	20	Any valid string	This attribute contains the Provider First Name. Note: • Provider First Name cannot be modified in change requests. • This field is marked as Optional by the EFI XML schema. NPPES however requires this information if the provider is an Entity Type 1 (individual). It is the EFI process that performs this validation. If the application record belongs to an individual provider and this attribute is not populated, the EFI process will mark the record as rejected with an error code "02" in the response file. • If the length of the provider first name exceeds the allowed maximum (20 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420300_2100CA_NM105_ProviderMiddle Name	String	Optional	20	Any valid string	This attribute contains the Provider Middle Name. Note: • If the length of the provider middle name exceeds the maximum allowed (20 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					process. The EFI participant will be notified via e-mail only.
CMS27420300_2100CA_NM106_ProviderNamePrefix	String	Optional	5	Ms., Mr., Miss, Mrs., Dr., and Prof.	This attribute contains the Provider Name Prefix values. This attribute is applicable to Entity Type 1 provider records only. Note: • If the length of the provider name prefix value exceeds the maximum allowed (5 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • Entity Type 1: NPPES accepts only the values listed in the "Allowed Values." If the value stored in the attribute is not in the list then the EFI process will mark this record as rejected with an error code "01" in the response file. • Entity Type 2: The EFI process ignores this attribute.
CMS27420300_2100CA_NM107_ProviderNameSuffix	String	Optional	5	Jr., Sr., I, II, III, IV, V, VI, VII, VIII, IX, and X.	This attribute contains the Provider Name Suffix values. Note: • If the length of the provider name suffix value exceeds the maximum allowed (5 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI Process. The EFI participant will be notified via e-mail only. • Entity Type 1: NPPES accepts only the values listed in the "Allowed Values." If the value stored in the attribute is not in the list then the EFI process will mark this record as rejected with an error code "01" in the response file. • Entity Type 2: The EFI process ignores this attribute
CMS27420300_2100CA_NM108_IdentificationCodeQualifier	String	Optional	2	24 – Employer's Identification Number, 34 – Social Security Number (SSN), FI – Federal Taxpayer's Identification Number (ITIN), TA – Taxpayer ID Number, UP – Unique Physician Identification Number, XX – Health Care Financing Administration National Provider Identifier (NPI).	This attribute stores the type of the ID for this provider record. If the XML file contains change requests, this attribute must be set to "XX" (NPI) Note: • If the attribute contains code values other than the ones specified in the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • New Request – If the attribute contains the code value "XX" and the NPI is also provided in the provider record then the EFI process will mark this record as rejected with an error code "01" in the response file. • Change Request – The NPI number is required in this case. If the attribute does not contain "XX" then the EFI process will mark this record as

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					rejected with an error code "01" in the response file.
CMS27420300_ 2100CA_NM109 _ProviderIdentifier	String	Optional	80	Any valid string	For Change Requests, this attribute contains the Provider NPI (National Provider Identification) provided by NPPES when this application became originally enumerated. The NPI is not applicable to New Application request XML files. Note: • If the attribute contains identifiers with lengths exceeding the maximum allowed (80 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • New Requests – the attribute must not store an NPI value. If an NPI is provided then the EFI process will mark this record as rejected with an error code "01" in the response file. • Change Requests – the attribute must store an NPI value. If an NPI is not provided then the EFI process will mark this record as rejected with an error code "01" in the response file. The EFI process will also mark the record as rejected with an error code "10" in the response file if it cannot find a corresponding record in NPPES whose NPI is the same as the one stored in the XML file.
CMS27420300_ 2100CA_NM110 _ProviderNewOr ganizationName	String	Optional	70	Any valid string	This is an Optional attribute that contains the Organization's new name. If the provider record belongs to an individual (Entity Type is 1), then this attribute value will be ignored. Otherwise, the attribute stores the value of the organization's new name. Starting with NPPES Release R1.6 the Organization Name can be changed with an EFI change request. However, for a successful change of Organization name, the old Organization Name must match the existing Organization Name in the NPPES system. If not matched then the EFI process will mark such record as rejected with an error code "10" in the response file. For Entity Type 2, if the length of the Organization Name exceeds the maximum allowed (70 characters) then the XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

2.3.9.3   ANNOTATION

Documentation: Provider Name

2.3.9.4   SOURCE

```
<xs:element name="CMS27420300_2100CA_NM1_ProviderName">
  <xs:annotation>
    <xs:documentation>Provider Name</xs:documentation>
  </xs:annotation>
  <xs:complexType>
```

```xml
<xs:attribute name="CMS27420300_2100CA_NM102_EntityTypeQualifier" use="required">
<xs:simpleType>
<xs:restriction base="xs:int">
<xs:totalDigits value="1"/>
<xs:enumeration value="1"/>
<xs:enumeration value="2"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420300_2100CA_NM103_ProviderLastOrOrganizationName" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="70"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420300_2100CA_NM104_ProviderFirstName" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:minLength value="1"/>
<xs:maxLength value="20"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420300_2100CA_NM105_ProviderMiddleName" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:minLength value="1"/>
<xs:maxLength value="20"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420300_2100CA_NM106_ProviderNamePrefix" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:minLength value="1"/>
<xs:maxLength value="5"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420300_2100CA_NM107_ProviderNameSuffix" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:minLength value="1"/>
<xs:maxLength value="5"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420300_2100CA_NM108_IdentificationCodeQualifier" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="2"/>
<xs:enumeration value="24"/>
<xs:enumeration value="34"/>
<xs:enumeration value="FI"/>
<xs:enumeration value="TA"/>
<xs:enumeration value="UP"/>
<xs:enumeration value="XX"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420300_2100CA_NM109_ProviderIdentifier" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="80"/>
</xs:restriction>
</xs:simpleType>
```

```
</xs:attribute>
<xs:attribute name="CMS27420300_2100CA_NM110_ProviderNewOrganizationName" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="70"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.10   Element: CMS27420400_2100CA_N2_AdditionalProviderNameInformation

This element is Optional in the EFI XML schema. It has one attribute that contains the Provider Other Name Type code description as indicated below.

Exhibit 2-13 Element CMS27420400_2100CA_N2_AdditionalProviderNameInformation Structure
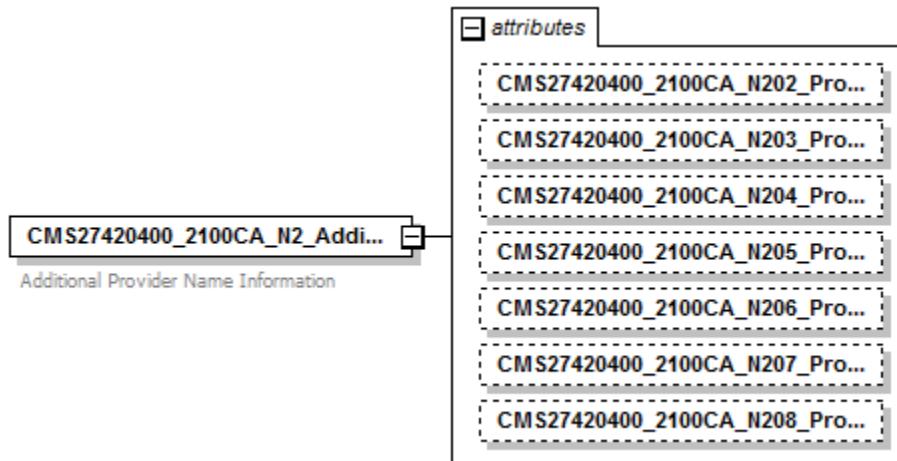
2.3.10.1   USED BY

Element: CMS27420300_2100CA

2.3.10.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420400_2100CA_N202_ProviderDoingBusinessAsOrTradeName	String	Optional	60	Entity Type 1: Former Name, Professional Name, Other Name, and Current Name Entity Type 2: Doing Business As, Former Legal Business Name, Other Name, and Current Name.	This attribute contains Provider Other Name Type code description. This value is required if the Provider Other Name is provided. Note: • If the attribute contains a value with length exceeding the maximum allowed (60 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • If the attribute contains values other than the ones specified in the "Allowed Values" list then the EFI process will mark this record as rejected with an error code "01" in the response file.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420400_2100CA_N203_ProviderOtherLastOrOrganizationName	String	Optional	70	Any string	This attribute contains an Individual Provider's Other Last Name. This value is required if the Provider Other Name is provided.
CMS27420400_2100CA_N204_ProviderOtherFirstName	String	Optional	20	Any String	This attribute contains an Individual Provider's Other First Name. This value is required if the Provider Other Name is provided.
CMS27420400_2100CA_N205_ProviderOtherMiddleName	String	Optional	20	Any String	This attribute contains an Individual Provider's Other Middle Name.
CMS27420400_2100CA_N206_ProviderOtherNamePrefix	String	Optional	5	Ms., Mr., Miss., Mrs., Dr., Prof.	This attribute contains an Individual Provider's Other Name Prefix.
CMS27420400_2100CA_N207_ProviderOtherNameSuffix	String	Optional	5	Jr., Sr., I, II, III, IV, V, VI, VII, VIII, IX, X	This attribute contains an Individual Provider's Other Name Suffix.
CMS27420400_2100CA_N208_ProviderOtherProfessionalDesignation	String	Optional	80	Any String	This attribute contains an Individual Provider's Other Name Credentials.

2.3.10.3   ANNOTATION

Documentation: Additional Provider Name Information

2.3.10.4   SOURCE

```
<xs:element name="CMS27420400_2100CA_N2_AdditionalProviderNameInformation">
 <xs:annotation>
 <xs:documentation>Additional Provider Name Information</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27420400_2100CA_N202_ProviderDoingBusinessAsOrTradeName" use="optional">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="60"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27420400_2100CA_N203_ProviderOtherLastOrOrganizationName" use="optional">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="70"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27420400_2100CA_N204_ProviderOtherFirstName" use="optional">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:minLength value="1"/>
 <xs:maxLength value="20"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27420400_2100CA_N205_ProviderOtherMiddleName" use="optional">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:minLength value="1"/>
 <xs:maxLength value="20"/>
 </xs:restriction>
```

```
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420400_2100CA_N206_ProviderOtherNamePrefix" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:minLength value="1"/>
<xs:maxLength value="5"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420400_2100CA_N207_ProviderOtherNameSuffix" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:minLength value="1"/>
<xs:maxLength value="5"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420400_2100CA_N208_ProviderOtherProfessionalDesignation" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="80"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.11 Element: CMS27420400_2100CA_N3_OtherOrganizationName

This element contains additional information about other organization names. The element is Optional.

Exhibit 2-14 Element CMS27420400_2100CA_N3_OtherOrganizationName
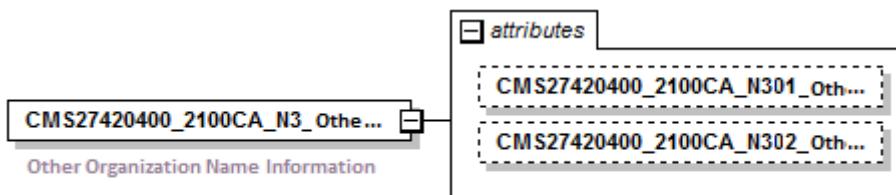
2.3.11.1 USED BY

Element: CMS27420400_2100CA

2.3.11.2 ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420400_2100CA_N301_OtherOrganizationNameType	String	Optional	1	3 – Doing Business As 4 – Former Legal Business Name 5 – Other Name 6 – Current Name	This attribute contains the code value that describes the type of information being collected. The "Allowed Values" column indicates that there can only be 4 types of information, Doing Business As, Former Legal Business Name, Other Name or Current Name. Note: If the attribute contains values other than the ones specified in the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420400_2100CA_N302_OtherOrganizationName	String	Optional	70	Any valid String	This attribute contains the actual data value corresponding to the code mentioned above.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					• Note: If the attribute contains a value with length exceeding the maximum allowed (70 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

2.3.11.3   ANNOTATION

Documentation: Other Organization Name

2.3.11.4   SOURCE

```
<xs:element name="CMS27420400_2100CA_N3_OtherOrganizationName">
<xs:annotation>
<xs:documentation>Other Organization Name</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:attribute name="CMS27420400_2100CA_N301_OtherOrganizationNameType" use="optional">
<xs:simpleType>
        <xs:restriction base="xs:string">
        <xs:maxLength value="1"/>
        <xs:enumeration value="3"/>
        <xs:enumeration value="4"/>
        <xs:enumeration value="5"/>
<xs:enumeration value="6"/>
</xs:restriction>
        </xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420400_2100CA_N302_OtherOrganizationName" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
        <xs:maxLength value="70"/>
        </xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.12   Element: CMS27420500_2100CA_PER_ProviderCommunicationsContact

This element contains additional information about a provider's mailing address, such as the mailing address telephone number, telephone extension, and so on. The element is Optional.

Exhibit 2-15 Element CMS27420500_2100CA_PER_ProviderCommunicationsContact Structure
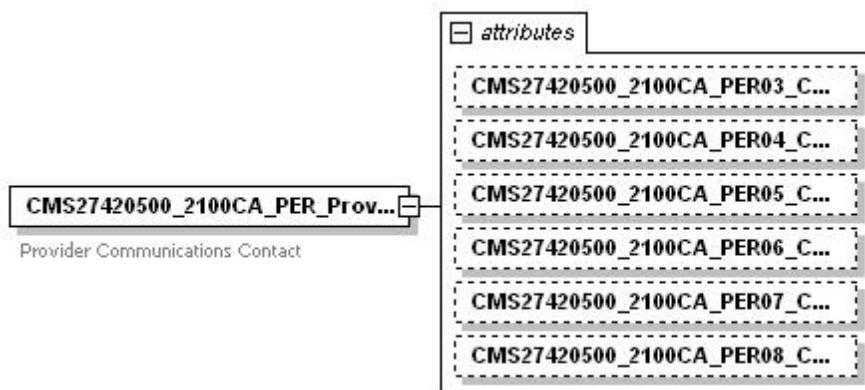
2.3.12.1   USED BY

Element: CMS27420300_2100CA

2.3.12.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420500_2100CA_PER03_CommunicationNumberQualifier	String	Optional	2	TE – Telephone Number EM – Electronic Mail.	This attribute contains the code value that describes the type of information being collected. The "Allowed Values" column indicates that there can only be 2 types of information, telephone number, or e-mail address. Note: If the attribute contains values other than the ones specified in the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420500_2100CA_PER04_CommunicationNumber	String	Optional	256	Any valid String	This attribute contains the actual data value corresponding to the code mentioned above. Note: • If the attribute contains a value with length exceeding the maximum allowed (256 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • If the code is "TE", this attribute contains the mailing address telephone Number; otherwise, the attribute will store the provider's e-mail address. The EFI process however, will ignore the e-mail address. − NPPES does not require mailing address telephone numbers. If however, the mailing address phone number is provided, it must be represented as a 10 digit number. Otherwise the EFI process will mark this record as rejected with an error code "01"in the response file. *Examples:* **Acceptable telephone number format:** 7032672269 **Unacceptable telephone number formats**: 703-267-2269 or 703/267/2269 or 703267229, etc. - NPPES requires that telephone numbers of foreign mailing addresses not exceed 20 numeric characters. If the attribute contains a foreign telephone **number that exceeds the maximum** NPPES limit, then the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. - NPPES stores only 1 mailing address telephone number. The EFI process ignores any additional telephone numbers that may be provided.
CMS27420500_2100CA_PER05_CommunicationNumberQualifier	String	Optional	2	TE – Telephone Number EX – Telephone Extension EM – Electronic Mail	This attribute contains the code value that describes the type of information being collected. The "Allowed Values" column indicates that there can only be up to 4 types of information, telephone number, e-mail address, telephone extension, and facsimile.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
				FX – Facsimile	This attribute was added in order to store additional phone numbers, fax number, e-mail addresses, or telephone extensions for a particular mailing address.
					Note: If the attribute contains values other than the ones specified in the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420500_2100CA_ PER06_CommunicationN umber	String	Optional	256	Any valid String	This attribute contains the actual data value corresponding to the code mentioned above.
					Note:
					• If the attribute contains a value with length exceeding the maximum allowed (256 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
					• If the code is "TE" this attribute contains an additional mailing address telephone number, if the code is "EX" this attribute contains the telephone extension number, if the code is "EM" this attribute contains electronic mail address, and last, if the code is "FX" this attribute contains the mailing address Fax number.
					• For formatting requirements of mailing address telephone numbers, see annotation comments of the CMS27420500_2100CA_PER04_CommunicationNu mber attribute listed above.
					• The EFI process ignores e-mail addresses for mailing addresses.
					• Mailing address fax numbers are also Optional. However, if the value is provided, it must be represented as a 10 digit number. Otherwise the EFI process will mark this record as rejected with error code "01" in the response file.
					• NPPES requires that fax numbers of foreign mailing addresses not exceed 20 numeric characters. If the attribute contains a foreign fax number that exceeds the maximum NPPES limit, then the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.
					Example:
					Accepted fax number(s): 7032672259
					Unacceptable fax number(s): 703-267-2259 or 703/267/2259 or 703267229, etc.
					• NPPES stores only 1 mailing address telephone number, extension, and fax number. The EFI process ignores any additional telephone numbers, extensions, fax numbers that may be provided.
CMS27420500_2100CA_ PER07_CommunicationN umberQualifier	String	Optional	2	TE – Telephone Number EX – Telephone Extension EM – Electronic Mail FX – Facsimile.	See annotation comments for attribute CMS27420500_2100CA_PER05_CommunicationNumb erQualifier.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420500_2100CA_PER08_CommunicationNumber	String	Optional	256	Any valid String	See annotation comments for attribute CMS27420500_2100CA_PER06_CommunicationNumber.

2.3.12.3   ANNOTATION

Documentation: Provider Communications Contact

2.3.12.4   SOURCE

```xml
<xs:element name="CMS27420500_2100CA_PER_ProviderCommunicationsContact">
<xs:annotation>
<xs:documentation>Provider Communications Contact</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:attribute name="CMS27420500_2100CA_PER03_CommunicationNumberQualifier" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="2"/>
<xs:enumeration value="EM"/>
<xs:enumeration value="TE"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420500_2100CA_PER04_CommunicationNumber" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="256"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420500_2100CA_PER05_CommunicationNumberQualifier" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="2"/>
<xs:enumeration value="EM"/>
<xs:enumeration value="EX"/>
<xs:enumeration value="FX"/>
<xs:enumeration value="TE"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420500_2100CA_PER06_CommunicationNumber" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="256"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420500_2100CA_PER07_CommunicationNumberQualifier" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="2"/>
<xs:enumeration value="EM"/>
<xs:enumeration value="EX"/>
<xs:enumeration value="FX"/>
<xs:enumeration value="TE"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420500_2100CA_PER08_CommunicationNumber" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="256"/>
```

```
    </xs:restriction>
    </xs:simpleType>
    </xs:attribute>
    </xs:complexType>
</xs:element>
```

2.3.13 Element: CMS27420600_2100CA_DMG_ProviderSDemographicInformation

This element contains individual Provider Demographic Information, such as birth date and gender. The element is defined as Optional in the EFI XML schema because it is not used for Entity Type 2 providers (organizations).

Exhibit 2-16 Element CMS27420600_2100CA_DMG_ProviderSDemographicInformation Structure
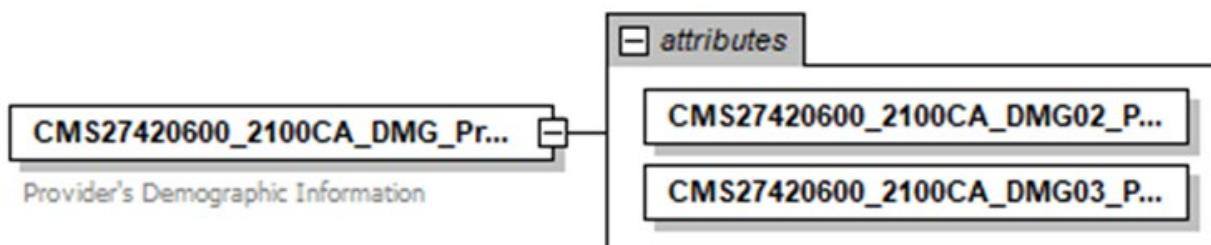
2.3.13.1   USED BY

Element: CMS27420300_2100CA

2.3.13.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
2100CA_DMG02_ProviderBirthDate	String	Required	35	Any valid String.	This attribute contains the Provider Birth Date. Note: • If the attribute contains a value with length exceeding the maximum allowed (35 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • Provider date of birth is required for Entity Type 1 providers. If the value is not provided the EFI process will mark this record as rejected with error code "02" in the response file. • The EFI process validates the Provider date of birth as well. If the value stored in the attribute is not a valid date then the EFI process will mark this record as rejected with error code "01" in the response file.
CMS27420600_2100CA_DMG03_ProviderGenderCode	String	Required	1	F, M, U	This attribute contains the code value (F/M/U) for the Provider Gender. F – Female M – Male U - Unknown Note: • If the attribute contains values other than the ones specified in the "Allowed Values" list then the entire

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • Provider gender code is required for Entity Type 1 providers. If the value is not provided, the EFI process will mark this record as rejected. • NPPES allows only the "F" or "M" gender codes. It does not recognize "U" as a valid one. If the code is "U" then the EFI process will mark this record as rejected with error code "01" in the response file.

2.3.13.3   ANNOTATION

Documentation: Provider's Demographic Information

2.3.13.4   SOURCE

```
<xs:element name="CMS27420600_2100CA_DMG_ProviderSDemographicInformation">
 <xs:annotation>
 <xs:documentation>Provider's Demographic Information</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27420600_2100CA_DMG02_ProviderBirthDate" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="35"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27420600_2100CA_DMG03_ProviderGenderCode" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="1"/>
 <xs:enumeration value="F"/>
 <xs:enumeration value="M"/>
 <xs:enumeration value="U"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 </xs:complexType>
</xs:element>
```

2.3.14   Element: CMS27420700_2100CA_API_RequestStatus

This element contains NPPES application status and status reason values, (e.g. "Active", "Pended", "Fraud", "Deceased", "Other"). It is defined as Optional by the EFI XML schema and it is used in the EFI response XML files. If this element does exist in new application/change request files, it is ignored by the EFI process.

Exhibit 2-17 Element CMS27420700_2100CA_API_RequestStatus Structure
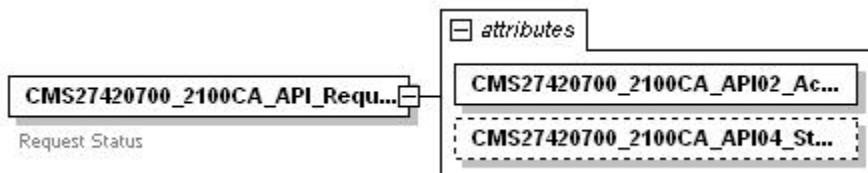
2.3.14.1 USED BY

Element: CMS27420300_2100CA

2.3.14.2 ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420700_2100CA_API02_ActionCode	String	Required	2	U – Reject 33 – Active A4 – Pended IA - Deactivate	This attribute contains the NPPES application status of the provider record ("Active", "Rejected", etc.). Note: • If the attribute contains values other than the ones specified in the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • If the application is deactivated in NPPES, this attribute is populated with the value "IA" in the Response file. • In the Response file, this attribute will contain one of the values from the "Allowed Values" for each record in the file. For example this attribute would be populated with A4 (Pended), 33 (Active) and so on.
CMS27420700_2100CA_API04_StatusReasonCode	String	Optional	3	030 – Fraud A13 – Other C20 – Complete EB1 - Deceased	This attribute contains the values of the NPPES deactivation reason codes for a specific provider record ("Fraud", "Other", "Deceased", etc.). This attribute is situational. Note: The attribute is populated with a value from the "Allowed Values" list in the response file if the application is deactivated in NPPES.

2.3.14.3 ANNOTATION

Documentation: Request Status

2.3.14.4 SOURCE

```
<xs:element name="CMS27420700_2100CA_API_RequestStatus">
 <xs:annotation>
 <xs:documentation>Request Status</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27420700_2100CA_API02_ActionCode" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="2"/>
 <xs:enumeration value="U"/>
 <xs:enumeration value="33"/>
 <xs:enumeration value="A4"/>
 <xs:enumeration value="IA"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27420700_2100CA_API04_StatusReasonCode" use="optional">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="3"/>
 <xs:enumeration value="030"/>
 <xs:enumeration value="A13"/>
 <xs:enumeration value="C20"/>
 <xs:enumeration value="EB1"/>
 </xs:restriction>
```

```
    </xs:simpleType>
    </xs:attribute>
    </xs:complexType>
</xs:element>
```

2.3.15   Element: CMS27420900_2100CA_DEG_ProviderSDegreeInformation

This element contains provider credentials information. It is an Optional element and it can have up to 9 occurrences for each provider record in an XML data file. The EFI process will use only the first element per provider record and ignore any other occurrences for Entity Type 1 (individual) records. The EFI process will ignore this element entirely (if it exists) if the record belongs to an Entity Type 2 provider (organization).

Exhibit 2-22 Element CMS27420900_2100CA_DEG_ProviderSDegreeInformation Structure
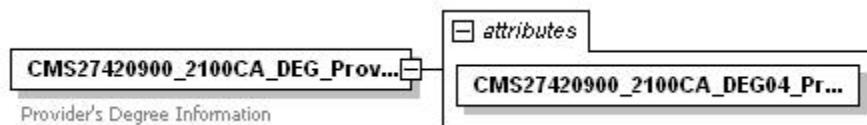
2.3.15.1   USED BY

Element: CMS27420300_2100CA

2.3.15.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420900_2100CA_DEG04_ProviderProfessionalDesignation	String	Required	80	Any valid String.	This attribute contains the Provider Credentials information. It is only relevant for Entity Type 1 provider records. **Note: If the attribute contains a value with length exceeding the maximum allowed (80 characters)** then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

2.3.15.3   ANNOTATION

Documentation: Provider's Degree Information

2.3.15.4   SOURCE

```
<xs:element name="CMS27420900_2100CA_DEG_ProviderSDegreeInformation">
 <xs:annotation>
 <xs:documentation>Provider's Degree Information</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27420900_2100CA_DEG04_ProviderProfessionalDesignation" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="80"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 </xs:complexType>
</xs:element>
```

2.3.16   Element: CMS27421000_2100CA_IND_ProviderSPlaceOfBirthInformation

This element contains provider place of birth information, such as state and country of birth. It is defined as Optional in the EFI XML schema and it is only applicable to Entity Type 1 provider records in an XML data file. The EFI process will ignore this element entirely (if it exists) if the record belongs to an Entity Type 2 provider (organization).

Exhibit 2-18 Element CMS27421000_2100CA_IND_ProviderSPlaceOfBirthInformation Structure
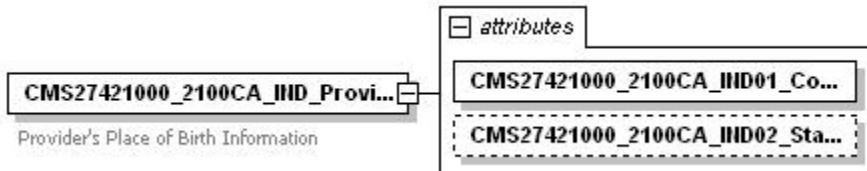
2.3.16.1   USED BY

Element: CMS27420300_2100CA

2.3.16.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27421000 2100CA_IND01 CountryOfBirthCode	String	Required	3	ISO Country codes	This attribute is required for individual provider records. Note: • If the attribute contains a value with length exceeding the maximum allowed (3 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • EFI will allow ISO standard country codes. If the value is not from the "Allowed Values" list then the EFI process will mark the record as rejected with error code "01" in the response file.
CMS27421000_2100 CA_IND02_StateOrP rovinceOfBirthCode _	String	Optional	2	State codes in United States	This attribute must be populated if the country code is "US." Note: • If the attribute contains a value with length exceeding the maximum allowed (2 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • If the country code is "US", but the value of the state code is unrecognized (as a US state) then the EFI process will mark the record as rejected with error code "01" in the response file.

2.3.16.3   ANNOTATION

Documentation: Provider's Place of Birth Information

```
<xs:element name="CMS27421000_2100CA_IND_ProviderSPlaceOfBirthInformation">
 <xs:annotation>
 <xs:documentation>Provider's Place of Birth Information</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27421000_2100CA_IND01_CountryOfBirthCode" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
```

```
<xs:maxLength value="3"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27421000_2100CA_IND02_StateOrProvinceOfBirthCode" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="2"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.17   Element: CMS27421200_2100CA_DTP_ProviderSActionDate

This element contains the provider application enumeration date. The EFI XML schema defines this element as Optional. The element is most relevant in EFI response files. It is not applicable at all to XML files containing new application requests.

Exhibit 2-19 Element CMS27421200_2100CA_DTP_ProviderSActionDate Structure
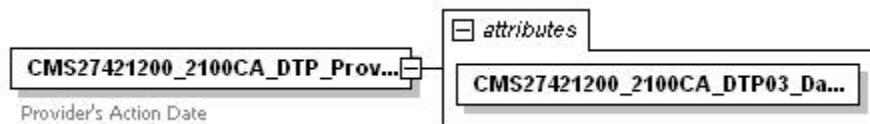
2.3.17.1   USED BY

Element: CMS27420300_2100CA

2.3.17.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27421200_2100CA_DTP03_DateTimePeriod	String	Required	35	Any valid String.	This attribute contains the provider record's enumeration date. Note: • If the attribute contains a value with length exceeding the maximum allowed (35 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • NPPES allows only 10 characters for any Date information. If the length of the attribute value is more than 10 characters then the EFI process will mark the record as rejected for validation purposes. The record will also be marked as rejected with error code "01" in the response file if the 10 character String does not evaluate to a valid date.

2.3.17.3   ANNOTATION

Documentation: Provider's Action Date

2.3.17.4   SOURCE

```
<xs:element name="CMS27421200_2100CA_DTP_ProviderSActionDate">
<xs:annotation>
<xs:documentation>Provider's Action Date</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:attribute name="CMS27421200_2100CA_DTP03_DateTimePeriod" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="35"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.18   Element: CMS27421300_2100CA_MTX_RequestStatusAdditionalDetail

This element is found in the response file. It contains additional details or comments for records of applications that have become deactivated in NPPES with a deactivation reason of A13 -"Other" (see attribute **CMS27420700_2100CA_API04_StatusReasonCode)**. The EFI XML schema has defined this element as Optional. If this element does exist in new application/change request files, it is ignored by the EFI process.

Exhibit 2-20 Element CMS27421300_2100CA_MTX_RequestStatusAdditionalDetail Structure
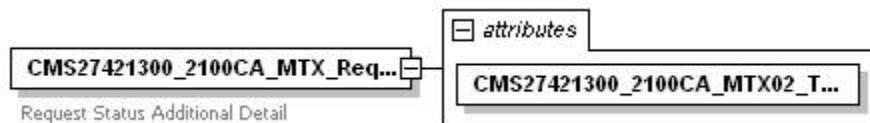
2.3.18.1   USED BY

Element: CMS27420300_2100CA

2.3.18.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27421300_2100CA_MTX02_TextualData	String	Required	4096	Any valid String.	This attribute is populated with a deactivation reason description (free-form text) in the response file if the application is deactivated in NPPES with a deactivation reason code A13 (other). Note: If the attribute contains a value with length exceeding the maximum allowed (4096 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

2.3.18.3   ANNOTATION

Documentation: Request Status Additional Detail

2.3.18.4   SOURCE

```
<xs:element name="CMS27421300_2100CA_MTX_RequestStatusAdditionalDetail">
<xs:annotation>
<xs:documentation>Request Status Additional Detail</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:attribute name="CMS27421300_2100CA_MTX02_TextualData" use="required">
<xs:simpleType>
```

```
<xs:restriction base="xs:string">
<xs:maxLength value="4096"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.19   Element: CMS27421400_2100CA_CRC_EFIProcessingStatusAdditional

This element stores information about the record's processing status (described as operation indicator codes). The element is defined as Optional by the EFI XML schema and can occur more than once within a provider record in an XML file.

This element and its attributes are used in response files to show record processing status details and not meant for request files.

The attributes CMS27421400_2100CA_CRC03_ConditionIndicator and CMS27421400_2100CA_CRC05_ConditionDetail contain the code and detail description, respectively. They explain the record's processing status and also help the user to determine why a particular record fails in EFI validation.

Note: The attribute CMS27421400_2100CA_CRC03_ConditionIndicator may not exist in the EFI response file for a record that is simply pending in the system and waiting for enumeration.

Exhibit 2-21 Element CMS27421400_2100CA_CRC_EFIProcessingStatusAdditional Structure
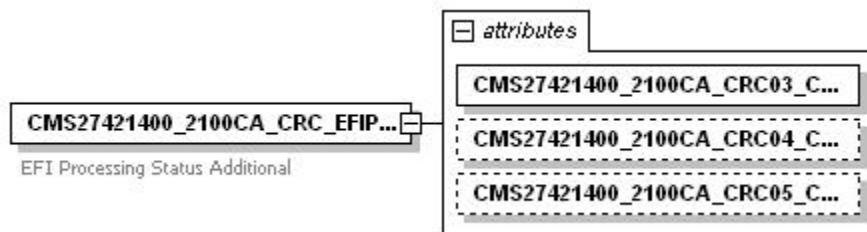
2.3.19.1   USED BY

Element: CMS27420300_2100CA

2.3.19.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27421400_2100CA_CRC03_ConditionIndicator	String	Required	3	OK, ER, 01, 02, 03, 04, 05, 06, 07, 08, 9,10, 12,13, 14, and 15	This attribute contains information that indicates the status of the request. This information is supplied only in the EFI response files. Refer to Exhibit 2-22 Operation Indicator Codes below for codes and their descriptions. Note: If the attribute contains a value outside the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27421400_2100CA_CRC04_ConditionIndicator	String	Optional	3	01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, and 13	Refer to Exhibit 2-23 NPI Inquiry Response Codes below for codes and their descriptions. Note: • Currently these codes are not used by NPPES. • If the attribute contains a value outside the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27421400_2100CA_CRC05_ConditionDetail	String	Optional	255	Any valid String.	This attribute contains detailed description that indicates the status of the request. This information is supplied only in the EFI response files. This attribute will help users to determine the exact reason(s) why a particular record was rejected. Also, if a record has more than one pre-processing edit errors, the response file will include condition indicator code and condition detail for each separate incident.

2.3.19.3   ANNOTATION

Documentation: EFI Processing Status Additional

2.3.19.4   SOURCE

```
<xs:element name="CMS27421400_2100CA_CRC_EFIProcessingStatusAdditional">
 <xs:annotation>
 <xs:documentation>EFI Processing Status Additional</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27421400_2100CA_CRC03_ConditionIndicator" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="3"/>
 <xs:enumeration value="OK"/>
 <xs:enumeration value="ER"/>
 <xs:enumeration value="01"/>
 <xs:enumeration value="02"/>
 <xs:enumeration value="03"/>
 <xs:enumeration value="04"/>
 <xs:enumeration value="05"/>
 <xs:enumeration value="06"/>
 <xs:enumeration value="07"/>
 <xs:enumeration value="08"/>
 <xs:enumeration value="09"/>
 <xs:enumeration value="10"/>
 <xs:enumeration value="12"/>
 <xs:enumeration value="13"/>
 <xs:enumeration value="14"/>
 <xs:enumeration value="15"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27421400_2100CA_CRC04_ConditionIndicator" use="optional">
```

```
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="3"/>
<xs:enumeration value="01"/>
<xs:enumeration value="02"/>
<xs:enumeration value="03"/>
<xs:enumeration value="04"/>
<xs:enumeration value="05"/>
<xs:enumeration value="06"/>
<xs:enumeration value="07"/>
<xs:enumeration value="08"/>
<xs:enumeration value="09"/>
<xs:enumeration value="10"/>
<xs:enumeration value="11"/>
<xs:enumeration value="12"/>
<xs:enumeration value="13"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27421400_2100CA_CRC05_ConditionDetail" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="255"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

Exhibit 2-22 Operation Indicator Codes

Code	Description	Annotation
OK	Accepted	Application is accepted for processing.
ER	Unspecified Error	Application is rejected due to unspecified errors.
01	Failed Field Edits	Application is failed in field edits. *Example*: Telephone number does not contain 10 digits.
02	Minimum Fields Missing	Missing minimum field(s) required for successful provision of an NPI. *Example:* Provider First Name is not provided for Entity Type 1 record. EIN is not provided for Entity Type 2 record.
03	Exact Duplicate	Exact SSN match with an existing record.
04	Rejected by NPI Enumerator	Application is failed because an enumerator staff user determined that this record already exists
05	Invalid Taxonomy Code	Taxonomy code entered does not exist in the system.
06	Taxonomy Code Mismatch	Non-provider taxonomy is supplied, or organization taxonomy is applied to an individual provider.
07	SSN Validation Error	Application is failed in SSA validation.
08	Mailing Address Error	Address codes not found/invalid.
09	Location Address Error	Address codes not found/invalid.
10	NPI not on File	In change request NPI was either not provided or provided NPI not found in the NPPES database.
12	Pended by Gatekeeper	Gatekeeper routines have flagged the record for Enumerator review.
13	Pended by L/S/T	L/S/T edits have flagged the record for Enumerator review.
14	Duplicate record	Exact duplicate of another record in the file or record already exists in the NPPES database.
15	No changes found, record not updated	The record provided in the change request EFI file does not contain any updated information for the NPI record.
16	Record in Use	NPI Record is currently in use by another user

Note: For additional information on possible user corrective action, see Appendix, Section 6.10 EFI Response File Record Operation Codes and User Corrective Actions.

Exhibit 2-23 NPI Inquiry Response Codes

Code	Description	Annotation
01	Individual Verification - Found	Request fulfilled
02	Individual Verification - Not Found	No record matching criteria was found
03	Individual Verification – Close Match	A record closely matching the criteria was found
04	Individual Verification – Insufficient Data	Insufficient matching criteria was supplied by the requesting party
05	Organization Verification - Found	Request fulfilled
06	Organization Verification – Not Found	No record matching the criteria was found
07	Organization Verification – Close Match	A record closely matching the criteria was found
08	Organization Verification –Insufficient Data	Insufficient matching criteria was supplied by the requesting party
09	Individual Data Dissemination -Fulfilled	Request fulfilled
10	Individual Data Dissemination –Not Fulfilled	No records matching the criteria were found
11	Organization Data Dissemination -Fulfilled	Request fulfilled
12	Organization Data Dissemination –Not Fulfilled	No records matching the criteria were found
13	Unspecified Response	Unexpected conditions

2.3.20   Element: CMS27421500_2100CA_PSI_SubpartInformation

This element contains organization subpart information and is defined as an Optional element.
This element has 3 attributes as described below.

Note:

- Subpart information is required for Entity Type 2 providers. If subpart information is not provided, the applications will be rejected by the EFI process.
- This element is not applicable for Entity Type 1 provider applications. If provided, it is simply ignored by the EFI process.

Exhibit 2-24 Element CMS27421500_2100CA_PSI_SubpartInformation Structure
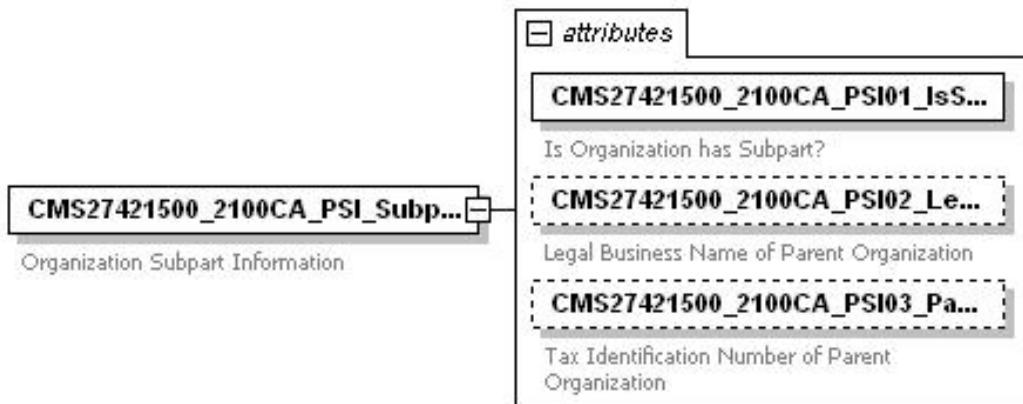
2.3.20.1   PROPERTIES

Content: complex

2.3.20.2   USED BY

Element: CMS27420300_2100CA

2.3.20.3   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27421500_2100 CA_PSI01_IsSubpart	String	Required	1	Y, y, N, n	This attribute value is used by the NPPES to collect whether the organization provider is a subpart of a parent organization. If the Organization is a subpart then the value will be either "Y" or "y", and if not then the value will be either "N" or "n".
					This is a required attribute. If its parent element "CMS27421500_2100CA_PSI_SubpartInformation" is present but this attribute is not provided then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
					If the attribute contains a value outside the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27421500_210 0CA_PSI02_LegalB usinessName	String	Optional	70		This attribute value contains the parent organization's Legal Business Name.
					For Entity Type 2 applications, this attribute is required by NPPES when "Y" or "y" is provided in attribute XCMS27421500_2100CA_PSI01_IsSubpartX. If parent's LBN is required but not provided then the EFI process will mark the record as rejected with error code "02" in the response file.
					For Entity Type 2 applications, this attribute is disallowed by NPPES when "N" or "n" is supplied in attribute XCMS27421500_2100CA_PSI01_IsSubpartX. If a value is disallowed but still provided in the current attribute, the EFI process will mark the record as rejected with error code "01" in the response file.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					If the length of the attribute value is more than the maximum allowed (70 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27421500_2100CA_PSI03_ParentTaxIdentificationNumber	String	Optional	9		This attribute value contains the parent organization's Tax Identification Number (TIN). For Entity Type 2 applications, Parent TIN is required by NPPES when "Y" or "y" is provided in attribute XCMS27421500_2100CA_PSI01_IsSubpartX. If Parent TIN is required but not provided then the EFI process will mark the record as rejected with error code "02" in the response file. For Entity Type 2 applications, Parent TIN is not allowed by NPPES when "N" or "n" is provided in attribute XCMS27421500_2100CA_PSI01_IsSubpartX. If Parent TIN is disallowed but still provided then the EFI process will mark the record as rejected with error code "01" in the response file. Parent TIN should be a number of 9 digits long. If the attribute contains value that is not 9 digits long, the provider record will fail the EFI process validation and it will be marked as rejected with error code "01" in the response file. If the attribute value is longer than the maximum allowed (9 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

2.3.20.4 ANNOTATION

Documentation: Organization Subpart Information

2.3.20.5 SOURCE

```xml
<xs:element name="CMS27421500_2100CA_PSI_SubpartInformation">
 <xs:annotation>
 <xs:documentation>Organization Subpart Information</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27421500_2100CA_PSI01_IsSubpart" use="required">
 <xs:annotation>
 <xs:documentation>Is Organization has Subpart?</xs:documentation>
 </xs:annotation>
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="1"/>
 <xs:enumeration value="Y"/>
 <xs:enumeration value="y"/>
 <xs:enumeration value="N"/>
 <xs:enumeration value="n"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27421500_2100CA_PSI02_LegalBusinessName" use="optional">
 <xs:annotation>
 <xs:documentation>Legal Business Name of Parent Organization</xs:documentation>
 </xs:annotation>
 <xs:simpleType>
 <xs:restriction base="xs:string">
```

```
<xs:maxLength value="70"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27421500_2100CA_PSI03_ParentTaxIdentificationNumber" use="optional">
<xs:annotation>
<xs:documentation>Tax Identification Number of Parent Organization</xs:documentation>
</xs:annotation>
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="9"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.21   Element: CMS27422100_2110CA

This element serves as a container for provider mailing address information. It is defined as required by the EFI XML schema and it consists of 3 child elements. The EFI XML schema allows up to 2 occurrences of this element for each provider record in the XML data file, however the EFI process will only use the first one. The other address information will be ignored because NPPES only stores one mailing address for a provider record.

Note: If this element is not provided at least once in every provider record, then the XML files will fail schema validation. The EFI process will ignore the file entirely. No response file will be generated and the EFI participant will be notified via e-mail only.

Exhibit 2-25 Element CMS27422100_2110CA Structure
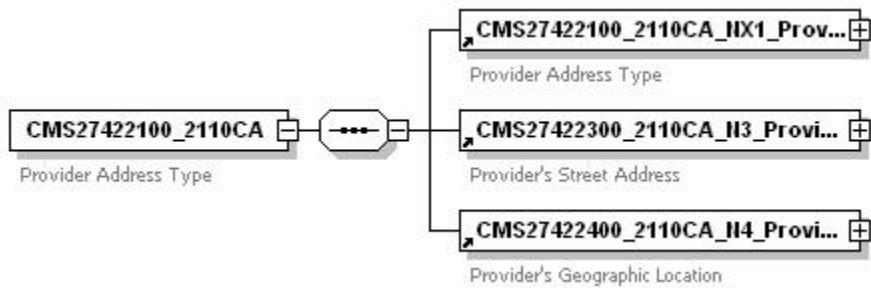
2.3.21.1 CHILD ELEMENTS

- CMS27422100_2110CA_NX1_ProviderAddressType: this element contains the provider address type code.
- CMS27422300_2110CA_N3_ProviderSStreetAddress: this element contains provider mailing address street details.
- CMS27422400_2110CA_N4_ProviderSGeographicLocation: this element contains provider mailing address geographic location details.

2.3.21.2 USED BY

Element: CMS27420300_2100CA

2.3.21.3 ANNOTATION

Documentation: Provider Address Type

2.3.21.4 SOURCE

```
<xs:element name="CMS27422100_2110CA">
 <xs:annotation>
 <xs:documentation>Provider Address Type</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27422100_2110CA_NX1_ProviderAddressType"/>
 <xs:element ref="CMS27422300_2110CA_N3_ProviderSStreetAddress"/>
 <xs:element ref="CMS27422400_2110CA_N4_ProviderSGeographicLocation"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.22 Element: CMS27422100_2110CA_NX1_ProviderAddressType

This element is defined as required by the EFI XML schema. It has one attribute containing provider address type information.

Exhibit 2-26 Element CMS27422100_2110CA_NX1_ProviderAddressType Structure
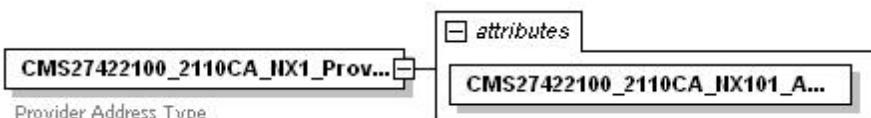
2.3.22.1 USED BY

Element: CMS27422100_2110CA

2.3.22.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422100_2110CA_NX101_AddressTypeCode	String	Required	3	31 - Postal Mailing Address 8B – Primary Residence Address	This attribute contains the address type code indicating the address supplied is a mailing address or a primary residence address. Note: • If the attribute contains a value outside the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • NPPES will only collect the mailing address. • If two Mailing Address codes are provided the EFI process will choose only one (the first one). • The EFI process will ignore the primary residence address. • If two primary residence addresses codes are provided then the EFI process will mark the record as rejected with error code "01" in the response file.

2.3.22.3   ANNOTATION

Documentation: Provider Address Type

2.3.22.4   SOURCE

```
<xs:element name="CMS27422100_2110CA_NX1_ProviderAddressType">
 <xs:annotation>
 <xs:documentation>Provider Address Type</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27422100_2110CA_NX101_AddressTypeCode" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="3"/>
 <xs:enumeration value="31"/>
 <xs:enumeration value="8B"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 </xs:complexType>
</xs:element>
```

2.3.23   Element: CMS27422300_2110CA_N3_ProviderSStreetAddress

This element is defined as required by the EFI XML schema. It has two attributes containing provider mailing street address details.

Note:

Address standardization will be run using Universal Coder software against all domestic and military mailing addresses. See section 6.11 for details regarding address standardization.

Exhibit 2-27 Element CMS27422300_2110CA_N3_ProviderSStreetAddress Structure
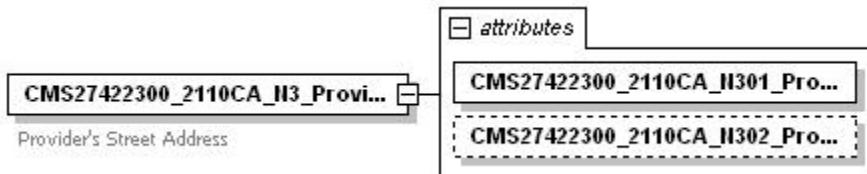
2.3.23.1   USED BY

Element: CMS27422100_2110CA

2.3.23.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422300_2110CA_N301_ProviderAddressLine	String	Required	55	Any valid String.	This attribute contains Provider Mailing Street Address Line 1 information. Provider domestic and military mailing street address line 1 is standardized using Universal Coder. See section 6.11 for details regarding address standardization. Note: • If the attribute contains a value with length exceeding the maximum allowed (55 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • This attribute must be populated with a non-blank value (all spaces). Otherwise the EFI process will mark the record as rejected will error code "02" in the response file.
CMS27422300_2110CA_N302_ProviderAddressLine	String	Optional	55	Any valid String.	This attribute contains Provider Mailing Street Address Line 2 information. Provider street address line 2 will not be standardized in NPPES. See section 6.11 for details regarding address standardization. If the attribute contains a value with length exceeding the maximum allowed (55 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

2.3.23.3   ANNOTATION

Documentation: Provider's Street Address

2.3.23.4   SOURCE

```
<xs:element name="CMS27422300_2110CA_N3_ProviderSStreetAddress">
<xs:annotation>
<xs:documentation>Provider's Street Address</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:attribute name="CMS27422300_2110CA_N301_ProviderAddressLine" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="55"/>
</xs:restriction>
```

```
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27422300_2110CA_N302_ProviderAddressLine" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="55"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.24   Element: CMS27422400_2110CA_N4_ProviderSGeographicLocation

This element is defined as required by the EFI XML schema and it has 4 attributes containing additional provider mailing address information details, such as city, state name, postal or zip codes, and country code.

Note:

NPPES accepts domestic, military, and foreign addresses for the NPI Provider's business and mailing addresses. The EFI process will determine the type of mailing address, whether it is domestic or foreign by examining the value of the country code.

To determine whether the mailing address is a military address, the EFI system will look at the city name, state code, and country code. If the country code is "US", the city name is either APO or FPO, and the state code is either AA, AE, or AP, then the address will be treated as a military address.

Exhibit 2-28 Element CMS27422400_2110CA_N4_ProviderSGeographicLocation Structure
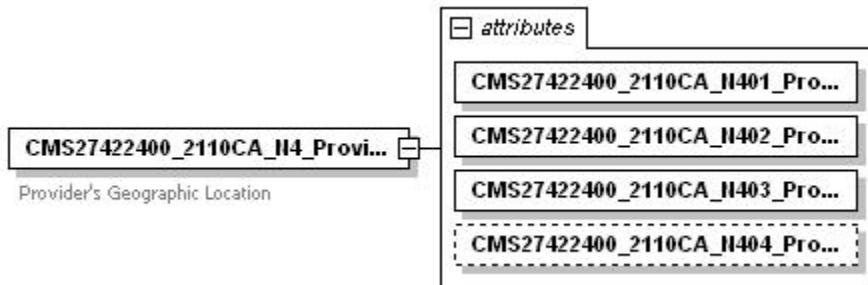
2.3.24.1   USED BY

Element: CMS27422100_2110CA

2.3.24.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422400_2110CA_N401_ProviderCityName	String	Required	40	Any valid String.	This attribute contains the provider mailing address city name. Provider domestic and military mailing address city name is standardized using Universal Coder. See section 6.11 for details regarding address standardization. Note: • If the attribute contains a value with length exceeding the maximum allowed (40 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					The EFI participant will be notified via e-mail only. • This attribute must be populated with a non-blank value (all spaces). Otherwise the EFI process will mark the record as rejected with error code "02" in the response file.
CMS27422400_2110CA_N402_ProviderStateCode	String	Required	40	Any valid String.	The attribute contains the provider mailing address state code. Provider domestic and military mailing address state code is standardized using Universal Coder. See section 6.11 for details regarding address standardization Note: • If the attribute contains a value with length exceeding the maximum allowed (40 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • This attribute must be populated with a non-blank value (all spaces). Otherwise the EFI process will mark the record as rejected with error code "02" in the response file. • If the address is domestic, the attribute can only contain values from U.S. state codes standard list. Otherwise, the EFI process will mark the record as rejected with error code "01" in the response file.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422400_2110CA_N403_ProviderPostalZoneOrZipCode	String	Required	20	Any valid String.	This attribute contains the provider mailing address postal or zip code. Provider domestic and military mailing address zip code is standardized using Universal Coder. See section 6.11 for details regarding address standardization Note: • If the attribute contains a value with length exceeding the maximum allowed (20 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • This attribute must be populated with a non-blank value (all spaces). In addition, zip codes must be either 5 or 9 digits long (numeric). Otherwise the EFI process will mark the record as rejected with error code "02" in the response file. • NPPES allows zip codes to be up to 9 characters long (5 or 9) and foreign postal codes up to 20 characters long.
CMS27422400_2110CA_N404_ProviderCountryCode	String	Optional	3	Any valid String.	This attribute contains the provider mailing address country code. Note: • If the attribute contains a value with length exceeding the maximum allowed (3 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • The EFI process uses this field to determine whether it is working with a domestic or foreign address. If the country code is U.S then the EFI process treats the mailing address as domestic and applies the appropriate validations. • Country code must be from the ISO standard list. Otherwise the EFI process will mark the record as rejected with error code "01" in the response file.

2.3.24.3   ANNOTATION

Documentation: Provider's Geographic Location

2.3.24.4   SOURCE

```
<xs:element name="CMS27422400_2110CA_N4_ProviderSGeographicLocation">
 <xs:annotation>
```

```
<xs:documentation>Provider's Geographic Location</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:attribute name="CMS27422400_2110CA_N401_ProviderCityName" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="40"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27422400_2110CA_N402_ProviderStateCode" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="40"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27422400_2110CA_N403_ProviderPostalZoneOrZipCode" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="20"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27422400_2110CA_N404_ProviderCountryCode" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="3"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.25   Element: CMS27422600_2120CA

This element acts as a container for provider taxonomy information details. The element is defined as required by the EFI XML schema and it must occur at least once within every provider record in an XML file.

Note:

- NPPES limits the number of taxonomies to a maximum of 15 unique taxonomies per provider. If there are more than 15 taxonomies in a provider record then the EFI process will ignore the additional ones.
- The EFI system ignores Taxonomies that have the same taxonomy code, license number, and state on file for that provider.
- The absence of this element in a provider record will cause the XML file to fail schema validation. The entire file will be rejected by the EFI process and no response file will be generated. The EFI participant that submitted the file will be notified via e-mail only.

- License Number is no longer required for Type 2 organization and value of the field should be set to NULL. In the event user submit the filed the system will ignore values in license number and/or state

Exhibit 2-29 Element CMS27422600_2120CA Structure
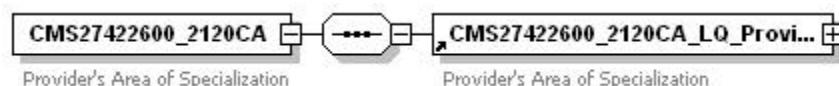
2.3.25.1   CHILD ELEMENTS

CMS27422600_2120CA_LQ_ProviderSAreaOfSpecialization

2.3.25.2   USED BY

Element: CMS27420300_2100CA

2.3.25.3   ANNOTATION

Documentation: Provider's Area of Specialization

2.3.25.4   SOURCE

```
<xs:element name="CMS27422600_2120CA">
 <xs:annotation>
 <xs:documentation>Provider's Area of Specialization</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27422600_2120CA_LQ_ProviderSAreaOfSpecialization"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.26   Element: CMS27422600_2120CA_LQ_ProviderSAreaOfSpecialization

This element is defined as required by the EFI XML schema and it has 3 attributes containing the actual taxonomy code and its primary taxonomy information.

Exhibit 2-30 Element CMS27422600_2120CA_LQ_ProviderSAreaOfSpecialization Structure
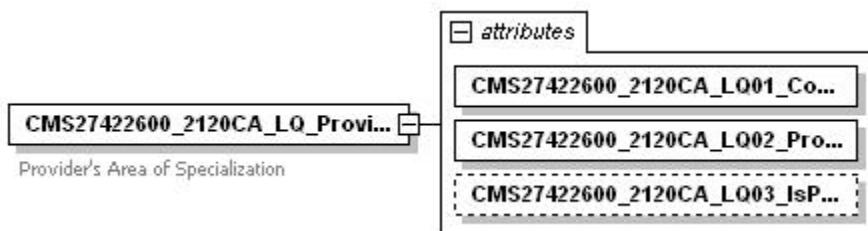
2.3.26.1   USED BY

Element: CMS27422600_2120CA

2.3.26.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422600_2120CA_LQ01_CodeListQualifierCode	Integer	Required	3	Any valid integer	This attribute contains the provider area of specialization code. This is usually the first 2 digits of the provider's taxonomy number. Note: This attribute is not used by the EFI process.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422600_2120CA_LQ02_ProviderSpecialityCode	String	Required	30	Any valid sting.	This attribute contains the provider taxonomy number.
					If the attribute contains a value with length exceeding the maximum allowed (30 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
					This attribute must be populated with a non-blank value (all spaces). Otherwise the EFI process will mark the record as rejected with error code "02" in the response file.
					Taxonomy codes are 10 characters long. If the attribute contains code values that are not 10 characters long, the record will fail EFI process validation. This record will be marked as rejected with error code "01" in the response file.
					ontains a taxonomy that does not exist in NPPES, the record will fail EFI process validation. The record will be marked as rejected with an error code "05" in the response file.
					ontains a taxonomy that does not belong to the type of provider in the record (e.g. an individual is assigned the taxonomy of a hospital), it will fail EFI process validation. The record will be marked as rejected with an error code "06" in the response file.
					NPPES doesn't allow "193200000X" and "193400000X" Taxonomy numbers. Applications that are submitted with these taxonomy numbers will fail EFI process validation. The record will be marked as rejected with an error code "01" in the response file. For information how to provide "Group" taxonomy, refer to sections 2.3.49 and 2.3.50.
CMS27422600_2120CA_LQ03_IsPrimaryTaxonomy	String	Optional	1	Y, y, N, n	This attribute value is used by the NPPES to collect whether a taxonomy is the primary taxonomy or not. If the value is either "Y", or "y" then the taxonomy is treated as primary taxonomy number, and if the value is either "N" or "n" then it is treated as non-primary taxonomy number.
					This attribute is required by NPPES. If not provided then such provider records will fail in EFI process validation. The record will be marked as rejected by the system with error code 02 in the response file.
					For each application, NPPES requires one and only one taxonomy number be selected as primary taxonomy. If primary taxonomy not provided then such provider records will fail in EFI process validation. The record will be marked as rejected by

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					the system with error code 02 in the response file. For each application, if more than one taxonomy number is selected as primary taxonomy then such provider records will fail in EFI process validation. The record will be marked as rejected by the system with error code 01 in the response file. If this attribute value is not from the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

2.3.26.3 ANNOTATION

Documentation: Provider's Area of Specialization

2.3.26.4 SOURCE

```xml
<xs:element name="CMS27422600_2120CA_LQ_ProviderSAreaOfSpecialization">
 <xs:annotation>
 <xs:documentation>Provider's Area of Specialization</xs:documentation>
 </xs:annotation>
 <xs:complexType mixed="0">
 <xs:attribute name="CMS27422600_2120CA_LQ01_CodeListQualifierCode" type="xs:int"
use="required"/>
 <xs:attribute name="CMS27422600_2120CA_LQ02_ProviderSpecialityCode" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="30"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27422600_2120CA_LQ03_IsPrimaryTaxonomy">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="1"/>
 <xs:enumeration value="Y"/>
 <xs:enumeration value="y"/>
 <xs:enumeration value="N"/>
 <xs:enumeration value="n"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 </xs:complexType>
</xs:element>
```

2.3.27 Element: CMS27423200_2130CA

This element acts as a container for provider licensing (license number, issuing state) information. It is defined as required by the EFI XML schema and it must occur at least once within every provider record in an XML file.

Note:

• The absence of this element in a provider record will cause the XML file to fail schema validation. The entire file will be rejected by the EFI process and no response file will be generated. The EFI participant that submitted the file will be notified via e-mail only.

- According to the EFI XML schema, this element can occur up to 99 times within each provider record. NPPES allows a maximum of 15 unique licensing number/state combinations. The EFI process will ignore any additional licensing information.

- NPPES maintains a relationship between the taxonomy codes and the licensing information. The EFI XML schema does not define such a relationship. The EFI process imposes a relationship between the taxonomy codes and the licensing information through the following rules:

  - The number of taxonomies in a provider record must be the same as the number of licensing number/state combinations. Otherwise, the record fails EFI process validation and is marked as rejected. Because some taxonomy codes do not require licensing information, the EFI participant must fill out the licensing number and state information with blanks to verify that the numbers match.

  - The EFI process system will take the first taxonomy from the element **CMS27422600_2120CA_LQ_ProviderSAreaOfSpecialization** and the first license/state combination from element **CMS27423200_2130CA_HPL_ProviderLicenseCertificationRegistration** and "match" them in the NPPES database (if field validations are passed). Then the process continues with the rest of taxonomies, license/state combinations in the same manner.

- License Number is no longer required for Type 2 organization and value of the field should be set to NULL. In the event user submit the filed the system will ignore values in license number and/or state

Exhibit 2-31 Element CMS27423200_2130CA Structure
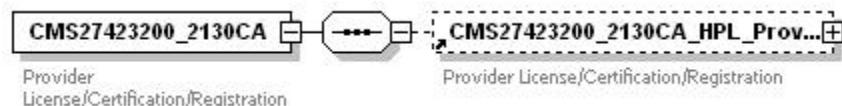
2.3.27.1   CHILD ELEMENTS

CMS27423200_2130CA_HPL_ProviderLicenseCertificationRegistration

2.3.27.2   USED BY

Element: CMS27420300_2100CA

2.3.27.3   ANNOTATION

Documentation: Provider License/Certification/Registration

2.3.27.4   SOURCE

```
<xs:element name="CMS27423200_2130CA">
 <xs:annotation>
 <xs:documentation>Provider License/Certification/Registration</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27423200_2130CA_HPL_ProviderLicenseCertificationRegistration"
minOccurs="0"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.28   Element: CMS27423200_2130CA_HPL_ProviderLicenseCertificationRegistration

This element is defined as Optional by the EFI XML schema and has 2 attributes containing provider licensing (license number and issuing state) information.

Exhibit 2-32 Element CMS27423200_2130CA_HPL_ProviderLicenseCertificationRegistration Structure
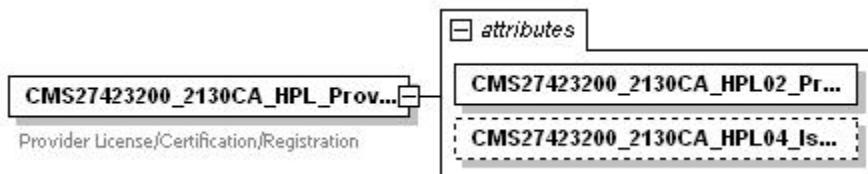
2.3.28.1   USED BY

Element: CMS27423200_2130CA

2.3.28.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27423200_2130CA_HPL02_ProviderIdentificationNumber	String	Required	50	Any valid String.	This attribute contains the provider license number information for a particular taxonomy. Note: • If the attribute contains a value with length exceeding the maximum allowed (50 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • Due to the considerations mentioned in section 2.3.27, it is possible for this attribute to be filled with blank characters. • NPPES allows license numbers to be up to a maximum of 20 characters long. If the attribute contains a license number that exceeds 20 characters the provider's record will fail the EFI process validation and will be marked as rejected with error code "01" in the response file. • License Number is no longer required for Type 2 organization and value of the field should be set to NULL. In the event user submit the filed the system will ignore values in license number and/or state
CMS27423200_2130CA_HPL04_IssuingStateCode	String	Optional	2	Any valid String.	This attribute contains the state code where the license number was issued to the provider. Note: • If the attribute contains a value with length exceeding the maximum allowed (2 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					• Due to the considerations mentioned in section 2.3.27, it is possible for this attribute to be filled with blank characters. • If the attribute does contain a state code value, then the code must belong in the U.S. standard state code list. Otherwise the provider record with fail EFI process validation and will be marked as rejected with error code "01" in the response file. • State is no longer required for Type 2 organization and value of the field should be set to NULL. In the event user submit the filed the system will ignore values in license number and/or state

2.3.28.3   ANNOTATION

Documentation: Provider License/Certification/Registration

2.3.28.4   SOURCE

```
<xs:element name="CMS27423200_2130CA_HPL_ProviderLicenseCertificationRegistration">
 <xs:annotation>
 <xs:documentation>Provider License/Certification/Registration</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27423200_2130CA_HPL02_ProviderIdentificationNumber" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="50"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27423200_2130CA_HPL04_IssuingStateCode" use="optional">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="2"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 </xs:complexType>
</xs:element>
```

2.3.29   Element: CMS27423400_2140CA

This element acts as a container for different types of identification numbers that a provider may have aside from the ones assigned by NPPES. It is defined as an Optional element by the EFI XML schema and it can occur multiple times within provider records in an XML file.

Note:

- The EFI XML schema does not impose an upper limit on the number of occurrences of this element. NPPES on the other hand allows a maximum of 50 Other IDs for each provider. Hence, if an EFI Organization submits more than 50 Other ID numbers, the remaining Other ID Numbers are ignored
- The EFI system also checks for duplicate information within a provider's record. The EFI system ignores Other ID numbers that have the same type, number, state and issuer (previously description) on file for that provider.

- The EFI XML schema dictates that this element also serves as the placeholder for SSN/ITIN values for entity type 1 records and current/new EIN values for entity type 2 records. The EFI system ignores EINs (old or new) provided for entity type 1 records and SSN/ITIN values provided for entity type 2 records.
- Even though the schema defines this element as Optional, SSN/ITIN and EIN are required data for NPPES. The enforcement of this requirement is performed by the EFI process validation. If a provider record does not contain an SSN/ITIN (entity type 1) or EIN (entity type 2) instance of this element, it will fail the EFI process validation and will be marked as rejected (error code 02).

Exhibit 2-33 Element CMS27423400_2140CA Structure
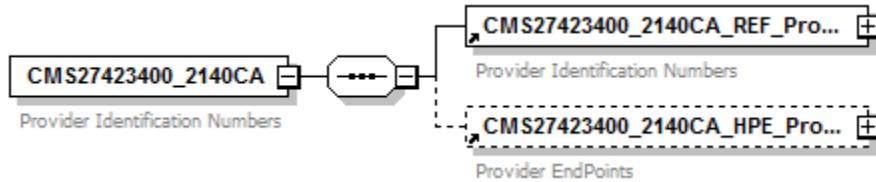
2.3.29.1   CHILD ELEMENTS

CMS27423400_2140CA_REF_ProviderIdentificationNumbers
CMS27423400_2140CA_HPE_ProviderEndPoints

2.3.29.2   USED BY

Element: CMS27420300_2100CA

2.3.29.3   ANNOTATION

Documentation: Provider Identification Numbers

2.3.29.4   SOURCE

```
<xs:element name="CMS27423400_2140CA">
 <xs:annotation>
 <xs:documentation>Provider Identification Numbers</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27423400_2140CA_REF_ProviderIdentificationNumbers"/>
 <xs:element ref="CMS27423400_2140CA_HPE_ProviderEndPoints" minOccurs="0"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.30   Element: CMS27423400_2140CA_REF_ProviderIdentificationNumbers

This element is defined as required by the EFI XML schema. It has 4 attributes containing provider other identification number information.

Note:

- If the parent of this element exists (**CMS27423400_2140CA**) in a provider record, then the absence of this element in that provider record will cause the XML file to fail schema validation. The entire file will be rejected by the EFI process and no response file will be generated. The EFI participant that submitted the file will be notified via e-mail only.
- There are separate placeholders for state and description values, respectively.

Exhibit 2-34 Element CMS27423400_2140CA_REF_ProviderIdentificationNumbers Structure
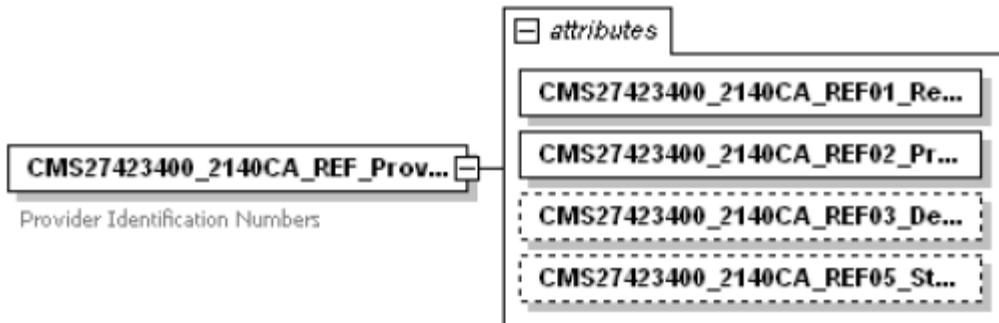
2.3.30.1   USED BY

Element: CMS27423400_2140CA

2.3.30.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27423400_2140 CA_REF01_Referenc eIdentificationQualifier	String	Required	3	Code – Description: 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number EI – Employer's Identification Number (EIN) EN – Employer's New Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type SY- Social Security Number (SSN) TJ – Federal Taxpayer's Identification Number (ITIN) TX – Tax Exempt Number VT- Motor Vehicle ID Number	This attribute contains the provider other identification type code. If the attribute contains a value outside the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. NPPES does not support the following codes: 1A, 1B, 1H, G2, TX, and VT. If an application is submitted with these codes it will fail the EFI process validation and it will be marked as rejected with error code "01" in the response file. However, if system finds one of these codes while generating response files then EFI process converts the code to "OT" in the response file. If other id type code is "SY" then the other identifier value should be SSN, if "TJ" then the value should be ITIN, if "EI" then the value should be EIN, and if "EN" then the value should be new EIN. Starting with R1.6, the EIN value can be changed. The code value 'EN' should be used to submit the new EIN value.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27423400_2140 CA_REF02_ProviderI dentifier	String	Required	20	Any valid String	This attribute contains the actual provider identifier. If the attribute contains a value with length exceeding the maximum allowed (20 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. If the other identification type code has been provided, this attribute cannot contain blank values. Otherwise, the provider record will fail the EFI process validation and it will be marked as rejected with error code "02" in the response file.
CMS27423400_2140 CA_REF03_Descriptio n	String	Optional	80	Any valid String.	This attribute contains the description for a provider's other ID. This attribute is not used when the identifier is SY (SSN), TJ (ITIN), EI (EIN) or EN (new EIN). Table 2-3 provides the different requirements that must be fulfilled when submitting provider identification information. If the attribute contains a value with length exceeding the maximum allowed (80 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. If the description is required but is missing, the provider record will fail EFI process validation and it will be marked as rejected with error code "02" in the response file.
CMS27423400_2140 CA_REF05_State	String	Optional	2	Any valid String.	This attribute contains the US state code associated with a given provider other ID. This attribute is not used when the identifier is SY (SSN), TJ (ITIN), EI (EIN) or EN (new EIN). Table 2-3 provides the different requirements that must be fulfilled when submitting provider identification information. If the attribute contains a value with length exceeding the maximum allowed (2 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. If the attribute contains a state code but the value is not found in the U.S. standard state code list then the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" and with appropriate error message in the response file. If the state code is required (e.g. for Medicaid IDs) but is missing, the provider record will fail EFI process validation. The record will be marked as rejected by the system with error code "02" and with appropriate error message in the response file.

2.3.30.3   ANNOTATION

Documentation: Provider Identification Numbers

2.3.30.4   SOURCE

```xml
<xs:element name="CMS27423400_2140CA_REF_ProviderIdentificationNumbers">
 <xs:annotation>
 <xs:documentation>Provider Identification Numbers</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27423400_2140CA_REF01_ReferenceIdentificationQualifier"
use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="3"/>
 <xs:enumeration value="MP"/>
 <xs:enumeration value="1D"/>
 <xs:enumeration value="1G"/>
 <xs:enumeration value="EI"/>
 <xs:enumeration value="EN"/>
 <xs:enumeration value="SY"/>
 <xs:enumeration value="TJ"/>
 <xs:enumeration value="OS"/>
 <xs:enumeration value="NS"/>
 <xs:enumeration value="OT"/>
 <xs:enumeration value="1A"/>
 <xs:enumeration value="1B"/>
 <xs:enumeration value="1H"/>
 <xs:enumeration value="G2"/>
 <xs:enumeration value="TX"/>
 <xs:enumeration value="VT"/>
 <xs:enumeration value="1C"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27423400_2140CA_REF02_ProviderIdentifier" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="50"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27423400_2140CA_REF03_Description" use="optional">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="80"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27423400_2140CA_REF05_State" use="optional">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="2"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 </xs:complexType>
</xs:element>
```

Exhibit 2-52 Provider Identification Codes

Code	Description	Annotation
1A	Blue Cross Provider Number	NPPES doesn't support Blue Cross Provider numbers. Applications submitted with this code will fail EFI process validation. The record will be marked as rejected by the system with error code 01 in the response file. However, if system finds this code while generating response file then EFI process will convert this code to "OT" meaning "Other Type".
1B	Blue Shield Provider Number	NPPES doesn't support Blue Shield Provider numbers. Applications submitted with this code will fail EFI process validation. The record will be marked as rejected by the system with error code 01 in the response file. However, if system finds this code while generating response file then EFI process will convert this code to "OT" meaning "Other Type".

Code	Description	Annotation
1C	MEDICARE ID Unknown (deprecated)	Starting Release 1.4, NPPES no longer accepts new Other IDs with the 1C code, or changes to an existing Other ID Number of type 1C. Any new NPI application that contains the 1C Other Identifier code will be marked as rejected with error code 01 in the response file. Similarly, any Change Request that contains the 1C code, but the related Other Identifier information does not match what exists in NPPES, will also be rejected because this is deemed as adding a new Identifier with the 1C type.
1D	MEDICAID	NPPES does require state information for Medicaid Provider Numbers.
1G	MEDICARE UPIN	NPPES does not require state or description information for UPIN numbers.
1H	CHAMPUS Identification Number	NPPES doesn't support CHAMPUS Identification Numbers. Applications submitted with this code will fail EFI process validation. The record will be marked as rejected by the system with error code 01 in the response file. However, if system finds this code while generating response file then EFI process will convert this code to "OT" meaning "Other Type".
EI	Employer's Identification Number (EIN)	If the first attribute of 2.3.27 element (CMS27423400_2140CA_REF01_ReferenceIdentificationQualifier) holds the code "EI" then the value entered in the second attribute of this element (CMS27423400_2140CA_REF02_ProviderIdentifier) is treated as EIN value by the EFI process. Furthermore, if the code is "EI" then description and state are ignored by the EFI process. Note: • Entity Type 1 providers: if EIN value is provided such information is ignored by the EFI process. • Entity Type 2 providers: if EIN is not provided then the provider record will fail EFI process validation and it will be marked as rejected with error code "02" in the response file. • EIN must be 9 digits long. Negative numbers and all zeroes are not allowed. Otherwise the provider record will fail the EFI process validation and it will be marked as rejected with error code "01" in the response file.
EN	Employer's New Identification Number (EIN)	If the first attribute of 2.3.27 element (CMS27423400_2140CA_REF01_ReferenceIdentificationQualifier) holds the code "EN" then the value entered in the second attribute of this element (CMS27423400_2140CA_REF02_ProviderIdentifier) is treated as new EIN value by the EFI process. Furthermore, if the code is "EN" then description and state are ignored by the EFI process. Note: • Entity Type 1 providers: if new EIN value is provided such information is ignored by the EFI process. • Entity Type 2 providers: This is an optional field and will be used to submit new EIN value. • With NPPES Release R.16, it is allowed to change Organization EIN value through EFI change request. However, for successful change of old EIN value with new EIN value, the old EIN value must match with the current EIN value in the NPPES System. If not matched then record will fail EFI process validation and it will be marked as rejected with error code "10" in the response file. • New EIN new must be 9 digits long. Negative numbers and all zeroes are not allowed. Otherwise the provider record will fail the EFI process validation and it will be marked as rejected with error code "01" in the response file.
G2	Provider Commercial Number	NPPES doesn't support Provider Commercial Numbers. Applications submitted with this code will fail EFI process validation. The record will be marked as rejected by the system with error code 01 in the response file. However, if system finds this code while generating response file then EFI process will convert this code to "OT" other type code.
MP	MEDICARE PIN	If the first attribute of 2.3.27 element (CMS27423400_2140CA_REF01_ReferenceIdentificationQualifier) holds the code "MP" then the value entered in the second attribute of this element (CMS27423400_2140CA_REF02_ProviderIdentifier) is treated as MEDICARE PIN by the EFI process.
NS	MEDICARE NSC	If the first attribute of 2.3.27 element (CMS27423400_2140CA_REF01_ReferenceIdentificationQualifier) holds the code "NS" then the value entered in the second attribute of this element

Code	Description	Annotation
		(CMS27423400_2140CA_REF02_ProviderIdentifier) is treated as NSC Number by the EFI process.
		The NSC number must be 10 digits long. Otherwise, the application will fail EFI process validation. The record will be marked as rejected by the system with error code 01 in the response file.
OS	MEDICARE OSCAR	If the first attribute of 2.3.27 element (CMS27423400_2140CA_REF01_ReferenceIdentificationQualifier) holds the code "OS" then the value entered in the second attribute of this element (CMS27423400_2140CA_REF02_ProviderIdentifier) is treated as an OSCAR Number by the EFI process.
		The OSCAR number can be alphanumeric value between 6-15 characters long. If the value is either less than 6 characters or more than 15 characters long then such applications will fail in EFI process validation. The record will be marked as rejected by the system with error code 01 in the response file.
OT	Other Type	If the first attribute of 2.3.27 element (CMS27423400_2140CA_REF01_ReferenceIdentificationQualifier) holds the code "OT" then the value entered in the second attribute of this element (CMS27423400_2140CA_REF02_ProviderIdentifier) is treated as "Other Type of ID Number" by the EFI process.
SY	Social Security Number (SSN)	If the first attribute of 2.3.27 element (CMS27423400_2140CA_REF01_ReferenceIdentificationQualifier) contains the code "SY", then the value entered in the second attribute of this element (CMS27423400_2140CA_REF02_ProviderIdentifier) is treated as SSN value by the EFI process.
		Furthermore, if the code is "SY" then description and state are ignored by the EFI process.
		Note: • Entity Type 2 providers: if SSN value is provided, such information is ignored by the EFI process. • Entity Type 1 providers: if SSN is not provided then the record will fail EFI process validation and it will be marked as rejected with error code "02" in the response file. • Entity Type 1 providers: if both SSN and ITIN values are provided the EFI process will always use the SSN and ignore the ITIN, unless the record denotes a change request on a provider who originally entered an ITIN. In this case ITIN is not ignored; instead it is used for data comparisons. • SSN must be 9 digit long. Otherwise the provider record will fail the EFI process validation and it will be marked as rejected with error code "01" in the response file.
TJ	Federal Taxpayer's Identification Number (ITIN)	If the first attribute of 2.3.27 element (CMS27423400_2140CA_REF01_ReferenceIdentificationQualifier) contains the code "TJ" then the value entered in the second attribute of this element (CMS27423400_2140CA_REF02_ProviderIdentifier) is treated as ITIN value by the EFI process.
		Furthermore, if the code is "TJ" then description and state are ignored by the EFI process.
		Note: • Entity Type 2 providers; if ITIN value is provided, such information is ignored by the EFI process. • Entity Type 1 providers; ITIN is Optional. • Entity Type 1 providers: if both SSN and ITIN values are provided the EFI process will always use the SSN and ignore the ITIN unless the record denotes a change request on a provider who originally entered an ITIN. In this case ITIN is not ignored; instead it is matched against the TIN stored in NPPES. • ITIN must be 9 digit long. Otherwise the provider record will fail the EFI process validation and it will be marked as rejected with error code "01" in the response file.
TX	Tax Exempt Number	NPPES doesn't support Tax Exempt Numbers. Applications submitted with this code will fail EFI process validation. The records will be marked as rejected by the system with error code 01 in the response file. However, if system finds this code while generating response file then EFI process will convert this code to "OT" meaning "Other Type".

Code	Description	Annotation
VT	Motor Vehicle ID Number	NPPES doesn't support Motor Vehicle ID Numbers. Applications submitted with this code will fail EFI process validation. The record will be marked as rejected by the system with error code 01 in the response file. However, if system finds this code while generating response file then EFI process will convert this code to "OT" meaning "Other Type".

2.3.31   Element: CMS27423400_2140CA_HPE_ProviderEndPoints

This element acts as a container for the Endpoint information. This element is optional.

Exhibit 2-35 Element CMS27423400_2140CA_HPE_ProviderEndPoints Structure
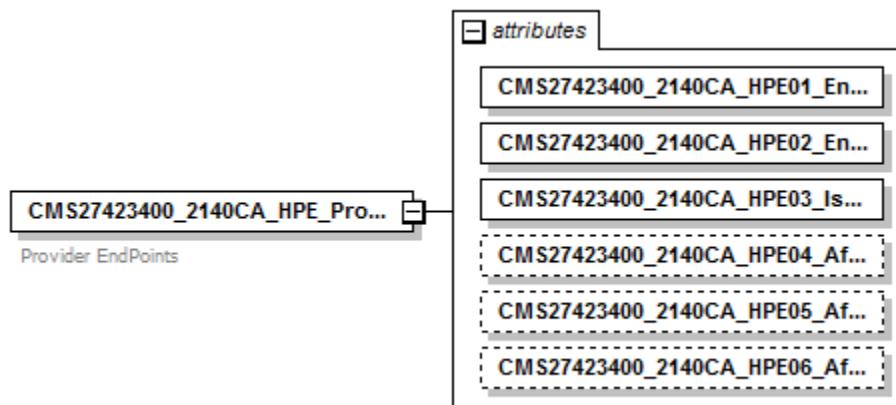
2.3.31.1   USED BY

Element: CMS27423400_2140CA

2.3.31.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27423400_2140CA_HPE01_EndPointTypeQualifier	String	Required	8	SOAP, CONNECT, FHIR, EMAIL, DIRECT, REST, WEB, OTHERS	This attribute identifies the type of Endpoint This attribute is Required if an Endpoint is being entered.
CMS27423400_2140CA_HPE02_EndPoint	String	Required	1000	Any string	This attribute is the actual Endpoint For example: email address or URL. This attribute is Required if an Endpoint is being entered.
CMS27423400_2140CA_HPE03_IsAffiliated	String	Required	1	Y, y, N, n	Identifies whether or not the Endpoint is affiliated with an NPI or EIN
CMS27423400_2140CA_HPE06_AffiliationLegalBusinessName	String	Optional	70	Any String	Identifies the LBN of the provider the Endpoint is affiliated with.
CMS27423400_2140CA_HPE07_EndPointDescription	String	Optional	1000	Any String	This field should contain a brief description of the type of content that the Endpoint supports.
CMS27423400_2140CA_HPE08_EndPointUse	String	Optional	25	Direct, HIE, Other	How the Endpoint will be used (i.e. Direct)
CMS27423400_2140CA_HPE09_EndPointContentType	String	Optional	25	CSV, Other	The Content Type identifies the format of the data (i.e. CSV).
CMS27423400_2140CA_HPE010_OtherEndpointUse	String	Situational	200	Any String	This field should contain a brief description of other endpoint use

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27423400_2140CA_HPE011_OtherEndpointContentType	String	Situational	200	Any String	This field should contain a brief description of other content type
CMS27423400_2140CA_HPE012_EndpointLocationAddressLine	String	Required	55	Any valid String	This attribute contains the endpoint location address line1 information. Endpoint domestic and military location address line1 is standardized using Universal Coder. See section 6.7 for details regarding address standardization Note: • If the attribute contains a value with length exceeding the maximum allowed (55 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • This is a required field in NPPES. Therefore, this attribute must be populated with a non-blank value (all spaces). Otherwise the EFI process will mark the provider record as rejected with error code "02" in the response file. • PO Box is not permitted in Endpoint Location Address Line 1. Any record submitted with "PO Box" (or can be standardized into a PO Box) will be rejected with error code "01" in the response file.
CMS27423400_2140CA_HPE013_EndpointLocationAddressLine	String	Optional	55	Any valid String	This attribute contains the endpoint location address line2 information. Endpoint domestic and military location address line 2 is standardized using Universal Coder. See section 6.7 for details regarding address standardization Note: • If the attribute contains a value with length exceeding the maximum allowed (55 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27423400_2140CA_HPE014_EndpointLocationCityName	String	Required	40	Any valid String	This attribute contains the endpoint location city name. Endpoint domestic and military location address city name is standardized using Universal Coder. See section 6.7 for details regarding address standardization Note: • If the attribute contains a value with length exceeding the maximum allowed (40 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • This is a required field in NPPES. Therefore, this attribute must be populated with a non-blank value (all spaces). Otherwise the EFI process will mark the provider record as rejected with error code "02" in the response file.
CMS27423400_2140CA_HPE015_EndpointLocationStateCode	String	Required	40	Any valid String	This attribute contains the endpoint location state code. Endpoint domestic and military location address state code is standardized using Universal Coder. See section 6.7 for details regarding address standardization. Note:

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					• If the attribute contains a value with length exceeding the maximum allowed (40 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • This is a required field in NPPES. Therefore, this attribute must be populated with a non-blank value (all spaces). Otherwise the EFI process will mark the provider record as rejected with error code "02" in the response file. • If the address is domestic, the attribute can only contain values from the U.S. state codes standard list. Otherwise, the EFI process will mark the provider record as rejected with error code "01" in the response file.
CMS27423400_2140CA_HPE016_ EndpointLocationZipCode	String	Required	20	Any valid String	This attribute contains the endpoint location postal or zip code. Endpoint domestic and military location address state code is standardized using Universal Coder. See section 6.7 for details regarding address standardization. Note: • If the attribute contains a value with length exceeding the maximum allowed (20 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • This attribute must be populated with a non-blank value (all spaces). In addition, zip codes must be either 5 or 9 digits long (numeric). Otherwise the EFI process will mark the provider record as rejected with error code "02" in the response file. • NPPES allows zip codes to be up to 9 characters long (5 or 9) and foreign postal codes up to 20 characters long.
CMS27423400_2140CA_HPE017_ EndpointLocationCountryCode	String	Required	3	Any valid String.	This attribute contains the endpoint address country code. Note: • If the attribute contains a value with length exceeding the maximum allowed (3 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • The EFI process uses this field to determine whether it is working with a domestic or foreign address. If the country code is U.S then the EFI process treats the endpoint address as domestic and applies the appropriate validations. • Endpoint location country code must be from the ISO standard list. Otherwise the EFI process will mark the provider record as rejected with error code "01" in the response file. • Endpoint location country code is a required field in NPPES. Therefore, this attribute must be populated

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					with a non-blank value (all spaces). Otherwise the EFI process will mark the provider record as rejected with error code "02" in the response file.

2.3.31.3   ANNOTATION

Documentation: Provider Identification Numbers

2.3.31.4   SOURCE

```xml
<xs:element name="CMS27423400_2140CA_HPE_ProviderEndPoints">
<xs:annotation>
<xs:documentation>Provider EndPoints</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:attribute name="CMS27423400_2140CA_HPE01_EndPointTypeQualifier" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="8"/>
<xs:enumeration value="SOAP"/>
<xs:enumeration value="CONNECT"/>
<xs:enumeration value="FHIR"/>
<xs:enumeration value="EMAIL"/>
<xs:enumeration value="DIRECT"/>
<xs:enumeration value="REST"/>
<xs:enumeration value="WEB"/>
<xs:enumeration value="OTHERS"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27423400_2140CA_HPE02_EndPoint" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="1000"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27423400_2140CA_HPE03_IsAffiliated" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="1"/>
<xs:enumeration value="Y"/>
<xs:enumeration value="y"/>
<xs:enumeration value="N"/>
<xs:enumeration value="n"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27423400_2140CA_HPE04_AffiliationType">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="3"/>
<xs:enumeration value="NPI"/>
<xs:enumeration value="npi"/>
<xs:enumeration value="EIN"/>
<xs:enumeration value="ein"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27423400_2140CA_HPE05_AffiliationIdentifier">
<xs:simpleType>
<xs:restriction base="xs:string">
```

```
<xs:maxLength value="10"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27423400_2140CA_HPE06_AffiliationLegalBusinessName">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="100"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.32   Element: CMS27420300_2100CD

This element acts as a container for a miscellaneous set of data which includes authorized representative, contact person, and/or provider other name information. This element is defined as required by the EFI XML schema and it can occur more than once within provider records in an XML file.

In the EFI schema the authorized official, contact person, and other provider name information is referred to as "Affiliated Entity Name" information.

Note: The absence of this element in a provider record will cause the XML file to fail schema validation. The entire file will be rejected by the EFI process and no response file will be generated. The EFI participant that submitted the file will be notified via e-mail only.

Exhibit 2-36 Element CMS27420300_2100CD Structure
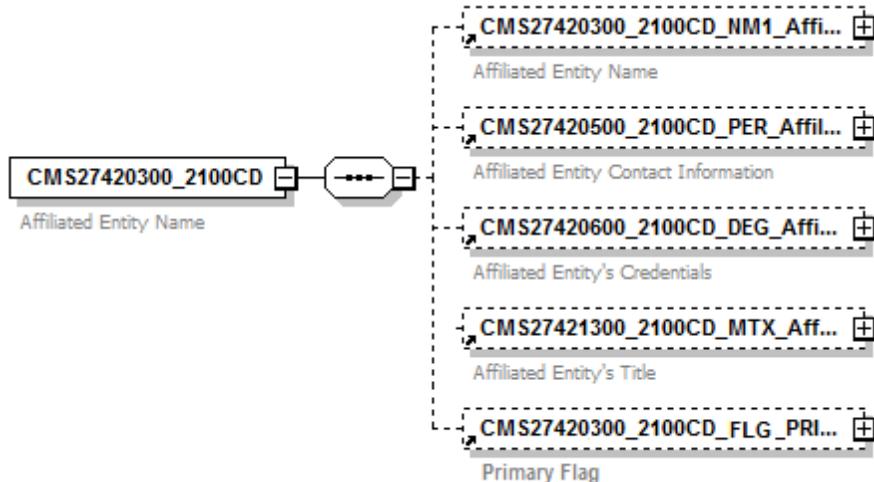
2.3.32.1   CHILD ELEMENTS

- CMS27420300_2100CD_NM1_AffiliatedEntityName: This element contains authorized official, contact person, other provider name details.
- CMS27420500_2100CD_PER_AffiliatedEntityContactInformation: This   element contains authorized official, contact person contact information details.
- CMS27420600_2100CD_DEG_AffiliatedEntitySCredentials: This   element   contains authorized official, contact person credentials details.
- CMS27421300_2100CD_MTX_AffiliatedEntitySTitle: This   element   contains   authorized official, contact person title information.

- CMS27420300_2100CD_FLG_PrimaryFlag: This element contains if contact person information provided is a primary contact or not.

2.3.32.2 USED BY

Element: CMS27420100_2000C

2.3.32.3 ANNOTATION

Documentation: Affiliated Entity Name

2.3.32.4 SOURCE

```
<<xs:element name="CMS27420300_2100CD">
<xs:annotation>
<xs:documentation>Affiliated Entity Name</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:sequence>
<xs:element ref="CMS27420300_2100CD_NM1_AffiliatedEntityName" minOccurs="0"/>
<xs:element ref="CMS27420500_2100CD_PER_AffiliatedEntityContactInformation" minOccurs="0"/>
<xs:element ref="CMS27420600_2100CD_DEG_AffiliatedEntitySCredentials" minOccurs="0"/>
<xs:element ref="CMS27421300_2100CD_MTX_AffiliatedEntitySTitle" minOccurs="0"/>
<xs:element name="CMS27420300_2100CD_FLG_PrimaryFlag" type="xs:string" minOccurs="0"/>
</xs:sequence>
</xs:complexType>
</xs:element>
```

2.3.33 Element: CMS27420300_2100CD_NM1_AffiliatedEntityName

This element contains authorized official, contact person, or provider other name information. The element is defined as Optional by the EFI XML schema.

Note:

- NPPES requires contact person information for both its Entity Type 1 and 2 providers. The EFI process will enforce this requirement when validating the provider records in an XML file. If a provider record does not have at least one instance of this element with contact person information in it, then this record will fail EFI process validation and it will be marked as rejected in the response file (error code 02).
- NPPES requires authorized official information for its Entity Type 2 providers (organizations). The EFI process will enforce this requirement when validating the provider records in an XML file. If a provider record does not have at least one instance of this element with authorized official information in it, then this record will fail EFI process validation and it will be marked as rejected in the response file (error code 02).

Exhibit 2-37 Element CMS27420300_2100CD_NM1_AffiliatedEntityName Structure
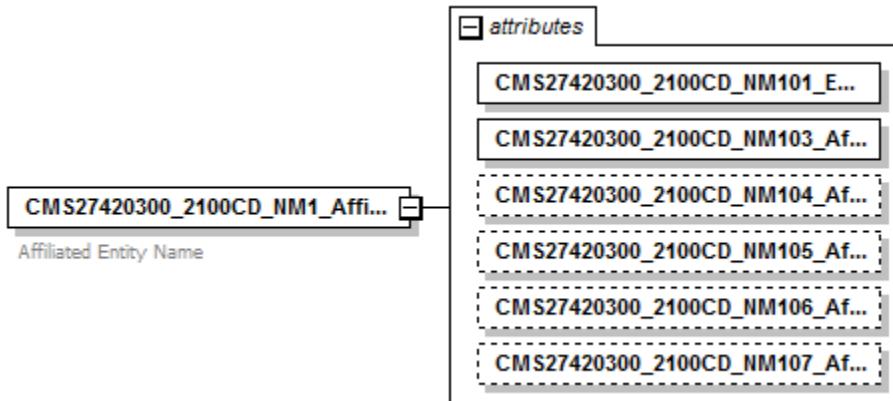
2.3.33.1   USED BY

Element: CMS27420300_2100CD

2.3.33.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420300_2100CD_NM101_EntityIdentifierCode	String	Required	3	Code Description: 1K – Franchisor 2D – Miscellaneous Health Care Facility 2K – Partnership 80 – Hospital 87 – Pay-to-Provider BB – Business Partner BV – Billing Service LZ – Local Chain NK – National Chain NN – Network Name S0 – Sole Proprietor **J2 – Authorized Official** **XD – Alias (Provider Other Name Type)** **VI – Contact Person**	This attribute contains the code that determines whether the element is storing authorized representative, contact person, or other provider name information. Note: • If the attribute contains a value outside the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • NPPES only collects information on authorized officials, other provider name information (Alias), and contact personnel (J2, XD, VI). The EFI process will ignore any other information. • NPPES does not collect Authorized Official Information for its Entity Type 1 providers (individuals). The EFI process will ignore authorized official information if it is part of an Entity Type 1 provider record.
CMS27420300_2100CD_NM103_AffiliatedEntityLastOrOrganizationName	String	Required	70		This attribute contains: • **Provider other last name** if the affiliated entity type code is XD and the provider is an individual (Entity Type 1), • **Organization other name** if the affiliated entity type code is XD and the provider is an organization (Entity Type 2), • **Authorized official** last name if the affiliated entity type code is J2, or **Contact person** last name if the affiliated entity type code is VI.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					Note: If the attribute contains a value with length exceeding the maximum allowed (70 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420300_2100CD_NM104_AffiliatedEntityFirstName	String	Optional	20		Note: If the attribute contains a value with length exceeding the maximum allowed (20 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420300_2100CD_NM105_AffiliatedEntityMiddleName	Sting	Optional	250		Note: If the attribute contains a value with length exceeding the maximum allowed (20 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420300_2100CD_NM106_AffiliatedEntityNamePrefix	String	Optional	5		Note: If the attribute contains a value with length exceeding the maximum allowed (5 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420300_2100CD_NM107_AffiliatedEntityNameSuffix	String	Optional	5		Note: If the attribute contains a value with length exceeding the maximum allowed (5 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

2.3.33.3   ANNOTATION

Documentation: Affiliated Entity Name

2.3.33.4   SOURCE

```xml
<xs:element name="CMS27420300_2100CD_NM1_AffiliatedEntityName">
<xs:annotation>
<xs:documentation>Affiliated Entity Name</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:attribute name="CMS27420300_2100CD_NM101_EntityIdentifierCode" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="3"/>
<xs:enumeration value="1K"/>
<xs:enumeration value="2D"/>
<xs:enumeration value="2K"/>
<xs:enumeration value="80"/>
<xs:enumeration value="87"/>
<xs:enumeration value="BB"/>
<xs:enumeration value="BV"/>
<xs:enumeration value="LZ"/>
<xs:enumeration value="NK"/>
<xs:enumeration value="NN"/>
<xs:enumeration value="S0"/>
<xs:enumeration value="J2"/>
<xs:enumeration value="XD"/>
<xs:enumeration value="VI"/>
```

```
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420300_2100CD_NM103_AffiliatedEntityLastOrOrganizationName"
use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="70"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420300_2100CD_NM104_AffiliatedEntityFirstName" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="20"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420300_2100CD_NM105_AffiliatedEntityMiddleName" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="20"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420300_2100CD_NM106_AffiliatedEntityNamePrefix" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="5"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420300_2100CD_NM107_AffiliatedEntityNameSuffix" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="5"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

Exhibit 2-38 Affiliated Entity Name: Authorized Official Fields

Code	Affiliated Entity	Annotation
J2	Last Name	• Entity Type 1 providers (individuals): Authorized Official information is not collected for Entity Type 1 providers. The EFI process ignores such information. • Entity Type 2 providers (organizations): This is a required field. If the value is not provided for this field in the attribute CMS27420300_2100CD_NM103_AffiliatedEntityLastOrOrganizationName then the provider record will fail EFI process validation. The record will be marked as rejected with error code "02" in the response file. The maximum length allowed for last names in NPPES is 35 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.
J2	First Name	This is a required field. If the value is not provided for this field in the attribute "CMS27420300_2100CD_NM104_AffiliatedEntityFirstName"then the provider record will fail EFI process validation. The record will be marked as rejected with error code "02" in the response file. The maximum length allowed for first names in NPPES is 20 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.

Code	Affiliated Entity	Annotation
J2	Middle Name	This field is Optional. The maximum length allowed for middle names in NPPES is 20 characters. If the value provided in the attribute CMS27420300_2100CD_NM105_AffiliatedEntityMiddleName exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.
J2	Name Prefix	This field is Optional. The values allowed by NPPES for this field are: Ms., Mr., Miss, Mrs., Dr., and Prof. If the value provided in attribute CMS27420300_2100CD_NM106_AffiliatedEntityNamePrefix does not belong in the above list, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. The maximum length allowed for name prefixes in NPPES is 5 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.
J2	Name Suffix	This field is Optional. The values allowed by NPPES for this field are: Jr., Sr., I, II, III, IV, V, VI, VII, VIII, IX, and X. If the value provided in the attribute CMS27420300_2100CD_NM107_AffiliatedEntityNameSuffix does not belong in the above list, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. The maximum length allowed for name suffixes in NPPES is 5 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.

Exhibit 2-39 Affiliated Entity Name: Alias (Provider Other Name Type) Fields

* Other names are Optional for both Entity Type 1 and 2 providers in NPPES. However, once an "Other Name" element is created, the following rules apply:

Code	Affiliated Entity	Annotation
XD	Last Name (Other Organization Name)	• Entity Type 1 providers: This is a required field. If the value is not provided for this field in the attribute CMS27420300_2100CD_NM103_AffiliatedEntityLastOrOrganizationName then the provider record will fail EFI process validation. The record will be marked as rejected with error code "02" in the response file. The maximum length allowed for last names in NPPES is 35 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. • Entity Type 2 providers: This is a required field. If the value is not provided for this field in the attribute CMS27420300_2100CD_NM103_AffiliatedEntityLastOrOrganizationName then the provider record will fail EFI process validation. The record will be marked as rejected with error code "02" in the response file. The maximum length allowed for organization names in NPPES is 70 characters. The EFI XML schema limit is 60 characters. The EFI process will only store the first 60 characters of the other organization name in the response file in order to avoid validation errors against the schema.
XD	First Name	• Entity Type 1 providers: This is a required field. If the value is not provided for this field in the attribute "CMS27420300_2100CD_NM104_AffiliatedEntityFirstName"then the provider record will fail EFI process validation. The record will be marked as rejected with error code "02" in the response file. The maximum length allowed for first names in NPPES is 20 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. • Entity Type 2 providers: The first name information is ignored by the EFI process.

Code	Affiliated Entity	Annotation
XD	Middle Name	• Entity Type 1 providers: This field is Optional. The maximum length allowed for middle names in NPPES is 20 characters. If the value provided in the attribute CMS27420300_2100CD_NM105_AffiliatedEntityMiddleName exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. • Entity Type 2 providers: The middle name information is ignored by the EFI process
XD	Name Prefix	• Entity Type 1 providers: This field is Optional. The values allowed by NPPES for this field are: Ms., Mr., Miss, Mrs., Dr., and Prof. If the value provided in attribute CMS27420300_2100CD_NM106_AffiliatedEntityNamePrefix does not belong in the above list, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. The maximum length allowed for name prefixes in NPPES is 5 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. • Entity Type 2 providers: The name prefix information is ignored by the EFI process.
XD	Name Suffix	• Entity Type 1 providers: This field is Optional. The values allowed by NPPES for this field are: Jr., Sr., I, II, III, IV, V, VI, VII, VIII, IX, and X. If the value provided in the attribute CMS27420300_2100CD_NM107_AffiliatedEntityNameSuffix does not belong in the above list, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. The maximum length allowed for name suffixes in NPPES is 5 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. • Entity Type 2 providers: The name prefix information is ignored by the EFI process.

Exhibit 2-40 Affiliated Entity Name: Contact Person Fields

NPPES requires contact information for both Entity Type 1 and 2 providers.

Code	Affiliated Entity	Annotation
VI	Last Name	This is a required field. If the value is not provided for this field in the attribute CMS27420300_2100CD_NM103_AffiliatedEntityLastOrOrganizationName then the provider record will fail EFI process validation. The record will be marked as rejected with error code "02" in the response file. The maximum length allowed for last names in NPPES is 35 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.
VI	First Name	This is a required field. If the value is not provided for this field in the attribute "CMS27420300_2100CD_NM104_AffiliatedEntityFirstName"then the provider record will fail EFI process validation. The record will be marked as rejected with error code "02" in the response file. The maximum length allowed for first names in NPPES is 20 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.

Code	Affiliated Entity	Annotation
VI	Middle Name	This field is Optional. The maximum length allowed for middle names in NPPES is 20 characters. If the value provided in the attribute CMS27420300_2100CD_NM105_AffiliatedEntityMiddleName exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. The maximum length allowed for name prefixes in NPPES is 5 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.
VI	Name Prefix	This field is Optional. The values allowed by NPPES for this field are: Ms., Mr., Miss, Mrs., Dr., and Prof. If the value provided in attribute CMS27420300_2100CD_NM106_AffiliatedEntityNamePrefix does not belong in the above list, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.
VI	Name Suffix	This field is Optional. The values allowed by NPPES for this field are: Jr., Sr., I, II, III, IV, V, VI, VII, VIII, IX, and X. If the value provided in the attribute CMS27420300_2100CD_NM107_AffiliatedEntityNameSuffix does not belong in the above list, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. The maximum length allowed for name suffixes in NPPES is 5 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.

2.3.34   Element: CMS27420500_2100CD_PER_AffiliatedEntityContactInformation

This element is defined as Optional in the EFI XML schema and it contains additional information about authorized officials, contact personnel, and/or provider other names, such as telephone numbers, extensions, faxes, and/or e-mail addresses. Whether the element describes an authorized official, contact person, or other provider name, depends on the value of the CMS27420300_2100CD_NM101_EntityIdentifierCode attribute of element CMS27420300_2100CD_NM1_AffiliatedEntityName (see section 2.3.33).

Note:

• NPPES requires contact person information for both its Entity Type 1 and 2 providers. The contact person telephone number (which is stored in this element) is required information. The EFI process will enforce this requirement when validating the provider records in an XML file. If a provider record does not have at least one instance of this element with the contact person's telephone number in it, then this provider record will fail EFI process validation and it will be marked as rejected in the response file (error code 02).

• NPPES requires authorized official information for its Entity Type 2 providers (organizations). The authorized official telephone number (which is stored in this element) is required information. The EFI process will enforce this requirement when validating the provider records in an XML file. If a provider record does not have at least one instance of this element with the authorized official's telephone number in it, then this provider record will fail EFI process validation and it will be marked as rejected in the response file (error code 02).

Exhibit 2-41 Element CMS27420500_2100CD_PER_AffiliatedEntityContactInformation Structure
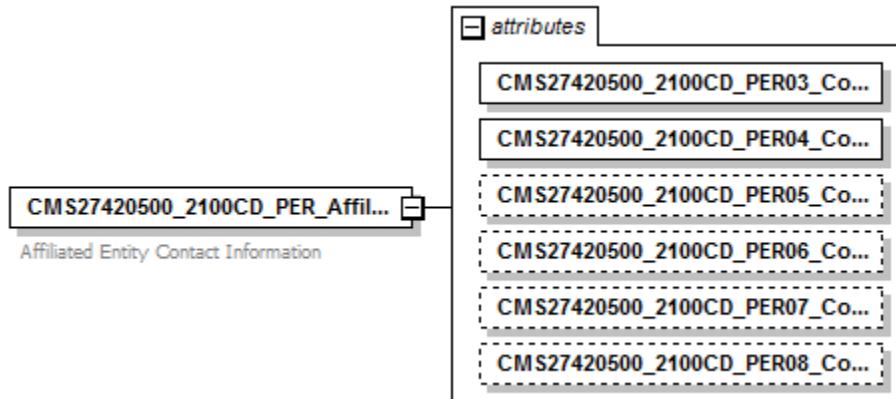
2.3.34.1   USED BY

Element: CMS27420300_2100CD

2.3.34.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420500_2100 CD_PER03_Commun icationNumberQualifie r	String	Required	2	EM – Electronic Mail TE – Telephone Number	This attribute contains the code value that indicates whether the element is storing a telephone number or an e-mail address. Note: If the attribute contains a value outside the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420500_2100 CD_PER04_Commun icationNumber	String	Required	256	Any valid String	This attribute contains the actual telephone number or e-mail address depending on the code chosen above. Note: If the attribute contains a value with length exceeding the maximum allowed (256 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420500_2100 CD_PER05_Commun icationNumberQualifie r	String	Optional	2	EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone Number	This attribute contains the code value that indicates whether the element is storing a telephone number, extension, fax number, or an e-mail address. Note: If the attribute contains a value outside the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420500_2100 CD_PER06_Commun icationNumber	String	Optional	256	Any valid String.	This attribute contains the actual telephone, fax number, extension, or e-mail address depending on the code chosen above. Note: If the attribute contains a value with length exceeding the maximum allowed (256 characters) then the entire XML file will fail

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420500_2100 CD_PER07_Commun icationNumberQualifie r	String	Optional	2	EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone Number	This attribute contains the code value that indicates whether the element is storing a telephone number, extension, fax number, or an e-mail address. Note: If the attribute contains a value outside the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420500_2100 CD_PER08_Commun icationNumber	String	Optional	256	Any valid String.	This attribute contains the actual telephone, fax number, extension, or e-mail address depending on the code chosen above. Note: If the attribute contains a value with length exceeding the maximum allowed (256 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

2.3.34.3 ANNOTATION

Documentation: Affiliated Entity Contact Information

2.3.34.4 SOURCE

```
<xs:element name="CMS27420500_2100CD_PER_AffiliatedEntityContactInformation">
<xs:annotation>
<xs:documentation>Affiliated Entity Contact Information</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:attribute name="CMS27420500_2100CD_PER03_CommunicationNumberQualifier" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="2"/>
<xs:enumeration value="EM"/>
<xs:enumeration value="TE"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420500_2100CD_PER04_CommunicationNumber" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="256"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420500_2100CD_PER05_CommunicationNumberQualifier" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="2"/>
<xs:enumeration value="EM"/>
<xs:enumeration value="EX"/>
<xs:enumeration value="FX"/>
<xs:enumeration value="TE"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
```

```
<xs:attribute name="CMS27420500_2100CD_PER06_CommunicationNumber" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="256"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420500_2100CD_PER07_CommunicationNumberQualifier" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="2"/>
<xs:enumeration value="EM"/>
<xs:enumeration value="EX"/>
<xs:enumeration value="FX"/>
<xs:enumeration value="TE"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420500_2100CD_PER08_CommunicationNumber" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="256"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

Exhibit 2-42 Affiliated Entity Contact Information Structure: Authorized Official Field(s)

Code	Affiliated Entity	Annotation
J2	Electronic Mail	Entity Type 1 providers (individuals): • Authorized Official information is not collected for Entity Type 1 providers. • The EFI process ignores such information. Entity Type 2 providers (organizations): • NPPES does not collect e-mail addresses for authorized officials. • The EFI process ignores such information.
J2	Telephone Number	This is a required field. If the value is not provided for this field in the attribute CMS27420500_2100CD_PER04_CommunicationNumber, then the provider record will fail EFI process validation. The record will be marked as rejected with error code "02" in the response file. NPPES requires that authorized official telephone numbers be between 10 and 20 numeric characters long. If the attribute contains a value that is not between 10 and 20 numeric characters long then the provider record will fail EFI process validation. The provider record will be marked as rejected with error code "01" in the response file. NPPES stores only 1 authorized official telephone number. The EFI process will ignore any additional telephone numbers provided.
J2	Telephone Extension	This is an Optional field. The maximum length allowed in NPPES for telephone extensions is 5 numeric characters. If the value is provided for this field in the attribute CMS27420500_2100CD_PER06_CommunicationNumber (or CMS27420500_2100CD_PER08_CommunicationNumber) exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. NPPES stores only 1 authorized official telephone extension. The EFI process will ignore any additional telephone extensions provided.
J2	Fax	NPPES does not collect fax information for authorized officials. The EFI process ignores such information.

Exhibit 2-43 Affiliated Entity Contact Information Structure: Alias (Provider Other Name) Fields

Code	Affiliated Entity	Annotation
XD	Electronic Mail	NPPES does not collect this information for other provider names. The EFI process ignores such information.
XD	Telephone Number	NPPES does not collect this information for other provider names. The EFI process ignores such information.

Code	Affiliated Entity	Annotation
XD	Telephone Extension	NPPES does not collect this information for other provider names. The EFI process ignores such information.
XD	FAX	NPPES does not collect this information for other provider names. The EFI process ignores such information.

Exhibit 2-44 Affiliated Entity Contact Information Structure: Contact Person Fields

Note: NPPES requires contact information for both Entity Type 1 and 2 providers.

Code	Affiliated Entity	Annotation
VI	Electronic Mail	This is an Optional field. The maximum length allowed in NPPES for e-mail addresses is 100 characters. If the value is provided for this field in the attribute CMS27420500_2100CD_PER04_CommunicationNumber (or CMS27420500_2100CD_PER06_CommunicationNumber or CMS27420500_2100CD_PER08_CommunicationNumber) exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. NPPES stores only 1 contact person e-mail address. The EFI process will ignore any additional e-mail addresses provided.
VI	Telephone Number	This is a required field. If the value is not provided for this field in the attribute CMS27420500_2100CD_PER04_CommunicationNumber, then the provider record will fail EFI process validation. The record will be marked as rejected with error code "02" in the response file. NPPES requires that contact person telephone numbers be between 10 and 20 numeric characters long. If the attribute contains a value that is not between 10 and 20 numeric characters long then the provider record will fail EFI process validation. The provider record will be marked as rejected with error code "01" in the response file. NPPES stores only 1 primary contact person telephone number. The EFI process will ignore any additional telephone numbers provided.
VI	Telephone Extension	This is an Optional field. The maximum length allowed in NPPES for telephone extensions is 5 numeric characters. If the value is provided for this field in the attribute CMS27420500_2100CD_PER06_CommunicationNumber (or CMS27420500_2100CD_PER08_CommunicationNumber) exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. NPPES stores only 1 primary contact person telephone extension. The EFI process will ignore any additional telephone extensions provided
VI	Fax	NPPES does not collect fax information for contact personnel. The EFI process ignores such information.

2.3.35 Element: CMS27420600_2100CD_DEG_AffiliatedEntitySCredentials

This element is defined as Optional in the EFI XML schema and it contains credential information about authorized officials, contact personnel, and/or provider other names. Whether the element describes an authorized official, contact person, or other provider name, depends on the value of the CMS27420300_2100CD_NM101_EntityIdentifierCode attribute of element CMS27420300_2100CD_NM1_AffiliatedEntityName (see section2.3.33).

Exhibit 2-45 CMS27420600_2100CD_DEG_AffiliatedEntitySCredentials Structure
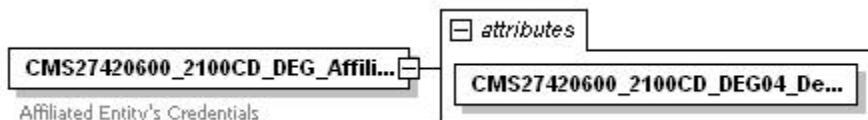
2.3.35.1 USED BY

Element: CMS27420300_2100CD

2.3.35.2 ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420600_2100CD_DEG04_Description	String	Required	80	Any String.	This attributes contains credential(s) information for authorized officials, contact personnel, or provider other name. Note: If the attribute contains a value with length exceeding the maximum allowed (80 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. Refer to Exhibit 2-46 Affiliated Entity Credential(s) Information below for more details.

2.3.35.3   ANNOTATION

Documentation: Affiliated Entity's Credentials

2.3.35.4   SOURCE

```xml
<xs:element name="CMS27420600_2100CD_DEG_AffiliatedEntitySCredentials">
 <xs:annotation>
 <xs:documentation>Affiliated Entity's Credentials</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27420600_2100CD_DEG04_Description" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="80"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 </xs:complexType>
</xs:element>
```

Exhibit 2-46 Affiliated Entity Credential(s) Information

Code	Affiliation Entity	Annotation
J2	Authorized Official Field(s): Credential(s)	Entity Type 1 providers (individuals): • Authorized Official information is not collected for Entity Type 1 providers. The EFI process ignores such information. Entity Type 2 providers (organizations): • This is an Optional field. The maximum length allowed for any credentials in NPPES is 20 characters. If the value provided in the attribute CMS27420600_2100CD_DEG04_Description exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. • NPPES stores only 1 authorized official credential(s) set. The EFI process will ignore any additional credential(s) sets provided.
XD	Alias (Provider Other Name Type) Field(s): Credential(s)	• Entity Type 1 providers: This is an Optional field. The maximum length allowed for any credentials in NPPES is 20 characters. If the value provided in the attribute CMS27420600_2100CD_DEG04_Description exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. NPPES stores only 1 other provider name credential(s) set. The EFI process will ignore any additional credential(s) sets provided. • Entity Type 2 providers: Credentials information is not collected for Entity Type 2 providers. The EFI process ignores such information.

| Code	Affiliation Entity	Annotation
VI	Contact Person Field(s):Credential(s)	This is an Optional field. The maximum length allowed for any credentials in NPPES is 20 characters. If the value provided in the attribute CMS27420600_2100CD_DEG04_Description exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.
		NPPES stores only 1 primary contact person credential(s) set. The EFI process will ignore any additional credential(s) sets provided.

2.3.36   Element: CMS27421300_2100CD_MTX_AffiliatedEntitySTitle

This element is defined as Optional in the EFI XML schema and it contains title information for authorized officials and contact personnel. Whether the element describes an authorized official or contact person depends on the value of the CMS27420300_2100CD_NM101_EntityIdentifierCode attribute of element CMS27420300_2100CD_NM1_AffiliatedEntityName (see Section 2.3.33).

Note: NPPES requires authorized official information for its Entity Type 2 providers (organizations). The authorized official title/position (which is stored in this element) is required information. The EFI process will enforce this requirement when validating the provider records in an XML file. If a provider record does not have at least one instance of this element, then this provider record will fail EFI process validation and it will be marked as rejected in the response file (error code 02).

Exhibit 2-47 Element CMS27421300_2100CD_MTX_AffiliatedEntitySTitle Structure
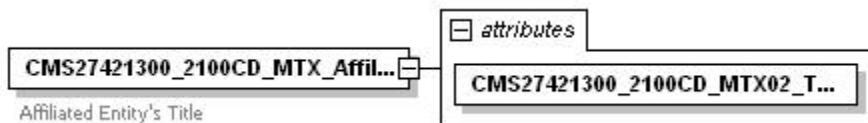
2.3.36.1   USED BY

Element: CMS27420300_2100CD

2.3.36.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27421300_2100CD_MTX02_TextualData	String	Required	4096	Any String	This attribute contains title information. Note: • If the attribute contains a value with length exceeding the maximum allowed (4096 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. Refer to • Exhibit 2-48 Affiliated Entity Title Information.

2.3.36.3   ANNOTATION

Documentation: Affiliated Entity's Title

2.3.36.4   SOURCE

```
<xs:element
  name="CMS27421300_2100CD_MTX_AffiliatedEntitySTitle">
<xs:annotation>
  <xs:documentation>Affiliated Entity's
Title</xs:documentation> </xs:annotation>
<xs:complexType>
  <xs:attribute name="CMS27421300_2100CD_MTX02_TextualData"
    use="required"> <xs:simpleType>
    <xs:restriction
    base="xs:String">
    <xs:maxLength
    value="4096"/>
    </xs:restriction>
    </xs:simpleType>
  </xs:attribute>
</xs:complexType>
</xs:element>
```

Exhibit 2-48 Affiliated Entity Title Information

Code	Affiliated Entity	Annotation
J2	Authorized Official Field(s): Title	Entity Type 1 providers (individuals): • Authorized Official information is not collected for Entity Type 1 providers. The EFI process ignores such information. Entity Type 2 providers (organizations): • This is a required field. If the value is not provided for this field in the attribute CMS27421300_2100CD_MTX02_TextualData then the provider record will fail EFI process validation. The record will be marked as rejected with error code "02" in the response file. • The maximum length allowed for title information in NPPES is 35 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. • NPPES stores only 1 authorized official title. The EFI process will ignore any additional titles provided.
XD	Alias (Provider Other Name Type) Field(s): Title	NPPES does not collect this information for other provider names. The EFI process ignores such information.
VI	Contact Person Fields: Title	• This is an Optional field. The maximum length allowed for title information in NPPES is 35 characters. If the value exceeds the NPPES maximum length, the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. • NPPES stores only 1 primary contact person title. The EFI process will ignore any additional titles provided.

2.3.37   Element: CMS27420300_2100CD_FLG_PrimaryFlag

This element is defined as Required in the EFI XML schema when the affiliated entity is a contact person and it contains information for whether the contact information provided is a primary contact person or not. The allowed values are Y and N.

2.3.37.1   USED BY

Element: CMS27420300_2100CD

2.3.38   Element: CMS27420100_2000D

This element acts as a container for provider practice location information. One occurrence is defined as required in the EFI XML schema and can occur up to 5 times within a provider's record in an XML file. The first practice location occurrence will be defaulted as the primary practice location.

Note: The absence of this element in a provider record will cause the XML file to fail schema validation. No response file is created. The entire XML file will be rejected. The EFI participant that submitted the file will be notified by e-mail only.

Exhibit 2-49 Element CMS27420100_2000D Structure
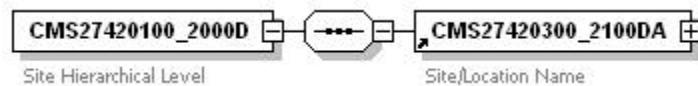
2.3.38.1   CHILD ELEMENTS

CMS27420300_2100DA

2.3.38.2   USED BY

Element: CMS274_HealthCareProviderInformationProviderSiteGroup

2.3.38.3 ANNOTATION

Documentation: Site Hierarchical Level

2.3.38.4 SOURCE

```
<xs:element name="CMS27420100_2000D">
 <xs:annotation>
 <xs:documentation>Site Hierarchical Level</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27420300_2100DA" minOccurs="1" maxOccurs="unbounded"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.39 Element: CMS27420300_2100DA

This element acts as a container for provider practice location contact information, which includes practice location telephone numbers and extensions, and fax numbers. It is defined as required in the EFI XML schema and occurs only once within provider records in an XML file.

Note: The absence of this element in a provider record will cause the XML file to fail schema validation. No response file is created. The entire XML file will be rejected. The EFI participant that submitted the file will be notified by e-mail only.

Exhibit 2-50 Element CMS27420300_2100DA Structure
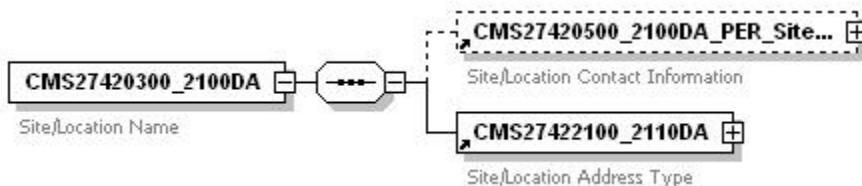
2.3.39.1 CHILD ELEMENTS

CMS27420500_2100DA_PER_SiteLocationContactInformation CMS27422100_2110DA

2.3.39.2 USED BY

Element: CMS27420100_2000D

2.3.39.3 ANNOTATION

Documentation: Site/Location Name

2.3.39.4 SOURCE

```
<xs:element name="CMS27420300_2100DA">
 <xs:annotation>
 <xs:documentation>Site/Location Name</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27420500_2100DA_PER_SiteLocationContactInformation" minOccurs="0"/>
 <xs:element ref="CMS27422100_2110DA" minOccurs="1"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.40   Element: CMS27420500_2100DA_PER_SiteLocationContactInformation

This element is defined as Optional in the EFI XML schema and it contains information, such as practice location telephone numbers, extensions, fax numbers, etc. This element can occur more than once inside provider records in an XML file.

Note: NPPES requires practice location telephone numbers for all its providers. The EFI process will enforce this requirement when validating the provider records in an XML file. If a provider record does not have at least one instance of this element, then this provider record will fail EFI process validation and it will be marked as rejected in the response file (error code 02).

Exhibit 2-51 Element CMS27420500_2100DA_PER_SiteLocationContactInformation Structure
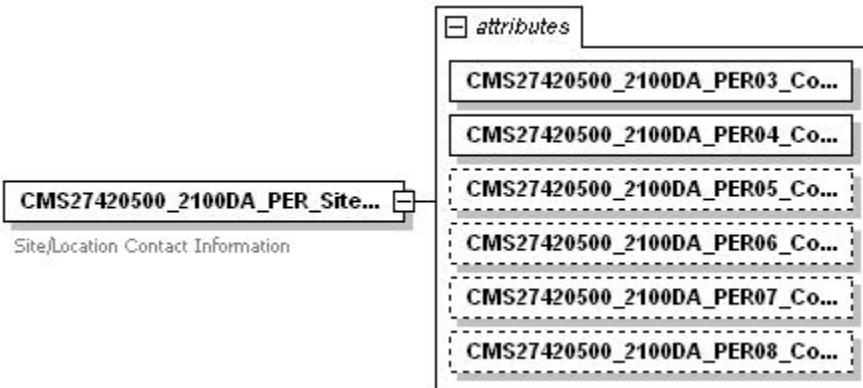
2.3.40.1   USED BY

Element: CMS27420300_2100DA

2.3.40.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27420500_2100DA_PER03_CommunicationNumberQualifier	String	Required	2	TE – Telephone Number	This attribute contains the code value indicating the type of contact information stored in the element. Note: If the attribute contains a value outside the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420500_2100DA_PER04_CommunicationNumber	String	Required	256	Any valid String	This attribute contains the actual data/value for the type of contact information described above. In this case, it would be the practice location telephone number. Note: • If the attribute contains a value with length exceeding the maximum allowed (256 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only . • NPPES requires that telephone numbers of domestic practice locations be 10 digit numeric values, If the attribute contains a domestic telephone number that is not 10 digits and is not numeric then the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					Example: Accepted Telephone Number(s): 7032672269 Unacceptable domestic Telephone Number(s): 703-267-2269 or 703/267/2269 or 703267229, etc. • NPPES requires that telephone numbers of foreign practice locations not exceed 20 characters. If the attribute contains a foreign telephone number that exceeds the maximum NPPES limit, then the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. • NPPES stores only 1 practice location telephone number. The EFI process ignores any additional telephone numbers that may be provided.
CMS27420500_2100DA_PER05_CommunicationNumberQualifier	String	Optional	2	EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone Number	This attribute contains the code value indicating the type of contact information stored in the element. Note: If the attribute contains a value outside the "Allowed Values" list then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.
CMS27420500_2100DA_PER06_CommunicationNumber	String	Optional	256	Any valid String	This attribute contains the actual data/value for the type of contact information described above. In this case, it would be the practice location telephone number. Note: • If the attribute contains a value with length exceeding the maximum allowed (256 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • For telephone number formatting requirements, see the attribute CMS27420500_2100DA_PER04_CommunicationNumber annotation comments. • NPPES does not require a telephone extension for a practice location. However, if the telephone extension is provided, it cannot be more than 5 characters long. If the attribute contains a value that exceeds the NPPES maximum length, then the provider record will fail EFI process validation. The record will be marked as rejected with error code "01" in the response file. • NPPES stores only 1 practice location fax number. The EFI process ignores any additional fax numbers that may be provided. • NPPES stores only 1 practice location telephone extension. The EFI process ignores any additional telephone extensions that may be provided. *Example*: Accepted Telephone Extension Number(s): 123, 12345, etc. Unacceptable Telephone Extension Number(s): 123456, 123AC, ABC, etc.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					• NPPES does not collect practice location e-mail addresses. The EFI process ignores such information • NPPES does not require practice location fax numbers. If the fax number is provided however, it must obey the same formatting rules that apply to the practice location phone number.
CMS27420500_2100DA_PER07_CommunicationNumberQualifier	String	Optional	2	EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone Number	See annotation comments for attribute CMS27420500_2100DA_PER05_CommunicationNumberQualifier.
CMS27420500_2100DA_PER08_CommunicationNumber	String	Optional	256	Any valid String	See annotation comments for attribute CMS27420500_2100DA_PER06_CommunicationNumber.

2.3.40.3   ANNOTATION

Documentation: Site/Location Contact Information

2.3.40.4   SOURCE

```
xs:element name="CMS27420500_2100DA_PER_SiteLocationContactInformation">
 <xs:annotation>
 <xs:documentation>Site/Location Contact Information</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27420500_2100DA_PER03_CommunicationNumberQualifier" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="2"/>
 <xs:enumeration value="TE"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27420500_2100DA_PER04_CommunicationNumber" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="256"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27420500_2100DA_PER05_CommunicationNumberQualifier" use="optional">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="2"/>
 <xs:enumeration value="EM"/>
 <xs:enumeration value="EX"/>
 <xs:enumeration value="FX"/>
 <xs:enumeration value="TE"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27420500_2100DA_PER06_CommunicationNumber" use="optional">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="256"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
```

```
<xs:attribute name="CMS27420500_2100DA_PER07_CommunicationNumberQualifier" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="2"/>
<xs:enumeration value="EM"/>
<xs:enumeration value="EX"/>
<xs:enumeration value="FX"/>
<xs:enumeration value="TE"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27420500_2100DA_PER08_CommunicationNumber" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="256"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.41   Element: CMS27422100_2110DA

This element acts as a container for additional provider practice location address details, such as practice location address lines 1 and 2, city, state, country, zip code, etc.

New additional fields are now being collected associated with each Practice Location:

1) Office Hours

    Providers can now identify the office hours associated with each practice location for each day of the week.

2) Languages Spoken

    Providers can now identify the Language(s) spoken at each practice location

3) Accessibility for people with mobility disabilities

    Providers can now identify whether or not each practice location:

    a. Is accessible to individuals with mobility disabilities
    b. Has rooms accessible to individuals with mobility disabilities.
    c. Has medical equipment accessible to individuals with mobility disabilities.

One practice location occurrence is defined as required in the EFI XML schema. However up to 5 practice locations can be associated with a provider's NPI record in an XML file. The first practice location occurrence will be defaulted as the primary practice location.

Note: The absence of this element in a provider record will cause the XML file to fail schema validation. The entire file will be rejected by the EFI process and no response file will be generated. The EFI participant that submitted the file will be notified via e-mail only.

Exhibit 2-52 Element CMS27422100_2110DA Structure
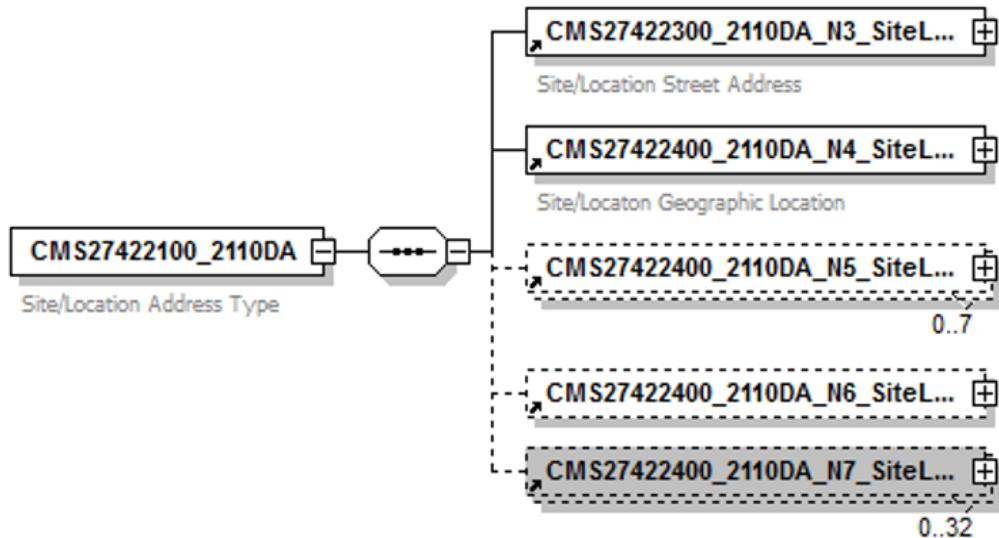
2.3.41.1   CHILD ELEMENTS

- CMS27422300_2110DA_N3_SiteLocationStreetAddress: This element contains provider practice location street address information

- CMS27422400_2110DA_N4_SiteLocationGeographicLocation: This element contains provider practice location geographic details.

- CMS27422300_2110DA_N5_SiteLocationOfficeHours: This element contains provider practice location office hours.

- CMS27422400_2110DA_N6_SiteLocationAccess: This element contains provider practice location accessibility to individuals with mobility disabilities and languages spoken.

- CMS27422400_2110DA_N7_Language: This element contains provider practice location languages spoken.

2.3.41.2   USED BY

Element: CMS27420300_2100DA

2.3.41.3   ANNOTATION

Documentation: Site/Location Address Type

2.3.41.4   SOURCE

```
<xs:element name="CMS27422100_2110DA">
 <xs:annotation>
 <xs:documentation>Site/Location Address Type</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27422300_2110DA_N3_SiteLocationStreetAddress"/>
 <xs:element ref="CMS27422400_2110DA_N4_SiteLocationGeographicLocation"/>
 <xs:element ref="CMS27422400_2110DA_N5_SiteLocationOfficeHours" minOccurs="0" maxOccurs="7"/>
 <xs:element ref="CMS27422400_2110DA_N6_SiteLocationAccess" minOccurs="0"/>
 <xs:element ref="CMS27422400_2110DA_N7_SiteLocationLanguage" minOccurs="0" maxOccurs="32"/>
 </xs:sequence>
```

```
      </xs:complexType>
</xs:element>
```

2.3.42   Element: CMS27422300_2110DA_N3_SiteLocationStreetAddress

This element is defined as required by the EFI XML schema and it has 2 attributes containing practice location street address line 1 and 2 information. The element occurs only once within provider records in an XML file.

Note: The absence of this element in a provider record will cause the XML file to fail schema validation. The entire file will be rejected by the EFI process and no response file will be generated. The EFI participant that submitted the file will be notified via e-mail only.

Note: Address standardization will be run using Universal Coder software against all domestic and military practice location addresses. See section 6.11 for details regarding address standardization.

Exhibit 2-53 Element CMS27422300_2110DA_N3_SiteLocationStreetAddress Structure
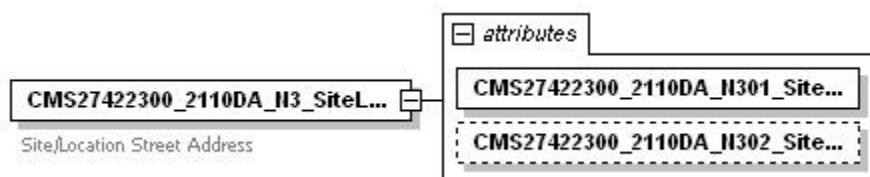
2.3.42.1   USED BY

Element: CMS27422100_2110DA
2.3.42.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422300_2110DA_N301_SiteOrLocationAddressLine	String	Required	55	Any valid String.	This attribute contains Provider Practice Location Street Address line 1 information. Provider domestic, and military practice location street address line 1 is standardized using Universal Coder. See section 6.11 for details regarding address standardization Note: • If the attribute contains a value with length exceeding the maximum allowed (55 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • This is a required field in NPPES. Therefore, this attribute must be populated with a non-blank value (all spaces). Otherwise the EFI process will mark the provider record as rejected with error code "02" in the response file. • PO Box is not permitted in Practice Location Address Line 1. Any record submitted with "PO Box" (or can be standardized into a PO Box) will be rejected with error code "01" in the response file.
CMS27422300_2110DA_N302_SiteOrLocationAddressLine	String	Optional	55	Any valid String.	This attribute contains Provider Practice Location Street Address line 2 information. Provider practice location street address line 2 will not be standardized in NPPES.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
					See section 6.11 for details regarding address standardization Note: • If the attribute contains a value with length exceeding the maximum allowed (55 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only.

2.3.42.3   ANNOTATION

Documentation: Site/Location Street Address

2.3.42.4   SOURCE

```
<xs:element name="CMS27422300_2110DA_N3_SiteLocationStreetAddress">
 <xs:annotation>
 <xs:documentation>Site/Location Street Address</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27422300_2110DA_N301_SiteOrLocationAddressLine" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="55"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27422300_2110DA_N302_SiteOrLocationAddressLine" use="optional">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="55"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 </xs:complexType>
</xs:element>
```

2.3.43   Element: CMS27422400_2110DA_N4_SiteLocationGeographicLocation

This element is defined as required by the EFI XML schema and it has 4 attributes containing practice location geographic details, such as city name, state, postal or zip code, and country. The element occurs only once within provider records in an XML file.

Note:

- The absence of this element in a provider record will cause the XML file to fail schema validation. The entire file will be rejected by the EFI process and no response file will be generated. The EFI participant that submitted the file will be notified via e-mail only.
- NPPES accepts domestic, military, and foreign addresses for NPI Provider's Practice Location Addresses. The EFI process will determine the type of practice location address, whether it is domestic or foreign by examining the value of the country code.
- To determine whether the practice location address is a military address or not, the EFI system looks at the city name and the state code along with the country code. If the country code is "US", and the city name is either APO or FPO, and the state code is either AA, AE, or AP then the address will be treated as a Military Address.

Exhibit 2-54 Element CMS27422400_2110DA_N4_SiteLocationGeographicLocation Structure
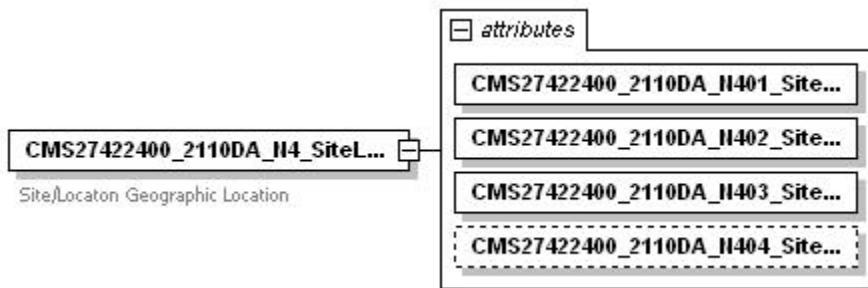
2.3.43.1   USED BY

Element: CMS27422100_2110DA

2.3.43.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422400_2110DA_N401_SiteOrLocationCityName	String	Required	40	Any valid String.	This attribute contains the provider practice location city name. Provider domestic and military practice location address city name is standardized using Universal Coder. See section 6.11 for details regarding address standardization Note: • If the attribute contains a value with length exceeding the maximum allowed (40 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • This is a required field in NPPES. Therefore, this attribute must be populated with a non-blank value (all spaces). Otherwise, the EFI process will mark the provider record as rejected with error code "02" in the response file.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422400_2110DA_N402_SiteOrLocationStateCode	String	Required	40	Any valid String.	This attribute contains the provider practice location state code. . Provider domestic and military practice location address state code is standardized using Universal Coder. See section 6.11 for details regarding address standardization Note: • If the attribute contains a value with length exceeding the maximum allowed (40 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • This is a required field in NPPES. Therefore, this attribute must be populated with a non-blank value (all spaces). Otherwise, the EFI process will mark the provider record as rejected with error code "02" in the response file. • If the address is domestic, the attribute can only contain values from the U.S. state codes standard list. Otherwise, the EFI process will mark the provider record as rejected with error code "01" in the response file.
CMS27422400_2110DA_N403_SiteOrLocationPostalZoneOrZipCode	String	Required	20	Any valid String.	This attribute contains the provider practice location address postal or zip code. Provider domestic and military practice location address zip code is standardized using Universal Coder. See section 66.11 for details regarding address standardization Note: • If the attribute contains a value with length exceeding the maximum allowed (20 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • This attribute must be populated with a non-blank value (all spaces). In addition, zip codes must be either 5 or 9 digits long (numeric). Otherwise, the EFI process will mark the provider record as rejected with error code "02" in the response file. • NPPES allows zip codes to be up to 9 characters long (5 or 9) and foreign postal codes up to 20 characters long.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422400_2110DA_N404_SiteOrLocationCountryCode	String	Optional	3	Any valid String.	This attribute contains the provider mailing address country code. Note: • If the attribute contains a value with length exceeding the maximum allowed (3 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • The EFI process uses this field to determine whether it is working with a domestic or foreign address. If the country code is U.S then the EFI process treats the practice location address as domestic and applies the appropriate validations. • Practice Location country code must be from the ISO standard list. Otherwise, the EFI process will mark the provider record as rejected with error code "01" in the response file. • Practice Location country code is a required field in NPPES. Therefore, this attribute must be populated with a non-blank value (all spaces). Otherwise, the EFI process will mark the provider record as rejected with error code "02" in the response file.

2.3.43.3   ANNOTATION

Documentation: Site/Location Geographic Location

2.3.43.4   SOURCE

```
<xs:element name="CMS27422400_2110DA_N4_SiteLocationGeographicLocation">
<xs:annotation>
<xs:documentation>Site/Location Geographic Location</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:attribute name="CMS27422400_2110DA_N401_SiteOrLocationCityName" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="40"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27422400_2110DA_N402_SiteOrLocationStateCode" use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="40"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27422400_2110DA_N403_SiteOrLocationPostalZoneOrZipCode"
use="required">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="20"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
```

```
<xs:attribute name="CMS27422400_2110DA_N404_SiteOrLocationCountryCode" use="optional">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:maxLength value="3"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
</xs:complexType>
</xs:element>
```

2.3.44   Element: CMS27422400_2110DA_ N5_SiteLocationOfficeHours

This element is defined as optional by the EFI XML schema and it has 4 attributes containing practice location geographic details associated with Office Hours of the practice location. The element can occur 7 times, once for each day of the week, in an XML file.

Exhibit 2-55 Element CMS27422400_2110DA_N5_ SiteLocationOfficeHours Structure
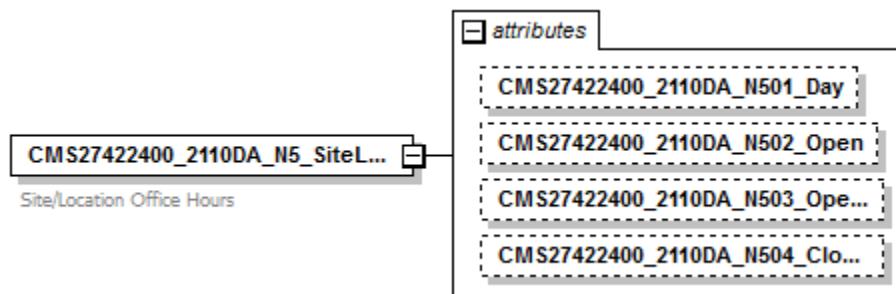
2.3.44.1   USED BY

Element: CMS27422100_2110DA

2.3.44.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422400_2110DA_N501_Day	String	Optional	3	MON, TUE, WED, THU, FRI, SAT, SUN	This attribute contains the provider practice location office hour day of week.
CMS27422400_2110DA_N502_Open	String	Optional	5	OPEN, CLOSE	This attribute identifies if the office is open on the day defined in CMS27422400_2110DA_N501_Day
CMS27422400_2110DA_N503_Opentime	String	Optional	8	*See section 6.4*	This attribute identifies the Open Time Required if CMS27422400_2110DA_N502_Open is set to OPEN
CMS27422400_2110DA_N504_Closetime	String	Optional	8	*See section 6.4*	This attribute identifies the Close Time Required if CMS27422400_2110DA_N502_Open is set to OPEN

2.3.44.3   ANNOTATION

Documentation: Site/Location Geographic Location

2.3.44.4   SOURCE

```xml
<xs:element name="CMS27422400_2110DA_N5_SiteLocationOfficeHours">
<xs:annotation>
<xs:documentation>Site/Location Office Hours</xs:documentation>
</xs:annotation>
<xs:complexType>
<xs:attribute name="CMS27422400_2110DA_N501_Day">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:enumeration value="MON"/>
<xs:enumeration value="TUE"/>
<xs:enumeration value="WED"/>
<xs:enumeration value="THU"/>
<xs:enumeration value="FRI"/>
<xs:enumeration value="SAT"/>
<xs:enumeration value="SUN"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27422400_2110DA_N502_Open">
<xs:simpleType>
<xs:restriction base="xs:string">
<xs:enumeration value="OPEN"/>
<xs:enumeration value="CLOSE"/>
</xs:restriction>
</xs:simpleType>
</xs:attribute>
<xs:attribute name="CMS27422400_2110DA_N503_Opentime" type="xs:string"/>
<xs:attribute name="CMS27422400_2110DA_N504_Closetime" type="xs:string"/>
</xs:complexType>
</xs:element>
```

2.3.45   Element: CMS27422400_2110DA_ N6_SiteLocationAccess

This element is defined as optional by the EFI XML schema and it has 3 attributes containing practice location details associated with the accessibility to individuals with mobility disabilities at the practice location.

Exhibit 2-56 Element CMS27422400_2110DA_ N6_SiteLocationAccess Structure
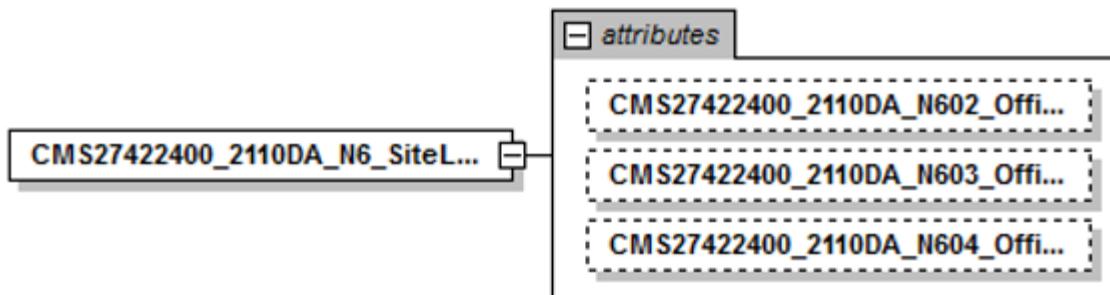
2.3.45.1   USED BY

Element: CMS27422100_2110DA

2.3.45.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422400_2110DA_N602_OfficeDisabilityAccess	String	Optional	1	Y, N	Identifies whether the Provider's Practice Location is accessible to individuals with mobility disabilities. Y = Yes, practice location is accessible N = No, practice location is accessible
CMS27422400_2110DA_N603_OfficeRoomDisabilityAccess	String	Optional	1	Y, N	Identifies whether the Provider's Practice Location has exam rooms that are accessible to individuals with mobility disabilities. Y = Yes, practice location has exams rooms that are accessible N = No, practice location does not have exams rooms that are accessible
CMS27422400_2110DA_N604_OfficeMedicalEquipmentDisabilityAccess	String	Optional	1	Y, N	Identifies whether the Provider's Practice Location has medical equipment that is accessible to individuals with mobility disabilities. Y = Yes, practice location has medical equipment that are accessible N = No, practice location does not have medical equipment that are accessible

2.3.45.3 ANNOTATION

Documentation: Site/Location Accessibility

2.3.45.4 SOURCE

```xml
<xs:element name="CMS27422400_2110DA_N6_SiteLocationAccess">
 <xs:annotation>
 <xs:documentation>Site/Location Accessibility</xs:documentation>
 </xs:annotation>
 <xs:complexType>
  <xs:attribute name="CMS27422400_2110DA_N602_OfficeDisabilityAccess">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="1"/>
 <xs:enumeration value="Y"/>
 <xs:enumeration value="N"/>
 <xs:enumeration value="y"/>
 <xs:enumeration value="n"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27422400_2110DA_N603_OfficeRoomDisabilityAccess">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="1"/>
 <xs:enumeration value="Y"/>
 <xs:enumeration value="N"/>
 <xs:enumeration value="y"/>
 <xs:enumeration value="n"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27422400_2110DA_N604_OfficeMedicalEquipmentDisabilityAccess">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="1"/>
 <xs:enumeration value="Y"/>
 <xs:enumeration value="N"/>
 <xs:enumeration value="y"/>
 <xs:enumeration value="n"/>
 </xs:restriction>
 </xs:simpleType>
```

```
    </xs:attribute>
   </xs:complexType>
 </xs:element>
```

2.3.46   Element: CMS27422400_2110DA_ N7_SiteLocationLanguage

This element is defined as optional by the EFI XML schema and it has 1 attributes containing practice location details associated with the Languages spoken at the practice location.

Exhibit 2-57 Element CMS27422400_2110DA_ N7_SiteLocationLanguage Structure
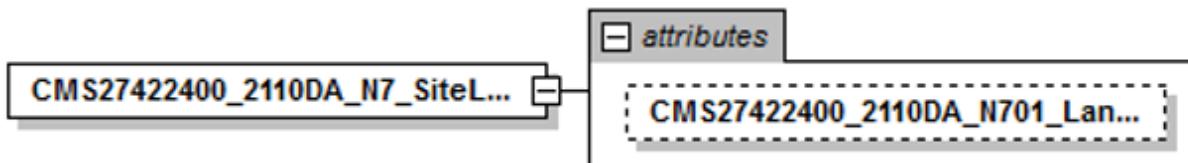
2.3.46.1   USED BY

Element: CMS27422100_2110DA

2.3.46.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422400_2110 DA_N701_Language	String	Optional	2	*See section 6.3 Language Reference*	Languages spoken at the Provider's Practice Location.

2.3.46.3   ANNOTATION

Documentation: Site/Location Languages Spoken

2.3.46.4   SOURCE

```
<xs:element name="CMS27422400_2110DA_N7_SiteLocationLanguage">
 <xs:annotation>
  <xs:documentation>Site/Location Languages Spoken</xs:documentation>
 </xs:annotation>
 <xs:complexType>
  <xs:attribute name="CMS27422400_2110DA_N601_Language">
   <xs:simpleType>
    <xs:restriction base="xs:string">
     <xs:maxLength value="2"/>
     <xs:enumeration value="EL"/>
     <xs:enumeration value="SP"/>
     <xs:enumeration value="CH"/>
     <xs:enumeration value="TG"/>
     <xs:enumeration value="VT"/>
     <xs:enumeration value="AR"/>
     <xs:enumeration value="FR"/>
     <xs:enumeration value="KR"/>
     <xs:enumeration value="RS"/>
     <xs:enumeration value="GR"/>
     <xs:enumeration value="HC"/>
     <xs:enumeration value="HI"/>
     <xs:enumeration value="PR"/>
     <xs:enumeration value="IT"/>
     <xs:enumeration value="PL"/>
     <xs:enumeration value="UR"/>
     <xs:enumeration value="JP"/>
     <xs:enumeration value="PN"/>
```

```
      <xs:enumeration value="GU"/>
      <xs:enumeration value="TE"/>
      <xs:enumeration value="BN"/>
      <xs:enumeration value="TK"/>
      <xs:enumeration value="GK"/>
      <xs:enumeration value="PA"/>
      <xs:enumeration value="TM"/>
      <xs:enumeration value="AM"/>
      <xs:enumeration value="SC"/>
      <xs:enumeration value="HE"/>
      <xs:enumeration value="HM"/>
      <xs:enumeration value="BT"/>
      <xs:enumeration value="KM"/>
      <xs:enumeration value="NV"/>
    </xs:restriction>
   </xs:simpleType>
  </xs:attribute>
 </xs:complexType>
</xs:element>
```

2.3.47   Element: CMS27420100_2000E

This element acts as a container for any group related information that might apply to a provider record. The element is defined as Optional by the EFI XML schema and occurs at most once within provider records in an XML file.

Note: Only Entity Type 2 providers can be groups. The EFI process will ignore any group information supplied as part of an Entity Type 1 (individual) record.

Exhibit 2-58 Element CMS27420100_2000E Structure
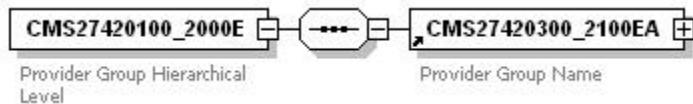
2.3.47.1   CHILD ELEMENTS

CMS27420300_2100EA

2.3.47.2   USED BY

Element: CMS274_HealthCareProviderInformationProviderSiteGroup

2.3.47.3   ANNOTATION

Documentation: Provider Group Hierarchical Level

2.3.47.4   SOURCE

```
<xs:element name="CMS27420100_2000E">
 <xs:annotation>
 <xs:documentation>Provider Group Hierarchical Level</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27420300_2100EA"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.48   Element: CMS27420300_2100EA

This element acts as a container for any group name and group taxonomy related information that might apply to a provider record. The element is defined as required by the EFI XML schema and can occur only once within provider records in an XML file depending on the existence of its parent element CMS27420100_2000E.

Note: The absence of this element in a provider record when the parent element CMS27420100_2000E is provided will cause the XML file to fail schema validation. The entire file will be rejected by the EFI process and no response file will be generated. The EFI participant that submitted the file will be notified via e-mail only.

Exhibit 2-59 Element CMS27420300_2100EA Structure
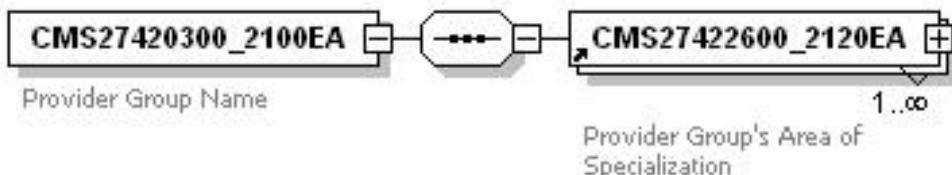
2.3.48.1   CHILD ELEMENTS

CMS27422600_2120EA

2.3.48.2   USED BY

Element: CMS27420100_2000E

2.3.48.3   ANNOTATION

Documentation: Provider Group Name

2.3.48.4   SOURCE

```
<xs:element name="CMS27420300_2100EA">
 <xs:annotation>
 <xs:documentation>Provider Group Name</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27422600_2120EA" maxOccurs="unbounded"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.49   Element: CMS27422600_2120EA

This element acts as a container for any group taxonomy related information that might apply to a provider record. The element is defined as required by the EFI XML schema and can occur more than once within provider records in an XML file.

Note:

- The absence of this element in a provider record when the parent element CMS27420300_2100EA is provided will cause the XML file to fail schema validation. The entire file will be rejected by the EFI process and no response file will be generated. The EFI participant that submitted the file will be notified via e-mail only.
- Even though the schema does not specify an upper limit on the number of times this element can occur within a provider record, NPPES does require that no provider records have more than 15 unique taxonomies. This requirement is enforced by the EFI process, which ignores all additional taxonomies.
- The EFI system ignores Taxonomies that have the same taxonomy code, license number and state on file for that provider.

- License Number is no longer required for Type 2 organization and value of the field should be set to NULL. In the event user submit the filed the system will ignore values in license number and/or state

Exhibit 2-60 Element CMS27422600_2120EA Structure

Provider Group's Area of Specialization

Provider Group's Area of Specialization
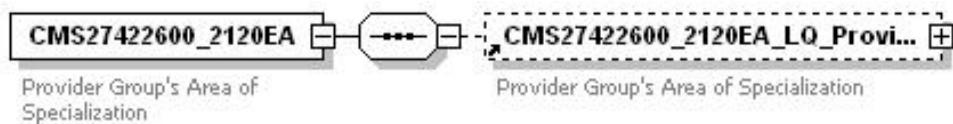
2.3.49.1   CHILD ELEMENTS

CMS27422600_2120EA_LQ_ProviderGroupSAreaOfSpecialization

2.3.49.2   USED BY

Element: CMS27420300_2100EA

2.3.49.3   ANNOTATION

Documentation: Provider Group's Area of Specialization

2.3.49.4   SOURCE

```xml
<xs:element name="CMS27422600_2120EA">
 <xs:annotation>
 <xs:documentation>Provider Group's Area of Specialization</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27422600_2120EA_LQ_ProviderGroupSAreaOfSpecialization" minOccurs="0"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.50   Element: CMS27422600_2120EA_LQ_ProviderGroupSAreaOfSpecialization

This element is defined as Optional by the EFI XML schema and it has 2 attributes containing group taxonomy information. This element can occur more than once within provider records in an XML file.

Note:

- The contents (attribute values) of this element must be the same as those of element CMS27422600_2120CA_LQ_ProviderSAreaOfSpecialization (see Section 2.3.25). The EFI process will ignore the contents of this element otherwise.
- If there are multiple occurrences of this element then each instance will be compared side-by-side against each instance of the CMS27422600_2120CA_LQ_ProviderSAreaOfSpecialization element (first instance of this element against the first instance of the provider taxonomies element, second instance of this element against the second instance of the provider taxonomies element, and so on). If the instances match, the EFI process will accept the contents of this element instance and mark this instance as a group taxonomy. Otherwise, it will ignore that information. Group taxonomies are classified as follows:

  - **Single-Specialty Group**: If one occurrence of this element matches with one occurrence of CMS27422600_2120CA_LQ_ProviderSAreaOfSpecialization element, the EFI process will accept contents of this element instance as "Single-Specialty" group taxonomy.

- **Multi-Specialty Group**: If more than one occurrences of this element matches with more than one occurrences of CMS27422600_2120CA_LQ_ProviderSAreaOfSpecialization element, the EFI process will accept these instances as "Multi-Specialty" group taxonomies.

- **Multiple Single-Specialty Group:** EFI process does not currently support "Multiple Single-Specialty" group taxonomies.

If group taxonomy information is provided in this element, the number of these taxonomies must match that of taxonomies in CMS27422600_2120CA_ LQ_ProviderSAreaOfSpecialization (see Section 2.3.25). Otherwise, the record fails EFI process validation and is marked as rejected. If an EFI participant doesn't want to specify each taxonomy as a group taxonomy, the EFI participant still needs to create placeholders with this element: fill out the group taxonomy code with some integer number, say 0 (zero), and group taxonomy number with blank to make sure that the above rule is satisfied.

Exhibit 2-61 Element CMS27422600_2120EA_LQ_ProviderGroupSAreaOfSpecialization Structure
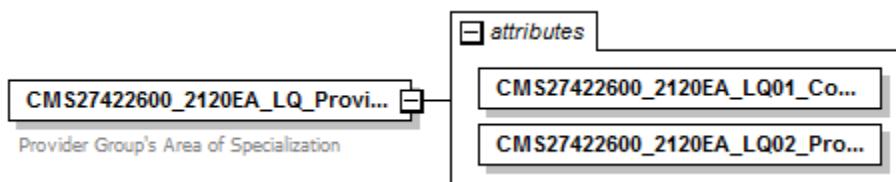
2.3.50.1   USED BY

Element: CMS27422600_2120EA

2.3.50.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422600 _2120EA_LQ0 1_CodeListQu alifierCode	Integer	Required	3	Any valid integer.	This attribute contains the provider group area of specialization code. This is usually the first 2 digits of the provider's taxonomy number. Note: • This attribute is not used by the EFI process.

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27422600 _2120EA_LQ0 2_ProviderGro upSpecialtyCo de	String	Require d	30	Any valid String.	This attribute contains the provider group taxonomy number. Note: • If the attribute contains a value with length exceeding the maximum allowed (30 characters) then the entire XML file will fail schema validation and it will be rejected as a result. No response file will be generated by the EFI process. The EFI participant will be notified via e-mail only. • Taxonomy codes are 10 characters long. If the attribute contains code values that are not 10 characters long, the record will fail EFI process validation. This record will be marked as rejected with error code "01" in the response file. • If the attribute contains a taxonomy that does not exist in NPPES, the record will fail EFI process validation. The record will be marked as rejected with an error code "05" in the response file. • If the attribute contains a taxonomy that does not belong to the type of provider in the record (e.g. an individual is assigned the taxonomy of a hospital), it will fail EFI process validation. The record will be marked as rejected with an error code "06" in the response file.

2.3.50.3   ANNOTATION

Documentation: Provider Group's Area of Specialization

2.3.50.4   SOURCE

```xml
<xs:element name="CMS27422600_2120EA_LQ_ProviderGroupSAreaOfSpecialization">
 <xs:annotation>
 <xs:documentation>Provider Group's Area of Specialization</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:attribute name="CMS27422600_2120EA_LQ01_CodeListQualifierCode" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:int">
 <xs:totalDigits value="3"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 <xs:attribute name="CMS27422600_2120EA_LQ02_ProviderGroupSpecialtyCode" use="required">
 <xs:simpleType>
 <xs:restriction base="xs:string">
 <xs:maxLength value="30"/>
 </xs:restriction>
 </xs:simpleType>
 </xs:attribute>
 </xs:complexType>
</xs:element>
```

2.3.51   Element: CMS27423650_2100CA_REL

This element serves as a container for the Individual Provider's Race, Ethnicity, and Language information. It is defined as optional by the EFI XML schema and it consists of 3 child elements.

Exhibit 2-62 Element CMS27423650_2100CA_REL Structure
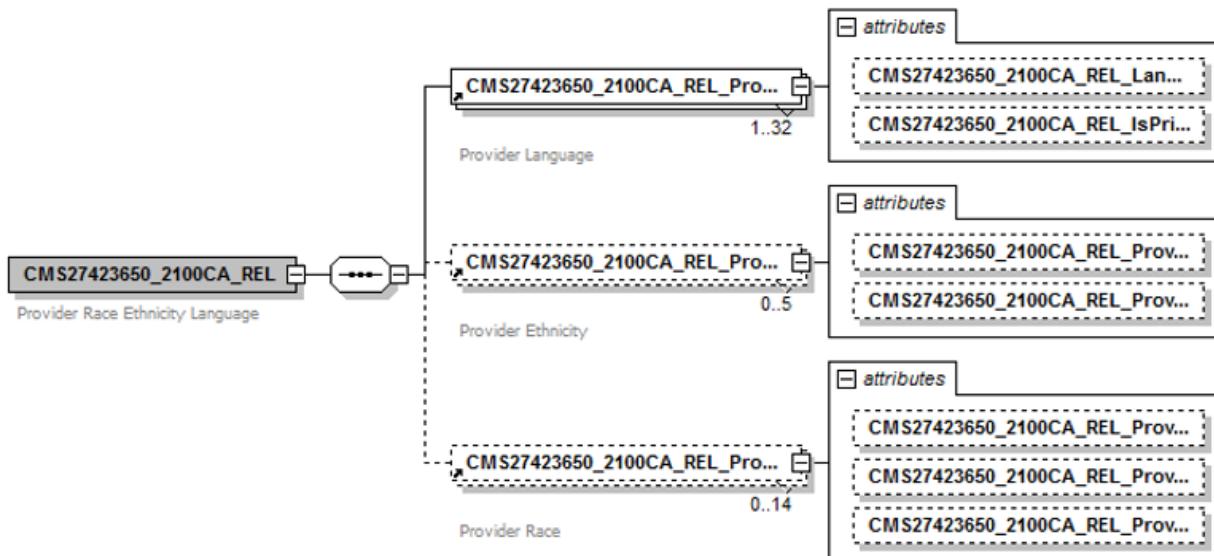
2.3.51.1   CHILD ELEMENTS

- CMS27423650_2100CA_REL_ProviderRace: this element contains the Individual Provider's race information.

- CMS27423650_2100CA_REL_ProviderEthnicity: this element contains the Individual Provider's ethnicity information.

- CMS27423650_2100CA_REL_ProviderLanguage: this element contains the Individual Provider's languages spoken information.

2.3.51.2   USED BY

Element: ?

2.3.51.3   ANNOTATION

Documentation: Provider's Race, Ethnicity, and Languages Spoken

2.3.51.4   SOURCE

```
<xs:element name="CMS27423650_2100CA_REL">
 <xs:annotation
 <xs:documentation>Provider Race Ethnicity Language</xs:documentation>
 </xs:annotation>
 <xs:complexType>
 <xs:sequence>
 <xs:element ref="CMS27423650_2100CA_REL_ProviderLanguage" maxOccurs="32"/>
 <xs:element ref=" CMS27423650_2100CA_REL_ProviderEthnicity" minOccurs="0" maxOccurs="5"/>
 <xs:element ref="CMS27423650_2100CA_REL_ProviderRace" minOccurs="0" maxOccurs="14"/>
 </xs:sequence>
 </xs:complexType>
</xs:element>
```

2.3.52   Element: CMS27423650_2100CA_REL_ProviderRace

This element is defined as optional by the EFI XML schema. It has 3 attributes containing provider race information.

Exhibit 2-63 Element CMS27423650_2100CA_REL_ProviderRace Structure
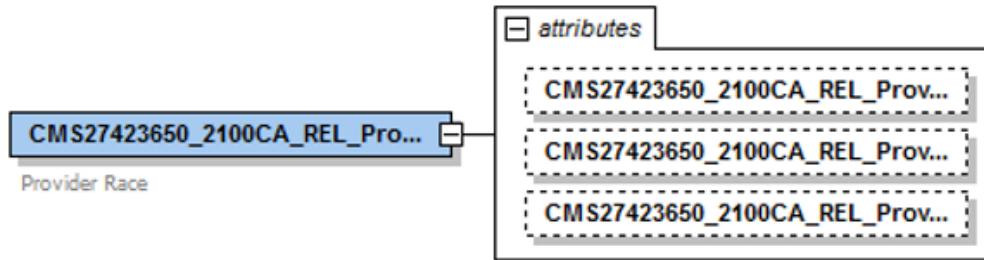
2.3.52.1   USED BY

Element: CMS27423650_2100CA_REL

2.3.52.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27423650_2100CA_REL_ProviderRaceRC	String	Optional	2	See Section 6.5 Race Reference	This attribute contains the race code that identifies the race of an Individual Provider Note: • If the Race Code = **AN** (Asian) or **NH** (Native Hawaiian or Other Pacific Islander) is entered you are required to further refine the selection by entering the sub-race (See Section 6.6 Sub-Race Reference)
CMS27423650_2100CA_REL_ProviderRaceNH	String	Required when Race **NH** (Native Hawaiian or Pacific Islander) is entered	2	See Section 6.6 Sub-Race Reference	This attribute contains the information that further refines the race when the race value of **NH** (Native Hawaiian or Other Pacific Islander) has been entered
CMS27423650_2100CA_REL_ProviderRaceAN	String	Required when Race Code **AN** (Asian) is entered	2	See Section 6.6 Sub-Race Reference	This attribute contains the information that further refines the race when the race value of **AN** (Asian) has been entered

2.3.52.3   ANNOTATION

Documentation: Provider Race

2.3.52.4   SOURCE

```
<xs:element name=" CMS27423650_2100CA_REL_ProviderRace ">
 <xs:annotation>
  <xs:documentation>Provider Race</xs:documentation>
 </xs:annotation>

  <xs:complexType>
   <xs:attribute name="CMS27423650_2100CA_REL_ProviderRaceRC" use="optional">
    <xs:simpleType>
     <xs:restriction base="xs:string">
      <xs:maxLength value="2"/>
      <xs:enumeration value="WH"/>
      <xs:enumeration value="BL"/>
      <xs:enumeration value="AI"/>
      <xs:enumeration value="AN"/>
      <xs:enumeration value="NH"/>
     </xs:restriction>
    </xs:simpleType>
   </xs:attribute>
```

```
    <xs:attribute name="CMS27423650_2100CA_REL_ProviderRaceNH" use="optional">
     <xs:simpleType>
      <xs:restriction base="xs:string">
       <xs:maxLength value="2"/>
       <xs:enumeration value="NH"/>
       <xs:enumeration value="GC"/>
       <xs:enumeration value="SO"/>
       <xs:enumeration value="OP"/>
      </xs:restriction>
     </xs:simpleType>
    </xs:attribute>

  <xs:attribute name="CMS27423650_2100CA_REL_ProviderRaceAN" use="optional">
     <xs:simpleType>
      <xs:restriction base="xs:string">
       <xs:maxLength value="2"/>
       <xs:enumeration value="AI"/>
       <xs:enumeration value="CH"/>
       <xs:enumeration value="FP"/>
       <xs:enumeration value="JP"/>
       <xs:enumeration value="KR"/>
       <xs:enumeration value="VT"/>
       <xs:enumeration value="OA"/>
      </xs:restriction>
     </xs:simpleType>
    </xs:attribute>

  </xs:complexType>
</xs:element>
```

2.3.53   Element: CMS27423650_2100CA_REL_ProviderEthnicity

This element is defined as optional by the EFI XML schema. It has 2 attributes containing provider ethnicity information.

Exhibit 2-64 Element CMS27423650_2100CA_REL_ProviderEthnicity Structure
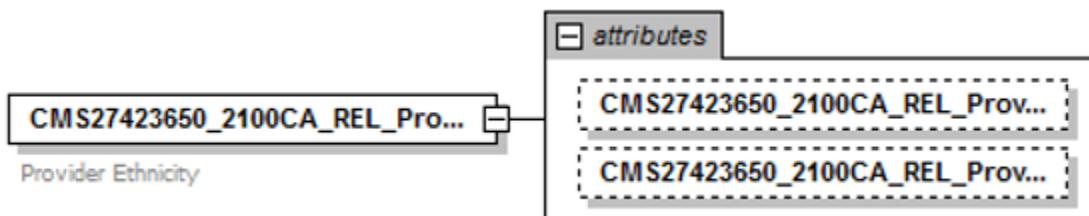
2.3.53.1   USED BY

Element: CMS27423650_2100CA_REL

2.3.53.2   ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27423650_2100CA_REL_ProviderEthnicityHS	String	Optional	2	See Section 6.7 Ethnicity Reference	This attribute contains the ethnicity code that identifies the ethnicity of an Individual Provider Note: • If the Ethnicity code of **YH** (Yes, Hispanic) is entered you are required to further refine the selection by entering the sub-ethnicity (See Section 6.8 Sub-Ethnicity Reference)
CMS27423650_2100CA_REL_ProviderEthnicityYH	String	Required when Ethnicity code of **YH** (Yes, Hispanic) is entered	2	See Section 6.8 Sub-Ethnicity Reference	This attribute contains the information that further refines the Hispanic Ethnicity

2.3.53.3   ANNOTATION

Documentation: Provider Ethnicity

2.3.53.4   SOURCE

```
<xs:element name=" CMS27423650_2100CA_REL_ProviderEthnicity ">
 <xs:annotation>
  <xs:documentation>Provider Ethnicity</xs:documentation>
 </xs:annotation>

  <xs:complexType>
   <xs:attribute name="CMS27423650_2100CA_REL_ProviderEthnicityHS" use="optional">
    <xs:simpleType>
     <xs:restriction base="xs:string">
      <xs:maxLength value="2"/>
      <xs:enumeration value="NH"/>
      <xs:enumeration value="YH"/>
     </xs:restriction>
    </xs:simpleType>
   </xs:attribute>

   <xs:attribute name="CMS27423650_2100CA_REL_ EthnicityYH" use="optional">
    <xs:simpleType>
     <xs:restriction base="xs:string">
      <xs:maxLength value="2"/>
      <xs:enumeration value="MA"/>
      <xs:enumeration value="PR"/>
      <xs:enumeration value="CB"/>
      <xs:enumeration value="HL"/>
     </xs:restriction>
    </xs:simpleType>
   </xs:attribute>

  </xs:complexType>
</xs:element>
```

2.3.54   Element: CMS27423650_2100CA_REL_ProviderLanguage

This element is defined as optional by the EFI XML schema. It has 2 attributes containing the information about the languages spoken by an Individual Provider.

Exhibit 2-65 Element CMS27423650_2100CA_REL_ProviderLanguage Structure
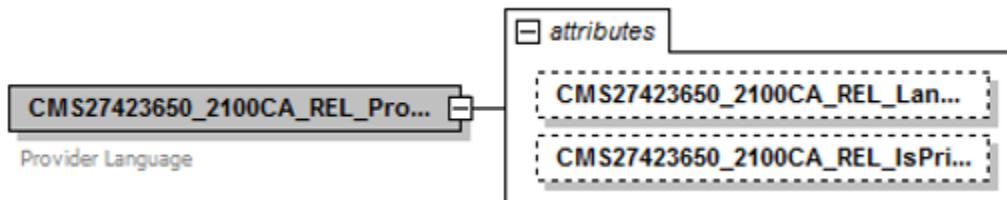
2.3.54.1 USED BY

Element: CMS27423650_2100CA_REL

2.3.54.2 ATTRIBUTES

Name	Type	Use	Maximum Length	Allowed Values	Annotation
CMS27423650_2100CA_REL_ProviderLanguageSelection	String	Optional	2	See Section 6.3 Language Reference	This attribute contains the Language code that identifies a Language spoken by an Individual Provider Note: • If the Language code of **YH** (Yes, Hispanic) is entered you are required to further refine the selection by entering the sub-Language (See Section 6.8 Sub-Ethnicity Reference)
CMS27423650_2100CA_REL_IsPrimaryLanguage	String	One Language must be identified as Primary.	2	"Y", "N", "y, "n"	This attribute Identifies whether or not the Language entered is the Individual Provider's Primary Language.

2.3.54.3 ANNOTATION

Documentation: Provider Language

2.3.54.4 SOURCE

```
<xs:element name=" CMS27423650_2100CA_REL_ProviderLanguage ">
 <xs:annotation>
  <xs:documentation>Provider Language</xs:documentation>
 </xs:annotation>

  <xs:complexType>
   <xs:attribute name="CMS27423650_2100CA_REL_ProviderLanguageHS" use="optional">
    <xs:simpleType>
     <xs:restriction base="xs:string">
     <xs:maxLength value="2"/>
     <xs:enumeration value="EL"/>
     <xs:enumeration value="SP"/>
     <xs:enumeration value="CH"/>
     <xs:enumeration value="TG"/>
     <xs:enumeration value="VT"/>
     <xs:enumeration value="AR"/>
     <xs:enumeration value="FR"/>
     <xs:enumeration value="KR"/>
     <xs:enumeration value="RS"/>
     <xs:enumeration value="GR"/>
     <xs:enumeration value="HC"/>
     <xs:enumeration value="HI"/>
     <xs:enumeration value="PR"/>
     <xs:enumeration value="IT"/>
     <xs:enumeration value="PL"/>
     <xs:enumeration value="UR"/>
```

```xml
      <xs:enumeration value="JP"/>
      <xs:enumeration value="PN"/>
      <xs:enumeration value="GU"/>
      <xs:enumeration value="TE"/>
      <xs:enumeration value="BN"/>
      <xs:enumeration value="TK"/>
      <xs:enumeration value="GK"/>
      <xs:enumeration value="PA"/>
      <xs:enumeration value="TM"/>
      <xs:enumeration value="AM"/>
      <xs:enumeration value="SC"/>
      <xs:enumeration value="HE"/>
      <xs:enumeration value="HM"/>
      <xs:enumeration value="BT"/>
      <xs:enumeration value="KM"/>
      <xs:enumeration value="NV"/>
    </xs:restriction>
   </xs:simpleType>
  </xs:attribute>

  <xs:attribute name="CMS27423650_2100CA_REL_IsPrimaryLanguage" use="optional">
   <xs:simpleType>
    <xs:restriction base="xs:string">
     <xs:maxLength value="1"/>
     <xs:enumeration value="Y"/>
     <xs:enumeration value="N"/>
     <xs:enumeration value="y"/>
     <xs:enumeration value="n"/>
    </xs:restriction>
   </xs:simpleType>
  </xs:attribute>

 </xs:complexType>
</xs:element>
```

2.3.55   Sample XML File for New Request

See attached file: Sample_EFIfileNewApps_xml.pdf

2.3.56   Sample XML File for Modify Request:

See attached file: Sample_EFIfileChangeRequest_xml.pdf

3   EFI XML Special Considerations

3.1   Field Lengths

This section describes two specific situations that arise from discrepancies between the sizes of data elements allowed in NPPES versus the EFI XML schema:

- **Scenario 1** – A change request was previously performed and accepted through the Internet or the Enumerator on an existing active EFI record. The field(s) modified however, contained more characters than the EFI XML schema allows. A second change request is performed through EFI on other fields and an EFI response files is being generated with the latest EFI record in NPPES. The fields affected by the first change requests are larger than the EFI schema allows.

- With regard to certain provider information data items, such as address City Name and State Information, the number of characters allowed by NPPES differs from the number of characters allowed in the EFI XML schema. Any XML files that do not adhere to the schema rules will of-course fail EFI XML schema validation and get rejected by the EFI process. However, an enumerated record submitted via EFI can still receive a change request via conventional NPPES methods like paper or web that may make that record fail EFI XML schema validation at the time of response file creation. In order to avoid this scenario, the EFI process populates the attribute with only the number of characters allowed by the XML schema. For example, in the case of <CMS27422400_2110CA_N401_ProviderCityName> which is the attribute that containing the city name, NPPES allows 40 characters while the EFI XML schema only allows 30 characters. If an Enumerator user edits an active EFI record, such that the city name now contains more than 30 characters, it will cause a schema validation error when a response file generates. Hence, the EFI process populates only the first 30 characters of this attribute when generating the response files in order to avoid EFI XML schema validation errors.

- **Scenario 2** – EFI XML request files (uploaded by EOR-s) contain records with data items that conform to the EFI XML schema, but have more characters than NPPES allows.

- EFI records in an XML file, that contain data items where the field length exceeds the maximum length allowed by NPPES, will be rejected by the EFI process. When the response file is created, the EFI process will mark such records with an error code "01". Furthermore, during the creation of the response file, the data contained in the fields that caused the rejection of the record, will be trimmed by the EFI process to the length allowed by NPPES.

3.2   Special Characters in XML Files

Certain characters like & (ampersand) are treated as special characters by the XML parser and must be escaped in the XML input file if required to use them. The NPPES-EFI XML parser accepts all the well-known XML escape sequences. Following is a list of generally-known XML escape sequences.

Exhibit 3-1 Special Characters in XML Filers

Special Character	Escape Sequence
quote (")	"
apostrophe (')	'
ampersand (&)	&
less than (<)	<
greater than (>)	>

Thus, if the value of the organization name attribute is Johnson & Johnson Inc., then it should be escaped as Johnson & Johnson Inc. in the input XML file.

Only certain special character(s) are allowed in the fields that are submitted through XML file via EFI process to the NPPES system. In any record, if any field contains character(s) that are not allowed then such records will be rejected. In the EFI response file for such records, the error code will be "**01**" and the error message will be "**Disallowed character(s) found in [Group/Field Name] field** ".

The table below lists the fields, allowed special character(s) in the fields, and their corresponding error message in EFI response file if the record is being rejected for disallowed special character(s).

Exhibit 3-2 Fields, Allowed Special Characters and Error Messages

Field Name(s)	Allowed Special Character(s)	Error Message in EFI Response File
Individual Provider First Name, Middle Name, Last Name, and Credential(s)	Ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon	Disallowed character(s) found in Provider Name field.
Individual Provider Other First Name, Middle Name, Last Name, and Credential(s)	Ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon	Disallowed character(s) found in Provider Other Name field.
Organization Name, and Parent Legal Business Name (LBN)	Ampersand, apostrophe, "at" sign, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon	Disallowed character(s) found in Organization Name field.
Organization Other Name	Ampersand, apostrophe, "at" sign, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon	Disallowed character(s) found in Organization Other Name field.
Authorized Official First Name, Middle Name, Last Name, Credential(s), and Title	Ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon	Disallowed character(s) found in Authorized Official field.
Both Domestic and Foreign Mailing Address Line1, Address Line2, City, and only Foreign Mailing Address Province or Territory	Ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. In addition, the Mailing Address Line 1 and Mailing Address Line 2 fields allow the "at" sign.	Disallowed character(s) found in Mailing Address Information field.
Foreign Mailing Address Telephone Number, Telephone Extension Number, Fax Number	Accept only digits and alphabet letters (upper and lower case).	Disallowed character(s) found in Mailing Address Phone, Extension, and/or Fax field.
Foreign Mailing Address Postal Code	Accept only digits, space, and alphabet letters (upper and lower case).	Disallowed character(s) found in Mailing Address Information field.
Both Domestic, and Foreign Practice Location Address Line1, Address Line2, City, and only Foreign Practice Location Address Province or Territory	Ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. In addition, the Practice Location Address Line 1 and Practice Location Address Line 2 fields allow the "at" sign	Disallowed character(s) found in Practice Address Information field.

Field Name(s)	Allowed Special Character(s)	Error Message in EFI Response File
Foreign Practice Location Address Telephone Number, Telephone Extension Number, and Fax Number	Accept only digits and alphabet letters (upper and lower case).	Disallowed character(s) found in Practice Address Phone, Extension, and/or Fax field.
Foreign Practice Location Address Postal Code	Accept only digits, space, and alphabet letters (upper and lower case).	Disallowed character(s) found in Practice Address Information field.
Other Identification (OID) Number and Description.	Ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. In addition, the Other Identification (OID) Description field allow the "at" sign	Disallowed character(s) found in Other ID Number or Description field.
Taxonomy License Number	Ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon.	Disallowed character(s) found in Taxonomy License Number field.
Contact Person First Name, Middle Name, Last Name, Credential(s), and Title	Ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon	Disallowed character(s) found in Contact Person Name field.
Contact Person Telephone Number, and Telephone Extension Number	Accept only digits and alphabet letters (upper and lower case).	Disallowed character(s) found in Contact Person Phone and/or Extension field.
Contact Person E-mail Address	"At" sign, hyphen, period, and underscore.	Disallowed character(s) found in Contact Person Email field.

3.3   XML File Naming Rules

XML file names may contain any valid characters; however, they should not contain any special characters or spaces. The allowed set of characters that can be used in constructing an XML File name should be contained in the subset defined as follows: [A-Z][a-z][0-9]. In addition to these, hyphen (-) and underscore (_) may also be used as valid characters in defining an XML file name. The name of the file is limited to 7 alphanumeric characters in the input XML file. Special characters are not allowed in the file name.

3.4   XML File Compression

NPPES 3.0 EFI does not support the submission of zipped/compressed files.

4   CSV EFI File Format

Starting with NPPES 3.0, CMS will accept EFI files in CSV (comma separated value) format.
Each CSV EFI File will contain a **Header** record, at least one **Detail** record, and a **Trailer** record.

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

- **Column Field #**
  Depending on how you are creating your CSV file, if you are using Excel to generate your CSV files, the alphabetical portion will identify the spreadsheet column. For example, A-1 will be column A, BB-57 will be column BB in your Excel spreadsheet.

- **Field Name**
  Name of the field

- **Format**
  Identifies if the data must be in a specific format. When blank, no formatting is needed.

- **Max Length**
  Identifies the maximum length of the field

- **Required**
  Identifies if the field is a required field

- **Allowed Values**
  Identifies valid values when the field values are restricted. When populated valid values are comma separated. For example "11, 13" identifies that the field can contain either an "11" or a "13".

- **Annotation**
  Defines/describes the field

4.1   CSV File – Header

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

4.1.1   CSV File – Header Record Format

Exhibit 4-1 CSV File – Header Format

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
D–4	TransactionTypeCode	String	2	Yes	RK, U5	Identifies whether the file contains new applications or modification requests **RK** – New application request **U5** – update/modify an existing NPI application (one that has already been enumerated and assigned an NPI)
E–5	Version	String	5	Yes	3.0	Identifies the NPPES release/software version
F–6	SubmitterName	String	80	Yes		Name of the user submitting the file
G–7	SubmitterIdentifier	Integer	10	Yes		EFI Org ID. The EFI Organization ID is the unique identifier issued by the Enumerator upon the successful completion of this organization's approval process.

4.2   CSV File – Detail

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

4.2.1   CSV File – Detail Record Format

Exhibit 4-2 CSV File – Detail Format

Provider Identification Information (A-1 through AK-37)

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						process. The EFI participant will be notified via e-mail only. • In the Response file, this attribute will contain one of the values from the "Allowed Values" for each record in the file.
F–6	ProviderApplicationStatusReasonCode	String	3			Identifies why an NPI is deactivated. 030 – Fraud A13 – Other C20 – Complete EB1 - Deceased
G–7	ProviderOrganizationNameLBN	String	70	Yes – if for a Type 2 NPI		Identifies the organization legal business name
H–8	ProviderOrganizationNewLBN	String	70	No		Identifies the organization new legal business name
I–9	ProviderLastName	String	35	Yes – if for a Type 1 NPI		Individual Provider's Last Name
J–10	ProviderFirstName	String	20	Yes – if for a Type 1 NPI		Individual Provider's First Name
K–11	ProviderMiddleName	String	20	Optional on a Type 1 NPI		Individual Provider's Middle Name
L–12	ProviderNamePrefix	String	5	Optional on a Type 1 NPI	Ms., Mr., Miss., Mrs., Dr., Prof.	Individual Provider's Name Prefix
M–13	ProviderNameSuffix	String	5	Optional on a Type 1 NPI	Jr., Sr., I, II, III, IV, V, VI, VII, VIII, IX, X	Individual Provider's Name Suffix
N–14	ProviderCredential	String	20	Optional on a Type 1 NPI		Individual Provider's Credentials.
O–15	ProviderOtherNameTypeCode	String	5	Required if one of the Other Name fields is populated	1, 2, 5, 6	1: Former Name 2: Professional Name 5: Other Name 6: Current Name
P–16	ProviderOtherLastName	String	35	Optional on a Type 1 NPI		Individual Provider's Other Last Name
Q–17	ProviderOtherFirstName	String	20	Optional on a Type 1 NPI		Individual Provider's Other First Name
R–18	ProviderOtherMiddleName	String	20	Optional on a Type 1 NPI		Individual Provider's Other Middle Name
S–19	ProviderOtherNamePrefix	String	5	Optional on a Type 1 NPI		Individual Provider's Other Name Prefix
T–20	ProviderOtherNameSuffix	String	5	Optional on a Type 1 NPI		Individual Provider's Other Last Name
U–21	ProviderOtherCredential	String	20	Optional on a Type 1 NPI		Individual Provider's Other Last Name
V–22	ProviderGenderCode	String	1	Required for Type 1 Individual Providers	M, F	Identifies the gender of an Individual Provider M: Male F: Female
W–23	ProviderDateofBirth	Date (YYYY-MM-DD)	10	Required for Type 1 Individual Providers		Individual Provider's Date of Birth
X–24	ProviderStateofBirth	String	2	Required for Type 1 Individual Providers	*See section 6.1 State Reference for US based address valid values*	Individual Provider's State of Birth, if born in the United States

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
Y–25	ProviderCountryofBirth	String	2	Required for Type 1 Individual Providers	*See section 6.2 Country Reference for valid values*	Individual Provider's Country of Birth
Z–26	PrimaryLanguage	String	2	Optional for Type 1	*See section 6.3 Language Reference for valid values*	Primary Language spoken by the Individual Provider
AA–27	SecondaryLanguage1	String	2	Optional for Type 1	*See section 6.3 Language Reference for valid values*	First Secondary Language spoken by the Individual Provider
AB–28	SecondaryLanguage2	String	2	Optional for Type 1	*See section 6.3 Language Reference for valid values*	Second Secondary Language spoken by the Individual Provider
AC–29	SecondaryLanguage3	String	2	Optional for Type 1	*See section 6.3 Language Reference for valid values*	Third Secondary Language spoken by the Individual Provider
AD–30	SecondaryLanguage4	String	2	Optional for Type 1	*See section 6.3 Language Reference for valid values*	Fourth Secondary Language spoken by the Individual Provider
AE–31	SecondaryLanguage5	String	2	Optional for Type 1	*See section 6.3 Language Reference for valid values*	Fifth Secondary Language spoken by the Individual Provider
AF–32	QualifierSSN_ITIN_EIN	String	2	Required	EI, EN, SY, TJ	Identifies what is entered in the SSN_ITIN_EINIdentifier field. EI: EIN EN: Employer's New EIN SY: SSN TJ: ITIN
AG–33	SSN_ITIN_EINIdentifier	String	9	Required		The provider's tax identifier number, An Individual Provider's SSN or ITIN An Organizational Provider's EIN or new EIN
AH–34	IsSoleProprietor	String	1	Required	N	Should always be set to N (no) for Individual Providers. *Note:* At this time the EFI process does not support Sole Proprietors due to the complexity of the rules regarding taxonomies and taxonomy groups associated with Sole Proprietors
AI–35	IsOrganizationSubpart	String	1	Required on a Type 2	Y, N	Identifies whether or not the Organizational Provider is a Subpart Y: Yes N: No
AJ–36	ParentOrganizationLBN	String	70	Required on a Type 2 if Subpart is Y (yes)		Parent Organization's Legal Business Name
AK–37	ParentOrganizationTIN	String	9	Required on a Type 2 if Subpart is Y (yes)		Parent Organization's Tax Identifier Number or EIN (Employer Identifier Number)

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
AL–38	ProviderOtherOragnizationNameTypeCode1	String	1	Optional for a Type 2 NPI	3, 4, 5, 6	Type of Organizational Provider's Other Name being entered in *ProviderOtherOrganizationName1* 3: Doing Business As

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						4: Former Legal Business Name 5: Other Name 6: Current Name
AM–39	ProviderOtherOrganizationName1	String	70	Optional for a Type 2 NPI		Organization Other Name # 1
AN–40	ProviderOtherOragnizationNameTypeCode2	String	1	Optional for a Type 2 NPI	3, 4, 5, 6	Type of Organizational Provider's Other Name being entered in *ProviderOtherOrganizationName2* 3: Doing Business As 4: Former Legal Business Name 5: Other Name 6: Current Name
AO–41	ProviderOtherOragnizationName2	String	70	Optional for a Type 2 NPI		Organization Other Name # 2
AP–42	ProviderOtherOragnizationNameTypeCode3	String	1	Optional for a Type 2 NPI	3, 4, 5, 6	Type of Organizational Provider's Other Name being entered in *ProviderOtherOrganizationName3* 3: Doing Business As 4: Former Legal Business Name 5: Other Name 6: Current Name
AQ–43	ProviderOtherOragnizationName3	String	70	Optional for a Type 2 NPI		Organization Other Name # 3
AR–44	ProviderOtherOragnizationNameTypeCode4	String	1	Optional for a Type 2 NPI	3, 4, 5, 6	Type of Organizational Provider's Other Name being entered in *ProviderOtherOrganizationName4* 3: Doing Business As 4: Former Legal Business Name 5: Other Name 6: Current Name
AS–45	ProviderOtherOragnizationName4	String	70	Optional for a Type 2 NPI		Organization Other Name # 4
AT–46	ProviderOtherOragnizationNameTypeCode5	String	1	Optional for a Type 2 NPI	3, 4, 5, 6	Type of Organizational Provider's Other Name being entered in *ProviderOtherOrganizationName5* 3: Doing Business As 4: Former Legal Business Name 5: Other Name 6: Current Name
AU–47	ProviderOtherOragnizationName5	String	70	Optional for a Type 2 NPI		Organization Other Name # 5

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
AV–48	ProviderBusinessMailingAddressTypeCode	String	2	Required	31	Identifies the Address as the Provider's Business Mailing Address 31: Postal Mailing Address
AW–49	ProviderMailingSameAsHomeAddressYN	String	1	Optional		Identifies if the Business Mailing Address is the same as the Provider's Home Address Y: Yes N: No
AX–50	ProviderFirstLineBusinessMailingAddress	String	55	Yes		First Line of the Provider's Business Mailing Address
AY–51	ProviderSecondLineBusinessMailingAddress	String	55	Optional		Second Line of the Provider's Business Mailing Address
AZ–52	ProviderBusinessMailingAddressCityName	String	40	Required		Provider's Business Mailing Address City
BA–53	ProviderBusinessMailingAddressStateName	String	2	Required	*See section 6.1 State Reference for valid values*	Provider's Business Mailing Address State Abbreviation
BB–54	ProviderBusinessMailingAddressPostalCode	String	9	First 5 digits are Required		Provider's Business Mailing Address Postal Code.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						Only the first 5 digits are required.
BC–55	ProviderBusinessMailingAddressCountryCode	String	2		*See section 6.2 Country Reference For valid values*	Provider's Business Mailing Address Country Code.
BD–56	ProviderBusinessMailingAddressTelephoneNumber	String	20	Optional		
BE–57	ProviderBusinessMailingAddressFaxNumber	String	20	Optional		

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

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
BF–58	ProviderBusinessPracticeLocationAddressTypeCode1	String	2	Required	31	Identifies the Address as the Provider's Practice Location Address 1. 31: Postal Mailing Address
BG–59	ProviderBusinessSameAsHomeAddressYN1	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode1 is populated	Y, N	Identifies if the Practice Location Address 1 is the same as the Provider's Home Address Y: Yes N: No
BH–60	ProviderBusinessPrimaryLocationYN1	String	1	Required	Y, N	Line 1 of the Provider's Practice Location Address 1
BI–61	ProviderFirstLineBusinessPracticeLocationAddress1	String	55	Required		Line 1 of the Provider's Practice Location Address 1
BJ–62	ProviderSecondLineBusinessPracticeLocationAddress1	String	55	Optional		Line 2 of the Provider's Practice Location Address 1
BK–63	ProviderBusinessPracticeLocationAddressCityName1	String	40	Required		City of the Provider's Practice Location Address 1
BL–64	ProviderBusinessPracticeLocationAddressStateName1	String	2	Required	*See section 6.1 State Reference for valid values*	State abbreviation of the Provider's Practice Location Address 1.
BM–65	ProviderBusinessPracticeLocationAddressPostalCode1	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's Practice Location Address 1. Only the first 5 digits are required.
BN–66	ProviderBusinessPracticeLocationAddressCountryCode1	String	2	Required	*See section 6.2 Country Reference for valid values*	Country Code of the Provider's Practice Location 1.
BO–67	ProviderBusinessPracticeLocationAddressTelephoneNumber1	String	20	Required		Telephone Number of the Provider's Practice Location 1.
BP–68	ProviderBusinessPracticeLocationAddressFaxNumber1	String	20	Optional		Fax Number of the Provider's Practice Location 1.
BQ–69	IsPracticeLocationDisabilityAccessible1	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location 1 is accessible to individuals with mobility disabilities.
BR–70	IsPracticeLocationRoomDisabilityAccessible1	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location 1 has exam rooms that are accessible to individuals with mobility disabilities.
BS–71	IsPracticeLocationMedicalEquipmentDisabilityAccessible1	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location 1 has medical equipment that is accessible to individuals with mobility disabilities.
BT–72	PracticeLocation1Language1	String	2	Optional	*See section 6.3 Language*	First Language spoken at the Provider's Practice Location 1.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
					Reference for valid values	
BU–73	PracticeLocation1Language2	String	2	Optional	*See section 6.3 Language Reference for valid values*	Second Language spoken at the Provider's Practice Location 1.
BV–74	PracticeLocation1Language3	String	2	Optional	*See section 6.3 Language Reference for valid values*	Third Language spoken at the Provider's Practice Location 1.
BW–75	PracticeLocation1Language4	String	2	Optional	*See section 6.3 Language Reference for valid values*	Fourth Language spoken at the Provider's Practice Location 1.
BX–76	PracticeLocation1Language5	String	2	Optional	*See section 6.3 Language Reference for valid values*	Fifth Language spoken at the Provider's Practice Location 1.
BY–77	PracticeLocation1Language6	String	2	Optional	*See section 6.3 Language Reference for valid values*	Sixth Language spoken at the Provider's Practice Location 1.
BZ–78	PracticeLocationOpenorCloseMonday1	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Mondays. OPEN: Office is Open CLOSE: Office is Closed
CA–79	PracticeLocationOpenHourMonday1	9:99	10	Required if PracticeLocationOpenorCloseMonday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Mondays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CB–80	PracticeLocationCloseHourMonday1	String	10	Required if PracticeLocationOpenorCloseMonday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Mondays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CC–81	PracticeLocationOpenorCloseTuesday1	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Tuesdays. OPEN: Office is Open CLOSE: Office is Closed
CD–82	PracticeLocationOpenHourTuesday1	String	10	Required if PracticeLocationOpenorCloseTuesday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Tuesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CE–83	PracticeLocationCloseHourTuesday1	String	10	Required if PracticeLocationOpenorCloseTuesday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Tuesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CF–84	PracticeLocationOpenorCloseWednesday1	String	5		OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Wednesdays. OPEN: Office is Open CLOSE: Office is Closed

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
CG–85	PracticeLocationOpenHourWednesday1	String	10	Required if PracticeLocationOpenorCloseWednesday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Wednesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CH–86	PracticeLocationCloseHourWednesday1	String	10	Required if PracticeLocationOpenorCloseWednesday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Wednesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CI–87	PracticeLocationOpenorCloseThursday1	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Thursdays. OPEN: Office is Open CLOSE: Office is Closed
CJ–88	PracticeLocationOpenHourThursday1	String	10	Required if PracticeLocationOpenorCloseThursday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Thursdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CK–89	PracticeLocationCloseHourThursday1	String	10	Required if PracticeLocationOpenorCloseThursday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Thursdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CL–90	PracticeLocationOpenorCloseFriday1	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Fridays. OPEN: Office is Open CLOSE: Office is Closed
CM–91	PracticeLocationOpenHourFriday1	String	10	Required if PracticeLocationOpenorCloseFriday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Fridays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CN–92	PracticeLocationCloseHourFriday1	String	10	Required if PracticeLocationOpenorCloseFriday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Fridays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CO–93	PracticeLocationOpenorCloseSaturday1	String	5		OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Saturdays. OPEN: Office is Open CLOSE: Office is Closed
CP–94	PracticeLocationOpenHourSaturday1	String	10	Required if PracticeLocationOpenorCloseSaturday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Saturdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CQ–95	PracticeLocationCloseHourSaturday1	String	10	Required if PracticeLocationOpenorCloseSaturday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Saturdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CR–96	PracticeLocationOpenorCloseSunday1	String	5		OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Sundays. OPEN: Office is Open

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						CLOSE: Office is Closed
CS–97	PracticeLocationOpenHourSunday1	String	10	Required if PracticeLocationOpenorCloseSunday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Sundays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
CT–98	PracticeLocationCloseHourSunday1	String	10	Required if PracticeLocationOpenorCloseSunday1 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 1 is open on Sundays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
CU–99	ProviderBusinessPracticeLocationAddressTypeCode2	String	2	Required	31	Identifies the Address as the Provider's Practice Location Address 2. 31: Postal Mailing Address
CV–100	ProviderBusinessSameAsHomeAddressYN2	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated	Y, N	Identifies if the Practice Location Address 2 is the same as the Provider's Home Address Y: Yes N: No
CW–101	ProviderBusinessPrimaryLocationYN2	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated	Y, N	Identifies Practice Location Address 2 as the Primary Practice Location Y: Yes N: No
CX–102	ProviderFirstLineBusinessPracticeLocationAddress2	String	55	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated		Line 1 of the Provider's Practice Location Address 2
CY–103	ProviderSecondLineBusinessPracticeLocationAddress2	String	55	Optional		Line 2 of the Provider's Practice Location Address 2
CZ–104	ProviderBusinessPracticeLocationAddressCityName2	String	40	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated		City of the Provider's Practice Location Address 2
DA–105	ProviderBusinessPracticeLocationAddressStateName2	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated	*See section 6.1 State Reference for valid values*	State abbreviation of the Provider's Practice Location Address 2.
DB–106	ProviderBusinessPracticeLocationAddressPostalCode2	String	9	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated		Postal/Zip Code of the Provider's Practice Location 2. Only the first 5 digits are required.
DC–107	ProviderBusinessPracticeLocationAddressCountryCode2	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated	*See section 6.2 Country Reference for valid values*	Country Code of the Provider's Practice Location 2.
DD–108	ProviderBusinessPracticeLocationAddressTelephoneNumber2	String	20	Required if ProviderBusinessPracticeLocationAddressTypeCode2 is populated		Telephone Number of the Provider's Practice Location 2.
DE–109	ProviderBusinessPracticeLocationAddressFaxNumber2	String	20	Optional		Fax Number of the Provider's Practice Location 2.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
DF–110	IsPracticeLocationDisabilityAccessible2	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location 2 is accessible to individuals with mobility disabilities. Y: Yes N: No
DG–111	IsPracticeLocationRoomDisabilityAccessible2	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 2 has exam rooms that are accessible to individuals with mobility disabilities. Y: Yes N: No
DH–112	IsPracticeLocationMedicalEquipmentDisabilityAccessible2	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 2 has medical equipment that is accessible to individuals with mobility disabilities. Y: Yes N: No
DI–113	PracticeLocation2Language1	String	2	Optional	*See section 6.3 Language Reference for valid values*	First Language spoken at the Provider's Practice Location 2.
DJ–114	PracticeLocation2Language2	String	2	Optional	*See section 6.3 Language Reference for valid values*	Second Language spoken at the Provider's Practice Location 2.
DK–115	PracticeLocation2Language3	String	2	Optional	*See section 6.3 Language Reference for valid values*	Third Language spoken at the Provider's Practice Location 2.
DL–116	PracticeLocation2Language4	String	2	Optional	*See section 6.3 Language Reference for valid values*	Fourth Language spoken at the Provider's Practice Location 2.
DM–117	PracticeLocation2Language5	String	2	Optional	*See section 6.3 Language Reference for valid values*	Fifth Language spoken at the Provider's Practice Location 2.
DN–118	PracticeLocation2Language6	String	2	Optional	*See section 6.3 Language Reference for valid values*	Sixth Language spoken at the Provider's Practice Location 2.
DO–119	PracticeLocationOpenorCloseMonday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Mondays. OPEN: Office is Open CLOSE: Office is Closed
DP–120	PracticeLocationOpenHourMonday2	String	10	Required if PracticeLocationOpenorCloseMonday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Mondays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
DQ–121	PracticeLocationCloseHourMonday2	String	10	Required if PracticeLocationOpenorCloseMonday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Mondays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
DR–122	PracticeLocationOpenorCloseTuesday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Tuesdays. OPEN: Office is Open CLOSE: Office is Closed
DS–123	PracticeLocationOpenHourTuesday2	String	10	Required if PracticeLocationOpenorCloseTuesday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Tuesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
DT–124	PracticeLocationCloseHourTuesday2	String	10	Required if PracticeLocationOpenorCloseTuesday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Tuesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
DU–125	PracticeLocationOpenorCloseWednesday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Wednesdays. OPEN: Office is Open CLOSE: Office is Closed
DV–126	PracticeLocationOpenHourWednesday2	String	10	Required if PracticeLocationOpenorCloseWednesday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Wednesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
DW–127	PracticeLocationCloseHourWednesday2	String	10	Required if PracticeLocationOpenorCloseWednesday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Wednesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
DX–128	PracticeLocationOpenorCloseThursday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Thursdays. OPEN: Office is Open CLOSE: Office is Closed
DY–129	PracticeLocationOpenHourThursday2	String	10	Required if PracticeLocationOpenorCloseThursday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Thursdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
DZ–130	PracticeLocationCloseHourThursday2	String	10	Required if PracticeLocationOpenorCloseThursday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Thursdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
EA–131	PracticeLocationOpenorCloseFriday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Fridays. OPEN: Office is Open CLOSE: Office is Closed
EB–132	PracticeLocationOpenHourFriday2	String	10	Required if PracticeLocationOpenorCloseFriday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Fridays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
EC–133	PracticeLocationCloseHourFriday2	String	10	Required if PracticeLocationOpenorCloseFriday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Fridays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
ED–134	PracticeLocationOpenorCloseSaturday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Saturdays. OPEN: Office is Open CLOSE: Office is Closed
EE–135	PracticeLocationOpenHourSaturday2	String	10	Required if PracticeLocationOpenorCloseSaturday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Saturdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
EF–136	PracticeLocationCloseHourSaturday2	String	10	Required if PracticeLocationOpenorCloseSaturday2 = OPEN	*See section 6.4 Office Hours*	If Provider's Practice Location 2 is open on Saturdays, identifies what time the office closes. Allowed time from 5:00 AM

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
					Reference for valid values	To 11:45 PM, in 15 minute increments.
EG–137	PracticeLocationOpenorCloseSunday2	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 2 is Open or Closed on Sundays. OPEN: Office is Open CLOSE: Office is Closed
EH–138	PracticeLocationOpenHourSunday2	String	10	Required if PracticeLocationOpenorCloseSunday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Sundays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
EI–139	PracticeLocationCloseHourSunday2	String	10	Required if PracticeLocationOpenorCloseSunday2 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 2 is open on Sundays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
EJ–140	ProviderBusinessPracticeLocationAddressTypeCode3	String	2	Required	31	Identifies the Address as the Provider's Practice Location Address 3. 31: Postal Mailing Address
EK–141	ProviderBusinessSameAsHomeAddressYN3	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated	Y, N	Identifies if the Practice Location Address 3 is the same as the Provider's Home Address Y: Yes N: No
EL–142	ProviderBusinessPrimaryLocationYN3	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated	Y, N	Identifies Practice Location Address 3 as the Primary Practice Location Y: Yes N: No
EM–143	ProviderFirstLineBusinessPracticeLocationAddress3	String	55	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated		Line 1 of the Provider's Practice Location Address 3
EN–144	ProviderSecondLineBusinessPracticeLocationAddress3	String	55	Optional		Line 2 of the Provider's Practice Location Address 3
EO–145	ProviderBusinessPracticeLocationAddressCityName3	String	40	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated		City of the Provider's Practice Location Address 3
EP–146	ProviderBusinessPracticeLocationAddressStateName3	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated	*See section 6.1 State Reference for valid values*	State abbreviation of the Provider's Practice Location Address 3.
EQ–147	ProviderBusinessPracticeLocationAddressPostalCode3	String	9	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated		Postal/Zip Code of the Provider's Practice Location 3. Only the first 5 digits are required.
ER–148	ProviderBusinessPracticeLocationAddressCountryCode3	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated	*See section 6.2 Country Reference for valid values*	Country Code of the Provider's Practice Location 3.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
ES–149	ProviderBusinessPracticeLocationAddressTelephoneNumber3	String	20	Required if ProviderBusinessPracticeLocationAddressTypeCode3 is populated		Telephone Number of the Provider's Practice Location 3.
ET–150	ProviderBusinessPracticeLocationAddressFaxNumber3	String	20	Optional		Fax Number of the Provider's Practice Location 3.
EU–151	IsPracticeLocationDisabilityAccessible3	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location 3 is accessible to individuals with mobility disabilities. Y: Yes N: No
EV–152	IsPracticeLocationRoomDisabilityAccessible3	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 3 has exam rooms that are accessible to individuals with mobility disabilities. Y: Yes N: No
EW–153	IsPracticeLocationMedicalEquipmentDisabilityAccessible3	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 3 has medical equipment that is accessible to individuals with mobility disabilities. Y: Yes N: No
EX–154	PracticeLocation3Language1	String	2	Optional	*See section 6.3 Language Reference for valid values*	First Language spoken at the Provider's Practice Location 3.
EY–155	PracticeLocation3Language2	String	2	Optional	*See section 6.3 Language Reference for valid values*	Second Language spoken at the Provider's Practice Location 3.
EZ–156	PracticeLocation3Language3	String	2	Optional	*See section 6.3 Language Reference for valid values*	Third Language spoken at the Provider's Practice Location 3.
FA–157	PracticeLocation3Language4	String	2	Optional	*See section 6.3 Language Reference for valid values*	Fourth Language spoken at the Provider's Practice Location 3.
FB–158	PracticeLocation3Language5	String	2	Optional	*See section 6.3 Language Reference for valid values*	Fifth Language spoken at the Provider's Practice Location 3.
FC–159	PracticeLocation3Language6	String	2	Optional	*See section 6.3 Language Reference for valid values*	Sixth Language spoken at the Provider's Practice Location 3.
FD–160	PracticeLocationOpenorCloseMonday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Mondays. OPEN: Office is Open CLOSE: Office is Closed
FE–161	PracticeLocationOpenHourMonday3	String	10	Required if PracticeLocationOpenorCloseMonday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Mondays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FF–162	PracticeLocationCloseHourMonday3	String	10	Required if PracticeLocationOpenorCloseMonday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Mondays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FG–163	PracticeLocationOpenorCloseTuesday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Tuesdays. OPEN: Office is Open

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						CLOSE: Office is Closed
FH–164	PracticeLocationOpenHourTuesday3	String	10	Required if PracticeLocationOpenorCloseTuesday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Tuesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FI–165	PracticeLocationCloseHourTuesday3	String	10	Required if PracticeLocationOpenorCloseTuesday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Tuesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments. *See*
FJ–166	PracticeLocationOpenorCloseWednesday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Wednesdays. OPEN: Office is Open CLOSE: Office is Closed
FK–167	PracticeLocationOpenHourWednesday3	String	10	Required if PracticeLocationOpenorCloseWednesday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Wednesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FL–168	PracticeLocationCloseHourWednesday3	String	10	Required if PracticeLocationOpenorCloseWednesday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Wednesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FM–169	PracticeLocationOpenorCloseThursday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Thursdays. OPEN: Office is Open CLOSE: Office is Closed
FN–170	PracticeLocationOpenHourThursday3	String	10	Required if PracticeLocationOpenorCloseThursday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Thursdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FO–171	PracticeLocationCloseHourThursday3	String	10	Required if PracticeLocationOpenorCloseThursday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Thursdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments. *See*
FP–172	PracticeLocationOpenorCloseFriday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Fridays. OPEN: Office is Open CLOSE: Office is Closed
FQ–173	PracticeLocationOpenHourFriday3	String	10	Required if PracticeLocationOpenorCloseFriday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Fridays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FR–174	PracticeLocationCloseHourFriday3	String	10	Required if PracticeLocationOpenorCloseFriday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Fridays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FS–175	PracticeLocationOpenorCloseSaturday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Saturdays. OPEN: Office is Open CLOSE: Office is Closed

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
FT–176	PracticeLocationOpenHourSaturday3	String	10	Required if PracticeLocationOpen orCloseSaturday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Saturdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FU–177	PracticeLocationCloseHourSaturday3	String	10	Required if PracticeLocationOpen orCloseSaturday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Saturdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FV–178	PracticeLocationOpenorCloseSunday3	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 3 is Open or Closed on Sundays. OPEN: Office is Open CLOSE: Office is Closed
FW–179	PracticeLocationOpenHourSunday3	String	10	Required if PracticeLocationOpen orCloseSunday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Sundays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
FX–180	PracticeLocationCloseHourSunday3	String	10	Required if PracticeLocationOpen orCloseSunday3 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 3 is open on Sundays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
FY–181	ProviderBusinessPracticeLocationAddressTypeCode4	String	2	Required	31	Identifies the Address as the Provider's Practice Location Address 4. 31: Postal Mailing Address
FZ–182	ProviderBusinessSameAsHomeAddressYN4	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated	Y, N	Identifies if the Practice Location Address 4 is the same as the Provider's Home Address Y: Yes N: No
GA–183	ProviderBusinessPrimaryLocationYN4	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated	Y, N	Identifies Practice Location Address 4 as the Primary Practice Location Y: Yes N: No
GB–184	ProviderFirstLineBusinessPracticeLocationAddress4	String	55	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated		Line 1 of the Provider's Practice Location Address 4
GC–185	ProviderSecondLineBusinessPracticeLocationAddress4	String	55	Optional		Line 2 of the Provider's Practice Location Address 4
GD–186	ProviderBusinessPracticeLocationAddressCityName4	String	40	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated		City of the Provider's Practice Location Address 4
GE–187	ProviderBusinessPracticeLocationAddressStateName4	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated	*See section 6.1 State Reference for valid values*	State abbreviation of the Provider's Practice Location Address 4.
GF–188	ProviderBusinessPracticeLocationAddressPostalCode4	String	9	Required if ProviderBusinessPracticeLocationAdd		Postal/Zip Code of the Provider's Practice Location 4. Only the first 5 digits are required.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
				ressTypeCode4 is populated		
GG–189	ProviderBusinessPracticeLocationAddressCountryCode4	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated	*See section 6.2 Country Reference for valid values*	Country Code of the Provider's Practice Location 4.
GH–190	ProviderBusinessPracticeLocationAddressTelephoneNumber4	String	20	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated		Telephone Number of the Provider's Practice Location 4.
GI–191	ProviderBusinessPracticeLocationAddressFaxNumber4	String	20	Optional		Fax Number of the Provider's Practice Location 4.
GJ–192	IsPracticeLocationDisabilityAccessible4	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location 4 is accessible to individuals with mobility disabilities. Y: Yes N: No
GK–193	IsPracticeLocationRoomDisabilityAccessible4	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 4 has exam rooms that are accessible to individuals with mobility disabilities. Y: Yes N: No
GL–194	IsPracticeLocationMedicalEquipmentDisabilityAccessible4	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 4 has medical equipment that is accessible to individuals with mobility disabilities. Y: Yes N: No
GM–195	PracticeLocation4Language1	String	2	Optional	*See section 6.3 Language Reference for valid values*	First Language spoken at the Provider's Practice Location 4.
GN–196	PracticeLocation4Language2	String	2	Optional	*See section 6.3 Language Reference for valid values*	Second Language spoken at the Provider's Practice Location 4.
GO–197	PracticeLocation4Language3	String	2	Optional	*See section 6.3 Language Reference for valid values*	Third Language spoken at the Provider's Practice Location 4.
GP–198	PracticeLocation4Language4	String	2	Optional	*See section 6.3 Language Reference for valid values*	Fourth Language spoken at the Provider's Practice Location 4.
GQ–199	PracticeLocation4Language5	String	2	Optional	*See section 6.3 Language Reference for valid values*	Fifth Language spoken at the Provider's Practice Location 4.
GR–200	PracticeLocation4Language 6	String	2	Optional	*See section 6.3 Language Reference for valid values*	Sixth Language spoken at the Provider's Practice Location 4.
GS–201	PracticeLocationOpenorCloseMonday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 4 is Open or Closed on Mondays. OPEN: Office is Open CLOSE: Office is Closed
GT–202	PracticeLocationOpenHourMonday4	String	10	Required if PracticeLocationOpenorCloseMonday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Mondays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
GU–203	PracticeLocationCloseHourMonday4	String	10	Required if PracticeLocationOpenorCloseMonday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Mondays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
GV–204	PracticeLocationOpenorCloseTuesday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 4 is Open or Closed on Tuesdays. OPEN: Office is Open CLOSE: Office is Closed
GW–205	PracticeLocationOpenHourTuesday4	String	10	Required if PracticeLocationOpenorCloseTuesday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Tuesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
GX–206	PracticeLocationCloseHourTuesday4	String	10	Required if PracticeLocationOpenorCloseTuesday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Tuesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
GY–207	PracticeLocationOpenorCloseWednesday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 4 is Open or Closed on Wednesdays. OPEN: Office is Open CLOSE: Office is Closed
GZ–208	PracticeLocationOpenHourWednesday4	String	10	Required if PracticeLocationOpenorCloseWednesday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Wednesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HA–209	PracticeLocationCloseHourWednesday4	String	10	Required if PracticeLocationOpenorCloseWednesday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Wednesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HB–210	PracticeLocationOpenorCloseThursday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 4 is Open or Closed on Thursdays. OPEN: Office is Open CLOSE: Office is Closed
HC–211	PracticeLocationOpenHourThursday4	String	10	Required if PracticeLocationOpenorCloseThursday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Thursdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HD–212	PracticeLocationCloseHourThursday4	String	10	Required if PracticeLocationOpenorCloseThursday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Thursdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HE–213	PracticeLocationOpenorCloseFriday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 4 is Open or Closed on Fridays. OPEN: Office is Open CLOSE: Office is Closed
HF–214	PracticeLocationOpenHourFriday4	String	10	Required if PracticeLocationOpenorCloseFriday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Fridays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HG–215	PracticeLocationCloseHourFriday4	String	10	Required if PracticeLocationO	*See section 6.4 Office Hours*	If Provider's Practice Location 4 is open on Fridays, identifies what time the office closes. Allowed time from 5:00 AM

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
				penorCloseFriday4 = OPEN	*Reference for valid values*	To 11:45 PM, in 15 minute increments.
HH–216	PracticeLocationOpenorCloseSaturday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 4 is Open or Closed on Saturdays. OPEN: Office is Open CLOSE: Office is Closed
HI–217	PracticeLocationOpenHourSaturday4	String	10	Required if PracticeLocationOpenorCloseSaturday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Saturdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HJ–218	PracticeLocationCloseHourSaturday4	String	10	Required if PracticeLocationOpenorCloseSaturday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Saturdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HK–219	PracticeLocationOpenorCloseSunday4	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 1 is Open or Closed on Sundays. OPEN: Office is Open CLOSE: Office is Closed
HL–220	PracticeLocationOpenHourSunday4	String	10	Required if PracticeLocationOpenorCloseSunday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Sundays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
HM–221	PracticeLocationCloseHourSunday4	String	10	Required if PracticeLocationOpenorCloseSunday4 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 4 is open on Sundays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
HN–222	ProviderBusinessPracticeLocationAddressTypeCode5	String	2	Required	31	Identifies the Address as the Provider's Practice Location Address 5. 31: Postal Mailing Address
HO–223	ProviderBusinessSameAsHomeAddressYN5	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode5 is populated	Y, N	Identifies if the Practice Location Address 5 is the same as the Provider's Home Address Y: Yes N: No
HP–224	ProviderBusinessPrimaryLocationYN5	String	1	Required if ProviderBusinessPracticeLocationAddressTypeCode5 is populated	Y, N	Identifies Practice Location Address 5 as the Primary Practice Location Y: Yes N: No
HQ–225	ProviderFirstLineBusinessPracticeLocationAddress5	String	55	Required if ProviderBusinessPracticeLocationAddressTypeCode5 is populated		Line 1 of the Provider's Practice Location Address 5
HR–226	ProviderSecondLineBusinessPracticeLocationAddress5	String	55	Optional		Line 2 of the Provider's Practice Location Address 5
HS–227	ProviderBusinessPracticeLocationAddressCityName5	String	40	Required if ProviderBusinessPracticeLocationAddressTypeCode5 is populated		City of the Provider's Practice Location Address 5

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
HT–228	ProviderBusinessPracticeLocationAddressStateName5	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode5 is populated	*See section 6.1 State Reference for valid values*	State abbreviation of the Provider's Practice Location Address 5.
HU–229	ProviderBusinessPracticeLocationAddressPostalCode5	String	9	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated		Postal/Zip Code of the Provider's Practice Location 5 Only the first 5 digits are required.
HV–230	ProviderBusinessPracticeLocationAddressCountryCode5	String	2	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated	*See section 6.2 Country Reference for valid values*	Country Code of the Provider's Practice Location 5.
HW–231	ProviderBusinessPracticeLocationAddressTelephoneNumber5	String	20	Required if ProviderBusinessPracticeLocationAddressTypeCode4 is populated		Telephone Number of the Provider's Practice Location 5.
HX–232	ProviderBusinessPracticeLocationAddressFaxNumber5	String	20	Optional		Fax Number of the Provider's Practice Location 5.
HY–233	IsPracticeLocationDisabilityAccessible5	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 5 is accessible to individuals with mobility disabilities. Y: Yes N: No
HZ–234	IsPracticeLocationRoomDisabilityAccessible5	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 5 has exam rooms that are accessible to individuals with mobility disabilities. Y: Yes N: No
IA–235	IsPracticeLocationMedicalEquipmentDisabilityAccessible5	String	1	Optional	Y, N	Identifies whether the Provider's Practice Location 5 has medical equipment that is accessible to individuals with mobility disabilities. Y: Yes N: No
IB–236	PracticeLocation5Language1	String	2	Optional	*See section 6.3 Language Reference for valid values*	First Language spoken at the Provider's Practice Location 5.
IC–237	PracticeLocation5Language2	String	2	Optional	*See section 6.3 Language Reference for valid values*	Second Language spoken at the Provider's Practice Location 5.
ID–238	PracticeLocation5Language3	String	2	Optional	*See section 6.3 Language Reference for valid values*	Third Language spoken at the Provider's Practice Location 5.
IE–239	PracticeLocation5Language4	String	2	Optional	*See section 6.3 Language Reference for valid values*	Fourth Language spoken at the Provider's Practice Location 5.
IF–240	PracticeLocation5Language5	String	2	Optional	*See section 6.3 Language Reference for valid values*	Fifth Language spoken at the Provider's Practice Location 5.
IG–241	PracticeLocation5Language6	String	2	Optional	*See section 6.3 Language Reference for valid values*	Sixth Language spoken at the Provider's Practice Location 5.
IH–242	PracticeLocationOpenorCloseMonday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Mondays. OPEN: Office is Open

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						CLOSE: Office is Closed
II–243	PracticeLocationOpenHourMonday5	String	10	Required if PracticeLocationOpenorCloseMonday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Mondays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IJ–244	PracticeLocationCloseHourMonday5	String	10	Required if PracticeLocationOpenorCloseMonday5= OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Mondays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IK–245	PracticeLocationOpenorCloseTuesday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Tuesdays. OPEN: Office is Open CLOSE: Office is Closed
IL–246	PracticeLocationOpenHourTuesday5	String	10	Required if PracticeLocationOpenorCloseTuesday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Tuesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IM–247	PracticeLocationCloseHourTuesday5	String	10	Required if PracticeLocationOpenorCloseTuesday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Tuesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IN–248	PracticeLocationOpenorCloseWednesday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Wednesdays. OPEN: Office is Open CLOSE: Office is Closed
IO–249	PracticeLocationOpenHourWednesday5	String	10	Required if PracticeLocationOpenorCloseWednesday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Wednesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IP–250	PracticeLocationCloseHourWednesday5	String	10	Required if PracticeLocationOpenorCloseWednesday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Wednesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IQ–251	PracticeLocationOpenorCloseThursday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Thursdays. OPEN: Office is Open CLOSE: Office is Closed
IR–252	PracticeLocationOpenHourThursday5	String	10	Required if PracticeLocationOpenorCloseThursday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Thursdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IS–253	PracticeLocationCloseHourThursday5	String	10	Required if PracticeLocationOpenorCloseThursday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Thursdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IT–254	PracticeLocationOpenorCloseFriday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Fridays. OPEN: Office is Open CLOSE: Office is Closed
IU–255	PracticeLocationOpenHourFriday5	String	10	Required if PracticeLocationOpenorCloseFriday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Fridays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
IV–256	PracticeLocationCloseHourFriday5	String	10	Required if PracticeLocationOpenorCloseFriday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Fridays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IW–257	PracticeLocationOpenorCloseSaturday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Saturdays. OPEN: Office is Open CLOSE: Office is Closed
IX–258	PracticeLocationOpenHourSaturday5	String	10	Required if PracticeLocationOpenorCloseSaturday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Saturdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IY–259	PracticeLocationCloseHourSaturday5	String	10	Required if PracticeLocationOpenorCloseSaturday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Saturdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
IZ–260	PracticeLocationOpenorCloseSunday5	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location 5 is Open or Closed on Sundays. OPEN: Office is Open CLOSE: Office is Closed
JA–261	PracticeLocationOpenHourSunday5	String	10	Required if PracticeLocationOpenorCloseSunday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Sundays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
JB–262	PracticeLocationCloseHourSunday5	String	10	Required if PracticeLocationOpenorCloseSunday5 = OPEN	*See section 6.4 Office Hours Reference for valid values*	If Provider's Practice Location 5 is open on Sundays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
JC–263	HealthcareProviderTaxonomyCode1	String	10	Required		Taxonomy Code 1
JD–264	ProviderLicenseNumber1	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 1
JE–265	ProviderLicenseNumberStateCode1	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 1
JF–266	HealthcareProviderPrimaryTaxonomySwitch1	String	1	Required	Y, N	Identifies whether or not Taxonomy Code 1 is the Primary Taxonomy Y: Yes N: No
JG–267	HealthcareProviderTaxonomyCode2	String	10	Optional		Taxonomy Code 2
JH–268	ProviderLicenseNumber2	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 2
JI–269	ProviderLicenseNumberStateCode2	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 2
JJ–270	HealthcareProviderPrimaryTaxonomySwitch2	String	1	Required if HealthcareProviderTaxonomyCode2 is populated	Y, N	Identifies whether or not Taxonomy Code 2 is the Primary Taxonomy Y: Yes N: No

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
JK–271	HealthcareProviderTaxonomyCode3	String	10	Optional		Taxonomy Code 3
JL–272	ProviderLicenseNumber3	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 3
JM–273	ProviderLicenseNumberStateCode3	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 3
JN–274	HealthcareProviderPrimaryTaxonomySwitch3	String	1	Required if HealthcareProviderTaxonomyCode3 is populated	Y, N	Identifies whether or not Taxonomy Code 3 is the Primary Taxonomy Y: Yes N: No
JO–275	HealthcareProviderTaxonomyCode4	String	10	Optional		Taxonomy Code 4
JP–276	ProviderLicenseNumber4	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 4
JQ–277	ProviderLicenseNumberStateCode4	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 4
JR–278	HealthcareProviderPrimaryTaxonomySwitch4	String	1	Required if HealthcareProviderTaxonomyCode4 is populated	Y, N	Identifies whether or not Taxonomy Code 4 is the Primary Taxonomy Y: Yes N: No
JS–279	HealthcareProviderTaxonomyCode5	String	10	Optional		Taxonomy Code 5
JT–280	ProviderLicenseNumber5	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 5
JU–281	ProviderLicenseNumberStateCode5	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 5
JV–282	HealthcareProviderPrimaryTaxonomySwitch5	String	1	Required if HealthcareProviderTaxonomyCode5 is populated	Y, N	Identifies whether or not Taxonomy Code 5 is the Primary Taxonomy Y: Yes N: No
JW–283	HealthcareProviderTaxonomyCode6	String	10	Optional		Taxonomy Code 6
JX–284	ProviderLicenseNumber6	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 2
JY–285	ProviderLicenseNumberStateCode6	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 6
JZ–286	HealthcareProviderPrimaryTaxonomySwitch6	String	1	Required if HealthcareProviderTaxonomyCode6 is populated	Y, N	Identifies whether or not Taxonomy Code 6 is the Primary Taxonomy Y: Yes N: No
KA–287	HealthcareProviderTaxonomyCode7	String	10	Optional		Taxonomy Code 7
KB–288	ProviderLicenseNumber7	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 7
KC–289	ProviderLicenseNumberStateCode7	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 7
KD–290	HealthcareProviderPrimaryTaxonomySwitch7	String	1	Required if HealthcareProviderTaxonomyCode7 is populated	Y, N	Identifies whether or not Taxonomy Code 7 is the Primary Taxonomy Y: Yes N: No
KE–291	HealthcareProviderTaxonomyCode8	String	10	Optional		Taxonomy Code 8
KF–292	ProviderLicenseNumber8	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 8

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
KG–293	ProviderLicenseNumberStateCode8	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 8
KH–294	HealthcareProviderPrimaryTaxonomySwitch8	String	1	Required if HealthcareProviderTaxonomyCode8 is populated	Y, N	Identifies whether or not Taxonomy Code 8 is the Primary Taxonomy Y: Yes N: No
KI–295	HealthcareProviderTaxonomyCode9	String	10	Optional		Taxonomy Code 9
KJ–296	ProviderLicenseNumber9	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 9
KK–297	ProviderLicenseNumberStateCode9	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 9
KL–298	HealthcareProviderPrimaryTaxonomySwitch9	String	1	Required if HealthcareProviderTaxonomyCode9 is populated	Y, N	Identifies whether or not Taxonomy Code 9 is the Primary Taxonomy Y: Yes N: No
KM–299	HealthcareProviderTaxonomyCode10	String	10	Optional		Taxonomy Code 10
KN–300	ProviderLicenseNumber10	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 2
KO–301	ProviderLicenseNumberStateCode10	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 10
KP–302	HealthcareProviderPrimaryTaxonomySwitch10	String	1	Required if HealthcareProviderTaxonomyCode10 is populated	Y, N	Identifies whether or not Taxonomy Code 10 is the Primary Taxonomy Y: Yes N: No
KQ–303	HealthcareProviderTaxonomyCode11	String	10	Optional		Taxonomy Code 11
KR–304	ProviderLicenseNumber11	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 11
KS–305	ProviderLicenseNumberStateCode11	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 11
KT–306	HealthcareProviderPrimaryTaxonomySwitch11	String	1	Required if HealthcareProviderTaxonomyCode11 is populated	Y, N	Identifies whether or not Taxonomy Code 11 is the Primary Taxonomy Y: Yes N: No
KU–307	HealthcareProviderTaxonomyCode12	String	10	Optional		Taxonomy Code 12
KV–308	ProviderLicenseNumber12	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 12
KW–309	ProviderLicenseNumberStateCode12	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 12
KX–310	HealthcareProviderPrimaryTaxonomySwitch12	String	1	Required if HealthcareProviderTaxonomyCode12 is populated	Y, N	Identifies whether or not Taxonomy Code 12 is the Primary Taxonomy Y: Yes N: No
KY–311	HealthcareProviderTaxonomyCode13	String	10	Optional		Taxonomy Code 13
KZ–312	ProviderLicenseNumber13	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 13
LA–313	ProviderLicenseNumberStateCode13	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 13
LB–314	HealthcareProviderPrimaryTaxonomySwitch13	String	1	Required if HealthcareProvider	Y, N	Identifies whether or not Taxonomy Code 1 is the Primary Taxonomy

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
				TaxonomyCode13 is populated		Y: Yes N: No
LC–315	HealthcareProviderTaxonomyCode14	String	10	Optional		Taxonomy Code 14
LD–316	ProviderLicenseNumber14	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 14
LE–317	ProviderLicenseNumberStateCode14	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 14
LF–318	HealthcareProviderPrimaryTaxonomySwitch14	String	1	Required if HealthcareProviderTaxonomyCode14 is populated	Y, N	Identifies whether or not Taxonomy Code 14 is the Primary Taxonomy Y: Yes N: No
LG–319	HealthcareProviderTaxonomyCode15	String	10	Optional		Taxonomy Code 15
LH–320	ProviderLicenseNumber15	String	20	Required for certain individual taxonomy codes.		License associated with Taxonomy Code 15
LI–321	ProviderLicenseNumberStateCode15	String	2	Required if License Number contains data	*See section 6.1 State Reference for valid values*	State abbreviation associated with Taxonomy Code 15
LJ–322	HealthcareProviderPrimaryTaxonomySwitch15	String	1	Required if HealthcareProviderTaxonomyCode15 is populated	Y, N	Identifies whether or not Taxonomy Code 15 is the Primary Taxonomy Y: Yes N: No
LK–323	HealthcareProviderTaxonomyGroup1	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 1 is a group Taxonomy.
LL–324	HealthcareProviderTaxonomyGroup2	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 1 is a group Taxonomy.
LM–325	HealthcareProviderTaxonomyGroup3	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 1 is a group Taxonomy.
LN–326	HealthcareProviderTaxonomyGroup4	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 1 is a group Taxonomy.
LO–327	HealthcareProviderTaxonomyGroup5	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 1 is a group Taxonomy.
LP–328	HealthcareProviderTaxonomyGroup6	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 1 is a group Taxonomy.
LQ–329	HealthcareProviderTaxonomyGroup7	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 1 is a group Taxonomy.
LR–330	HealthcareProviderTaxonomyGroup8	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 8 is a group Taxonomy.
LS–331	HealthcareProviderTaxonomyGroup9	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 9 is a group Taxonomy.
LT–332	HealthcareProviderTaxonomyGroup10	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 10 is a group Taxonomy.
LU–333	HealthcareProviderTaxonomyGroup11	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 11 is a group Taxonomy.
LV–334	HealthcareProviderTaxonomyGroup12	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 12 is a group Taxonomy.
LW–335	HealthcareProviderTaxonomyGroup13	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 13 is a group Taxonomy.
LX–336	HealthcareProviderTaxonomyGroup14	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 14 is a group Taxonomy.
LY–337	HealthcareProviderTaxonomyGroup15	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy 15 is a group Taxonomy.

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
LZ–338	OtherProviderIdentifier1	String	20	Optional		Other Identifier #1
MA–339	OtherProviderIdentifierTypeCode1	String	2	Required if OtherProviderIdentifier1 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #1 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MB–340	OtherProviderIdentifierState1	String	2	Required if OtherProviderIdentifier1 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #1 State Required for all Medicaid Other Identifiers.
MC–341	OtherProviderIdentifierIssuer1	String	70	Required if OtherProviderIdentifier1 = OT		Other Identifier #1 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #1 Type Code is OT(other)
MD–342	OtherProviderIdentifier2	String	20	Optional		Other Identifier #2
ME–343	OtherProviderIdentifierTypeCode2	String	2	Required if OtherProviderIdentifier2 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #2 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MF–344	OtherProviderIdentifierState2	String	2	Required if OtherProviderIdentifier2 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #2 State Required for all Medicaid Other Identifiers.
MG–345	OtherProviderIdentifierIssuer2	String	70	Required if OtherProviderIdentifier2 = OT		Other Identifier #2 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #2 Type Code is OT(other)
MH–346	OtherProviderIdentifier3	String	20	Optional		Other Identifier #3
MI–347	OtherProviderIdentifierTypeCode3	String	2	Required if OtherProviderIdentifier3 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #3 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MJ–348	OtherProviderIdentifierState3	String	2	Required if OtherProviderIdentifier3 = 1D	*See section 6.1 State Reference*	Other Identifier #3 State Required for all Medicaid Other Identifiers.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
					for valid values	
MK–349	OtherProviderIdentifierIssuer3	String	70	Required if OtherProviderIdentifier3 = OT		Other Identifier #3 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #3 Type Code is OT(other)
ML–350	OtherProviderIdentifier4	String	20	Optional		Other Identifier #4
MM–351	OtherProviderIdentifierTypeCode4	String	2	Required if OtherProviderIdentifier4 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #4 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MN–352	OtherProviderIdentifierState4	String	2	Required if OtherProviderIdentifier4 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #4 State Required for all Medicaid Other Identifiers.
MO–353	OtherProviderIdentifierIssuer4	String	70	Required if OtherProviderIdentifier4 = OT		Other Identifier #4 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #4 Type Code is OT(other)
MP–354	OtherProviderIdentifier5	String	20	Optional		Other Identifier #5
MQ–355	OtherProviderIdentifierTypeCode5	String	2	Required if OtherProviderIdentifier5 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #5 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MR–356	OtherProviderIdentifierState5	String	2	Required if OtherProviderIdentifier5 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #5 State Required for all Medicaid Other Identifiers.
MS–357	OtherProviderIdentifierIssuer5	String	70	Required if OtherProviderIdentifier5 = OT		Other Identifier #5 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #5 Type Code is OT(other)
MT–358	OtherProviderIdentifier6	String	20	Optional		Other Identifier #6
MU–359	OtherProviderIdentifierTypeCode6	String	2	Required if OtherProviderIdentifier6 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #6 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MV–360	OtherProviderIdentifierState6	String	2	Required if OtherProviderIdentifier6 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #6 State Required for all Medicaid Other Identifiers.
MW–361	OtherProviderIdentifierIssuer6	String	70	Required if OtherProviderIdentifier6 = OT		Other Identifier #6 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #6 Type Code is OT(other)
MX–362	OtherProviderIdentifier7	String	20	Optional		Other Identifier #7
MY–363	OtherProviderIdentifierTypeCode7	String	2	Required if OtherProviderIdentifier7 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #7 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
MZ–364	OtherProviderIdentifierState7	String	2	Required if OtherProviderIdentifier7 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #7 State Required for all Medicaid Other Identifiers.
NA–365	OtherProviderIdentifierIssuer7	String	70	Required if OtherProviderIdentifier7 = OT		Other Identifier #7 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #7 Type Code is OT(other)
NB–366	OtherProviderIdentifier8	String	20	Optional		Other Identifier #8
NC–367	OtherProviderIdentifierTypeCode8	String	2	Required if OtherProviderIdentifier8 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #8 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
ND–368	OtherProviderIdentifierState8	String	2	Required if OtherProviderIdentifier8 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #8 State Required for all Medicaid Other Identifiers.
NE–369	OtherProviderIdentifierIssuer8	String	70	Required if OtherProviderIdentifier8 = OT		Other Identifier #8 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #8 Type Code is OT(other)
NF–370	OtherProviderIdentifier9	String	20	Optional		Other Identifier #9
NG–371	OtherProviderIdentifierTypeCode9	String	2	Required if OtherProviderIdentifier9 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #9 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
NH–372	OtherProviderIdentifierState9	String	2	Required if OtherProviderIdentifier9 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #9 State Required for all Medicaid Other Identifiers.
NI–373	OtherProviderIdentifierIssuer9	String	70	Required if OtherProviderIdentifier9 = OT		Other Identifier #9 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #9 Type Code is OT(other)
NJ–374	OtherProviderIdentifier10	String	20	Optional		Other Identifier #10
NK–375	OtherProviderIdentifierTypeCode10	String	2	Required if OtherProviderIdentifier10 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #10 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
NL–376	OtherProviderIdentifierState10	String	2	Required if OtherProviderIdentifier10 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #10 State Required for all Medicaid Other Identifiers.
NM–377	OtherProviderIdentifierIssuer10	String	70	Required if OtherProviderIdentifier10 = OT		Other Identifier #10 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #10 Type Code is OT(other)
NN–378	OtherProviderIdentifier11	String	20	Optional		Other Identifier #11
NO–379	OtherProviderIdentifierTypeCode11	String	2	Required if OtherProviderIdentifier11 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #11 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
NP–380	OtherProviderIdentifierState11	String	2	Required if OtherProviderIdentifier11 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #11 State Required for all Medicaid Other Identifiers.
NQ–381	OtherProviderIdentifierIssuer11	String	70	Required if OtherProviderIdentifier11 = OT		Other Identifier #11 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #11 Type Code is OT(other)

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
NR–382	OtherProviderIdentifier12	String	20	Optional		Other Identifier #12
NS–383	OtherProviderIdentifierTypeCode12	String	2	Required if OtherProviderIdentifier12 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #12 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
NT–384	OtherProviderIdentifierState12	String	2	Required if OtherProviderIdentifier12 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #12 State Required for all Medicaid Other Identifiers.
NU–385	OtherProviderIdentifierIssuer12	String	70	Required if OtherProviderIdentifier12 = OT		Other Identifier #12 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #12 Type Code is OT(other)
NV–386	OtherProviderIdentifier13	String	20	Optional		Other Identifier #13
NW–387	OtherProviderIdentifierTypeCode13	String	2	Required if OtherProviderIdentifier13 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #13 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
NX–388	OtherProviderIdentifierState13	String	2	Required if OtherProviderIdentifier13 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #13 State Required for all Medicaid Other Identifiers.
NY–389	OtherProviderIdentifierIssuer13	String	70	Required if OtherProviderIdentifier13 = OT		Other Identifier #13 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #13 Type Code is OT(other)
NZ–390	OtherProviderIdentifier14	String	20	Optional		Other Identifier #14
OA–391	OtherProviderIdentifierTypeCode14	String	2	Required if OtherProviderIdentifier14 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #14 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
OB–392	OtherProviderIdentifierState14	String	2	Required if OtherProviderIdentifier14 = 1D	*See section 6.1 State Reference*	Other Identifier #14 State Required for all Medicaid Other Identifiers.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
					for valid values	
OC–393	OtherProviderIdentifierIssuer14	String	70	Required if OtherProviderIdentifier14 = OT		Other Identifier #14 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #14 Type Code is OT(other)
OD–394	OtherProviderIdentifier15	String	20	Optional		Other Identifier #15
OE–395	OtherProviderIdentifierTypeCode15	String	2	Required if OtherProviderIdentifier15 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #15 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
OF–396	OtherProviderIdentifierState15	String	2	Required if OtherProviderIdentifier15 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #15 State Required for all Medicaid Other Identifiers.
OG–397	OtherProviderIdentifierIssuer15	String	70	Required if OtherProviderIdentifier15 = OT		Other Identifier #15 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #15 Type Code is OT(other)
OH–398	OtherProviderIdentifier16	String	20	Optional		Other Identifier #16
OI–399	OtherProviderIdentifierTypeCode16	String	2	Required if OtherProviderIdentifier16 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #16 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
OJ–400	OtherProviderIdentifierState16	String	2	Required if OtherProviderIdentifier16 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #16 State Required for all Medicaid Other Identifiers.
OK–401	OtherProviderIdentifierIssuer16	String	70	Required if OtherProviderIdentifier16 = OT		Other Identifier #16 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #16 Type Code is OT(other)
OL–402	OtherProviderIdentifier17	String	20	Optional		Other Identifier #17
OM–403	OtherProviderIdentifierTypeCode17	String	2	Required if OtherProviderIdentifier17 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #17 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						OS – MEDICARE OSCAR OT – Other Type
ON–404	OtherProviderIdentifierState17	String	2	Required if OtherProviderIdentifier17 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #17 State Required for all Medicaid Other Identifiers.
OO–405	OtherProviderIdentifierIssuer17	String	70	Required if OtherProviderIdentifier17 = OT		Other Identifier #17 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #17 Type Code is OT(other)
OP–406	OtherProviderIdentifier18	String	20	Optional		Other Identifier #18
OQ–407	OtherProviderIdentifierTypeCode18	String	2	Required if OtherProviderIdentifier18 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #18 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
OR–408	OtherProviderIdentifierState18	String	2	Required if OtherProviderIdentifier18 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #18 State Required for all Medicaid Other Identifiers.
OS–409	OtherProviderIdentifierIssuer18	String	70	Required if OtherProviderIdentifier18 = OT		Other Identifier #18 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #18 Type Code is OT(other)
OT–410	OtherProviderIdentifier19	String	20	Optional		Other Identifier #19
OU–411	OtherProviderIdentifierTypeCode19	String	2	Required if OtherProviderIdentifier19 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #19 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
OV–412	OtherProviderIdentifierState19	String	2	Required if OtherProviderIdentifier19 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #19 State Required for all Medicaid Other Identifiers.
OW–413	OtherProviderIdentifierIssuer19	String	70	Required if OtherProviderIdentifier19 = OT		Other Identifier #19 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #19 Type Code is OT(other)
OX–414	OtherProviderIdentifier20	String	20	Optional		Other Identifier #20
OY–415	OtherProviderIdentifierTypeCode20	String	2	Required if OtherProviderIdentifier20 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #20 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
OZ–416	OtherProviderIdentifierState20	String	2	Required if OtherProviderIdentifier20 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #20 State Required for all Medicaid Other Identifiers.
PA–417	OtherProviderIdentifierIssuer20	String	70	Required if OtherProviderIdentifier20 = OT		Other Identifier #20 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #20 Type Code is OT(other)
PB–418	OtherProviderIdentifier21	String	20	Optional		Other Identifier #21
PC–419	OtherProviderIdentifierTypeCode21	String	2	Required if OtherProviderIdentifier21 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #21 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
PD–420	OtherProviderIdentifierState21	String	2	Required if OtherProviderIdentifier21 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #21 State Required for all Medicaid Other Identifiers.
PE–421	OtherProviderIdentifierIssuer21	String	70	Required if OtherProviderIdentifier21 = OT		Other Identifier #21 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #21 Type Code is OT(other)
PF–422	OtherProviderIdentifier22	String	20	Optional		Other Identifier #22
PG–423	OtherProviderIdentifierTypeCode22	String	2	Required if OtherProviderIdentifier22 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #22 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
PH–424	OtherProviderIdentifierState22	String	2	Required if OtherProviderIdentifier22 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #22 State Required for all Medicaid Other Identifiers.
PI–425	OtherProviderIdentifierIssuer22	String	70	Required if OtherProviderIdentifier22 = OT		Other Identifier #22 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #22 Type Code is OT(other)
PJ–426	OtherProviderIdentifier23	String	20	Optional		Other Identifier #23

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
PK–427	OtherProviderIdentifierTypeCode23	String	2	Required if OtherProviderIdentifier23 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #23 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
PL–428	OtherProviderIdentifierState23	String	2	Required if OtherProviderIdentifier23 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #23 State Required for all Medicaid Other Identifiers.
PM–429	OtherProviderIdentifierIssuer23	String	70	Required if OtherProviderIdentifier23 = OT		Other Identifier #23 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #23 Type Code is OT(other)
PN–430	OtherProviderIdentifier24	String	20	Optional		Other Identifier #24
PO–431	OtherProviderIdentifierTypeCode24	String	2	Required if OtherProviderIdentifier24 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #24 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
PP–432	OtherProviderIdentifierState24	String	2	Required if OtherProviderIdentifier24 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #24 State Required for all Medicaid Other Identifiers.
PQ–433	OtherProviderIdentifierIssuer24	String	70	Required if OtherProviderIdentifier24 = OT		Other Identifier #24 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #24 Type Code is OT(other)
PR–434	OtherProviderIdentifier25	String	20	Optional		Other Identifier #25
PS–435	OtherProviderIdentifierTypeCode25	String	2	Required if OtherProviderIdentifier25 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #25 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
PT–436	OtherProviderIdentifierState25	String	2	Required if OtherProviderIdentifier25 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #25 State Required for all Medicaid Other Identifiers.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
PU–437	OtherProviderIdentifierIssuer25	String	70	Required if OtherProviderIdentifier25 = OT		Other Identifier #25 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #25 Type Code is OT(other)
PV–438	OtherProviderIdentifier26	String	20	Optional		Other Identifier #26
PW–439	OtherProviderIdentifierTypeCode26	String	2	Required if OtherProviderIdentifier26 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #26 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
PX–440	OtherProviderIdentifierState26	String	2	Required if OtherProviderIdentifier26 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #26 State Required for all Medicaid Other Identifiers.
PY–441	OtherProviderIdentifierIssuer26	String	70	Required if OtherProviderIdentifier26 = OT		Other Identifier #26 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #26 Type Code is OT(other)
PZ–442	OtherProviderIdentifier27	String	20	Optional		Other Identifier #27
QA–443	OtherProviderIdentifierTypeCode27	String	2	Required if OtherProviderIdentifier27 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #27 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QB–444	OtherProviderIdentifierState27	String	2	Required if OtherProviderIdentifier27 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #27 State Required for all Medicaid Other Identifiers.
QC–445	OtherProviderIdentifierIssuer27	String	70	Required if OtherProviderIdentifier27 = OT		Other Identifier #27 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #27 Type Code is OT(other)
QD–446	OtherProviderIdentifier28	String	20	Optional		Other Identifier #28
QE–447	OtherProviderIdentifierTypeCode28	String	2	Required if OtherProviderIdentifier28 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #28 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
QF–448	OtherProviderIdentifierState28	String	2	Required if OtherProviderIdentifier28 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #28 State Required for all Medicaid Other Identifiers.
QG–449	OtherProviderIdentifierIssuer28	String	70	Required if OtherProviderIdentifier28 = OT		Other Identifier #28 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #28 Type Code is OT(other)
QH–450	OtherProviderIdentifier29	String	20	Optional		Other Identifier #29
QI–451	OtherProviderIdentifierTypeCode29	String	2	Required if OtherProviderIdentifier29 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #29 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QJ–452	OtherProviderIdentifierState29	String	2	Required if OtherProviderIdentifier29 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #29 State Required for all Medicaid Other Identifiers.
QK–453	OtherProviderIdentifierIssuer29	String	70	Required if OtherProviderIdentifier29 = OT		Other Identifier #29 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #29 Type Code is OT(other)
QL–454	OtherProviderIdentifier30	String	20	Optional		Other Identifier #30
QM–455	OtherProviderIdentifierTypeCode30	String	2	Required if OtherProviderIdentifier30 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #30 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QN–456	OtherProviderIdentifierState30	String	2	Required if OtherProviderIdentifier30 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #30 State Required for all Medicaid Other Identifiers.
QO–457	OtherProviderIdentifierIssuer30	String	70	Required if OtherProviderIdentifier30 = OT		Other Identifier #30 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #30 Type Code is OT(other)
QP–458	OtherProviderIdentifier31	String	20	Optional		Other Identifier #31
QQ–459	OtherProviderIdentifierTypeCode31	String	2	Required if OtherProviderIdentifier31 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #31 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QR–460	OtherProviderIdentifierState31	String	2	Required if OtherProviderIdentifier31 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #31 State Required for all Medicaid Other Identifiers.
QS–461	OtherProviderIdentifierIssuer31	String	70	Required if OtherProviderIdentifier31 = OT		Other Identifier #31 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #31 Type Code is OT(other)
QT–462	OtherProviderIdentifier32	String	20	Optional		Other Identifier #32
QU–463	OtherProviderIdentifierTypeCode32	String	2	Required if OtherProviderIdentifier32 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #32 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QV–464	OtherProviderIdentifierState32	String	2	Required if OtherProviderIdentifier32 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #32 State Required for all Medicaid Other Identifiers.
QW–465	OtherProviderIdentifierIssuer32	String	70	Required if OtherProviderIdentifier32 = OT		Other Identifier #32 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #32 Type Code is OT(other)
QX–466	OtherProviderIdentifier33	String	20	Optional		Other Identifier #33
QY–467	OtherProviderIdentifierTypeCode33	String	2	Required if OtherProviderIdentifier33 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #33 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
QZ–468	OtherProviderIdentifierState33	String	2	Required if OtherProviderIdentifier33 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #33 State Required for all Medicaid Other Identifiers.
RA–469	OtherProviderIdentifierIssuer33	String	70	Required if OtherProviderIdentifier33 = OT		Other Identifier #33 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #33 Type Code is OT(other)
RB–470	OtherProviderIdentifier34	String	20	Optional		Other Identifier #34
RC–471	OtherProviderIdentifierTypeCode34	String	2	Required if OtherProviderIdentifier34 is populated	1A, 1B, 1C, 1D, 1G, 1H,	Other Identifier #34 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
					G2, MP, NS, OS, OT	1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
RD–472	OtherProviderIdentifierState34	String	2	Required if OtherProviderIdentifier34 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #34 State Required for all Medicaid Other Identifiers.
RE–473	OtherProviderIdentifierIssuer34	String	70	Required if OtherProviderIdentifier34 = OT		Other Identifier #34 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #34 Type Code is OT(other)
RF–474	OtherProviderIdentifier35	String	20	Optional		Other Identifier #35
RG–475	OtherProviderIdentifierTypeCode35	String	2	Required if OtherProviderIdentifier35 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #35 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
RH–476	OtherProviderIdentifierState35	String	2	Required if OtherProviderIdentifier35 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #35 State Required for all Medicaid Other Identifiers.
RI–477	OtherProviderIdentifierIssuer35	String	70	Required if OtherProviderIdentifier35 = OT		Other Identifier #35 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #35 Type Code is OT(other)
RJ–478	OtherProviderIdentifier36	String	20	Optional		Other Identifier #36
RK–479	OtherProviderIdentifierTypeCode36	String	2	Required if OtherProviderIdentifier36 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #36 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
RL–480	OtherProviderIdentifierState36	String	2	Required if OtherProviderIdentifier36 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #36 State Required for all Medicaid Other Identifiers.
RM–481	OtherProviderIdentifierIssuer36	String	70	Required if OtherProviderIdentifier36 = OT		Other Identifier #36 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #36 Type Code is OT(other)

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
RN–482	OtherProviderIdentifier37	String	20	Optional		Other Identifier #37
RO–483	OtherProviderIdentifierTypeCode37	String	2	Required if OtherProviderIdentifier37 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #37 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
RP–484	OtherProviderIdentifierState37	String	2	Required if OtherProviderIdentifier37 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #37 State Required for all Medicaid Other Identifiers.
RQ–485	OtherProviderIdentifierIssuer37	String	70	Required if OtherProviderIdentifier37 = OT		Other Identifier #37 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #37 Type Code is OT(other)
RR–486	OtherProviderIdentifier38	String	20	Optional		Other Identifier #38
RS–487	OtherProviderIdentifierTypeCode38	String	2	Required if OtherProviderIdentifier38 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #38 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
RT–488	OtherProviderIdentifierState38	String	2	Required if OtherProviderIdentifier38 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #38 State Required for all Medicaid Other Identifiers.
RU–489	OtherProviderIdentifierIssuer38	String	70	Required if OtherProviderIdentifier38 = OT		Other Identifier #38 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #38 Type Code is OT(other)
RV–490	OtherProviderIdentifier39	String	20	Optional		Other Identifier #39
RW–491	OtherProviderIdentifierTypeCode39	String	2	Required if OtherProviderIdentifier39 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #39 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
RX–492	OtherProviderIdentifierState39	String	2	Required if OtherProviderIdentifier39 = 1D	*See section 6.1 State Reference*	Other Identifier #39 State Required for all Medicaid Other Identifiers.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
					for valid values	
RY–493	OtherProviderIdentifierIssuer39	String	70	Required if OtherProviderIdentifier39 = OT		Other Identifier #39 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #39 Type Code is OT(other)
RZ–494	OtherProviderIdentifier40	String	20	Optional		Other Identifier #40
SA–495	OtherProviderIdentifierTypeCode40	String	2	Required if OtherProviderIdentifier40 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #40 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SB–496	OtherProviderIdentifierState40	String	2	Required if OtherProviderIdentifier40 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #40 State Required for all Medicaid Other Identifiers.
SC–497	OtherProviderIdentifierIssuer40	String	70	Required if OtherProviderIdentifier40 = OT		Other Identifier #40 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #40 Type Code is OT(other)
SD–498	OtherProviderIdentifier41	String	20	Optional		Other Identifier #41
SE–499	OtherProviderIdentifierTypeCode41	String	2	Required if OtherProviderIdentifier41 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #41 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SF–500	OtherProviderIdentifierState41	String	2	Required if OtherProviderIdentifier41 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #41 State Required for all Medicaid Other Identifiers.
SG–501	OtherProviderIdentifierIssuer41	String	70	Required if OtherProviderIdentifier41 = OT		Other Identifier #41 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #41 Type Code is OT(other)
SH–502	OtherProviderIdentifier42	String	20	Optional		Other Identifier #42
SI–503	OtherProviderIdentifierTypeCode42	String	2	Required if OtherProviderIdentifier42 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #42 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						OS – MEDICARE OSCAR OT – Other Type
SJ–504	OtherProviderIdentifierState42	String	2	Required if OtherProviderIdentifier42 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #42 State Required for all Medicaid Other Identifiers.
SK–505	OtherProviderIdentifierIssuer42	String	70	Required if OtherProviderIdentifier42 = OT		Other Identifier #42 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #42 Type Code is OT(other)
SL–506	OtherProviderIdentifier43	String	20	Optional		Other Identifier #43
SM–507	OtherProviderIdentifierTypeCode43	String	2	Required if OtherProviderIdentifier43 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #43 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SN–508	OtherProviderIdentifierState43	String	2	Required if OtherProviderIdentifier43 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #43 State Required for all Medicaid Other Identifiers.
SO–509	OtherProviderIdentifierIssuer43	String	70	Required if OtherProviderIdentifier43 = OT		Other Identifier #43 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #43 Type Code is OT(other)
SP–510	OtherProviderIdentifier44	String	20	Optional		Other Identifier #44
SQ–511	OtherProviderIdentifierTypeCode44	String	2	Required if OtherProviderIdentifier44 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #44 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SR–512	OtherProviderIdentifierState44	String	2	Required if OtherProviderIdentifier44 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #44 State Required for all Medicaid Other Identifiers.
SS–513	OtherProviderIdentifierIssuer44	String	70	Required if OtherProviderIdentifier44 = OT		Other Identifier #44 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #44 Type Code is OT(other)
ST–514	OtherProviderIdentifier45	String	20	Optional		Other Identifier #45
SU–515	OtherProviderIdentifierTypeCode45	String	2	Required if OtherProviderIdentifier45 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #45 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SV–516	OtherProviderIdentifierState45	String	2	Required if OtherProviderIdentifier45 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #45 State Required for all Medicaid Other Identifiers.
SW–517	OtherProviderIdentifierIssuer45	String	70	Required if OtherProviderIdentifier45 = OT		Other Identifier #45 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #45 Type Code is OT(other)
SX–518	OtherProviderIdentifier46	String	20	Optional		Other Identifier #46
SY–519	OtherProviderIdentifierTypeCode46	String	2	Required if OtherProviderIdentifier46 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #46 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
SZ–520	OtherProviderIdentifierState46	String	2	Required if OtherProviderIdentifier46 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #46 State Required for all Medicaid Other Identifiers.
TA–521	OtherProviderIdentifierIssuer46	String	70	Required if OtherProviderIdentifier46 = OT		Other Identifier #46 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #46 Type Code is OT(other)
TB–522	OtherProviderIdentifier47	String	20	Optional		Other Identifier #47
TC–523	OtherProviderIdentifierTypeCode47	String	2	Required if OtherProviderIdentifier47 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #47 Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
TD–524	OtherProviderIdentifierState47	String	2	Required if OtherProviderIdentifier47 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #47 State Required for all Medicaid Other Identifiers.
TE–525	OtherProviderIdentifierIssuer47	String	70	Required if OtherProviderIdentifier47 = OT		Other Identifier #47 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #47 Type Code is OT(other)
TF–526	OtherProviderIdentifier48	String	20	Optional		Other Identifier #48

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation

TG–527	OtherProviderIdentifierTypeCode48	String	2	Required if OtherProviderIdentifier48 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #48 Type Code identifies the issuer of the Other Identifier.
						  1A – Blue Cross Provider Number
						  1B – Blue Shield Provider Number
						  1C – MEDICARE ID Unknown
						  1D – MEDICAID
						  1G – MEDICARE UPIN
						  1H – CHAMPUS Identification Number
						  G2 – Provider Commercial Number
						  MP – MEDICARE PIN
						  NS – MEDICARE NSC
						  OS – MEDICARE OSCAR
						  OT – Other Type

TH–528	OtherProviderIdentifierState48	String	2	Required if OtherProviderIdentifier48 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #48 State Required for all Medicaid Other Identifiers.
TI–529	OtherProviderIdentifierIssuer48	String	70	Required if OtherProviderIdentifier48 = OT		Other Identifier #48 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #48 Type Code is OT(other)
TJ–530	OtherProviderIdentifier49	String	20	Optional		Other Identifier #49

TK–531	OtherProviderIdentifierTypeCode49	String	2	Required if OtherProviderIdentifier49 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #49 Type Code identifies the issuer of the Other Identifier.
						  1A – Blue Cross Provider Number
						  1B – Blue Shield Provider Number
						  1C – MEDICARE ID Unknown
						  1D – MEDICAID
						  1G – MEDICARE UPIN
						  1H – CHAMPUS Identification Number
						  G2 – Provider Commercial Number
						  MP – MEDICARE PIN
						  NS – MEDICARE NSC
						  OS – MEDICARE OSCAR
						  OT – Other Type

TL–532	OtherProviderIdentifierState49	String	2	Required if OtherProviderIdentifier49 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #49 State Required for all Medicaid Other Identifiers.
TM–533	OtherProviderIdentifierIssuer49	String	70	Required if OtherProviderIdentifier49 = OT		Other Identifier #49 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #49 Type Code is OT(other)
TN–534	OtherProviderIdentifier50	String	20	Optional		Other Identifier #50

TO–535	OtherProviderIdentifierTypeCode50	String	2	Required if OtherProviderIdentifier50 is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier #50 Type Code identifies the issuer of the Other Identifier.
						  1A – Blue Cross Provider Number
						  1B – Blue Shield Provider Number
						  1C – MEDICARE ID Unknown
						  1D – MEDICAID
						  1G – MEDICARE UPIN
						  1H – CHAMPUS Identification Number
						  G2 – Provider Commercial Number
						  MP – MEDICARE PIN
						  NS – MEDICARE NSC
						  OS – MEDICARE OSCAR
						  OT – Other Type

TP–536	OtherProviderIdentifierState50	String	2	Required if OtherProviderIdentifier50 = 1D	*See section 6.1 State Reference for valid values*	Other Identifier #50 State Required for all Medicaid Other Identifiers.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
TQ–537	OtherProviderIdentifierIssuer50	String	70	Required if OtherProviderIdentifier50 = OT		Other Identifier #50 Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #50 Type Code is OT(other)

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

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

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
TZ–546	EndPointQualifier1	String	20	Optional	CONNECT DIRECT FHIR OTHERS EMAIL REST SOAP WEB	The Type of Endpoint #1 Valid Values are: CONNECT DIRECT FHIR OTHERS EMAIL REST SOAP WEB
UA–547	EndPoint1	String	1000	Required if EndPointQualifier1 is populated		End Point #1
UB–548	IsAffiliated1	String	1	Required if EndPointQualifier1 is populated	Y, N	Identifies whether or not End Point #1 is affiliated with an EIN (0rganization) or an NPI. Y: Yes N: No
UC–549	EndPointAffiliationLegalBusinessName1	String	70	Required if IsAffiliated1 is Y		
UD–550	EndPointUseCode1	String	25	Optional	DIRECT, HIE, OTHER	Valid Values are: DIRECT HIE OTHER
UE–551	EndPointContentCode1	String	25	Optional	CSV, OTHER	Valid Values are: CSV OTHER
UF–552	EndPointDescription1	String	1000	Optional		
UG–553	EndPointOtherUseDescription1	String	200	Required if EndPointUseCode1 is populated		

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
UH–554	EndPointOtherContentDescription1	String	200	Required if EndPointContetCode 1 is populated		
UI–555	EndPointBusinessSameAsHomeAddressYN1	String	1	Required	Y, N	Identifies if the End Point Address 1 is the same as the Provider's Home Address Y: Yes N: No
UJ–556	EndPointFirstLineBusinessPracticeLocationAddress1	String	55	Required		Line 1 of the Provider's End Point Address 1
UK–557	EndPointSecondLineBusinessPracticeLocationAddress1	String	55	Optional		Line 2 of the Provider's End Point Address 1
UL–558	EndPointBusinessPracticeLocationAddressCityName1	String	40	Required		City of the Provider's End Point Address 1
UM–559	EndPointBusinessPracticeLocationAddressStateName1	String	2	Required	*See section 6.1 State Reference for US based addresses for valid values*	State abbreviation or Province of the Provider's End Point Address 1
UN–560	EndPointBusinessPracticeLocationAddressPostalCode1	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's End Point Address 1
UO–561	EndPointBusinessPracticeLocationAddressCountryCode1	String	2	Required	*See section 6.2 Country Reference for valid values*	Country Code of the Provider's End Point Address 1
UP–562	EndPointBusinessPracticeLocationAddressTelephoneNumber1	String	20	Optional		Telephone Number of the Provider's End Point Address 1
UQ–563	EndPointBusinessPracticeLocationAddressFaxNumber1	String	20	Optional		Fax Number of the Provider's End Point Address 1
UR–564	EndPointBusinessPracticeLocationOrganizationName1	String	50	Optional		Firm name of the Provider's End Point Address 1
US–565	EndPointQualifier2	String	20	Optional	CONNECT DIRECT FHIR OTHERS EMAIL REST SOAP WEB	The Type of Endpoint #2 Valid Values are: CONNECT DIRECT FHIR OTHERS EMAIL REST SOAP WEB
UT–566	EndPoint2	String	1000	Required if EndPointQualifier2 is populated		End Point #2
UU–567	IsAffiliated2	String	1	Required if EndPointQualifier2 is populated	Y, N	Identifies whether or not End Point #2 is affiliated with an EIN (0rganization) or an NPI. Y: Yes N: No
UV–568	EndPointAffiliationLegalBusinessName2	String	70	Required if IsAffiliated2 is Y		
UW–569	EndPointUseCode2	String	25	Optional	DIRECT, HIE, OTHER	Valid Values are: DIRECT HIE OTHER
UX–570	EndPointContentCode2	String	25	Optional	CSV, OTHER	Valid Values are: CSV OTHER
UY–571	EndPointDescription2	String	1000	Optional		
UZ–572	EndPointOtherUseDescription2	String	200	Required if EndPointUseCode2 is populated		
VA–573	EndPointOtherContentDescription2	String	200	Required if EndPointContetCode 2 is populated		
VB–574	EndPointBusinessSameAsHomeAddressYN2	String	1	Required	Y, N	Identifies if the End Point Address 2 is the same as the Provider's Home Address

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						Y: Yes N: No
VC–575	EndPointFirstLineBusinessPracticeLocationAddress2	String	55	Required		Line 1 of the Provider's End Point Address 2
VD–576	EndPointSecondLineBusinessPracticeLocationAddress2	String	55	Optional		Line 2 of the Provider's End Point Address 2
VE–577	EndPointBusinessPracticeLocationAddressCityName2	String	40	Required		City of the Provider's End Point Address 2
VF–578	EndPointBusinessPracticeLocationAddressStateName2	String	2	Required	*See section 6.1 State Reference for US based addresses for valid values*	State abbreviation or Province of the Provider's End Point Address 2
VG–579	EndPointBusinessPracticeLocationAddressPostalCode2	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's End Point Address 2
VH–580	EndPointBusinessPracticeLocationAddressCountryCode2	String	2	Required	*See section 6.2 Country Reference for valid values*	Country Code of the Provider's End Point Address 2
VI–581	EndPointBusinessPracticeLocationAddressTelephoneNumber2	String	20	Required		Telephone Number of the Provider's End Point Address 2
VJ–582	EndPointBusinessPracticeLocationAddressFaxNumber2	String	20	Optional		Fax Number of the Provider's End Point Address 2
VK–583	EndPointBusinessPracticeLocationOrganizationName2	String	50	Optional		Firm name of the Provider's End Point Address 2
VL–584	EndPointQualifier3	String	20	Optional	CONNECT DIRECT FHIR OTHERS EMAIL REST SOAP WEB	The Type of Endpoint #3 Valid Values are: CONNECT DIRECT FHIR OTHERS EMAIL REST SOAP WEB
VM–585	EndPoint3	String	1000	Required if EndPointQualifier3 is populated		End Point #3
VN–586	IsAffiliated3	String	1	Required if EndPointQualifier3 is populated	Y, N	Identifies whether or not End Point #3 is affiliated with an EIN (0rganization) or an NPI. Y: Yes N: No
VO–587	EndPointAffiliationLegalBusinessName3	String	70	Required if IsAffiliated3 is Y		
VP–588	EndPointUseCode3	String	25	Optional	DIRECT, HIE, OTHER	Valid Values are: DIRECT HIE OTHER
VQ–589	EndPointContentCode3	String	25	Optional	CSV, OTHER	Valid Values are: CSV OTHER
VR–590	EndPointDescription3	String	1000	Optional		
VS–591	EndPointOtherUseDescription3	String	200	Required if EndPointUseCode3 is populated		
VT–592	EndPointOtherContentDescription3	String	200	Required if EndPointContetCode 3 is populated		
VU–593	EndPointBusinessSameAsHomeAddressYN3	String	1	Required	Y, N	Identifies if the End Point Address 3 is the same as the Provider's Home Address Y: Yes N: No
VV–594	EndPointFirstLineBusinessPracticeLocationAddress3	String	55	Required		Line 1 of the Provider's End Point Address 3
VW–595	EndPointSecondLineBusinessPracticeLocationAddress3	String	55	Optional		Line 2 of the Provider's End Point Address 3

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
VX–596	EndPointBusinessPracticeLocationAddressCityName3	String	40	Required		City of the Provider's End Point Address 3
VY–597	EndPointBusinessPracticeLocationAddressStateName3	String	2	Required	*See section 6.1 State Reference for US based addresses for valid values*	State abbreviation or Province of the Provider's End Point Address 3
VZ–598	EndPointBusinessPracticeLocationAddressPostalCode3	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's End Point Address 3
WA–599	EndPointBusinessPracticeLocationAddressCountryCode3	String	2	Required	*See section 6.2 Country Reference for valid values*	Country Code of the Provider's End Point Address 3
WB–600	EndPointBusinessPracticeLocationAddressTelephoneNumber3	String	20	Required		Telephone Number of the Provider's End Point Address 3
WC–601	EndPointBusinessPracticeLocationAddressFaxNumber3	String	20	Optional		Fax Number of the Provider's End Point Address 3
WD–602	EndPointBusinessPracticeLocationOrganizationName3	String	50	Optional		Firm name of the Provider's End Point Address 3
WE–603	EndPointQualifier4	String	20	Optional	CONNECT DIRECT FHIR OTHERS EMAIL REST SOAP WEB	The Type of Endpoint #4 Valid Values are: CONNECT DIRECT FHIR OTHERS EMAIL REST SOAP WEB
WF–604	EndPoint4	String	1000	Required if EndPointQualifier4 is populated		End Point #4
WG–605	IsAffiliated4	String	1	Required if EndPointQualifier4 is populated	Y, N	Identifies whether or not End Point #4 is affiliated with an EIN (0rganization) or an NPI. Y: Yes N: No
WH–606	EndPointAffiliationLegalBusinessName4	String	70	Required if IsAffiliated4 is Y		
WI–607	EndPointUseCode4	String	25	Optional	DIRECT, HIE, OTHER	Valid Values are: DIRECT HIE OTHER
WJ–608	EndPointContentCode4	String	25	Optional	CSV, OTHER	Valid Values are: CSV OTHER
WK–609	EndPointDescription4	String	1000	Optional		
WL–610	EndPointOtherUseDescription4	String	200	Required if EndPointUseCode4 is populated		
WM–611	EndPointOtherContentDescription4	String	200	Required if EndPointContetCode4 is populated		
WN–612	EndPointBusinessSameAsHomeAddressYN4	String	1	Required	Y, N	Identifies if the End Point Address 4 is the same as the Provider's Home Address Y: Yes N: No
WO–613	EndPointFirstLineBusinessPracticeLocationAddress4	String	55	Required		Line 1 of the Provider's End Point Address 4
WP–614	EndPointSecondLineBusinessPracticeLocationAddress4	String	55	Optional		Line 2 of the Provider's End Point Address 4
WQ–615	EndPointBusinessPracticeLocationAddressCityName4	String	40	Required		City of the Provider's End Point Address 4
WR–616	EndPointBusinessPracticeLocationAddressStateName4	String	2	Required	*See section 6.1 State Reference for US based addresses for valid values*	State abbreviation or Province of the Provider's End Point Address 4

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
WS–617	EndPointBusinessPracticeLocationAddressPostalCode4	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's End Point Address 4
WT–618	EndPointBusinessPracticeLocationAddressCountryCode4	String	2	Required	*See section 6.2 Country Reference for valid values*	Country Code of the Provider's End Point Address 4
WU–619	EndPointBusinessPracticeLocationAddressTelephoneNumber4	String	20	Required		Telephone Number of the Provider's End Point Address4
WV–620	EndPointBusinessPracticeLocationAddressFaxNumber4	String	20	Optional		Fax Number of the Provider's End Point Address 4
WW–621	EndPointBusinessPracticeLocationOrganizationName4	String	50	Optional		Firm name of the Provider's End Point Address 4
WX–622	EndPointQualifier5	String	20	Optional	CONNECT DIRECT FHIR OTHERS EMAIL REST SOAP WEB	The Type of Endpoint #5 Valid Values are: CONNECT DIRECT FHIR OTHERS EMAIL REST SOAP WEB
WY–623	EndPoint5	String	1000	Required if EndPointQualifier5 is populated		End Point #5
WZ–624	IsAffiliated5	String	1	Required if EndPointQualifier5 is populated	Y, N	Identifies whether or not End Point #5 is affiliated with an EIN (0rganization) or an NPI. Y: Yes N: No
XA–625	EndPointAffiliationLegalBusinessName5	String	70	Required if IsAffiliated5 is Y		
XB–626	EndPointUseCode5	String	25	Optional	DIRECT, HIE, OTHER	Valid Values are: DIRECT HIE OTHER
XC–627	EndPointContentCode5	String	25	Optional	CSV, OTHER	Valid Values are: CSV OTHER
XD–628	EndPointDescription5	String	1000	Optional		
XE–629	EndPointOtherUseDescription5	String	200	Required if EndPointUseCode5 is populated		
XF–630	EndPointOtherContentDescription5	String	200	Required if EndPointContetCode5 is populated		
XG–631	EndPointBusinessSameAsHomeAddressYN5	String	1	Required	Y, N	Identifies if the End Point Address 5 is the same as the Provider's Home Address Y: Yes N: No
XH–632	EndPointFirstLineBusinessPracticeLocationAddress5	String	55	Required		Line 1 of the Provider's End Point Address 5
XI–633	EndPointSecondLineBusinessPracticeLocationAddress5	String	55	Optional		Line 2 of the Provider's End Point Address 5
XJ–634	EndPointBusinessPracticeLocationAddressCityName5	String	40	Required		City of the Provider's End Point Address 5
XK–635	EndPointBusinessPracticeLocationAddressStateName5	String	2	Required	*See section 6.1 State Reference for US based addresses for valid values*	State abbreviation or Province of the Provider's End Point Address 5
XL–636	EndPointBusinessPracticeLocationAddressPostalCode5	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's End Point Address 5
XM–637	EndPointBusinessPracticeLocationAddressCountryCode5	String	2	Required	*See section 6.2 Country Reference for valid values*	Country Code of the Provider's End Point Address 5
XN–638	EndPointBusinessPracticeLocationAddressTelephoneNumber5	String	20	Required		Telephone Number of the Provider's End Point Address 5

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
XO–639	EndPointBusinessPracticeLocationAddressFaxNumber5	String	20	Optional		Fax Number of the Provider's End Point Address 5
XP–640	EndPointBusinessPracticeLocationOrganizationName5	String	50	Optional		Firm name of the Provider's End Point Address 5

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

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
XQ–641	ContactLastName1	String	35	Required		Contact Person1's Last Name
XR–642	ContactFirstName1	String	20	Required		Contact Person1's Last Name
XS–643	ContactMiddleName1	String	20	Optional		Contact Person1's Middle Name
XT–644	ContactNamePrefix1	String	5	Optional		Contact Person1's Name Prefix
XU–645	ContactNameSuffix1	String	5	Optional		Contact Person1's Name Suffix
XV–646	ContactCredential1	String	20	Optional		Contact Person1's Credentials
XW–647	ContactTitleorPosition1	String	35	Optional		Contact Person1's Title or Position
XX–648	ContactTelephoneNumber1	String	20	Required		Contact Person1's Telephone Number
XY–649	ContactTelephoneExtensionNumber1	String	5	Optional		Contact Person1's Telephone Number Extension
XZ–650	ContactEmail1	String	100	Required		Contact Person1's Email Address
YA–651	ContactPrimaryFlag1	String	1	Required		Contact Person1's Primary Flag
YB–652	ContactLastName2	String	35	Required		Contact Person2's Last Name
YC–653	ContactFirstName2	String	20	Required		Contact Person2's Last Name
YD–654	ContactMiddleName2	String	20	Optional		Contact Person2's Middle Name
YE–655	ContactNamePrefix2	String	5	Optional		Contact Person2's Name Prefix
YF–656	ContactNameSuffix2	String	5	Optional		Contact Person2's Name Suffix
YG–657	ContactCredential2	String	20	Optional		Contact Person2's Credentials
YH–658	ContactTitleorPosition2	String	35	Optional		Contact Person2's Title or Position
YI–659	ContactTelephoneNumber2	String	20	Required		Contact Person2's Telephone Number
YJ–660	ContactTelephoneExtensionNumber2	String	5	Optional		Contact Person2's Telephone Number Extension
YK–661	ContactEmail2	String	100	Required		Contact Person2's Email Address
YL–662	ContactPrimaryFlag2	String	1	Required		Contact Person2's Primary Flag
YM–663	ContactLastName3	String	35	Required		Contact Person3's Last Name
YN–664	ContactFirstName3	String	20	Required		Contact Person3's Last Name
YO–665	ContactMiddleName3	String	20	Optional		Contact Person3's Middle Name
YP–666	ContactNamePrefix3	String	5	Optional		Contact Person3's Name Prefix
YQ–667	ContactNameSuffix3	String	5	Optional		Contact Person3's Name Suffix
YR–668	ContactCredential3	String	20	Optional		Contact Person3's Credentials
YS–669	ContactTitleorPosition3	String	35	Optional		Contact Person3's Title or Position
YT–670	ContactTelephoneNumber3	String	20	Required		Contact Person3's Telephone Number
YU–671	ContactTelephoneExtensionNumber3	String	5	Optional		Contact Person3's Telephone Number Extension
YV–672	ContactEmail3	String	100	Required		Contact Person3's Email Address
YW–673	ContactPrimaryFlag3	String	1	Required		Contact Person3's Primary Flag
YX-674	ContactLastName4	String	35	Required		Contact Person4's Last Name
YY-675	ContactFirstName4	String	20	Required		Contact Person4's Last Name
YZ-676	ContactMiddleName4	String	20	Optional		Contact Person4's Middle Name
ZA-677	ContactNamePrefix4	String	5	Optional		Contact Person4's Name Prefix

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
ZB-678	ContactNameSuffix4	String	5	Optional		Contact Person4's Name Suffix
ZC-679	ContactCredential4	String	20	Optional		Contact Person4's Credentials
YD–680	ContactTitleorPosition4	String	35	Optional		Contact Person4's Title or Position
ZE-681	ContactTelephoneNumber4	String	20	Required		Contact Person4's Telephone Number
ZF-682	ContactTelephoneExtensionNumber4	String	5	Optional		Contact Person4's Telephone Number Extension
ZG-683	ContactEmail4	String	100	Required		Contact Person4's Email Address
ZH-684	ContactPrimaryFlag4	String	1	Required		Contact Person4's Primary Flag
ZI-685	ContactLastName5	String	35	Required		Contact Person5's Last Name
ZJ-686	ContactFirstName5	String	20	Required		Contact Person5's Last Name
ZK-687	ContactMiddleName5	String	20	Optional		Contact Person5's Middle Name
ZL-688	ContactNamePrefix5	String	5	Optional		Contact Person5's Name Prefix
ZM-689	ContactNameSuffix5	String	5	Optional		Contact Person5's Name Suffix
ZN-690	ContactCredential5	String	20	Optional		Contact Person5's Credentials
ZO-691	ContactTitleorPosition5	String	35	Optional		Contact Person5's Title or Position
ZP-692	ContactTelephoneNumber5	String	20	Required		Contact Person5's Telephone Number
ZQ-693	ContactTelephoneExtensionNumber5	String	5	Optional		Contact Person5's Telephone Number Extension
ZR-694	ContactEmail5	String	100	Required		Contact Person5's Email Address
ZS-695	ContactPrimaryFlag5	String	1	Required		Contact Person5's Primary Flag

Individual Provider's Race Information (ZT-696 through AAU-723)
Up to 14 Race / Sub-Race combinations can be associated with an Individual Provider.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
ZT-696	Race1	String	2	Optional field associated with a Type 1	*See section 6.5 Race Reference for valid values*	Race 1 of the Individual Provider.
ZU-697	SubRace1	String	2	Required when Race 1 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 1 of the Individual Provider.
ZV-698	Race2	String	2	Optional field associated with a Type 1	*See section 6.5 Race Reference for valid values*	Race 2 of the Individual Provider.
ZW-699	SubRace2	String	2	Required when Race 2 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 2 of the Individual Provider.
ZX-700	Race3	String	2	Optional field associated with a Type 1	*See section 6.5 Race Reference for valid values*	Race 3 of the Individual Provider.
ZY-701	SubRace3	String	2	Required when Race 3 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 3 of the Individual Provider.
ZZ-702	Race4	String	2	Optional	*See section 6.5 Race Reference for valid values*	Race 4 of the Individual Provider.
AAA-703	SubRace4	String	2	Required when Race 4 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 4 of the Individual Provider.
AAB-704	Race5	String	2	Optional	*See section 6.5 Race Reference for valid values*	Race 5 of the Individual Provider.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
AAC-705	SubRace5	String	2	Required when Race 5 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 5 of the Individual Provider.
AAD-706	Race6	String	2	Optional	*See section 6.5 Race Reference for valid values*	Race 6 of the Individual Provider.
AAE-707	SubRace6	String	2	Required when Race 6 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 6 of the Individual Provider.
AAF-708	Race7	String	2	Optional	*See section 6.5 Race Reference for valid values*	Race 7 of the Individual Provider.
AAG-709	SubRace7	String	2	Required when Race 7 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 7 of the Individual Provider.
AAH-710	Race8	String	2	Optional	*See section 6.5 Race Reference for valid values*	Race 8 of the Individual Provider.
AAI-711	SubRace8	String	2	Required when Race 8 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 8 of the Individual Provider.
AAJ-712	Race9	String	2	Optional	*See section 6.5 Race Reference for valid values*	Race 9 of the Individual Provider.
AAK-713	SubRace9	String	2	Required when Race 9 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 9 of the Individual Provider.
AAL-714	Race10	String	2	Optional	*See section 6.5 Race Reference for valid values*	Race 10 of the Individual Provider.
AAM-715	SubRace10	String	2	Required when Race 10 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 10 of the Individual Provider.
AAN-716	Race11	String	2	Optional	*See section 6.5 Race Reference for valid values*	Race 11 of the Individual Provider.
AAO-717	SubRace11	String	2	Required when Race 11 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 11 of the Individual Provider. s
AAP-718	Race12	String	2	Optional	*See section 6.5 Race Reference for valid values*	Race 12 of the Individual Provider.
AAQ-719	SubRace12	String	2	Required when Race 12 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 12 of the Individual Provider.
AAR-720	Race13	String	2	Optional	*See section 6.5 Race Reference for valid values*	Race 13 of the Individual Provider.
AAS-721	SubRace13	String	2	Required when Race 13 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 13 of the Individual Provider.
AAT-722	Race14	String	2	Optional	*See section 6.5 Race Reference for valid values*	Race 14 of the Individual Provider.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
AAU-723	SubRace14	String	2	Required when Race 14 = AN (Asian) or NH (Native Hawaiian or Other Pacific Islander	*See section 6.6 Sub-Race Reference for valid values*	Sub-Race 14 of the Individual Provider.

Individual Provider's Ethnicity Information (AAV-724 through ABC-731)
Up to 4 Ethnicity / Sub-Ethnicity combinations can be associated with an Individual Provider.

Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
AAV-724	Ethnicity1	String	2	Optional field associated with a Type 1	NH, YH	First Ethnicity of the Individual Provider NH: Non Hispanic YH: Yes, Hispanic
AAW-725	SubEthnicity1	String	2	Required when Ethnicity 1 is YH (Yes, Hispanic)	*See Section 6.8 Sub-Ethnicity Reference for Valid Values.*	Entered only if Ethnicity 1 of YH is entered.
AAX-726	Ethnicity2	String	2	Optional field associated with a Type 1	NH,YH	Second Ethnicity of the Individual Provider NH: Non Hispanic YH: Yes, Hispanic
AAY-727	SubEthnicity2	String	2	Required when Ethnicity 2 is YH (Yes, Hispanic)	*See Section 6.8 Sub-Ethnicity Reference for Valid Values.*	Entered only if Ethnicity 2 of YH is entered.
AAZ-728	Ethnicity3	String	2	Optional field associated with a Type 1	NH,YH	Third Ethnicity of the Individual Provider NH: Non Hispanic YH: Yes, Hispanic
ABA-729	SubEthnicity3	String	2	Required when Ethnicity 3 is YH (Yes, Hispanic)	*See Section 6.8 Sub-Ethnicity Reference for Valid Values.*	Entered only if Ethnicity 3 of YH is entered.
ABB-730	Ethnicity4	String	2	Optional field associated with a Type 1	NH,YH	Fourth Ethnicity of the Individual Provider NH: Non Hispanic YH: Yes, Hispanic
ABC-731	SubEthnicity4	String	2	Required when Ethnicity 4 is YH (Yes, Hispanic)	*See Section 6.8 Sub-Ethnicity Reference for Valid Values.*	Entered only if Ethnicity 4 of YH is entered.

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

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

4.3   CSV File – Trailer

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

4.3.1   CSV File – Trailer Record Format

Exhibit 4-3 CSV File – Trailer Format

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

5   EFI CSV Change Request File Format

The EFI CSV Change Request Upload feature may be used to add information to NPIs. Users cannot modify or remove existing information using this feature.

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

- **Column Field #**
  Depending on how you are creating your CSV file, if you are using Excel to generate your CSV files, the alphabetical portion will identify the spreadsheet column. For example, A-1 will be column A, BB-57 will be column BB in your Excel spreadsheet.

- **Field Name**
  Name of the field

- **Format**
  Identifies if the data must be in a specific format. When blank, no formatting is needed.

- **Max Length**
  Identifies the maximum length of the field

- **Required**
  Identifies if the field is a required field

- **Allowed Values**
  Identifies valid values when the field values are restricted. When populated valid values are comma separated. For example "1, 2" identifies that the field can contain either an "1" or a "2".

- **Annotation**
  Defines/describes the field

5.1   EFI CSV Change Request File Format – Record

Each EFI CSV Change Request file may contain multiple NPI records. Each record can have multiple rows of data. For example, if a user wants to add 2 practice locations to the same NPI, they can have 2 rows of data with repeated PII and different practice locations.

The following table defines the EFI CSV Change Request Upload record format.

5.1.1   EFI CSV Change Request File Format – Record Format

Exhibit 5-1 EFI CSV Change Request File Format-Record Format

C Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
A-1	NPI	Integer	10	Yes		NPI assigned to an enumerated NPI application. If NOT populated on a Change Request, the request will be rejected with an error code of 01. If the NPI is not found in the

C Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
						system, request will be rejected with an error code of 10.
B-2	ProviderRequestType	Integer	1	Yes	1, 2	Identifies if the NPI application is for an Individual Provider or an Organizational Provider. 1 – Type 1 NPI, Individual provider 2 – Type 2 NPI, Organizational provider
C-3	ProviderOrganizationNameLBN	String	70	Yes-if for a Type 2 NPI		Identifies the organization legal business name
D-4	ProviderLastName	String	35	Yes-if for a Type 1 NPI		Individual Provider's Last Name
E-5	ProviderFirstName	String	20	Yes-if for a Type 1 NPI		Individual Provider's First Name
F-6	ProviderDateofBirth	Date (YYYY-MM-DD)	10	Required for Type 1 Individual Providers		Individual Provider's Date of Birth
G-7	QualifierSSN_ITIN_EIN	String	2	Required	EI, SY	Identifies what is entered in the SSN_ITIN_EINIdentifier field. EI: EIN SY: SSN
H-8	SSN_ITIN_EINIdentifier	String	9	Required		The provider's tax identifier number, An Individual Provider's SSN or ITIN An Organizational Provider's EIN or new EIN
I-9	ProviderBusinessSameAsHomeAddressYN	String	1	Optional	Y,N	Identifies Practice Location Address as the Primary Practice Location Y: Yes N: No
J-10	ProviderFirstLineBusinessPracticeLocationAddress	String	55	Required		Line 1 of the Provider's Practice Location Address
K-11	ProviderSecondLineBusinessPracticeLocationAddress	String	55	Optional		Line 2 of the Provider's Practice Location Address
L-12	ProviderBusinessPracticeLocationAddressCityName	String	40	Required		City of the Provider's Practice Location Address
M-13	ProviderBusinessPracticeLocationAddressStateName	String	2	Required	See section 6.1 State Reference for valid values	State abbreviation of the Provider's Practice Location Address.
N-14	ProviderBusinessPracticeLocationAddressPostalCode	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's Practice Location Address. Only the first 5 digits are required.
O-15	ProviderBusinessPracticeLocationAddressCountryCode	String	2	Required	See section 6.2 Country Reference for valid values	Country Code of the Provider's Practice Location.
P-16	ProviderBusinessPracticeLocationAddressTelephoneNumber	String	20	Required		Telephone Number of the Provider's Practice Location.
Q-17	ProviderBusinessPracticeLocationAddressFaxNumber	String	20	Optional		Fax Number of the Provider's Practice Location.
R-18	IsPracticeLocationDisabilityAccessible	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location is accessible to individuals with mobility disabilities.

C Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
S-19	IsPracticeLocationRoomDisabilityAccessible	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location has exam rooms that are accessible to individuals with mobility disabilities.
T-20	IsPracticeLocationMedicalEquipmentDisabilityAccessible	String	1	Optional	Y,N	Identifies whether the Provider's Practice Location has medical equipment that is accessible to individuals with mobility disabilities.
U-21	PracticeLocationLanguage1	String	2	Optional	See section 6.3 Language Reference for valid values	First Language spoken at the Provider's Practice Location.
V-22	PracticeLocationLanguage2	String	2	Optional	See section 6.3 Language Reference for valid values	Second Language spoken at the Provider's Practice Location.
W-23	PracticeLocationLanguage3	String	2	Optional	See section 6.3 Language Reference for valid values	Third Language spoken at the Provider's Practice Location.
X-24	PracticeLocationLanguage4	String	2	Optional	See section 6.3 Language Reference for valid values	Fourth Language spoken at the Provider's Practice Location.
Y-25	PracticeLocationLanguage5	String	2	Optional	See section 6.3 Language Reference for valid values	Fifth Language spoken at the Provider's Practice Location.
Z-26	PracticeLocationLanguage6	String	2	Optional	See section 6.3 Language Reference for valid values	Sixth Language spoken at the Provider's Practice Location.
AA-27	PracticeLocationOpenorCloseMonday	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location is Open or Closed on Mondays. OPEN: Office is Open CLOSE: Office is Closed
AB-28	PracticeLocationOpenHourMonday	9:99	10	Required if PracticeLocationOpenorClose Monday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Mondays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AC-29	PracticeLocationCloseHourMonday	String	10	Required if PracticeLocationOpenorClose Monday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Mondays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AD-30	PracticeLocationOpenorCloseTuesday	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location is Open or Closed on Tuesdays. OPEN: Office is Open CLOSE: Office is Closed

C Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
AE-31	PracticeLocationOpenHourTuesday	String	10	Required if PracticeLocationOpenorCloseTuesday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Tuesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AF-32	PracticeLocationCloseHourTuesday	String	10	Required if PracticeLocationOpenorCloseTuesday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Tuesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AG-33	PracticeLocationOpenorCloseWednesday	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location is Open or Closed on Wednesdays. OPEN: Office is Open CLOSE: Office is Closed
AH-34	PracticeLocationOpenHourWednesday	String	10	Required if PracticeLocationOpenorCloseWednesday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Wednesdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AI-35	PracticeLocationCloseHourWednesday	String	10	Required if PracticeLocationOpenorCloseWednesday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Wednesdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AJ-36	PracticeLocationOpenorCloseThursday	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location is Open or Closed on Thursdays. OPEN: Office is Open CLOSE: Office is Closed
AK-37	PracticeLocationOpenHourThursday	String	10	Required if PracticeLocationOpenorCloseThursday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Thursdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AL-38	PracticeLocationCloseHourThursday	String	10	Required if PracticeLocationOpenorCloseThursday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Thursdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AM-39	PracticeLocationOpenorCloseFriday	String	5	Optional	OPEN, CLOSE	Identifies if the Provider's Practice Location is Open or Closed on Fridays. OPEN: Office is Open CLOSE: Office is Closed
AN-40	PracticeLocationOpenHourFriday	String	10	Required if PracticeLocationOpenorCloseFriday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Fridays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
C Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation

AO-41	PracticeLocationCloseHourFriday	String	10	Required if PracticeLocationOpenorCloseFriday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Fridays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AP-42	PracticeLocationOpenorCloseSaturday	String	5		OPEN, CLOSE	Identifies if the Provider's Practice Location is Open or Closed on Saturdays. OPEN: Office is Open CLOSE: Office is Closed
AQ-43	PracticeLocationOpenHourSaturday	String	10	Required if PracticeLocationOpenorCloseSaturday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Saturdays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AR-44	PracticeLocationCloseHourSaturday	String	10	Required if PracticeLocationOpenorCloseSaturday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Saturdays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AS-45	PracticeLocationOpenorCloseSunday	String	5		OPEN, CLOSE	Identifies if the Provider's Practice Location is Open or Closed on Sundays. OPEN: Office is Open CLOSE: Office is Closed
AT-46	PracticeLocationOpenHourSunday	String	10	Required if PracticeLocationOpenorCloseSunday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Sundays, identifies what time the office is open. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AU-47	PracticeLocationCloseHourSunday	String	10	Required if PracticeLocationOpenorCloseSunday1 = OPEN	See section 6.4 Office Hours Reference	If Provider's Practice Location is open on Sundays, identifies what time the office closes. Allowed time from 5:00 AM To 11:45 PM, in 15 minute increments.
AV-48	HealthcareProviderTaxonomyCode	String	10	Required		Taxonomy Code
AW-49	ProviderLicenseNumber	String	50	Required for certain individual taxonomy codes.		License associated with Taxonomy Code
AX-50	ProviderLicenseNumberStateCode	String	2	Required if License Number contains data	See section 6.1 State Reference for valid values	State abbreviation associated with Taxonomy Code
AY-51	HealthcareProviderTaxonomyGroup	String	30	Optional for Type 2 NPIs		Identifies if Taxonomy is a group Taxonomy.
AZ-52	OtherProviderIdentifier	String	20	Optional		Other Identifier
C Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation

C Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation
BA-53	OtherProviderIdentifierTypeCode	String	2	Required if OtherProvider Identifier is populated	1A, 1B, 1C, 1D, 1G, 1H, G2, MP, NS, OS, OT	Other Identifier Type Code identifies the issuer of the Other Identifier. 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – MEDICARE ID Unknown 1D – MEDICAID 1G – MEDICARE UPIN 1H – CHAMPUS Identification Number G2 – Provider Commercial Number MP – MEDICARE PIN NS – MEDICARE NSC OS – MEDICARE OSCAR OT – Other Type
BB-54	OtherProviderIdentifierState	String	2	Required if OtherProvider Identifier1 = 1D	See section 6.1 State Reference for valid values	Other Identifier State Required for all Medicaid Other Identifiers.
BC-55	OtherProviderIdentifierIssuer	String	70	Required if OtherProvider Identifier1 = OT		Other Identifier Other Issuer identifies the actual issuer of the Other Identifier. Required if Other Identifier #1 Type Code is OT(other)
BD-56	EndPointQualifier	String	20	Optional	CONNECT DIRECT FHIR OTHERS EMAIL REST SOAP WEB	The Type of Endpoint Valid Values are: CONNECT DIRECT FHIR OTHERS EMAIL REST SOAP WEB
BE-57	EndPoint	String	1000	Required if EndPointQualifier is populated		Endpoint
BF-58	IsAffiliated	String	1	Required if EndPointQualifier is populated	Y, N	Identifies whether or not Endpoint is affiliated with an EIN (0rganization) or an NPI. Y: Yes N: No
BG-59	EndPointAffiliationLegalBusinessName	String	70	Required if IsAffiliated is Y		
BH-60	EndPointUseCode	String	25	Optional	DIRECT, HIE, OTHER	Valid Values are: DIRECT HIE OTHER
BI-61	EndPointContentCode	String	25	Optional	CSV, OTHER	Valid Values are: CSV OTHER
BJ-62	EndPointDescription	String	1000	Optional		
BK-63	EndPointOtherUseDescription	String	200	Required if EndPointUseCode is OTHER		
BL-64	EndPointOtherContentDescription	String	200	Required if EndPointContentCode is OTHER		
C Column Field #	Field Name	Format	Max Length	Required?	Allowed Values	Annotation

BM-65	EndPointBusinessSameAsHomeAddressYN	String	1	Optional	Y, N	Identifies if the End Point Address is the same as the Provider's Home Address Y: Yes N: No
BN-66	EndPointFirstLineBusinessPracticeLocationAddress	String	55	Required		Line 1 of the Provider's End Point Address
BO-67	EndPointSecondLineBusinessPracticeLocationAddress	String	55	Optional		Line 2 of the Provider's End Point Address
BP-68	EndPointBusinessPracticeLocationAddressCityName	String	40	Required		City of the Provider's End Point Address
BQ-69	EndPointBusinessPracticeLocationAddressStateName	String	2	Required	See section 6.1 State Reference for US based addresses for valid values	State abbreviation or Province of the Provider's End Point Address
BR-70	EndPointBusinessPracticeLocationAddressPostalCode	String	9	First 5 digits are Required		Postal/Zip Code of the Provider's End Point Address
BS-71	EndPointBusinessPracticeLocationAddressCountryCode	String	2	Required	See section 6.2 Country Reference for valid values	Country Code of the Provider's End Point Address
BT-72	EndPointBusinessPracticeLocationAddressTelephoneNumber	String	20	Optional		Telephone Number of the Provider's End Point Address
BU-73	EndPointBusinessPracticeLocationAddressFaxNumber	String	20	Optional		Fax Number of the Provider's End Point Address
BV-74	EndPointBusinessPracticeLocationOrganizationName	String	50	Optional		Firm name of the Provider's End Point Address
BW-75	ContactLastName	String	35	Required		Contact Person's Last Name
BX-76	ContactFirstName	String	20	Required		Contact Person's Last Name
BY-77	ContactMiddleName	String	20	Optional		Contact Person's Middle Name
BZ-78	ContactNamePrefix	String	5	Optional		Contact Person's Name Prefix
CA-79	ContactNameSuffix	String	5	Optional		Contact Person's Name Suffix
CB-80	ContactCredential	String	20	Optional		Contact Person's Credentials
CC-81	ContactTitleorPosition	String	35	Optional		Contact Person's Title or Position
CD-82	ContactTelephoneNumber	String	20	Required		Contact Person's Telephone Number
CE-83	ContactTelephoneExtensionNumber	String	5	Optional		Contact Person's Telephone Number Extension
CF-84	ContactEmail	String	100	Required		Contact Person's Email Address

6   Appendix

6.1   State Reference

Exhibit 6-6-1 State Reference

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

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

6.2   Country Reference

Note: NPPES considers U.S. Foreign Territories to be domestic addresses. For this reason, the U.S. Foreign Territory codes are included in section 6.1 rather than in the table below:

Exhibit 6-6-2 Country Reference

COUNTRY CODE	COUNTRY NAME
AD	ANDORRA
AE	UNITED ARAB EMIRATES
AF	AFGHANISTAN
AG	ANTIGUA AND BARBUDA
AI	ANGUILLA
AL	ALBANIA
AM	ARMENIA
AN	NETHERLANDS ANTILLES
AO	ANGOLA
AQ	ANTARCTICA
AR	ARGENTINA
AT	AUSTRIA
AU	AUSTRALIA

COUNTRY CODE	COUNTRY NAME
AW	ARUBA
AX	ÅLAND ISLANDS / ALAND ISLANDS
AZ	AZERBAIJAN
BA	BOSNIA AND HERZEGOVINA
BB	BARBADOS
BD	BANGLADESH
BE	BELGIUM
BF	BURKINA FASO
BG	BULGARIA
BH	BAHRAIN
BI	BURUNDI
BJ	BENIN
BM	BERMUDA
BN	BRUNEI DARUSSALAM
BO	BOLIVIA
BR	BRAZIL
BS	BAHAMAS
BT	BHUTAN
BV	BOUVET ISLAND
BW	BOTSWANA
BY	BELARUS
BZ	BELIZE
CA	CANADA
CC	COCOS (KEELING) ISLANDS
CD	CONGO, THE DEMOCRATIC REPUBLIC OF THE
CF	CENTRAL AFRICAN REPUBLIC
CG	CONGO
CH	SWITZERLAND
CI	CÔTE D'IVOIRE / IVORY COAST
CK	COOK ISLANDS
CL	CHILE
CM	CAMEROON
CN	CHINA
CO	COLOMBIA
CR	COSTA RICA
CS	SERBIA AND MONTENEGRO
CU	CUBA
CV	CAPE VERDE
CX	CHRISTMAS ISLAND
CY	CYPRUS
CZ	CZECH REPUBLIC

COUNTRY CODE	COUNTRY NAME
DE	GERMANY
DJ	DJIBOUTI
DK	DENMARK
DM	DOMINICA
DO	DOMINICAN REPUBLIC
DZ	ALGERIA
EC	ECUADOR
EE	ESTONIA
EG	EGYPT
EH	WESTERN SAHARA
ER	ERITREA
ES	SPAIN
ET	ETHIOPIA
FI	FINLAND
FJ	FIJI
FK	FALKLAND ISLANDS (MALVINAS)
FO	FAROE ISLANDS
FR	FRANCE
GA	GABON
GB	UNITED KINGDOM
GD	GRENADA
GE	GEORGIA
GF	FRENCH GUIANA
GG	GUERNSEY
GH	GHANA
GI	GIBRALTAR
GL	GREENLAND
GM	GAMBIA
GN	GUINEA
GP	GUADELOUPE
GQ	EQUATORIAL GUINEA
GR	GREECE
GS	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS
GT	GUATEMALA
GW	GUINEA-BISSAU
GY	GUYANA
HK	HONG KONG
HM	HEARD ISLAND AND MCDONALD ISLANDS
HN	HONDURAS
HR	CROATIA
HT	HAITI

COUNTRY CODE	COUNTRY NAME
HU	HUNGARY
ID	INDONESIA
IE	IRELAND
IL	ISRAEL
IM	ISLE OF MAN
IN	INDIA
IO	BRITISH INDIAN OCEAN TERRITORY
IQ	IRAQ
IR	IRAN, ISLAMIC REPUBLIC OF
IS	ICELAND
IT	ITALY
JE	JERSEY
JM	JAMAICA
JO	JORDAN
JP	JAPAN
KE	KENYA
KG	KYRGYZSTAN
KH	CAMBODIA
KI	KIRIBATI
KM	COMOROS
KN	SAINT KITTS AND NEVIS
KP	KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF
KR	KOREA, REPUBLIC OF
KW	KUWAIT
KY	CAYMAN ISLANDS
KZ	KAZAKHSTAN
LA	LAO PEOPLE'S DEMOCRATIC REPUBLIC
LB	LEBANON
LC	SAINT LUCIA
LI	LIECHTENSTEIN
LK	SRI LANKA
LR	LIBERIA
LS	LESOTHO
LT	LITHUANIA
LU	LUXEMBOURG
LV	LATVIA
LY	LIBYAN ARAB JAMAHIRIYA
MA	MOROCCO
MC	MONACO
MD	MOLDOVA, REPUBLIC OF
MG	MADAGASCAR

COUNTRY CODE	COUNTRY NAME
MK	MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF
ML	MALI
MM	MYANMAR
MN	MONGOLIA
MO	MACAO
MQ	MARTINIQUE
MR	MAURITANIA
MS	MONTSERRAT
MT	MALTA
MU	MAURITIUS
MV	MALDIVES
MW	MALAWI
MX	MEXICO
MY	MALAYSIA
MZ	MOZAMBIQUE
NA	NAMIBIA
NC	NEW CALEDONIA
NE	NIGER
NF	NORFOLK ISLAND
NG	NIGERIA
NI	NICARAGUA
NL	NETHERLANDS
NO	NORWAY
NP	NEPAL
NR	NAURU
NU	NIUE
NZ	NEW ZEALAND
OM	OMAN
PA	PANAMA
PE	PERU
PF	FRENCH POLYNESIA
PG	PAPUA NEW GUINEA
PH	PHILIPPINES
PK	PAKISTAN
PL	POLAND
PM	SAINT PIERRE AND MIQUELON
PN	PITCAIRN
PS	PALESTINIAN TERRITORY, OCCUPIED
PT	PORTUGAL
PW	PALAU
PY	PARAGUAY

COUNTRY CODE	COUNTRY NAME
QA	QATAR
RE	RÉUNION / REUNION
RO	ROMANIA
RU	RUSSIAN FEDERATION
RW	RWANDA
SA	SAUDI ARABIA
SB	SOLOMON ISLANDS
SC	SEYCHELLES
SD	SUDAN
SE	SWEDEN
SG	SINGAPORE
SH	SAINT HELENA
SI	SLOVENIA
SJ	SVALBARD AND JAN MAYEN
SK	SLOVAKIA
SL	SIERRA LEONE
SM	SAN MARINO
SN	SENEGAL
SO	SOMALIA
SR	SURINAME
ST	SAO TOME AND PRINCIPE
SV	EL SALVADOR
SY	SYRIAN ARAB REPUBLIC
SZ	SWAZILAND
TC	TURKS AND CAICOS ISLANDS
TD	CHAD
TF	FRENCH SOUTHERN TERRITORIES
TG	TOGO
TH	THAILAND
TJ	TAJIKISTAN
TK	TOKELAU
TL	TIMOR-LESTE
TM	TURKMENISTAN
TN	TUNISIA
TO	TONGA
TR	TURKEY
TT	TRINIDAD AND TOBAGO
TV	TUVALU
TW	TAIWAN
TZ	TANZANIA, UNITED REPUBLIC OF
UA	UKRAINE

COUNTRY CODE	COUNTRY NAME
UG	UGANDA
UM	UNITED STATES MINOR OUTLYING ISLANDS
US	UNITED STATES
UY	URUGUAY
UZ	UZBEKISTAN
VA	HOLY SEE (VATICAN CITY STATE)
VC	SAINT VINCENT AND THE GRENADINES
VE	VENEZUELA
VG	VIRGIN ISLANDS, BRITISH
VN	VIET NAM
VU	VANUATU
WF	WALLIS AND FUTUNA
WS	SAMOA
YE	YEMEN
YT	MAYOTTE
ZA	SOUTH AFRICA
ZM	ZAMBIA
ZW	ZIMBABWE

6.3   Language Reference

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

Note: The following languages have been migrated:

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

Exhibit 6-6-3 Language Reference

LANGUAGE CODE	LANGUAGE
AM	Armenian
AR	Arabic
BN	Bengali
BT	Bantu
CH	Chinese
EL	English
FR	French
GK	Greek
GR	German
GU	Gujarati

LANGUAGE CODE	LANGUAGE
HC	Haitian Creole
HE	Hebrew
HI	Hindi
HM	Hmong
IT	Italian
JP	Japanese
KM	Khmer
KR	Korean
NV	Navajo
PA	Punjabi
PL	Polish
PN	Persian
PR	Portuguese
RS	Russian
SC	Serbo-Croatian
SP	Spanish
TE	Telugu
TG	Tagalog
TK	Tai-Kadai
TM	Tamil
UR	Urdu
VT	Vietnamese

6.4   Office Hours Reference

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

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

6.5   Race Reference

Exhibit 6-5 Race Reference

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

6.6   Sub-Race Reference

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

Exhibit 6-6-4 Sub-Race Reference for Race = NH (Native Hawaiian or Other Pacific Islander)

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

Exhibit 6-6-5 Sub-Race Reference for Race = AN (Asian)

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

6.7   Ethnicity Reference

Exhibit 6-6-6 Ethnicity Reference

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

6.8   Sub-Ethnicity Reference

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

Exhibit 6-6-7 Sub-Ethnicity Reference for Ethnicity = YH (Yes, Hispanic)

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

6.9   Frequently Asked Questions (FAQ) — EFI File and Record Rejection

Exhibit 6-6-8 FAQ – EFI File and Record Rejection

INDEX
1. What are the preliminary checks to determine why my EFI file has rejected?
2. The majority of the records in my file rejected. What could be the cause?
3. How do I submit a group Taxonomy for a Type 2 Organization Provider within an EFI record without having it reject?
4. Will all the errors in my record appear in the first response file?
5. What is the NPPES System flow for validating an EFI File?
6. My file status is "Processing Completed" does that mean all the records have enumerated successfully?
7. I submitted an ITIN in a new application EFI file. Why did my record reject?
8. Do I need the latest software to zip my files for submission?
9. How much information will I receive if my entire file rejects?
10. A record rejected that has an ampersand in the provider name. What is the cause?
11. A record rejected with a "Disallowed character(s) found…" error, but nothing appears wrong. What is the cause?
12. A provider has a foreign address that does not have a known province. How should this record be submitted?

1.   What are the preliminary checks to determine why my EFI file has rejected?
    a.   First, verify that the file is valid against the XML schema.
        i.   Header Validation failed - The same valid 6 digit Electronic File Interchange Organization (EFIO) number must appear for each record in the file. (CMS27420300_2100AA_NM109_SubmitterIdentifier="123456") This number must be associated with the Electronic File Interchange Organization Representative (EOR) in order to be valid.

b. Second, verify if the XML Schema Validations fail within the file. This is an error within any of the XML elements. The EOR must verify that the XML element name is accurate. For ***Example:***

> **Invalid**: CMS27423200_2140CA; ABC27423400_2140CA
> **Valid**: CMS27423400_2140CA; CMS27423400_2140CA

It is also important that each XML element is in the proper order within the file. For example a record where the XML elements CMS27422100_2110CA, CMS27422600_2120CA, CMS27422600_2130CA are not in their proper place under the root element CMS27420300_2100CA, will cause the entire file to reject.

Note: The examples below use the XMLSpy (XML editor software by Altova) Grid View:

### Exhibit 6-6-9 Sample Invalid EFI Element Ordering
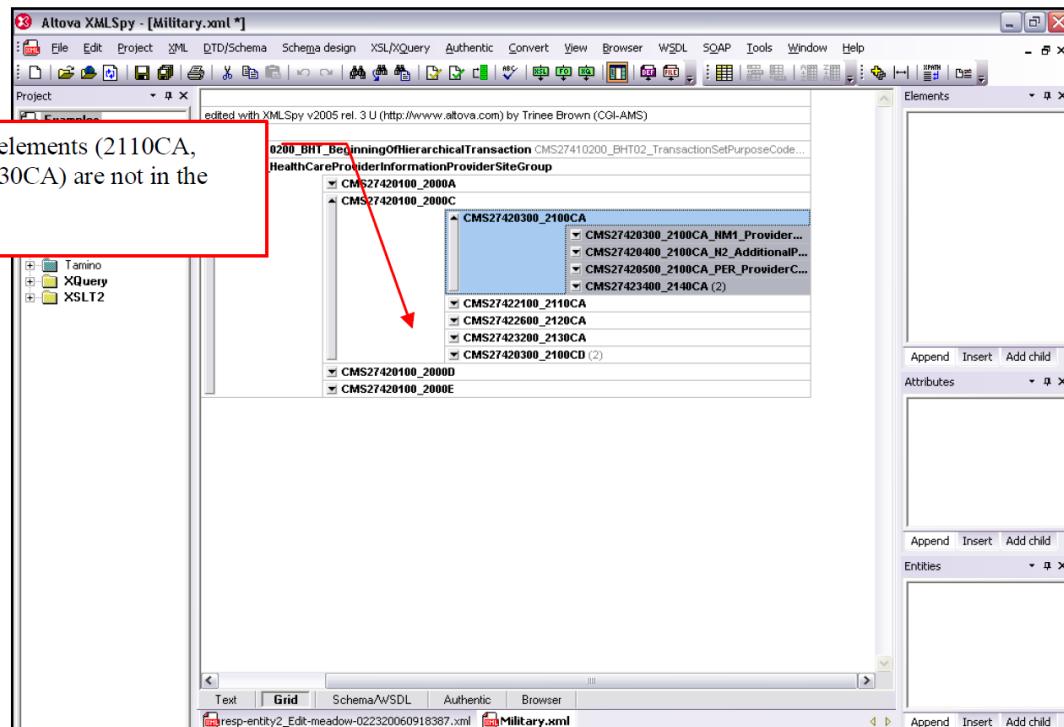
### Exhibit 6-6-10 Sample Valid EFI Element Ordering
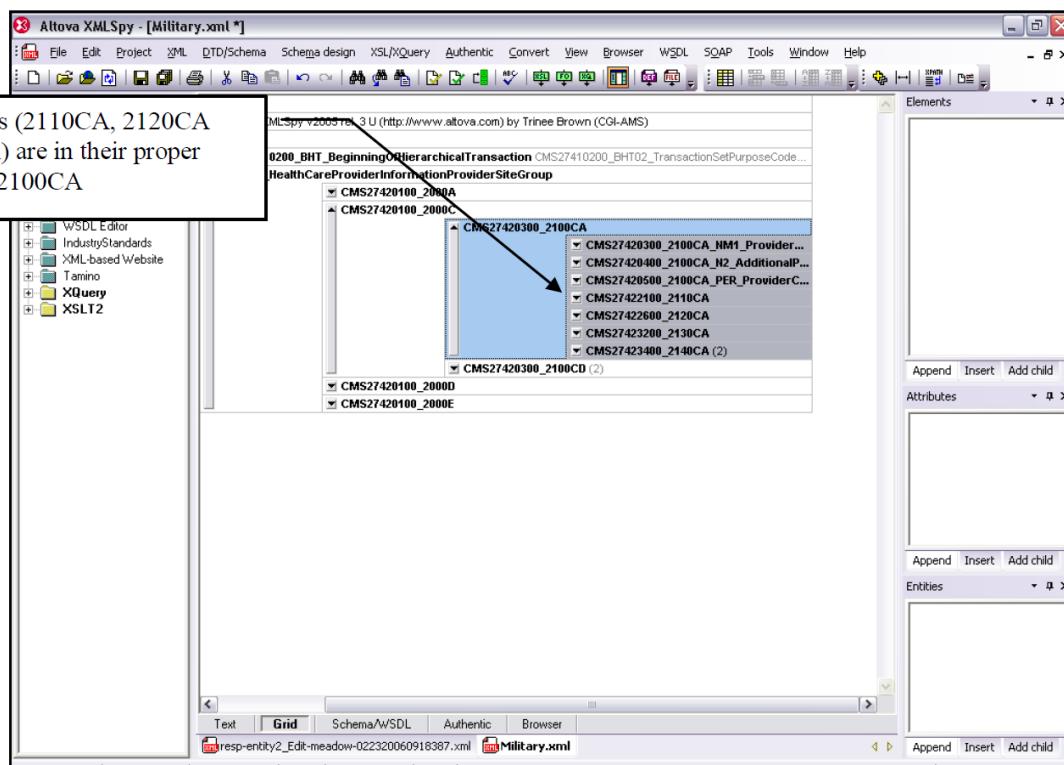
The following diagrams illustrate how to validate a XML file against the schema using XMLSpy:

Exhibit 6-6-11 EFI XML Validation against EFI Schema – 1
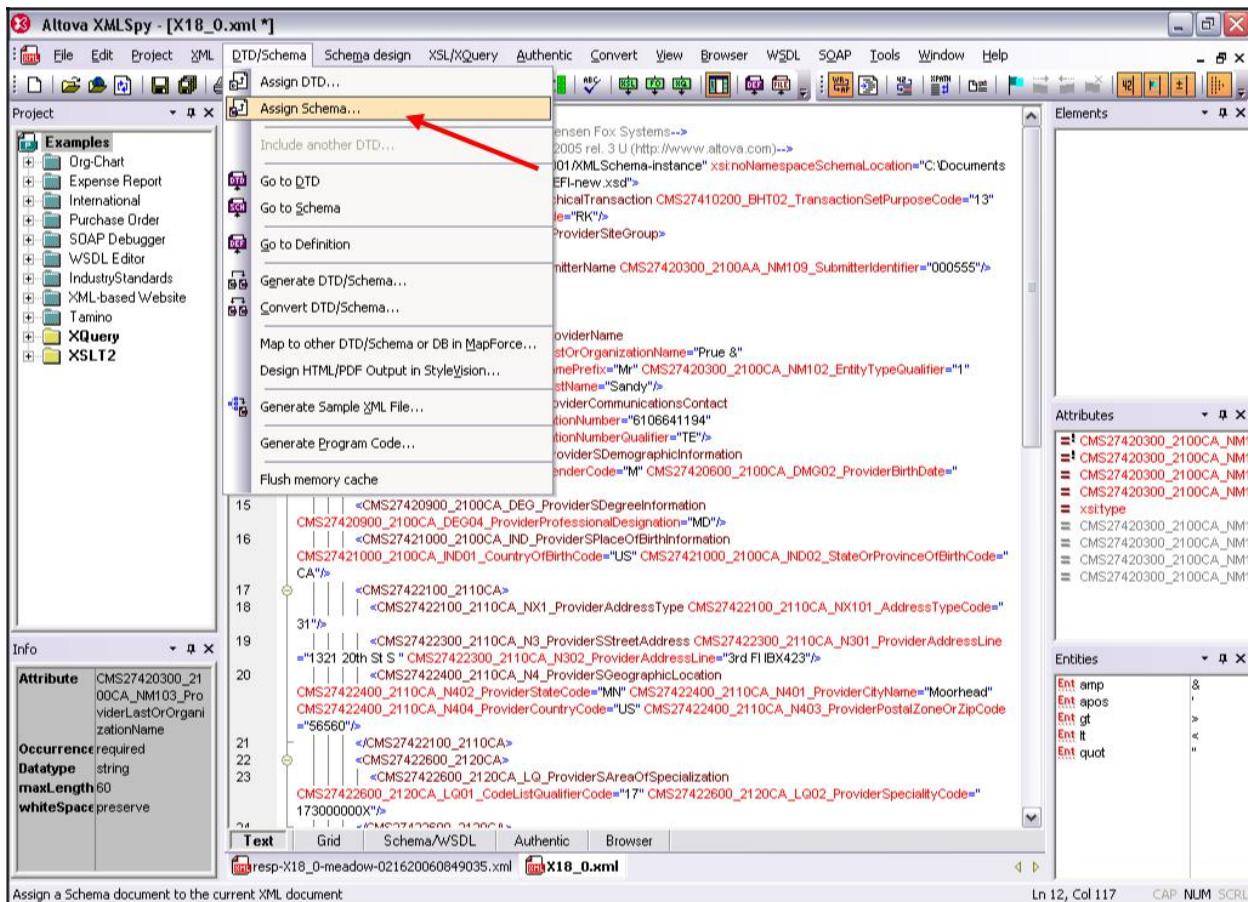
Select the location of the XML schema then select the **OK** button.

Exhibit 6-6-12 EFI XML Validation against EFI Schema – 2
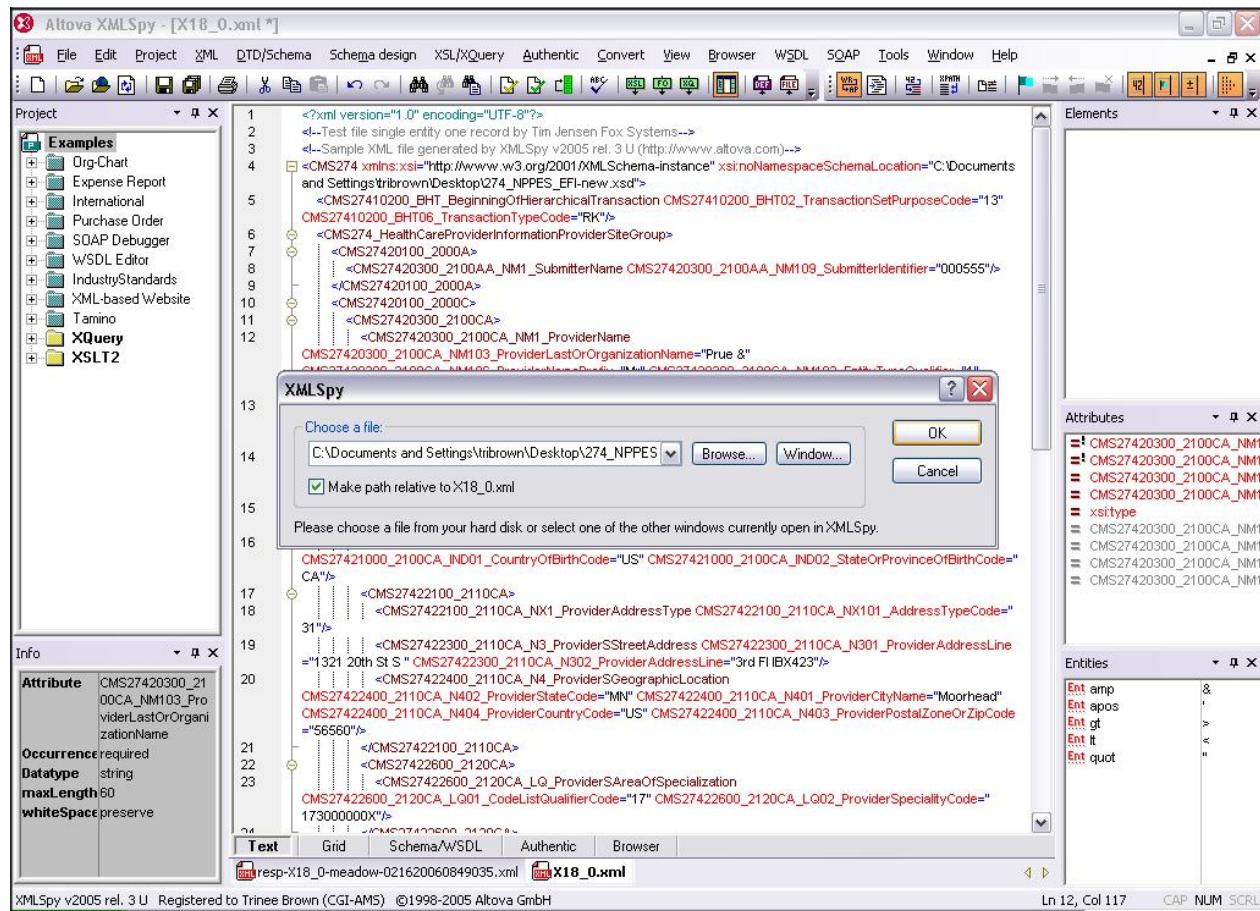
Once the schema location is selected, click the validate file button at the top of the menu bar.

Exhibit 6-6-13 EFI XML Validation against EFI Schema - 2
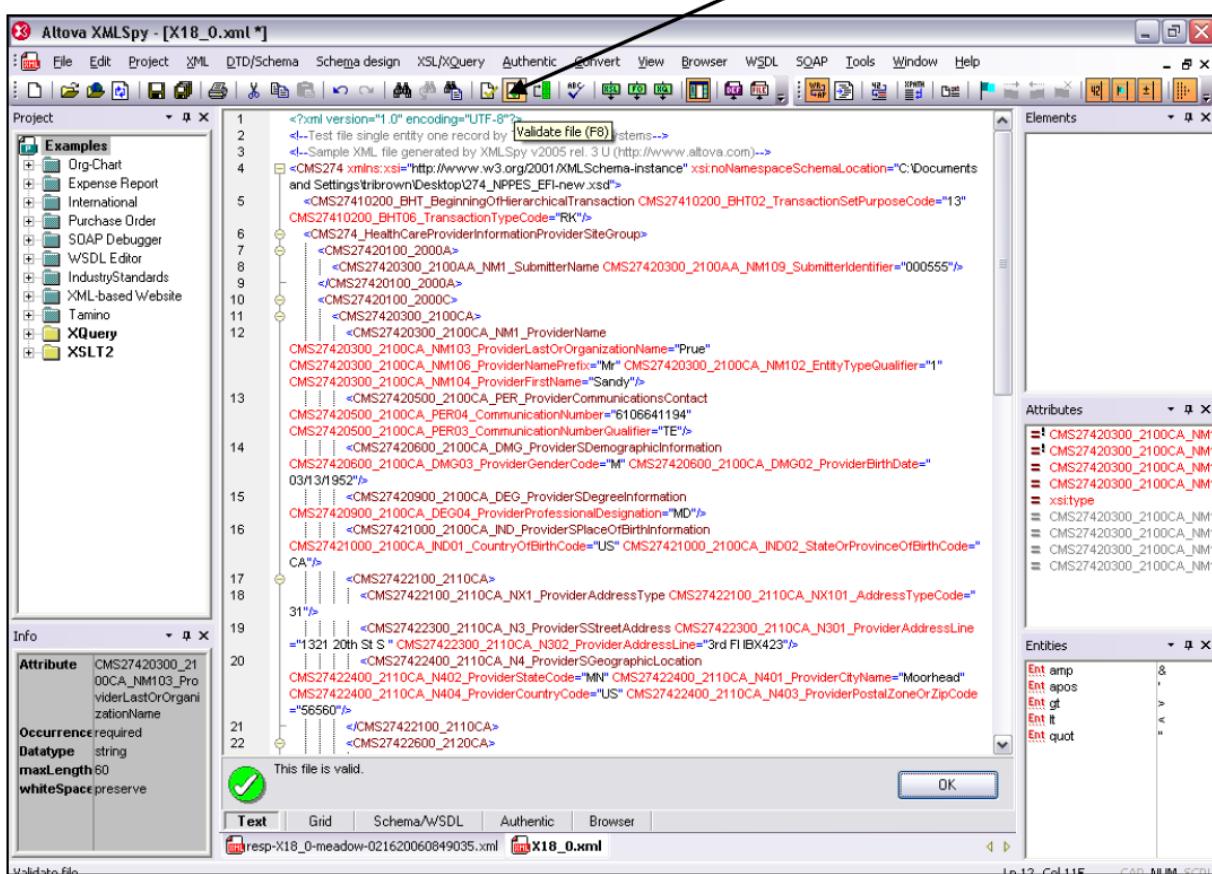
Other possible causes for an entire EFI file to reject include:

- When the Transaction set purpose code is listed as something other than 13 (13 is for requests and 11 for response).
- When the Transaction Type code is listed as something other than RK (new request), and U5 (update/modify request).
- No xml file is provided within an uploaded zip file.
- When the original uploaded file size is ZERO.
- Parsing exceptions due to invalid/special characters in the xml data.
- EFI File Format Error - Make sure you are using the ASCII file format.

2. **The majority of the records in my file rejected. What could be the cause?**

   The primary cause for records to reject is that they have various field errors. Some specific examples include:

   a. Field edit errors such as invalid format for DOB x/x/xx or invalid email format nppes*yahoo!com will cause a record to reject. Although the provided information did not fail the schema check, NPPES performs its' own separate edits of the information being submitted and will determine whether it is acceptable.

   Examples:

   A provider submits a file with a record that has the Country of Birth and Mailing Address Country listed as "USA". While this is acceptable by the XML Schema; it will reject in NPPES. It should appear as "US" in the XML file.

b. Required fields missing is an error that results in omitting any fields that the NPPES system requires to successfully enumerate or process a change request on a record. The EOR should thoroughly check each record in the original file to verify that all required items are included.

Examples:

An EFI file does not include required information such as Entity Type, Organization Name, Provider First Name, etc.

A provider selects a code without the corresponding data:

For instance this user submitted the alias code (Provider Other Name in NPPES) without the actual name information.

<CMS27420300_2100CD_NM1_AffiliatedEntityName
CMS27420300_2100CD_NM101_EntityIdentifierCode="XD"
CMS27420300_2100CD_NM103_AffiliatedEntityLastOrOrganizationName=""/>

This user provided the "Other" type code "OT" and the corresponding identification number without the required description information

<CMS27423400_2140CA_REF_ProviderIdentificationNumbers
CMS27423400_2140CA_REF01_ReferenceIdentificationQualifier="OT"
CMS27423400_2140CA_REF02_ProviderIdentifier="3319173"
CMS27423400_2140CA_REF03_Description=" "/>

3. **How do I submit a group Taxonomy for a Type 2 Organization Provider within an EFI record without having it reject?**

An Organization record can have both Type 2 Organization and Type 1 Individual taxonomies. Type 1 Individual taxonomies are valid entries for Organizations by utilizing XML element **<CMS27420100_2000E>** in the file. This element is used for Group Taxonomy entries. For Example, If a Type 2 provider record has a Group Type 1 taxonomy (Dental Providers 122400000X) they must enter it under both elements **<CMS27422600_2120CA>** and **<CMS27420100_2000E>**.

<CMS27422600_2120CA>

<CMS27422600_2120CA_LQ_ProviderSAreaOfSpecialization
    CMS27422600_2120CA_LQ01_CodeListQualifierCode="**12**"
    CMS27422600_2120CA_LQ02_ProviderSpecialityCode="**122400000X**"/>
</CMS27422600_2120CA>
<CMS27420100_2000E>

    <CMS27420300_2100EA>

        <CMS27422600_2120EA>
  <CMS27422600_2120EA_LQ_ProviderGroupSAreaOfSpecialization
    CMS27422600_2120EA_LQ01_CodeListQualifierCode="**12**"
    CMS27422600_2120EA_LQ02_ProviderGroupSpecialtyCode="**122400000X**"/>
        </CMS27422600_2120EA>

    </CMS27420300_2100EA>

</CMS27420100_2000E>

4. **Will all the errors in my record appear in the first response file?**

If a file is not rejected then a response file will be generated by NPPES. If the response file contains records with multiple errors, the file will reflect all pre-processing errors for a particular record. For example, if a record has more than one field edit error (e.g., DOB is missing and an invalid format is used for the Practice Location Phone Number), the response file will reflect both field edit errors by the Condition Indicator Codes 02 (for the missing DOB) and 01 (for the invalid Practice Location Phone Number format).

If a record has both field edit errors (e.g., DOB is missing) and post-processing errors (e.g., SSN Duplicate is found), the response file will only reflect the field edit error by the Condition Indication Code 01. If the field edit error is fixed and the file is resubmitted, the new response file will show the Condition Indicator Code 03 (for the SSN Duplicate error).

All pre-processing errors found in a record must be fixed before post-processing errors are included in the response file.

5. **What is the NPPES System flow for validating an EFI File?**

When an EFI file is uploaded to the NPPES system, there are various levels of validations that are performed both at the file level and the individual record level:

Exhibit 6-6-14 EFI XML Validation Levels
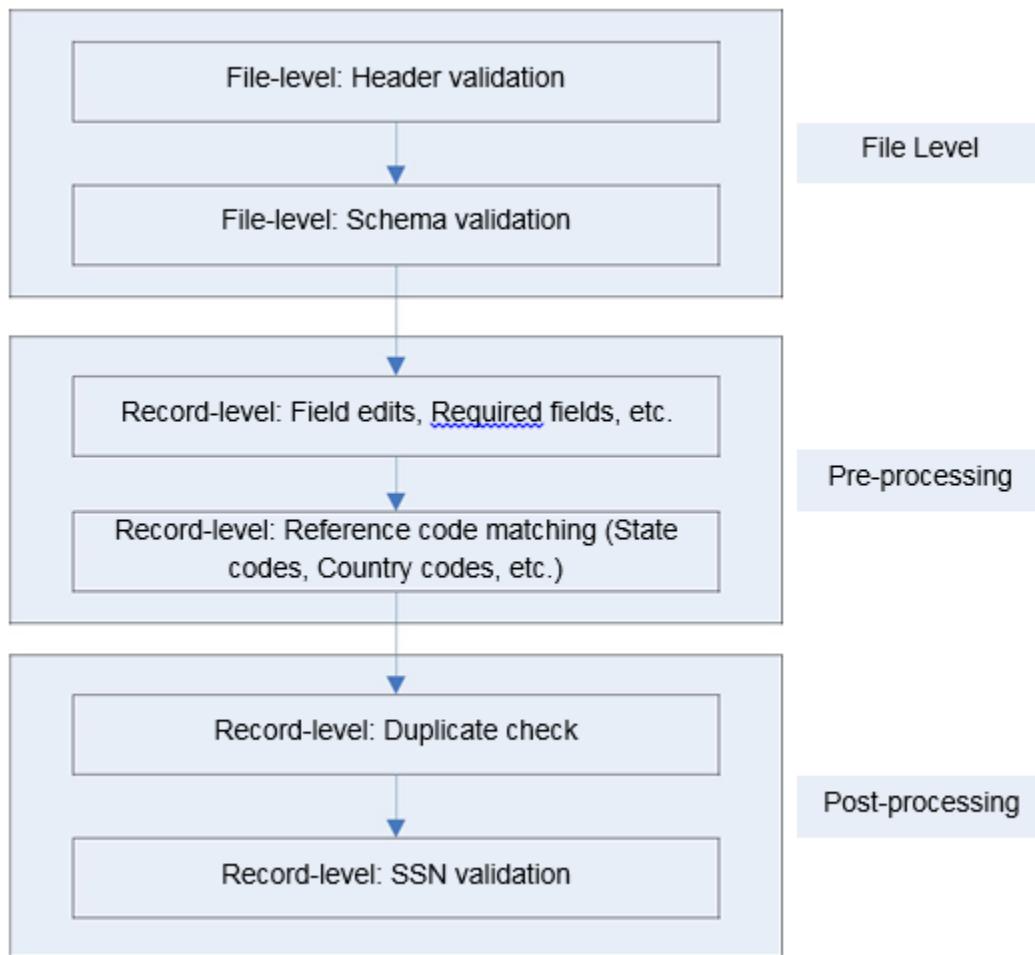
6. **My file status is "Processing Completed" does that mean all the records have enumerated successfully?**
   No. Even though a response file generates and the status of the file is "Processing Completed" it does not mean that there are not rejected records in the file. Processing Completed simply means that the system has processed the entire file and no other actions will be taken by the system.

7. **I submitted an ITIN in a new application EFI file. Why did my record reject?**
   NPPES does not allow an Individual Taxpayer Identification Number (ITIN) to be submitted via the EFI process to enumerate a provider when an SSN is not also submitted. In the case where a provider was previously enumerated with only an ITIN, any subsequent EFI change request for the provider must contain the ITIN (for matching purposes) and the provider's SSN.

8. **Do I need the latest software to zip my files for submission?**
   Yes. Not having the latest version may cause issues with the file. NPPES EFI supports Zip files created by the latest versions of WinZip and PKZip, such as WinZip 9.0 and PKZip 8.0. Other Zip utilities that conform to the PKZip format may work, but the support of them is not guaranteed. Outdated versions of Zip utilities are likely to be incompatible with NPPES EFI.

9. **How much information will I receive if my entire file rejects?**

If a file is rejected by the system the EOR will know by the file status on the EFI Search Results Page and will also receive an email notification. This notice will provide the EOR with a high level explanation of what caused their file to reject. Below is an example of the email the EOR would receive when a file rejects because the XML input file does not conform to the NPPES EFI Schema:

Exhibit 6-6-15 EFI Schema Rejection Notice

To: efirepresentative@somehost.com
Date: [System Generated]
Subject: National Provider Identifier

The National Provider Identifier System received the following EFI file that you submitted to https://nppes.cms.hhs.gov.

>   [Original File Name]
>   [System Generated File Name]

This is to inform you that the EFI file has been rejected due to the following rejection reason:

XML schema errors - Make sure you are using the latest schema. To download the latest schema visit the NPI website at https://nppes.cms.hhs.gov.

Before resubmitting a file. please review your submission to make certain that it is consistent with the XML schema and that the information contained in each record is accurate and complete.

If you have any questions, you may:
1.) Refer to the NPI website (https://nppes.cms.hhs.gov). or
2.) Contact the NPI Enumerator Monday through Friday, 9am to 5pm (Eastern Time)* at:
    NPI Enumerator
    7125 AMBASSADOR RD STE 100
    WINDSOR MILL MD 21244-2751
    1-800-465-3203 (NPI Toll-Free)
    1-800-692-2326 (NPI TTY for the deaf, hard of hearing, or those with speech difficulties)
    customerservice@npienumerator.com

10. A record rejected that has an ampersand in the provider name. What is the cause?

In XML it is known that specific special characters must be 'escaped' in order to be valid. The special characters (&, ', >, < and ") must be submitted in the XML file in the following way:

Exhibit 6-6-16 EFI Special Characters

XML file	Meaning
&	& ampersand
'	' apostrophe
>	> greater than sign
<	< less than sign
"	" quote

11. A record rejected with a "Disallowed character(s) found…" error, but nothing appears wrong. What is the cause?

The system may have identified a non ASCII printable character within the record. This may occur during a copy-and-paste action from a word processor or spreadsheet into a XML attribute. For example, the following mailing address zip code ("QC G1S 2Y4") was copied from MS Excel into the associated XML Spy attribute "CMS27422400_2110CA_N403_ProviderPostalZoneOrZipCode= **QC G1S 2Y4** ".

Although the entries appear to be identical, the act of copying and pasting from the spreadsheet brought over a non ASCII printable character to the end of the text value that is not acceptable in NPPES for that particular field, and therefore resulted in the record being rejected with the error, "Disallowed character(s) found in Mailing Address Information field".

Special attention should be paid to any apparent "blank space" at the beginning or the end of any element/attribute value. It may be an invisible control character introduced by the copy-and-paste operation.

12. **A provider has a foreign address that does not have a known province. How should this record be submitted?**

    For providers that have foreign addresses where no province or territory exists, the EOR should repeat the 2-character ISO country code associated with the address in the XML attribute "CMS27422400_2110CA_N402_ProviderStateCode".

13. **In the EFI response file, the provider address is different from the one submitted in the corresponding request file. What is the cause?**

    NPPES is required to validate domestic and military mailing and practice location addresses submitted during the initial application process and the update process after enumeration has occurred. NPPES uses Universal Coder software for standardizing addresses. If a standardized address is returned, the standardized address is used in the EFI response files. Hence, the standardize address in the EFI response file may look different from the one submitted in the corresponding EFI request files for processing. See section 4.5 for details regarding address standardization.

6.10 EFI Response File Record Operation Codes and User Corrective Actions

This section provides additional information for EFI organization representatives (EORs) who work with EFI Response files. The section focuses on the possible code values of attribute **CMS27421400_2100CA_CRC03_ConditionIndicator** in the EFI XML Response file (see Section X2.3.18X) and what actions, if any, an EOR can perform to correct potential EFI record error conditions.

In addition, attribute **CMS27421400_2100CA_CRC05_ConditionDetail** provides valuable information when an error is found with a record.

Exhibit 6-12 EFI Response File Record

Code Definition	OPRTN_ IND_CD	Condition Detail Reasons	Code Action
Accepted	OK	Record submission was successful	None
Unspecified Error	ER	If threshold limit is not set: Unspecified Error. If threshold limit is set: Record is not processed by the system due to previous records causing the file to reject due to threshold being reached. This code is not seen by the EOR in response files.	If threshold is not set: Resubmit records in a new EFI file. Response file will generate If threshold limit is set: Resubmit records in a new EFI file. Entire file will fail

Code Definition	OPRTN_IND_CD	Condition Detail Reasons	Code Action
Failed Field Edits	01	Invalid Entity Type. Invalid provider prefix Invalid provider suffix Other type of name not in the given list Invalid other provider prefix Invalid other provider suffix Invalid SSN format. An SSN has been found in the field Invalid EIN format. Invalid TIN format. Employer Identification Number (EIN) may not be all zeros An EIN has been found in the field A 9-digit number has been found in the field Provider new EIN is not a number. Provider new EIN is not a number of 9 digits. Employer New Identification Number (New EIN) may not be all zeros Parent Legal Business Name is provided when Organization Subpart indicator is set to 'no' Parent Tax Identification Number is not a 9 digit number Parent Tax Identification Number (TIN) may not be all zeros. Parent Tax Identification Number is provided when Organization Subpart indicator is set to 'no' Invalid provider date of birth Invalid provider date of birth (not of format mm/dd/yyyy) Provider Date of Birth must be prior to today's date. Invalid provider date of birth (provider age is less than 18 years). A paper application must be submitted for providers under the age of 18. Provider date of birth exceeded 106 years Invalid provider country of birth Invalid provider state of birth Invalid provider gender Invalid authorized official prefix Invalid authorized official suffix Mailing address state is not matched with the existing NPPES database state list Mailing address foreign zip code length is more than 20 characters Mailing address zip code is not a Number Mailing address country code is not matched with the existing NPPES database country list Domestic Mailing address zip code is not a digit of length 5 or 9 Mailing Address Phone Number is not a number Mailing address phone number is not a digit or length greater than 20 Mailing address phone number is not a 10 digit Number Mailing Address Phone Number cannot contain all zeros Mailing Address Phone Number must be at least 10 digits Mailing Address Phone Number Extension is not a number Mailing Address Phone Number Extension cannot contain all zeros Mailing address fax number length greater than 20 characters Mailing address fax number is not a 10 digit number Mailing Address Fax Number is not a number Mailing Address Fax Number cannot contain all zeros Mailing Address Fax Number must be at least 10 digits Practice location address cannot contain PO BOX like information Practice location address state is not matched with the existing NPPES database state list Practice location address zip code is not a Number Practice location address foreign zip code length is more than 20 characters Domestic Practice Location address zip code is not a digit of length 5 or 9 Practice location address country code is not matched with the existing NPPES database country list Practice Location Address Phone Number is not a number Practice Location Address Phone Number cannot contain all zeros Practice Location Address Phone Number must be at least 10 digits Practice Location Address Phone Number Extension is not a number	Correct the record and resubmit it in a new EFI file

Code Definition	OPRTN_ IND_CD	Condition Detail Reasons	Code Action
		Practice Location Address Phone Number Extension cannot contain all zeros Practice location address phone number length greater than 20 characters Practice location address phone number is not a 10 digit Number Practice location address fax number length greater than 20 Practice location address fax number is not a 10 digit number Practice Location Address Fax Number is not a number Practice Location Address Fax Number cannot contain all zeros Practice Location Address Fax Number must be at least 10 digits Military mailing address zip code is not a Number Military mailing address zip code is not a digit of length 5 or 9 Military practice address zip code is not a Number Military practice address zip code is not a digit of length 5 or 9 Invalid other identification number state code Other Identification Number length must be 6 to 15 characters long when type is OSCAR Other Identification number must be alphanumeric and contain no special characters when type is OSCAR Other Identification Number length must be 10 digits long when type is NSC Other Identification Number must be numeric and contain no special characters when type is NSC Other Identification Number type code [code] not supported in NPPES *Example:* Other Identification Number type code 1A not supported in NPPES Other ID Description not valid when issuer type code is [code] *Example:* Other ID Description not valid when issuer type code is 1A Invalid taxonomy License/State code More than one Taxonomy selected as Primary Taxonomy Group taxonomy number 193200000X is not allowed Group taxonomy number 193400000X is not allowed Number of taxonomy specialty codes does not match with number of codes or states or license number Number of taxonomy specialty codes does not match with number of group specialty code provided You cannot have two groups in same Record Invalid contact person prefix Invalid contact person suffix Contact Person Phone Number is not a number Contact Person Phone Number must be at least 10 digits Contact Person Phone Number cannot contain all zeros Contact Person Phone Number Extension is not a number Contact Person Phone Number Extension cannot contain all zeros Invalid contact person e-mail address NPI number provided in new request Invalid NPI number (NPI number is not a number of 10 digits) Status reason reference code is not provided Invalid status reason reference code (NOT from the existing list) Status reason reference text NOT provided for other status reason reference code Disallowed character(s) found in [Group/Field Name] field *Example:* Disallowed character(s) found in Provider Name field. [Field Name] field length is more than system will allow *Example:* SSN field length is more than system will allow EFI change request may not be submitted for a Sole Proprietor application. Invalid Ethnicity Code Ethnicity Code is Required if Sub Ethnicity Code is provided Invalid Sub Ethnicity Code If Ethnicity code is YH then Sub Ethnicity Code is a required field. Ethnicity Code NH does not have a Sub Ethnicity Code. Duplicate Ethnicity and Sub Ethnicity Code Ethnicity code cannot be both YH and NH	

Code Definition	OPRTN_ IND_CD	Condition Detail Reasons	Code Action
		Invalid Race Code Race Code is Required if Sub Race Code is provided Invalid Sub Race code If Race Code is AN then Sub Race Code is a required field If Race Code is NH then Sub Race Code is a required field. Duplicate Race and Sub Race Code No Primary Provider Language is provided Multiple Primary Provider Language is provided Invalid Provider Language Code Duplicate Provider Language Code Invalid Practice Location Language Code Duplicate Practice Location Language Code	
Required Fields Missing (Based on NPPES requirements)	02	Provider first name is not provided Provider last Name is not provided Organization provider name is not provided SSN cannot be blank. EIN is not provided Organization Subpart information is not provided Parent Legal Business Name is not provided Parent Tax Identification Number is not provided Provider state of birth is not provided Provider date of birth is not provided Provider country of birth is not provided Provider gender is not provided Other Name Type Required when Other Name fields contain data. Other Name Type Required when Other Organization Name contains data. Provider Other Name Incomplete. Provider Other Name must contain First and Last Name. Other Organization Name is incomplete. If an Other Name Type is selected, Other Organization Name must be entered. Authorized official first name is not provided Authorized official last name is not provided Authorized official title is not provided Authorized official phone number is not provided Mailing address line 1 is not provided Mailing address city name is not provided Mailing address state is not provided Mailing address zip code is not provided Mailing address country code is not provided Practice location address line 1 is not provided Practice location address city name is not provided Practice location address state is not provided Practice location address zip code is not provided Practice location address country code is not provided Practice location address phone number is blank Military mailing address line 1 is not provided Military mailing address zip code is not provided Military practice address line 1 is not provided Military practice address phone number is a required field Military practice address zip code is not provided Other identification number id type is not provided Other identification number is not provided Other identification number Medicaid issuing state is not provided Invalid other identification number id type Other identification number description is blank when Type = OTHER At least one taxonomy data should be provided Missing Area of Specialization for either an Entity Type 1 or 2 record. Taxonomy requires a state and license number Taxonomy number cannot be either empty or null Primary Taxonomy not selected	Correct the record and resubmit it in a new EFI file

Code Definition	OPRTN_ IND_CD	Condition Detail Reasons	Code Action
		Either contact person first Name or last Name or phone number is not provided NPI number is not provided in change request An EFI File with change requests does not include the SSN in the record for an existing provider in the NPI System.	
Exact Duplicate	03	SSN Dupes found within the uploaded XML file SSN Dupes found within the NPPES system *Example*: exact SSN match with an existing record	Correct the record and resubmit it in a new EFI file.
Rejected by NPI Enumerator	04	Rejected by NPI Enumerator *Example*: failed because an enumerator staff user determined that this record already exists	Contact the NPI Enumerator and/or the provider for further information.
Invalid Taxonomy Code	05	[taxonomy code]:Invalid taxonomy number *Example*: 0:Invalid taxonomy number Invalid taxonomy number provided (taxonomy code match not found in existing nppes database list *Example*: taxonomy code entered does not exist in the system	Correct the record and resubmit it in a new EFI file.
Taxonomy Code Mismatch	06	Taxonomy code mismatch *Example*: a non-provider taxonomy is supplied, or an organization taxonomy is applied to an individual provider	Correct the record and resubmit it in a new EFI file.
SSN Validation Error	07	SSN Validation Failed *Example*: failed SSA validation	Correct the record and resubmit it in a new EFI file.
Mailing Address Error	08	Mailing Address not standardized *Example*: address codes not found/invalid	Contact Enumerator to resolve pending record or reject the application and resubmit in a new EFI file.
Location Address Error	09	Practice Location not standardized *Example*: address codes not found/invalid	Contact Enumerator to resolve pending record or reject the application and resubmit in a new EFI file.
NPI not on File. Key field value in the EFI File is not found in the database. The corresponding NPI record in the NPI system is neither in active or change request status.	10	Provider last name cannot be modified Provider first name cannot be modified Organization EIN can't be modified through EFI change request Organization LBN does not match the existing LBN in NPPES and New Organization LBN has been entered Provider SSN cannot be modified Provider date of birth cannot be modified Given NPI number does not exists in NPPES system for this type of provider An action on the NPI record requires the record to be active or in change request status. *Example*: change request transaction and NPI was not found on the database	Correct the record and resubmit it in a new EFI file.
Pended by GateKeeper	12	GateKeeper routines have flagged the record for Enumerator review	Enumerator intervention required
Pended by L/S/T	13	L/S/T edits have flagged the record for Enumerator review	Enumerator intervention required
Duplicate record	14	Duplicate Record Found *Example*: Exact duplicate of another record within the uploaded XML file or with another record that already exists in the NPPES system.	Correct the file and resubmit it in a new EFI file.
No changes found, record not updated	15	No changes found, record not updated The record provided in the change request EFI file does not contain any updated information for the NPI record.	Provide the appropriate updates to the application and resubmit the EFI file.

6.11   Address Standardization Using Universal Coder

Address standardization is run against all domestic and military addresses using Universal Coder software. If a standardized address is returned, the standardized address is used and the NPI record is flagged as having passed address validation. If address standardization tool (Universal Coder) is unable to standardize the address, the record is marked as having failed and flagged for Enumerator intervention. This prevents records with valid addresses not recognized by the address standardization routine from being returned to the EFI Organization when there is nothing the organization can do to resolve the situation. Records are rejected when they have address errors such as invalid state abbreviations on domestic address or invalid ISO Country codes for foreign addresses, etc.

6.11.1   Universal Coder

NPPES is required to validate all domestic and military addresses submitted during the initial application process and the update process after enumeration has occurred. A third party software, Universal Coder is used to meet this requirement.

Universal Coder is a software product developed to standardize address information based on an address database from the United States Postal Service (USPS). NPPES calls upon Universal Coder to perform the following activities:

• Correct misspellings in street and city names.

• Standardize address elements such as directional (NE, West, etc.) and suffixes (Ave, Lane, etc.) to USPS specifications.

• Compare each address to the Universal Coder address database and verify that the address is correct and deliverable.

• Correct errors in the zip codes or zip+4 codes.